

Resident Impairment Policy

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	06-09-2020
Last GMEC Review Date:	04-21-2022

Scope

This policy pertains to WiNC-sponsored residency/fellowship programs. The term resident/residency is used synonymously with fellow/fellowship unless otherwise specified. (GMEC approved 10/20/2022)

Purpose

To define the resident impairments that compromise the ability to learn, provide safe and appropriate patient care, or their own wellbeing.

To describe how to take actions as appropriate for the best interest of the impaired resident, patients, his/her colleagues, faculty and staff.

Guidelines

Definition: For purposes of this policy, resident impairment is defined as illnesses and conditions that may adversely affect the residents' ability to learn, provide safe and appropriate patient care, and/or compromise the safety for themselves or others. Impairments may be caused by, but are not limited to, illness, fatigue, substance abuse and/or physical, mental, emotional, and/or behavioral factors. This may include the use of alcohol, or illegal, prescription, and/or over-the-counter drugs which may impair judgment.

1. **Education:** Each program must ensure that residents in their respective program participate in an educational activity regarding physician impairment including substance abuse and sleep deprivation so residents are familiar with typical signs of impairment as defined above.
2. **Personal Impairment:** Any resident who may be concerned about personal impairment is encouraged to seek the assistance of the WiNC employee assistance program, a healthcare provider, local program support groups or other organizations which provide counseling, medical and/or psychological support services.
3. **Possible Resident Impairment**
 - a. **Notifying Program Director:** Faculty, residents or staff who identify or learn of a possible impairment in a resident are encouraged to notify the resident's Program Director. Faculty, residents or staff who observe incidents that adversely affect safe and appropriate patient care must report the incident to the Program Director. In the event that the Program Director is not available, it must be reported to another faculty member in their residency program. Residents are encouraged to talk to a program director, faculty members, or chief residents about their concerns.
 - b. The Program Director may request that the resident undergo testing and/or an evaluation for drug and/or alcohol any time there is apparent cause or a reasonable suspicion that his/her performance may be affected by such and/or the Program Director believes there may be or has been a serious risk of harm to patients and/or staff. Apparent cause or reasonable suspicion may be based upon observations, missing controlled substances or information obtained from others. (See procedure for testing and evaluation below.)
 - c. **Follow-up Discussion and Course of Action:** Upon receiving sufficient information of a possible impairment as defined by this policy, the Program Director or designee will meet with the resident to discuss the concern. Information may be presented from various sources including, but not limited to resident evaluations, observations, patient reports, and/or concerns expressed

by faculty, staff and others. The purpose of this meeting is to discuss the possible issue(s), offer assistance and determine an appropriate course of action. Residents who refuse to submit to testing and/or an evaluation as required by this policy may be immediately terminated from the training program. Residents who have been found to have diverted drugs or to have used alcohol or controlled substances while at work will be disciplined and may be terminated from the training program.

4. Patient and Staff Safety Affected by Resident Impairment: The WiNC-sponsored residency programs are committed to providing assistance and guidance for the impaired resident to regain personal potential and ability to successfully fulfill educational and patient care activities. Appropriate action will be taken, however, to protect patients and the interests of the resident, their colleagues, faculty, and staff. As such, individual residency programs may initiate non-discriminatory, program-wide testing and evaluation for alcohol and controlled substances with the prior approval of the DIO & Executive Director. If necessary, the Program Director may:
 - a. Temporarily remove a resident from any or all program training activities.
 - b. Require a referral and assessment by the resident's healthcare provider. The resident is expected to cooperate and follow through in a timely way with any request and recommended course of treatment. Should a resident not comply for any reason, disciplinary action may be taken, up to and including dismissal from the program. Investigation may include drug testing and/or search of resident property on the premise of any affiliated hospital. Depending on the circumstances, the resident may be placed on an Administrative Leave during the investigation. Whether the Leave will be paid shall be determined based on the outcome of the investigation. If the resident is found to have been unfit for duty, then the leave of absence shall be unpaid.
 - c. Residents who have problems with the use of alcohol or controlled substances will be encouraged to undergo rehabilitation, preferably at a facility that has an impaired professional program.
 - d. Residents who enter drug and alcohol treatment will be required to apply for a leave of absence from the program (unpaid except to the extent of any accrued paid leave is available). This leave of absence will be conducted in accordance with any applicable laws and regulations pertaining to the state and/or federal Family Medical Leave Act, and/or disability laws, which may apply to the situation. Please see further discussion under "Time Away" section of the WiNC Resident Handbook. The Resident will be required to submit a Fitness for Duty Report from his/her treating provider prior to being allowed to return to work. Resident eligibility for board certification may be impacted by a leave of absence.

