

UTHSCSA Graduate Medical Education Policies

Section 7	Health & Wellness	Effective:	October 2000
Policy 7.2.	Resident Impairment	Revised:	April 2001, June 2015, May 2019
		Responsibility:	Designated Institutional Official
<b>Resident Impairment</b>			
Purpose	<p>The Sponsoring Institution is committed to supporting the physical and mental health of Residents, as well as maintaining a safe and drug-free clinical learning environment (CLE). The purpose of this policy is to provide a mechanism for a fair, reasonable, and confidential assessment of a Resident who is suspected of being impaired and development of a reasonable plan to address the Resident's professional progress.</p> <p>Stigma, shame, guilt, and an exaggerated sense of responsibility can make it difficult for Residents to seek help on their own. It falls upon us to speak up. Whenever you have concerns about a Resident's possible impairment, you are encouraged to discuss these concerns with the Program Director, Office for GME or Texas Physicians' Health Plan (TXPHP). Sharing your concerns provides two major benefits: 1) it unburdens you, and 2) it may validate your concerns and make it easier to identify an individual who needs formal intervention. Our ultimate goal is to create a medical culture that values health and wellness for our patients as well as for our Residents.</p> <p>For the purpose of this policy, "<b>Impairment</b>" is a physical or mental defect negatively affecting an individual's executive function or physical or mental ability to perform their job duties, whether such status is temporary or permanent. Impairment may result from several conditions including, but not limited to: behavioral problems, physical impairment, medical illness, substance abuse, or chemical dependency. Because Impairment of healthcare providers can put patients at risk, untreated or relapsing Impairment is not compatible with safe clinical performance.</p>		
Policy	<p>To bring awareness surrounding Impairment, this policy has been developed to educate Residents about Impairment, including problems of substance abuse, its incidence and nature and risks to the physician and patients. Education includes knowledge concerning signs and symptoms of Impairment (Appendix A). As applicable, Residents shall receive information regarding counseling and referral resources.</p> <p>Resources available may include, but are not limited to:</p>		

- [Office for GME Behavioral Health Consultants](#)
- Resident's personal physician or other appropriate provider
- Resident's program or clinical department
- Resident's Employee Assistance Program – see <http://uthscsa.edu/gme/benefits.asp>
- UT Health San Antonio Department of Psychiatry
- Physicians Health Program for the State of Texas (TXPHP)– see <http://www.txphp.state.tx.us/>
- University Health System Employee Assistance Program, as appropriate
- University Health System, Office of Professional Staff Services, as appropriate

### **III.SCOPE**

This policy applies to all “Residents”. For the purpose of this policy, a “Resident” is any individual enrolled in a University of Texas Health Science Center at San Antonio graduate medical education training program, and may include Fellows and Interns. Residents are subject to the University of Texas System "Drug-Free University Community and Workplace Policy" (<http://uthscsa.edu/hop2000/2.5.4.pdf>).

### **IV.RESPONSIBILITY**

It is the responsibility of the program directors and faculty to communicate this policy to their Residents and to enforce its provisions. Faculty and Residents who suspect that a Resident is impaired shall follow this policy and its procedures. Actual evidence of Impairment is not required. Residents must make their concerns known to the Program Director, Chief of Service, Office for GME or another responsible individual. The privacy and dignity of an allegedly impaired Resident should be maintained as far as is possible in the context of safe patient care and departmental administration.

Individuals licensed by the Texas Medical Board may have additional reporting obligations if, in their opinion, another licensee, including a Resident, poses a continuing threat to the public welfare through their licensee's continued practice.

For new Residents with a history of Impairment as well as current Residents who exhibit evidence of Impairment, evaluation, treatment and monitoring will be performed under the auspices of the TXPHP. The University of Texas Health Science Center at San Antonio Office for GME and University Health System (UHS) must also be made aware of Residents entering GME enrolled in the TXPHP. When a Resident is referred to the TXPHP for assessment, in order to remain enrolled in the training program, the Resident must sign a release allowing University of Texas Health Science Center at San Antonio graduate medical education training program and UHS to receive information related to the assessment and monitoring of the Resident.

## VI. PROCEDURE/PROCESS

Intervention: Once a concern is raised about a Resident, the Program Director should act expeditiously to perform a workplace intervention. Engagement with the Clinical Competency Committee or an ad hoc group of faculty is optimal to provide a peer review oversight in validation of concerns of other than acute impairment. In the absence of the Program Director, Department Chair, or Associate Program Director, any responsible faculty member or a Chief Resident may perform a workplace intervention if there is a concern for Acute Impairment which has the potential to imminently and adversely affect patient care, or the health and safety of the Resident.

