

**CENTRAL IOWA HEALTH SYSTEM
GRADUATE MEDICAL EDUCATION COMMITTEE**

POLICY ON IDENTIFICATION, INTERVENTION, ASSISTANCE, AND RESOLUTION OF THE IMPAIRED RESIDENT

- I. **Purpose.** This policy provides guidelines for proper response to alleged or known misuse of substances, physical disability, mental illness, or psychological impairment that could impair performance or place patients or the Resident at undue risk.
- II. **Definition.** An impaired resident physician shall be defined as any resident who, by virtue of misuse of substances, physical disability, mental illness, or psychological impairment, is unable or potentially unable to care for patients with reasonable safety and skill.
- III. **Background.** If any Central Iowa Health System (CIHS) employee, medical staff member, faculty member, or other supervisory staff member, or resident has knowledge, substantiated concerns, or convincing reasons to suspect that patient care is, or may be, affected by any resident due to the resident being impaired, it is his or her duty to report this expeditiously to the Program Director.

Confidentiality of Information

Confidentiality is extremely important in situations involving suspected resident impairment and/or any intervention or treatment of an impaired resident. However, the Designated Institutional Official (DIO) must be notified when a resident is suspected to be impaired and must be kept apprised of the intervention process and the Impaired Resident's progress. The nature of the impairment, the actions taken and the progress of the Resident's treatment and rehabilitation must be documented by the Program Director. With the exception of the DIO, necessary institutional leadership, faculty, or expert consultants, information will remain confidential as a part of the Resident's permanent file. The Iowa Board of Medicine (Iowa BOM) will be notified pursuant to the applicable Iowa Code, which requires that physicians must report impairment of fellow physicians to the Iowa BOM. In many cases, the obligation to report the Resident's possible impairment or impairment may be satisfied by reporting to the Iowa Physician Health Program and this may be the preferable course of action. In some cases, direct reporting to the Iowa BOM is required by the Board of Medicine. Iowa Medical Licensees are referred to both the Iowa BOM website as well as the Iowa Physician Health Program website for detailed information and it is essential that licensees involved review the information on both websites when they are involved in a situation involving a possibly impaired or impaired physician.

- IV. **Policy.** The following details the impaired resident identification, intervention, assistance and resolution process. This policy is designed to provide guidance and consistency in assessing and handling resident work-related performance problems or potential performance problems associated with alleged or actual misuse of substances, physical disability, mental illness or psychological impairment.

Step 1. The Program Director receives information that indicates that a resident may have a problem with misuse of substances, physical disability, mental illness, or psychological impairment that may affect the Resident's performance or place the Resident or patients at

undue risk. The Program Director may receive reports of impairment in work performance that require investigation. Prior to approaching the Resident with the information, it is recommended that the Program Director consult the DIO. The Program Director and the DIO will identify resources available to conduct an investigation of possible impairment.

Step 2. The Program Director will discuss concerns with the Resident. The Program Director will meet with the Resident to discuss the concerns related to possible impairment. The Program Director has the discretion to determine that an impairment problem does not exist and what, if any, further action is warranted. If the Resident indicates a desire to terminate discussions of this nature with the Program Director, the Resident may do so at any time during the conversation. The Program Director will document the Resident meeting(s) and/or document unsuccessful attempts to meet with the Resident to discuss work related performance problems.

Step 3. The Program Director will assess the available evidence and determine whether an impairment exists or not. The Program Director may choose to consult with available experts, the DIO, faculty, and institutional leadership in arriving at this determination. Step 4 or Step 5 is then followed as appropriate.

<p>Step 4. The Resident agrees that they may have an impairment.</p>	<p>Step 5. The Resident denies that they have an impairment.</p>
<p>A. Program Director notifies the DIO of the situation of possible impairment or impairment physician. The Resident is placed on a leave of absence until a work re-entry decision is made by the Program Director. Refer to the <i>Program Leave of Absence Policy</i> for details about this.</p> <p>B. The Program Director, in consultation with the DIO and legal counsel, encourages the Resident to follow all impairment self-reporting requirements as stipulated by the Iowa Physician Health Program (IPHP). The Program Director will also report the Resident to IPHP to ensure that information given to IPHP is accurate and to ensure that IPHP has needed information in the case that the Resident chooses not to report. If the Resident fails to self-report to the IPHP within two business days of agreeing to do so, the Program Director will report the Resident to either the IPHP or the Iowa BOM after reviewing the requirements for reporting to the Iowa BOM.</p> <p>C. The Resident seeks evaluation. IPHP may be able to provide timely evaluation and treatment and monitoring recommendations. If IPHP does not provide an evaluation and/or treatment and monitoring recommendations, the Program Director may require the Resident to undergo a Fitness for Duty evaluation. The Fitness for Duty Evaluator will be chosen by the Program Director</p>	<p>A. The Program Director documents the discussion with the Resident including the Resident’s denial that a problem exists.</p> <p>B. The Program Director provides copies of all relevant information to the DIO and legal counsel.</p> <p>C. The Program Director shall not require the Resident to submit to a Fitness for Duty Evaluation without first consulting legal counsel to determine if sufficient evidence exists to require such testing.</p> <p>D. The Program Director reports the Resident to IPHP or to the Iowa BOM.</p> <p>E. Program Director makes employment decision. Termination based upon impairment is an option only if</p> <p>(1) the Resident <u>is required and refuses</u> to submit to a Fitness for Duty Evaluation;(2) the Resident agrees to a Fitness for Duty Evaluation and the evaluation results in a finding that impairment exists AND the Resident refuses to engage in recommended treatment and monitoring; (3) the Resident does not successfully engage in a treatment and monitoring program; or (4) sufficient information exists regarding continuation of impairment related work performance problems.</p>

in consultation with the DIO and may or may not take into account the preference of the Resident. Such an evaluation will be at the Resident's expense and recommendations of the Fitness for Duty Evaluator will be reviewed by the Program Director and the DIO to determine what portions of the treatment and monitoring plan will be required, if any, for the Resident to return to work.

