

Spokane Teaching Health Center

IMPAIRED PHYSICIAN POLICY

Approved January 28, 2014

INTRODUCTION

Impairment of performance by resident physicians can put patients at risk. Impairment will be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency. Untreated or relapsing impairment is not compatible with safe clinical performance. The goals of this policy are:

1. To prevent or minimize the occurrence of impairment, including substance abuse, among residents.
2. To protect patients from risks associated with care given by an impaired resident physician.
3. To compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

In achieving these goals, several principles are involved:

1. The safety of both the impaired individual and of patients is of prime importance.
2. The privacy and dignity of the affected individual should be maintained to the extent possible.
3. To the extent that its resources allow, the Washington Physicians Health Program will help facilitate education, intervention, preliminary assessment, diagnostic evaluation, treatment, and post treatment monitoring.

DIAGNOSIS OF IMPAIRMENT

The following are signs and symptoms of impairment. Isolated instances of any of these signs and symptoms may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed in an individual action may be indicated (See III E.). Warning signs and symptoms, although certainly not specific to problems of substance abuse, may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Disturbances in family stability.
3. Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at professional and social gatherings/events, adverse interactions with police, driving while intoxicated, undependability and unpredictability, aggressive behavior, and argumentativeness. Professional behavior patterns such as unexplained absences, spending excessive

time at the hospital, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff, and inadequate professional performance.

4. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.

5. Drug use indicators such as 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, and changes in attire (e.g. wearing of long sleeve garments by parenteral drug users).

POLICY IMPLEMENTATION

Education: To try to minimize the incidence of impairment, a program will be developed to educate residents about physician impairment, including problems of substance abuse, its incidence and nature and risks both to the involved individuals and patients. Education will include knowledge concerning signs and symptoms of impairment, emphasizing detection of abnormal behavior associated with use of psychoactive drugs and alcohol abuse.

Counseling: To the extent that its resources allow, the Washington Physicians Health Program will provide individual counseling both to supervisors and to individuals in need. In the latter case confidentiality will be preserved to the extent possible.

Assessment: *Evaluation of impairment status:* For both residents with a history of impairment and current residents who experience impairment and/or for whom evidence of substance abuse exists, evaluation will be performed by the Program Director or his or her designee and the Washington Physicians Health Program. Consultation and assistance will also be available from the appropriate personnel in the affiliated hospitals and the Graduate Medical Education Committee.

Management:

1. Each residency Program Director, after consultation with appropriate resources, will be responsible for certifying the functional status of all residents and for judging whether functional impairment exists in an individual. When an individual with impairment is identified, the residency Program Director will report this information to the institutional official responsible for the administrative oversight of the residency program.
2. Each resident, as a condition of appointment, agrees to accept the residency Program Director's decision regarding the resident's status and practice/training privileges. Should the residency Program Director conclude, after consultation with the Washington Physicians Health Program or other resources, that a resident is suffering from impairment, including substance abuse, the director may immediately take appropriate action. The action may include placing that resident on a medical leave of absence with or without suspension from the residency program. The residency program may consider a resident's suspension if it believes impairment may adversely affect patient care. The Residency Program should assist the resident in maximizing the basic insurance benefits for treatment of impairments.
3. Return from leave for impairment shall be based upon written re-entry policies that include understandings with the residency program. Any return from leave shall be based on a complete review of the individual's medical history from all sources, including, but not limited to records of any

impairment treatment program and may include an evaluation performed by a person selected by the Residency Program.

4. A decision regarding the return of an impaired resident will be based on paramount concerns for patient safety, potential for relapse, nature of the specialty and any other factors as determined by the Residency Program.

Reporting Process:

All medical personnel possess a duty, in part by ethical concern for the well being of patients and one's fellow professionals and in part as mandated by state law, to report in confidence to an appropriate supervisor, concerns about possible impairment both in themselves and in others. If a resident physician is observed to be impaired/disabled while engaged in the performance of his or her duties, the course of action shall be as follows:

1. The observer shall report his/her concern immediately to a responsible supervisor, ultimately the residency Program Director.
2. When substance abuse is suspected, the residency Program Director shall notify and seek help from the Washington Physicians Health Program. The Program Director can ascertain the need for help, facilitate an intervention leading to further professional evaluation and possible inpatient or outpatient treatment.
3. In consultation, a decision will be made regarding any leave of absence and suspension from the training program. If a leave of absence is indicated, the resident will be informed of the effects of that leave of absence upon training. The need for reporting the impairment status of the resident to the State of Washington Medical Disciplinary Board will be evaluated.
4. Should a resident about whom concern has been expressed, be determined not to be impaired, mention of the concern shall be removed from his/her records and the individual may be allowed to return to their residency program without prejudice.
5. Appropriate and complete documentation of the events shall be performed.

POLICY REGARDING THE USE OF PSYCHOACTIVE DRUGS BY PHYSICIANS

1. Use of controlled substances must be by prescription of a physician. Non-medicinal use of controlled substances is illegal. Non-medicinal use of other mind-altering drugs is inappropriate. Discovery of such use will result in evaluation for possible treatment and may be grounds for immediate suspension and ultimate termination.
2. For the purposes of this policy, use of alcohol during routine working hours, and particularly when one is engaged in patient care, is regarded as inappropriate. When one is "on call," any use of alcohol that either produces or appears to produce (e.g. odor of alcohol on breath) evidence of behavioral impairment is also regarded as inappropriate.