Content of a referral, assessment, and/or treatment session will remain confidential in accordance with HIPAA privacy requirements. The Program Director may, however, require statements from the resident's health care provider determining the resident's ability to return to work with or without accommodation. Should a resident refuse to provide or authorize such statements disciplinary action may be taken, up to and including dismissal from the program.

5. Documentation: The Program Director will document all meetings with the resident. Meeting documentation with specifics about the impairment will be retained in an ancillary healthcare file, and not as a part of the resident's program personnel file.
6. Regulatory Compliance: To ensure regulatory compliance and appropriate course of actions, the Program Director will consult with the WiNC DIO and WiNC legal services as needed. The use of drugs or alcohol while working is considered unprofessional behavior that must be reported to the Wisconsin Medical Examining Board.

Responsibilities

Residents are responsible for:

1. Participating in instructional sessions regarding physician impairment as outlined by their respective program.
2. Taking measures to facilitate their ability to successfully participate in educational activities and provide safe and appropriate patient care, free of impairment.
3. Residents may never manufacture, distribute, possess, sell, or purchase non-prescribed controlled substances at any time or at any place.
4. Recognizing and reporting possible impairment in themselves, their peers, and other members of the health care team.
5. Reporting incidents of unsafe or inappropriate patient care which may be the result of a resident impairment.
6. Completing requirements from the Program Director for assessment or treatment, in the event of their own impairment.
7. Submitting as directed, in the event of their own impairment, a statement(s) from their provider regarding their ability to return to resident duty.

The local Program Director is responsible for:

1. Ensuring that residents, faculty and staff are provided instruction on resident impairment, possible signs of impairment, and the guidelines of this policy.
2. Making determinations about the impaired resident's ability to participate in educational and patient care activities with input from others as needed.
3. Documenting all meetings with an impaired resident.
4. Providing continued assessment of the impaired resident's ability to participate in educational and patient care activities.
5. Complying with HIPAA privacy requirements.
6. Consulting with the WiNC DIO and WiNC legal services as needed when handling resident impairment issues.

Faculty and staff are responsible for:

1. Recognizing the signs of a resident impairment.
2. Informing the Program Director regarding any concerns about a resident impairment as defined by this policy.

The Graduate Medical Education Committee is responsible for:

1. Ensuring that programs have provided instruction on resident impairment for residents, faculty and staff. This will be accomplished by:
 - a. Review of ACGME and WiNC annual survey results
 - b. Interviews with faculty and staff during Internal Reviews
 - c. Reports to GMEC or the DIO as requested

PROCEDURE FOR TESTING AND EVALUATION

1. The Program Director shall alert the DIO, or his/her designee, of the identified need for drug testing.
2. The Program Director shall contact the affiliated Occupational Health Office where the resident is assigned and arrange for the testing of alcohol and/or controlled substances.
3. The required drug testing will consist of whatever methodologies are appropriate for identification of the suspected abuse as determined by the affiliated Occupational Health Office in consultation with the Program Director and the DIO.
4. Before a drug and/or alcohol evaluation or test is conducted, the Program Director will inform the resident to be tested of the opportunity to disclose information that s/he believes may support a legitimate use of a specific drug and, either before or after testing, submit medical documentation thereof. Legitimate use of drugs does not preclude further actions under this policy. The policy is directed at abuse and impairment regardless of the legitimacy or legality of the usage.
5. The refusal of testing and evaluation may be grounds for immediate termination.
6. The resident will be escorted to the testing point by the Program Director or his/her designee. If the resident is at an off-campus site, arrangements will be made to escort and transport the resident back to campus for testing.
7. If the resident refuses to be medically evaluated, the Program Director shall arrange for the resident to be transported to their residence.

8. If there is a reasonable suspicion that the resident worked while under the influence of alcohol or controlled substances or diverted drugs, the Program Director and DIO shall place the resident on an Administrative Leave pending the outcome of the tests.

9. Results of the testing and evaluation will be reported to the resident, the Program Director and the DIO. Any resident who refuses to agree to release the results of this evaluation and testing to the Program Director and to the DIO shall be subject to termination.

Reference

See the Employee Assistance Program section in the Resident Employee Information Manual for contact information.

GMEC ACGME Reference

ACGME Institutional Requirements (2022)

IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. ^(Core)