

Augusta University
House Staff Policies and Procedures

Policy
HS 35.0 Impairment/Fitness for Participation Policy

Source
Graduate Medical Education Office

1.0 Purpose

To provide procedures and policy for the evaluation and management of a suspected impaired House Staff (intern/resident/fellow). For purposes of this policy, impairment is defined as a physical or mental condition, which causes a House Staff to be unable to practice medicine with reasonable care and safety commensurate with their level of training.

For purposes of this policy, Fitness for Participation evaluation is defined as an assessment where an approved professional for the suspected type of impairment meets with a House Staff, potentially performs tests/exams, and provides a written assessment about a House Staff's ability to participate in the prescribed GME-training program.

2.0 Policy Statement

Impairment of performance by physicians can put patients, families, and staff at risk. Impairment will be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, the opportunity for treatment, and, with successful progress toward recovery, the possibility of returning to training in an appropriate capacity.

Impairment may result from mental health disorders or behavioral problems, physical impairment, medical illness, and/or substance abuse and consequent chemical dependency. Untreated or relapsing impairment is not compatible with safe clinical performance. The goals of this policy are:

- 2.1 To prevent or minimize the occurrence of impairment, including substance abuse, among House Staff in GME training programs at Medical College of Georgia at Augusta University.
- 2.2 To protect patients from risks associated with care given by an impaired House Staff.
- 2.3 To compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, assist for adequate referral for treatment as indicated, and appropriate rehabilitation.
- 2.4 In achieving these goals, several principles are involved:
 - 2.4.1 The safety of the patients, staff, and colleagues is important with safe care of patients being a priority.
 - 2.4.2 The privacy and dignity of the affected individual should be maintained to the fullest extent possible.
 - 2.4.3 The Augusta University Employee-Faculty Assistance Program will help facilitate education, diagnosis, and management.

3.0 Signs and Symptoms of Impairment

Signs and symptoms of impairment may include, without limitation, the following:

- 3.1 Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders, etc.
- 3.2 Disturbance in family stability or evidence of personal or professional relationship difficulties with potential resulting isolation.
- 3.3 Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior, adverse interactions with police or other authority figures, driving while intoxicated or under the influence, undependability and unpredictability, aggressive behavior, argumentativeness, or unusual financial problems.
- 3.4 Professional behavior patterns such as unexplained absences, spending excessive time at the hospital, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with staff, inadequate professional performance, or significant change in well-established work habits.

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- 3.5 Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk-taking behavior, excessive cheerfulness, flat affect, etc.
- 3.6 Signs of drug use or alcohol abuse such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, binge drinking, unusual changes in attire (e.g., wearing of long sleeve garments), etc.

Evaluations documenting substandard academic performance or other grounds for consideration by the GME Program Director existing in conjunction with one or more sign(s) or symptom(s) of impairment, such as those listed above, may be considered in determining whether Fitness for Participation evaluation of the House Staff is needed.

4.0 Procedure

4.1 Education

In an attempt to minimize the incidence of impairment, House Staff are educated about physician impairment, including identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This education also includes educating House Staff and faculty on how to recognize those symptoms in themselves, and how to seek appropriate care if applicable. Education is also provided regarding problems of substance abuse, its incidence and nature, and risks both to the involved individuals and patients.

4.2 Counseling

The Augusta University Employee-Faculty Assistance Program will provide individual counseling both to supervisors and to individuals in need. In the latter case, reasonable efforts will be made to maintain confidentiality, subject to any reporting requirements imposed by law. However, Program Directors must be made aware of the House Staff's ability to safely re-enter the training program and patient care activities by the treating/evaluating provider(s).

4.3 Assessment

Evaluation of impaired status: For House Staff who experience impairment, an assessment of impairment will be performed under the auspices of the Augusta University Employee-Faculty Assistance Program in consultation with the appropriate Program Director and the Designated Institutional Official to determine appropriate care and monitoring.

