



# OMEKO

## **Graduate Medical Education Policy**

Approved by the GMEC (Graduate Medical Education Committee) on November 27, 2018

**Effective Date:** July 1, 2019

**Review Date:** May 2021

**Next Review Date:** May 2023

**Corresponding Form/Template/Pathway:** [Pathway for PDs.docx](#)

### **Policy Title: Physician Impairment Process Policy**

**Purpose:** To describe the methods to address physicians with concerns of impairment

**Policy Type:** Sponsoring Institution/Sponsored Program Policy

**Background:** Impaired physicians can put themselves and their patients at risk. Physicians are known to be at increased risk for completed suicide compared to the general population. The State of Oklahoma recognizes this risk and provides a confidential resource through the OHPP (Oklahoma Health Professionals Program) for identifying, referring for evaluation or treating, monitoring recovery, and endorsing the safety of healthcare practitioners who have a condition, mental or physical, which could affect their ability to practice with reasonable skill and safety. Oklahoma Health Professionals Program (OHPP) is the State of Oklahoma's Physician health program that provides confidential help for Physicians, medical residents, and medical students with substance or alcohol use disorders, behavior or mental health issues, and burnout. This policy should be read and used in conjunction with the Fitness for Duty policy.

### **Goals:**

The primary goals of this policy are to:

1. Prevent or minimize the occurrence of impairment, including substance abuse, among OSU/OMEKO Trainees.
2. Protect patients from risks associated with care given by an impaired Trainee. If there is a concern that a Trainee may be impaired, he/she/they shall be removed from clinical practice immediately with the appropriate contact made to the site director (if one exists), the Program Director, and in absence of any one of the two previously mentioned individuals, the Designated Institutional Official (DIO).
3. Compassionately confront impairment and allow for diagnosis, relief from patient care responsibilities, treatment as indicated, and appropriate rehabilitation.

In achieving these goals, several principles are involved:

1. The safety of both the impaired Trainee and his/her/their patients is of prime importance.
2. The privacy and dignity of the impaired Trainees should be maintained as far as is possible in the context of safe patient care and departmental administration.

3. The program, Sponsoring Institution, and OHPP will work together to facilitate the diagnosis and management of the trainee's impairment.

**Policy:**

Program Directors and faculty must monitor Trainees for the signs of impairment, and especially those related to depression, burnout, suicidality, substance abuse, and behavioral disorders. Evidence of impairment is described in Appendix 1.

Further, it is also the responsibility of every individual associated with GME—including Program Directors, faculty, and Trainees to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety because of a physical or mental condition. This reporting requirement applies to anyone who observes that a physician may be impaired. Trainees may report observations to the OHPP directly or may make their concerns known to the Program Director, Site Director, or DIO.

For new Trainees with a history of impairment, as well as current Trainees who exhibit evidence of impairment, evaluation, treatment, and monitoring will be performed under the auspices of the OHPP or applicable physicians' health program. When a Trainee is referred to the OHPP for assessment, the Trainee is required to sign a release allowing the Program Director and the GME (Graduate Medical Education) Office to receive information on the outcome of the assessment and ongoing monitoring. As a condition of appointment in a Sponsored Program, all Trainees are required to comply with the Program Director or faculty member's decision to remove them from participation in clinical duties and other professional activities and to refer them to OHPP should impairment be suspected and/or confirmed. The OHPP or outside evaluator are authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all Trainees who experience and/or exhibit signs of impairment. This can be done in collaboration with the Sponsored Program and the GME Office.

**Intervention:**

Once concern is raised about a Trainee, the Program Director should act quickly to perform a workplace intervention as detailed in Appendix 2. In the absence of the Program Director, Department Chair, or Associate Program Director, any responsible faculty member may perform a workplace intervention. If the OHPP determines that the Trainee does not have a condition that if left untreated could lead to impairment, the mention of the concern shall be removed from their records and the Trainee will be allowed to return to work without prejudice. However, should OHPP conclude that a Trainee is suffering from a condition that if left untreated could lead to impairment, the Trainee may be required to complete outpatient treatment with OHPP and/or may be referred to an outside facility for further evaluation and potential inpatient treatment. In this case, the Program Director must immediately take appropriate action, which may include, but is not necessarily limited to:

1. Suspension from Clinical Duties: This action will be considered if impairment may adversely affect the Trainee's ability to provide safe patient care or may otherwise put the individual at risk of hurting him/herself/themselves or others. The Sponsored Program may assign other educational/training responsibilities to the trainee during this time.

