

Policy: <b>Physician Impairment</b>	Effective Date: 10/2016
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Authorized by: Graduate Medical Education Committee	Replaces: New
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**PURPOSE**

To define the procedures and related responsibilities of the Sponsoring Institution and residents in regard to drug testing, fatigue, impairment and substance abuse intervention.

**SCOPE**

1. Department of Medical Education
2. Baptist Health Medical Center - North Little Rock
3. Baptist Health Medical Center - Little Rock
4. Baptist Health Medical Center - Conway

**POLICY**

1. The Sponsoring Institution and its programs will be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment, and ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty must demonstrate an understanding and acceptance of their personal role in: assuring patient safety, assurance of fitness for duty, management of their time before during and after clinical assignments, recognizing impairment including illness and fatigue in themselves and in their peers.
2. The Sponsoring Institution provides sleep/nap facilities for residents who may be too fatigued to safely return home.
3. Programs will educate faculty and residents in fatigue mitigation processes, in recognition of the signs of fatigue and sleep deprivation, and have a process to ensure continuity of patient care should faculty or resident be unable to perform his/her duties. (Please see Duty Hours policy)
4. Each program will have a policy regarding fatigue education, mitigation and the program's method of ensuring continuity of care when residents are unable to perform his/her patient care duties.
5. To be appointed to a residency program, a prospective resident must successfully pass a pre-employment drug screen prior to the initial training year.
6. All medical personnel have a duty, as required by ethical standards for the well being of patients and one's fellow professionals and as mandated by state laws, to report in confidence concerns about possible impairment both in themselves and in others to an appropriate supervisor. Residents should confide their suspicions

of possible impairment and/or chemical dependency of another resident to their Program Director and/or a member of the Faculty.

- a. "Suspicions" might include any of the signs or symptoms of impairment listed in Attachment I as well as smell of alcohol on breath at work; inappropriate behavior at work; reports of DUI's or stories of "wild behavior"; persistent rumors from potentially credible individuals that the resident is using illegal or legal substances, and writing inappropriate prescriptions for DEA-controlled medications; or declining academic or clinical performance.
7. When impairment or chemical dependency is suspected of one of his/her residents, the Program Director or his designee should:
- a. Gather all of the pertinent information concerning the individual. This could include but is not limited to Arkansas Department of Health reports of illegal prescription writing; interviewing other residents or faculty about their observations of the individual in question.
  - b. Contact another member of the faculty to discuss the information that has been gathered about the individual.
  - c. If the data indicate that impairment is likely, the Program Director and another faculty member should discuss the following:
    - i. The individual should be suspended from clinical privileges until further notice.
    - ii. Treatment options include outpatient evaluation or comprehensive inpatient evaluation.
    - iii. The individual should be provided with and advised about insurance options.
    - iv. At the conclusion of the meeting, the individual should be able to understand the options for the treatment and the conditions applicable for return to active clinical care and educational status following the mandatory suspension of clinical privileges. This understanding should be documented in writing.
  - d. The individual should have a reasonable but not an extended time to consider his/her options (it is recommended that this time for consideration be no longer than 24 hours).
    - i. Suicide in such situations can be an issue for impaired individuals when threatened, so suicide precautions may need to be taken in some instances.
  - e. If the individual agrees to cooperate or the initial evaluation reveals a high probability of impairment or substance abuse, the Program Director should provide a written agreement of a plan for treatment and a plan for returning to the training program. The agreement should be signed by the individual and the Program Director, with copies to the individual and to his/her file.
    - i. The DIO should be consulted in drafting this agreement.
    - ii. This agreement should address salary, leave status, medical benefits, payment for any required treatment, how long the individual may be absent from the training program, the conditions for returning to the training program, the drug/alcohol screen and monitoring after return to

- the training program, and who is responsible for paying for these drug screens.
- iii. The Program Director should obtain a signed “release of information” to enable the Program Director to verify and monitor the progress of the impaired physician.
  - f. If suspected impairment cannot be confirmed because of lack of substantial data, but strong grounds remain that the individual is involved with chemical dependency, abuse, or other impairment, the Program Director should recommend that the individual obtain an objective and comprehensive diagnostic evaluation.
    - i. Options for insurance coverage should be discussed.
  - g. Failure to comply with the initial recommendations is grounds for immediate suspension from the residency program, pending a decision to terminate for gross misconduct or while an investigation is being conducted.
  - h. Recurrent inappropriate behavior may be considered grounds for termination from the residency program.
8. If there is a case of obvious chemical abuse or dependency or impairment:
- a. The individual must be immediately removed from patient care with suspension of his/her clinical duties. The individual should be sequestered in a safe environment and medical care rendered.
  - b. The Program Director must follow the Baptist Health Drugs and Alcohol Policy VI-06.
  - c. Once the individual is no longer under the influence, the Program Director and another faculty member should meet with the individual to formulate a plan as in 7. c-h above.
9. Self referral for impaired residents physicians who choose to refer themselves for treatment, must inform their Program Director and sign an agreement about their recovery. (See 7 e above).
10. When a resident has confirmed drug abuse or other impairment, the costs of the diagnostic evaluation, treatment, or after care monitoring, which are not covered by insurance, are the responsibility of the resident. Health insurance, if accessed appropriately through the primary care physician or through the Employee Assistance Program (See Employee Assistance Program policy), may cover some or most of the cost of the treatment.

## **DEFINITIONS**

1. Impairment: For purposes of this policy, impairment is a physical or mental condition which causes a resident to be unable to practice medicine with reasonable care and safety commensurate with his/her level of training or participate in the residency training program as a learner. A decision regarding impairment is not a decision of disability.

## **RELATED POLICIES**

*Created 10/2016*

*Reviewed 10/2017*

*12/2018*

*Revised*

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

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Disturbance in family stability or evidence of personal or professional relationship difficulties with resulting isolation.
3. Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at parties, adverse interactions with police, driving while intoxicated, being undependable and unpredictable, aggressive behavior, argumentative, or unusual financial problems.
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 interactions with other staff, inadequate professional performance or significant change in well-established work habits.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, flat affect.
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 activities, black outs, binge drinking, changes in attire (e.g., wearing of long sleeve garments by parenteral drug users).