

RESIDENT IMPAIRMENT POLICY

PURPOSE:

This policy is intended to provide a process for programs to follow when it is necessary to investigate and determine if a resident suffers from an impairment as well as a course of action if it is determined that a resident may have an impairment.

POLICY:

Initial Report:

If any individual reasonably suspects that a resident is impaired, the following steps should be taken in a timely manner:

1. The individual should report their suspicion to the appropriate Residency Program Director.
2. The Program Director shall attempt to discuss these suspicions with the individual making the initial report and advise the Associate Dean of Graduate Medical Education ("GME") of the initial report, his discussion with the person filing the report and recommend whether to initiate an investigation.
3. The Program Director shall also discuss with the Associate Dean for GME whether, based upon the existing information, the resident presents a risk to him/herself or others and should be temporarily removed from patient care pending an investigation.

Investigation of Initial Report:

1. The Associate Dean of GME, in conjunction with the Program Director, shall then determine whether an investigation is warranted. If so, they shall:
 - a. investigate the allegations;
 - b. determine whether the District of Columbia Medical Society's (DCMS) Impaired Physician Program, or similar organization, should be contacted and involved in the investigation;
 - c. take reasonable steps to maintain the confidentiality of the investigation;
 - d. provide a written report to the Associate Dean of GME indicating, in part, whether an impairment may exist, if patient care may be affected, and his/her recommendations including but not limited to whether the resident should be required as a condition of remaining in his/her residency program to participate in the DCMS Impaired Physician Program or a similar treatment program.

2. The Associate Dean of GME may adopt, amend, or reject, in whole or in part, the findings and recommendations of the investigation report and may take any steps that he/she deems reasonably necessary. His/her decision will be in writing and is the final decision. The decision of the Associate Dean of GME may include, in part, that the resident be required to participate in a treatment program as a condition of his/her remaining in or returning to a residency program or, even if no impairment is found, further monitoring.
3. If the written decision of the Associate Dean of GME indicates that a possible physician impairment(s) exists, the Associate Dean of GME, the Program Director, and/or other designees, and at his/her discretion a person with experience in physician impairment issues shall meet with the resident. At such meeting, the resident will be informed of the findings of the investigation and given the opportunity to acknowledge whether he/she is impaired. The name of the individual filing the initial report should not be revealed and, at the discretion of the Associate Dean for GME, the incidents that gave rise to the initial report do not have to be revealed. Evaluation and testing may be requested.
4. The resident may request a second medical exam or re-testing. The Associate Dean of GME and the Program Director also have the right to require an additional medical examination or testing from another physician/consultant of his/her choice. The expense of the additional medical examination or testing will be the responsibility of the person requesting the additional exam or test. The Associate Dean of GME has the right to alter, amend or not change his decision based upon the second medical examination or re-testing.
5. The results of such medical examination and testing will be maintained in a separate confidential record of the resident in Office of Graduate Medical Education.
6. The decision of the Associate Dean of GME and the written report will also be maintained in a separate confidential file by the Office of Graduate Medical Education.
7. The Associate Dean of GME and the Program Director shall seek the advice of the University's legal counsel to determine whether any conduct must be reported to law enforcement or other governmental agencies, and what further steps should be taken.

8. The Associate Dean of GME of the Program Director may verbally inform the individual who made the initial report only that appropriate action was taken.

TREATMENT AND MONITORING:

1. When treatment and monitoring is required by the decision of the Associate Dean of GME, the Associate Dean of GME and the Program Director shall assist the resident in locating an appropriate treatment program.
2. The Office of GME and the residency program permit the resident to resume training only when they have received documentation to their satisfaction as set forth in III.3. below.
3. In order to resume residency training, the resident must at least:
 - a. Authorize the release of information by all treatment and monitoring programs in which he or she participates or participated. The resident must also supply his/her Program Director with a letter from the physician/director of his/her treatment/monitoring program regarding the following concerns:
 - (1) whether the resident is participating in the treatment and monitoring program;
 - (2) whether the resident is in compliance with the terms of the treatment and monitoring program;
 - (3) whether and to what extent the resident's conduct is monitored and the results of such monitoring;
 - (4) whether the resident is capable of resuming medical training and safely providing an appropriate level of care to patients; and,
 - (5) any limitations, supervision or other appropriate actions the residency training program should take in order for the resident to return to his residency program and to provide safe and effective patient care.
 - b. The resident shall provide the Program Director with the name and address of his/her primary care physician, and shall authorize that physician to release information regarding his or her condition and treatment. The Office of GME and the Program Director must be able to obtain information to their satisfaction regarding the precise nature of the resident's condition and course of treatment. In order to maximize confidentiality, a resident may

request a referral to a non-GWUMC primary care physician. The Office of GME shall facilitate the resident in identifying such a physician.

- c. If the Office of GME and the Program Director are satisfied that the information received indicates that the resident is capable of returning to the residency program, the Program Director shall develop a written monitoring plan, which at a minimum, includes some or all of the following:
 - (1) periodic written feedback from the treatment program director or primary physician
 - (2) review of pertinent laboratory data and/or tests
 - (3) direct observation by the Program Director or other faculty members.

The Office of GME must approve the monitoring plan that may be amended from time to time as needed.
- d. If restrictions have been imposed, the residency Program Director should document monitoring of the resident.
- e. If the impairment is a drug or alcohol addiction, the resident must submit to random alcohol or drug screening test(s) upon request of the Office of GME and the Program Director.

Reviewed, amended and approved by GME Committee: December 14, 1999