2. Leave of Absence: If inpatient treatment is indicated as a part of the treatment plan, the Sponsored Program may opt to place the trainee on a medical leave of absence and remove them from all patient contact and other Sponsored Program duties.

**Leave Status:**

Trainees who must undergo inpatient treatment and rehabilitation at an outside facility will automatically be placed on medical leave during this period. This medical leave will be unpaid unless the Trainee elects to use vacation, sick leave, or other accrued leave during this time; however, the Trainee will continue to receive benefits including medical insurance. Depending on the duration of leave, the Trainee may be required to extend their training to meet Accreditation Council for Graduate Medical Education (ACGME) and/or Board minimum training requirements. The Residency/Fellowship Position Appointment will not be renewed for the upcoming year for any trainee currently undergoing treatment and rehabilitation until they are cleared to return to work by OHPP and the Sponsored Program.

Both the treatment center and the OHPP will review all areas of concern before consideration is given to the Trainee's return to training. The Sponsored Program will make the decision about accepting a Trainee back into training only after full consultation with OHPP and after review of the Trainee's previous academic performance. Trainees will be required to agree to and sign a Return-to-Work Agreement, which outlines the terms under which the trainee is allowed to return to clinical and/or other training duties. In some cases, trainees 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, returning to training may not be recommended.

Trainees who are deemed able to return to training will be required to commit to a full monitoring program as determined by the OHPP. The Trainee shall sign an ROI allowing OHPP to share information with the Sponsored Program and Sponsoring Institution necessary for the implementation of the monitoring program. The OHPP will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the trainee is safe to practice. The program will allow reasonable accommodation for Trainees to meet the requirements of this monitoring program.

An appropriate workplace monitor will be identified at each training site who will both provide and receive reports from the OHPP of the Trainee's progress. The workplace monitor(s) will be responsible for making sure the Trainee reports for work as required and will be the point person for any concern regarding the Trainee. The workplace monitor may need to notify other faculty members or chief residents of the situation, although confidentiality will be maintained wherever possible.

In some cases, the presence of an impaired condition may not necessitate treatment, but the need for close monitoring may be required. In these cases, individuals may be permitted to return to clinical duties, but may be required to participate in a Diagnostic Monitoring Contract with OHPP. The program will provide reasonable accommodation for individuals to meet the requirements of the provided contract.

Financial Evaluation by the OHPP is at no cost to the Trainee or referring Sponsored Program. If the OHPP determines further assessment or evaluation is required, the Trainee will be referred to a nationally recognized substance abuse or behavioral health treatment facility. The cost of this evaluation is the responsibility of the Trainee. If the evaluation by OHPP or by another facility reveals evidence of substance abuse and/or other impairing condition(s), all costs for any additional assessment and subsequent treatment of the condition(s) will be the responsibility of the trainee. Medical insurance may cover some of these costs.

If a Diagnostic Monitoring Contract is required by OHPP for further evaluation, the costs associated with this contract will be the responsibility of the Trainee. If an assessment or evaluation is requested by

another agency all associated costs and subsequent treatment costs will be the responsibility of the Trainee.

Monitoring by OHPP is assured by the OHPP Confidentiality Assurance Policy. However, programs are required to disclose impairment and successful return to practice, if applicable, for hospital or medical licensing board training verification and/or credentialing inquiries and/or employment verification.

## **Appendix 1**

### **Evidence of Impairment**

The following are signs and symptoms of impairment. Isolated instances of any of these signs and symptoms may not impair a Trainee'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:

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.