The Resident will be offered assistance in understanding what their work benefits will cover with regard to the recommended treatment and monitoring plan. Collaboration occurs with the Human Resources Department to ensure that the Resident understands their medical insurance coverage. (If not covered by medical insurance, the Residency Program will not bear expenses incurred by the Resident in the treatment and monitoring process.) If the Resident self-reports to IPHP and fails to notify the Program Director in a timely fashion of such a report, the Resident's status in the Residency Program may be affected per this policy.

D. Program Director makes work re-entry decision. The Program Director will decide whether and when to allow the Resident to return to the Residency Program contingent upon considerations such as the nature of any work related performance problem, assurance of patient safety, and evidence from the treatment and monitoring program that the Resident is safe to return to work and interact with patients. The Program Director must present documentation to the DIO that the Resident's treatment has been effective, that the Program Director has received reports on the Resident's progress in the treatment program, that the Resident complies with the treatment program, and that the Resident is willing to adhere to the treatment and monitoring plan.

E. Program Director monitors the Resident's compliance with the treatment and monitoring plan. The Program Director monitors the Resident's compliance with all components of the treatment and monitoring plan.

F. Resident compliance with treatment and monitoring plan and/or recurrence of impairment related work performance problems. The Program Director may terminate the Resident's training if

the Resident does not comply with all components of the treatment and monitoring plan and/or if impairment related work performance problems persist.	
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Step 6. In Consultation with the DIO, the Program Director determines if the Resident should be terminated. If terminated follow Step 7. If not, follow Step 8.

Step 7. Resident’s Training is Terminated	Step 8. Resident’s Training is not Terminated.
If the Program Director terminates the Resident’s training, the Program Director must notify the DIO. Legal counsel should also be notified and, as appropriate, the Iowa BOM. The Resident will be afforded due process as outlined in the <i>Central Iowa Health System Appeals Procedure for the Resident</i> .	<u>Program Director monitors work related performance.</u> If the Resident has denied the existence of an impairment problem and the Program Director does not have sufficient grounds to request entry into a treatment program or termination, no further action will be taken. However, the Program Director will continue to monitor the Resident’s work performance. If suspected impairment related work performance problems persist, or if further allegations emerge, the Program Director will return to Step 2.

Resources. Attached to this policy are three appendices, which provide a description of contributing factors to substance misuse, identify risks of substance misuse in physicians and describe the signs, symptoms and considerations in identifying misuse of substances.

APPENDIX A: EPIDEMIOLOGY OF SUBSTANCE MISUSE IN PHYSICIANS

In a national survey of several thousand physicians published in 2014, 12.9% of male physicians and 21.4% of female physicians met diagnostic criteria for alcohol use disorder (AUD). These characteristics were associated with HIGHER risk for AUD:

- Under 35 years of age
- Female gender
- Partnered relationship status
- Having children
- Practicing in a rural area
- Practicing less than 10 years
- Making a major medical error in the last 3 months

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Note that two risk factors (underlined) are prevalent in nearly all of our resident physicians (age and how long in practice).

APPENDIX B: HOW TO RECOGNIZE A PHYSICIAN WHO MAY BE HAVING DIFFICULTY WITH SUBSTANCE USE DISORDER

- Frequent tardiness and absences
- Unexplained disappearances during working hours
- Inappropriate behavior
- Affective lability or irritability
- Interpersonal conflict
- Avoidance of peers or supervisors
- Keeping odd hours
- Disorganization and forgetfulness
- Diminished chart completion and work performance
- Heavy drinking at social functions
- Unexplained changes in weight or energy level
- Diminished personal hygiene
- Slurred or rapid speech
- Frequently dilated pupils or red and watery eyes and a runny nose
- Defensiveness, anxiety, apathy, or manipulative behavior
- Withdrawal from long-standing relationships

Impaired physicians: How to recognize, when to report, and where to refer

Current Psychiatry. 2010 June;9(6):11-20

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**APPENDIX C: RETURN TO PRACTICE OUTCOMES FOR PHYSICIANS WITH IMPAIRMENT
IN THEIR ABILITY TO CARRY OUT PATIENT CARE RESPONSIBILITIES**

Impairment in physicians can have many causes, including substance use disorders, mental illness, profound fatigue or a decline in cognitive or motor skills due to age or disease. The presence or treatment of a disorder does not imply that the physician is impaired. Physician impairment is too often unrecognized or untreated and physicians are less likely to obtain needed care than the general population.

Physician Health Programs (PHPs) are highly effective in monitoring addiction and allow physicians to be licensed and working – in one study 78.7% of physicians were licensed and working at the 5-year mark, compared with relapse rates of 40-60% in standard nonphysician programs. There is also emerging evidence that PHP's are effective in monitoring mental and behavioral health problems, with about 75% of participants completing their monitoring contracts.

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