1. **Acute Impairment:** If a Resident is on a clinical service and there is a concern for Acute Impairment, which is Impairment that has the potential to imminently and adversely affect patient care, or the health and safety of the Resident, the Program Director must be informed immediately and a Chief Resident or faculty member must accompany the Resident off the clinical service and take them to the UHS Employee Health Service (3<sup>rd</sup> floor, Room A0306) for evaluation. If at a distant medical center, the Resident may be driven to UHS or the Resident may be taken immediately to the Emergency Service of the nearest hospital. For other than Acute Impairment, prior to interventions, please engage with the Office for GME for guidance.
2. **Drug Screen:** The Resident should be escorted to UHS Employee Health for a drug screen as agreed to in the GME contract. Failure to agree to drug screening may result in disciplinary action up to and including dismissal from the program. The Resident will also further agree to the release of the results as specified in the GME contract. The Resident is not to be left alone at any time during this process. A Faculty, or UHS Representative, shall remain with the Resident at all times. Upon completion of the Drug Screen, UHS, UT Health Office for GME, and the program shall agree upon next steps.
3. **Suspension from Clinical Care:** The Program Director (or designee) will remove Resident from clinical care and notify UHS, Office for GME, and the Chair (if not already notified).
4. **Referral:** If the Resident exhibits Acute Impairment after hours or on weekends, the Resident shall be escorted to UHS ED for drug screen, evaluation and treatment.
5. **Referral to TXPHP** <http://www.txphp.state.tx.us/> Program Director and individuals' requirements for reporting to the TXPHP for Residents with Physicians in Training Permits may be found at the following site:

<http://www.tmb.state.tx.us/page/pit-overview>

6. Program Monitor: If not a matter of Acute Impairment, the program should assign a faculty monitor to ensure daily accountability for the Resident if pending TXPHP assessment or Fitness for Duty Assessment. The identity and contact information of the Program Monitor will be communicated to the Office for GME and UHS. The Program monitor(s) will be responsible for making sure the Resident reports for work as required and will be the point person for any concern regarding the Resident. The Program Monitor may need to notify other faculty members or chief residents of the situation if not suspended from clinical duties, although confidentiality will be maintained wherever possible.
7. Program Status: If TXPHP determines that the Resident is safe to practice, mention of this concern may be clarified in his/her records and the Resident may be allowed to return to work; however, the program may require a Fitness for Duty assessment. If there are other performance circumstances surrounding what was believed to be Impairment, there may still be academic action in accordance with policy.

Should TXPHP conclude that a Resident is suffering from Impairment, the Resident may be required to complete treatment prescribed by the TXPHP, in addition to other measures as may be required by UT Health San Antonio to ensure patient safety.

In this case, the Program Director must immediately take appropriate action, which may include:

1. Suspension from Clinical Duties: This action will be considered if Impairment may adversely affect the Resident's ability to provide safe patient care or may otherwise put the individual at risk for hurting him/herself or others. The program may assign other educational/training responsibilities to the Resident during this time.
2. Leave of Absence: If inpatient treatment is indicated as a part of the treatment plan, the program may opt to place the trainee on a medical leave of absence and remove him/her from all patient contact and other program duties.
3. Dismissal: Depending upon the circumstances, the program may decide to immediately dismiss the resident.

Leave Status: Residents who undergo inpatient treatment and rehabilitation at an outside facility will automatically be placed on appropriate leave as addressed in the University Health System Leave policy (<http://uthscsa.edu/gme/documents/UHSPolicy40202FMLA.pdf>)

In addition, the Resident may be eligible for the Time Donation Program as managed by University Health System. The Resident, depending on the duration of leave, may be required to extend his/her training in order to meet ACGME and/or specialty Board minimum training requirements.

**Return to Work:** Residents who have been treated for Impairment will require a full endorsement from the TXPHP or TMB before consideration will be given to their return to training. The program will make the decision about accepting a Resident back into training only if allowed by the TMB, in consultation with UHS, and after review of the Resident's previous academic performance. Residents will be required to agree to and sign a Return to Work Agreement, which outlines the terms under which the Resident is allowed to return to clinical and/or other training duties. In some cases, Residents may undertake limited duties as a part of the Return to Work Agreement. Due to the many risks to recovery inherent in the healthcare workplace, in some cases, return to training may not be recommended. Residents who are deemed able to return to training will be required to commit to a full monitoring program as determined by the TXPHP. The TXPHP will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the Resident is safe to practice. The program will allow reasonable accommodations for Residents to meet the requirements of this monitoring program. A Resident who fails to promptly notify the Program Director of a breach of their Return To Work Agreement may be dismissed from the training program.

8. **Confidentiality:** The identification, counseling and treatment of an impaired Resident are deemed confidential, except as needed to carry out the policies of the UT Health San Antonio or UHS and as required by law.

## **APPENDICES:**

### **Appendix A. Evidence of Impairment**

The following are possible signs and symptoms of possible Impairment. Isolated instances of any of these signs and symptoms may not impair a Resident's ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed simultaneously, individual action is indicated. Warning signs and symptoms, although certainly not specific to problems of Impairment and/or substance abuse, may include, but are not limited to:

1. Physical signs such as excessive fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, or significant change in eating habits and body weight.
2. Behavioral signs such as mood changes or mood lability, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, manic behavior, flat affect, paranoid beliefs, and self-deprecating or fatalistic comments.

3. Unprofessional behavior patterns including unexplained absences, spending excessive time at the hospital, tardiness, decreasing quality or interest in work, avoidance of interaction with other staff, and inadequate professional performance.
4. Social changes including withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at parties, adverse interactions with police, driving while intoxicated, undependability and unpredictability, aggressive behavior, and argumentativeness.
5. Drug use may be associated with 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, or changes in attire (e.g., wearing of long sleeve garments by parenteral drug users).
6. Disturbances in family stability, relationships, and parenting.
7. Failure to comply with hospital narcotic and other controlled substance policies.
8. Writing prescriptions for oneself or family members.
9. Deterioration in academic performance.

Further educational resources from the LIFE Curriculum including video vignettes may be found at the following link:  
[http://med.stanford.edu/gme/duke\\_life/substance.html](http://med.stanford.edu/gme/duke_life/substance.html)