## **Appendix 2**

### **Practical Aspects of Dealing with a Case of Possible Substance Abuse**

Guidelines for performing a workplace intervention for a Trainee with suspected impairment due to substance abuse.

#### **Introduction**

A workplace intervention should be conducted by the Program Director or other faculty member as soon as possible for any Trainee who has shown signs or symptoms consistent with substance abuse or about whom there is concern of impairment from any other physical or mental condition. This intervention is an opportunity to express concern, ensure the safety of and provide a “safe harbor” for the Trainee, and protect the safety of patients.

#### **1. Aims of the Intervention**

- a. Protect the Trainee from harm or death resulting from the effects of narcotics or other substances.
- b. Prevent patient harm as the result of being cared for by an impaired physician.
- c. Facilitate further evaluation and treatment in a manner that allows the Trainee to protect their medical license and avoid disciplinary action physician licensing board.

#### **2. Planning an Intervention**

The Program Director and/or faculty member(s) undertaking a workplace intervention must be completely clear about the anticipated outcome of the intervention before embarking upon it. This requires some prior planning. If a faculty member is conducting the intervention, inform the Program Director of the intervention as soon as possible.

- a. Review the information that has raised the concern. Discuss the case with the DIO or Executive Director of OSU-CHS/OMECO. If neither are available, contact the Chair of the GMEC.
- b. Consult the OHPP for advice on managing the situation before undertaking a workplace intervention.
- c. Arrange for the Trainee to be relieved from assigned duties, as they will not likely be returning to work for at least a couple of days.
- d. Set up the workplace intervention for the earlier part of the day, ideally. This allows time for the Trainee to contact OHPP afterwards. If possible, avoid doing the workplace intervention at the end of the day or on a Friday evening.
- e. Select a suitable office or room where the conversation will be private.
- f. Identify one other faculty member to keep notes of what happens during the intervention, if desired.
- g. Discuss what will be said during the intervention and what is the desired outcome of the intervention with the other faculty members.
- h. Understand that once a trainee is found to be impaired, only the OHPP may determine if the trainee is safe to return to work and resume patient care responsibilities.
- i. Set an appointment for the Trainee with OHPP for immediately after the workplace intervention (Unless advised otherwise by OHPP). The time between performing the workplace intervention and the Trainee presenting for evaluation at OHPP must be minimal.

This reduces the risk of self-harm by the Trainee in the time between being confronted with a problem and being placed in a safe place for further evaluation and/or treatment. This is best accomplished by coordinating with OHPP before conducting the workplace intervention.

### 3. Potential Outcomes

- a. The workplace intervention should end with the Trainee presenting for evaluation to the OHPP to set up a meeting.
- b. If the Trainee does not agree to an evaluation, they should be suspended from clinical activities. If the Trainee appears to be impaired and will not submit to further evaluation by OHPP, then they are considered to constitute “a clear and present danger” to the public and must be reported to the Oklahoma Licensing by the Program Director or other responsible faculty member after consultation with the GME Office and OHPP.
- c. In contrast, OHPP is not obligated to report anyone to the licensing board if they are compliant with OHPP recommendations. While under treatment for substance abuse disorder arranged by OHPP, the Trainee’s identity shall not be made known to the disciplinary authority as long as they remain compliant with OHPP recommendations and does not constitute a clear and present danger to the public. This protects the Trainee from disciplinary action against their medical license.

### 4. After the Intervention

- a. Once the Trainee has been evaluated, the OHPP clinical staff will advise about the next stage in the Trainee’s care.
- b. If the Trainee requires further evaluation, this will take at least one week to coordinate and conduct as most substance use disorder and/or behavioral health treatment facilities are outside of Oklahoma.  
If the evaluation is positive for substance dependence, the Trainee may be required to complete inpatient treatment for several months. At this stage, the program should be notified that the Trainee is on medical leave so the call schedule may be adjusted.
- d. It is not appropriate to give out details of the Trainee’s condition. The term “medical leave” is sufficient detail. Remember this is a medical condition and appropriate confidentiality must be Maintained.

If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

### ACGME Sponsoring Institution Requirements

IV.1.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)