Impairment

Scope
The policy applies to all residency and fellowship programs at CCHS.

Purpose:
The Sponsoring Institution must have a policy, not necessarily GME-specific, that addresses resident and fellow physician impairment.

Policy and Guidelines
Impairment is defined as the inability of a resident/fellow to physically, mentally or morally meet his/her responsibilities as caused by dependency on alcohol and/or controlled pharmaceuticals, psychiatric disease, physical illness/injury, or dementia as a consequence of age or other conditions.

CCHS and the program directors recognize their responsibilities to patients, other medical and clinical staff, other residents/fellows, and the community-at-large to ensure that residents/fellows enrolled in graduate medical education programs are physically, mentally and morally competent to meet their designated responsibilities. CCHS does not assume a punitive role in cases of impairment but recognizes the importance of identifying and facilitating the treatment of any resident/fellow who is incapable of meeting his/her responsibilities because of impairment. Any resident/fellow who feels he may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of his/her program director. Other avenues of assistance include, but are not limited to, the use of private counseling, Alcoholics Anonymous, the University’s Employee Assistance Program (EAP), Alabama Physician Health Program of the Medical Association of the State of Alabama, and physician rehabilitation programs.

In cases of suspected impairment, the program director, or designated member of the college's faculty, shall follow the procedures indicated below:

A. Assure that a fair and discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents/fellows, program faculty, medical, clinical or administrative staff, patients, hospital employees, or the resident/fellow's family members.

B. If there is sufficient evidence of impairment, the program director will intervene with the resident/fellow, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated (aka reasonable suspicion).

C. If the resident/fellow accepts the results of the investigation, the program director will work with the resident/fellow to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.
D. The program director shall facilitate referral of the resident/fellow in accordance with the plan of action developed. The program director should work with the resident/fellow to monitor the rehabilitation process and act as an advocate for the resident/fellow with medical and teaching staff, other residents/fellows, and state review boards.

E. If a resident/fellow does not accept the demonstration of impairment and accept the plan of action, the program director, along with the DIO, and Dean or CCHS shall have authority for immediate suspension or revocation of the resident/fellow's appointment.

F. All paid and unpaid leave taken by the resident/fellow will be in accordance with Annual Leave policies. During any period of unpaid leave, the resident/fellow must make arrangements for the payment of premiums for continuance of benefits, including health insurance. The resident/fellow is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under the resident/fellow's health insurance.

G. The Designated Institutional Official must be notified of all cases of resident/fellow impairment and receive reports on the results of the intervention, the plan for and results of diagnosis, treatment, and/or rehabilitation, the inclusive dates of the leave of absence, the dates of any leave planned as unpaid leave, and arrangements made for continuance of benefits during unpaid leave.

H. Continuation in the training program is dependent upon a successful outcome of counseling, treatment and rehabilitation as determined by multiple factors and professional input. Time away in treatment may be a cause of the resident/fellow having to extend their training period.

I. All records concerning impairment of a resident/fellow will be treated with strict confidentiality, in accordance with existing state and federal laws.

Reference: Drug and Alcohol Testing Policy