4.4 Management

- 4.4.1 Each Program Director, after consultation with appropriate resources at Augusta University, is responsible for certifying the functional status of all House Staff and for judging whether functional impairment exists in an individual. When an individual with impairment is identified, the GME program director will report this to the Designated Institutional Official.
- 4.4.2 Each House Staff, as a condition of employment, agrees to accept the decision of the Program Director. If there is disagreement, please see policies HS39.0 and 13.0. Should the Program Director conclude, after consultation with the Augusta University Employee-Faculty Assistance Program and/or other appropriate individuals, that a fellow House Staff is suffering from impairment, including substance abuse, they must immediately take appropriate action, which may include placing the impaired individual on a leave of absence with or without disciplinary action from the training program. This disciplinary action may include remediation, probation, dismissal, or non-renewal. Policies HS3.0, HS13.0, and HS18.0 will be followed.
- 4.4.3 Appropriate action may also require medical and/or psychiatric evaluation by a professional of the institution's choosing with the assistance of the Augusta University Employee-Faculty Assistance Program. The sponsoring institution will use its best effort to select a physician and/or psychologist acceptable to the House Staff.

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4.4.4 A written Return to Work Agreement with the House Staff and the Program may be required. In this case, return from a leave of absence for impairment shall be based upon written recommendations of an approved treatment program and the agreement of the Program Director.

4.5 Reporting Process

All medical personnel have a duty, in part required by ethical concern for the well-being of patients and one's fellow professionals and in part as mandated by state law, to report in confidence concerns about possible impairment both in themselves and in others to an appropriate supervisor.

If a House Staff is observed to be impaired while engaged in the performance of their duties, the course of action shall be as follows:

4.5.1 The observer shall report their concern immediately to a responsible supervisor, ultimately the GME Program Director.

4.5.2 When impairment is suspected, the program director shall seek assistance from the Designated Institutional Official and The Augusta University Employee-Faculty Assistance Program. The Designated Institutional Official and The Augusta University Employee-Faculty Assistance Program will ascertain the need for help, and facilitate an intervention leading to further professional evaluation and possible inpatient or outpatient treatment. Under such circumstances, further professional evaluation may be required, including a physician and/or psychologist evaluation. If acute impairment is suspected due to substance abuse, please see policy HS1.0.

4.5.3 The Program Director will notify the Designated Institutional Official, The Augusta University Employee-Faculty Assistance Program, and appropriate officials. In consultation, a decision will be made regarding any leave of absence. Information will be made available to the House Staff on the effects the leave of absence will have upon training and an evaluation will be made regarding the need to report such a leave of absence to the Georgia Composite Medical Board, ECFMG, and/or the Georgia Physician Health Program. See policies HS4.0 and 7.0.

4.5.4 Appropriate and complete documentation of the actions taken shall be performed and maintained. Such documentation shall be permanently retained and filed securely and separately from the records of the House Staff.

4.5.5 Should a House Staff about whom concern has been expressed, be determined by the sponsoring institution not to be impaired, the individual will be allowed to return to the GME training program without prejudice, provided that they are capable of performing their duties with reasonable care and safety commensurate with their level of training.

4.5.6 Should House Staff dispute the findings made or actions taken under this Policy, they shall follow the Due Process and Grievance Policy to resolve the disputed issues (HS13.0).

5.0 Use of Psychoactive Drugs by House Staff

5.1 Use of controlled substances must be by prescription of a non-family member physician. Non-prescribed use of controlled substances is illegal. A controlled substance or prescription substance, when taken, should not alter the House Staff's ability to competently perform patient care. Non-prescribed use of non-controlled psychotropic drugs is inappropriate. Evidence of such use will result in evaluation for possible treatment and may be grounds for immediate probation, non-renewal, or dismissal.

5.2 For the purpose of this policy, the use of alcohol during working hours, and particularly when one is engaged in patient care, is inappropriate. When one is "on-call from home", any use of alcohol that either produces or appears to produce evidence (e.g. odor of alcohol on breath) of behavioral impairment is also regarded as inappropriate.

