SUBJECT: PHYSICIAN IMPAIRMENT AND SUPPORT RESOURCES

ACGME Guidelines: Institutional Requirements

Section II, D, 4 (page 8)

k) Counseling services: The Sponsoring Institution should facilitate resident physicians’ access to confidential counseling, medical, and psychological support services.

l) Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.

POLICY PURPOSE:
Graduate Medical Education (hereinafter GME) is committed to quality resident education and providing quality and safe patient care, which can be compromised if a resident physician is suffering from physical, psychiatric, and/or emotional conditions that impair his or her ability to learn and provide patient care safely and competently. Mount Carmel Health System (hereinafter MCHS) has a Medical Staff Impairment and Health Policy that addresses physician impairment and related issues. As associate members of the Medical Staff, resident physicians shall refer to the policy for detailed information whenever deemed necessary.

In addition, GME has established the following policy that is intended to provide GME specific guidance to resident physicians regarding physician impairment issues, and to provide procedure guidelines to residency programs, resident physicians, and other Medical Education associates in dealing with physician impairment issues.

PROCEDURE:

- Specific education and reference materials shall be provided to resident physicians regarding physician impairment, including the recognition of impairment in physicians, and proper procedure to assist a resident physician when there is a concern for possible impairment.

- All concerns of this nature shall be brought directly to the Program Director of the impacted resident physician. Further management of the situation shall be at the discretion of the program and its leadership. The Vice President of Medical Education (hereinafter VPME) shall be immediately informed of the concern(s) and the plan for assisting the impacted resident physician.

- Resident and staff physicians have the moral and ethical obligation to report an impaired resident physician to protect patient safety and the integrity of the institution. Such reporting will enable the residency program and GME leadership to address the impairment issue in a timely manner, which may not necessarily result in punitive action against the impaired resident physician.

- GME and the residency program leadership shall empower and ensure confidentiality to those resident physicians who bring forward the issues of impairment, and protect the confidentiality of those resident physicians who struggle with impairment issues.

Mechanism
The resident physician who is suffering from an impairment that affects their education is encouraged to voluntarily bring the issue to the Program Director so that appropriate steps can be taken to protect their patients and to assist the resident physician.

If any associate within Medical Education has a concern that a resident physician has an impairment issue that may affect their education and ability to provide patient care, a confidential report shall be submitted to the Program Director and VPME, who shall appropriately document the report.

If any associate within Medical Education or the Hospital System has a concern that a resident physician is unable to provide safe and proper patient care due to impairment issues, an immediate response is necessary in order to protect the safety of patients. This associate shall immediately notify the resident physician’s Program Director and/or the VPME. The Program Director shall assess the resident physician to determine if the concern is valid.

If the concern is validated and confirmed, the resident physician shall be relieved of all patient care responsibilities in an appropriate and timely manner. In the case of alcoholism and/or substance abuse, the immediate suspension of the resident physician’s clinic duties shall be warranted.

The Program Director shall request that the resident physician’s health status be assessed by a physician specialist or service outside Medical Education [e.g., Employee Assistance Program (EAP)] and have the results provided to the Program Director and the VPME. Release of Information forms must be signed by the resident physician for the treating physician to release any information.

When a resident physician’s impairment is confirmed, the Program Director shall meet with him or her and discuss the issue within two (2) working days. After the meeting, the Program Director shall inform other associates who are directly involved in the resident physician’s education, and members of the Residency program’s Education Committee on a need-to-know basis.

Depending on the nature and severity of the impairment of the impacted resident physician, the Program Director may offer one or more of the following options (but not limited to these options) to the impaired resident physician:

1. Recommend that the resident physician voluntarily take a leave of absence (please refer to the hospital Human Resources Policies and Procedures Manual, 745.0 Leave of Absence, for specific guidelines), during which time he/she shall participate in a rehabilitation program within or outside MCHS (e.g., State Physician Health Program or EAP at MCHS) or necessary medical treatment to address the impairment.

2. Recommend that limitations be placed on the resident physician’s academic and clinical responsibilities.

3. Recommend that the resident physician be suspended from the Residency if the resident physician does not voluntarily agree to receiving treatment for impairment.
• If the impairment involves substance abuse, the resident physician shall be required to participate in a rehabilitation or treatment program. The Program Director shall assist the resident physician in locating a suitable program within or outside MCHS.

• If the resident physician agrees to abide by the treatment program set forth in (h), a confidential report shall be submitted by the Program Director to the VPME for approval. If the resident physician refuses to participate in a rehabilitation or treatment program, the Program Director shall refer the matter to the VPME for review and proper follow-up administrative action, as outlined in the Grievance Procedure and Due Process policy.

**Reinstatement**

• Upon receiving proper documentation of the resident physician’s satisfactory completion of the treatment plan and recovery from the impairment, provided by the rehabilitation program or treating specialist(s), the Program Director shall reinstate the resident physician to his/her former position assuming the rehabilitation has occurred within a reasonable length of time.

• The Program Director may require periodic reports from the treatment program or treating physician regarding the update of the mental and physical status and/or condition(s) of the resident physician, if deemed necessary.

**Service Programs Available for Impaired Physicians**

**Ohio Physicians Health Program**

**Contact:** Peter Rogers, MD  
President/Medical Director  
Ohio Physicians Health Program  
5900 Roach Drive, Suite 440  
Columbus, Ohio 43229  
**Phone:** 614-841-9690

**Mount Carmel Employee Assistance Program (EAP)**  
**Phone:** 614-546-3322 or 1-800-227-3256

**REFERENCES:** ACGME Guidelines, Medical Staff Policies and Procedures