1.0 PURPOSE

The purpose of this policy is to address the identification and management of an alleged and/or confirmed impaired GME Trainee providing clinical care in any area of the Indiana University School of Medicine Clinical Learning Environment, including affiliate hospitals, clinics or associated clinical practice areas. It is the intent of this policy to provide a means to recognize impaired resident physicians with the goal of rehabilitating the physician and ensuring patient safety.

2.0 POLICY

IU School of Medicine (IUSM) and its affiliated hospitals endorse Indiana University’s policy on alcohol and a drug-free environment. The policy applies to all house staff at IUSM and its affiliated hospitals. IUSM expects and requires all house staff to report to work on time and in appropriate mental and physical condition. It is the school’s intent and obligation to provide a drug-free, healthful, and secure work environment.

Indiana University absolutely prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on university premises or while conducting university business off university premises. Violations of this policy may result in immediate termination of employment.

It is the belief if IUSM that an impaired resident physician is an ill colleague in need to treatment. The approach to impairment should be through medical intervention, care and compassion as opposed to punitive or threatening methods. It is expected that the impaired resident physician will enter and complete treatment, in order to return to training as soon as possible.

The university, the school, and the affiliated hospitals recognize drug dependency as an illness and a major health problem. The university, school, and the affiliated hospitals also recognize drug usage as a potential health, safety, and security problem. Therefore, IUSM has contracted with the Indiana State Medical Association (ISMA) Physician Assistance Program (PAP), (Reference 1), to coordinate efforts in identifying and assisting IUSM physicians with illnesses impairing their ability to practice medicine. These illnesses may include chemical dependency, psychiatric illnesses, and/or physical illnesses. The partnership between IUSM and ISMA was created to assist in the identification, treatment, and rehabilitation of an impaired member of the medical staff and house staff.

The objective is to serve all physicians who provide care at IU Health-Methodist Hospital, IU Health University Hospital, Riley Hospital for Children at IU Health, VAMC, and Eskenazi Health Hospitals be they faculty or resident physicians. If intervention is deemed appropriate, it
is undertaken in a confidential, positive, supportive manner, consistent with the laws of the State of Indiana, with the goals of patient safety, recovery and rehabilitation foremost in mind. For these intentions to be achieved it is the responsibility of the individual faculty or resident to know the advantages and expectations of entry and participation with the Indiana State Medical Association Physician Assistance Program.

3.0 SCOPE

This policy applies to all GME residents in ACGME accredited, IUSM sponsored training programs.

4.0 DEFINITIONS

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A GME Trainee is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

4.3 Clinical Learning Environment is any area in the IUSM learning environment where graduate medical trainees participate in clinical activities.

4.4 Impairment: “The inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illnesses or alcoholism or drug dependency.” (American Medical Association, 1972)

4.5 Indiana State Medical Association Physician Assistant Program (ISMA PAP): A program of the Indiana State Medical Association that addresses the needs of physicians impaired by chemical dependence, psychiatric disorders, and physical disability, as well as the needs of disruptive physicians.

5.0 PROCEDURE

5.1 Identification of Potential Impairment: Based on available information, there may be reasonable suspicion that an individual may be impaired, thereby placing patients, himself/herself, others, or the affiliated hospital at risk of injury or loss. Observations noted may include, but are not limited to:

- Inappropriate physical appearance
- Altered speech
- Uneven gait
- Reports of behavioral changes from hospital personnel
- Unprofessional conduct
- Poor judgment
- Increase in number of medical errors
- Smell of alcoholic beverages on the breath
- Inappropriate actions or orders
j. Accidents, near accidents, or injury on the job or damage to hospital equipment
k. Frequent lateness, unavailability, or inappropriate response to phone calls and pages

5.2 Assessment of Potential Impaired GME Trainee

a. If an individual has a concern or question regarding a GME Trainee’s mental or physical condition due to supposed substance abuse, he or she should contact the Program Director immediately.
b. The individual should provide written documentation of the event.
c. The confidentiality of the individual making the contact will be maintained.

5.3 Intervention

If a resident is believed to be under the influence of drugs or alcohol the resident in question will be directed to wait until the program director or designee arrives, at which time the following shall occur:

a. A urine drug screen, blood alcohol level, specialized toxicology testing and a clinical evaluation will be obtained at the affiliated hospital emergency department or IUPUI Health Services.
b. Any costs associated with testing, and not covered by the resident’s medical insurance, are the responsibility of the resident.
c. If after testing and evaluation, a resident is found to be impaired, the resident will immediately be relieved of responsibilities.
d. If a resident refuses to participate in testing and clinical evaluation, the resident must not be permitted to continue to provide services.
e. The program director, or designee, must immediately arrange for alternative care for the resident’s patients.
f. The resident must not be allowed to drive; the program director, or designee, must assure that alternate transportation is arranged.
g. The program director must make a full report to the Associate Dean for Graduate Medical Education and the GME office will contact ISMA PAP if indicated.
h. ISMA PAP staff review the information and determine if it is adequate to reasonably conclude an impairment exists. If more information is needed, the referral source may be asked to identify other concerned parties to provide additional details.
i. A meeting is held with the impaired physician and an assessment is requested by a source approved by the ISMA PAP.
j. If a resident displays conduct that raises suspicion of physical or mental impairment that could compromise patient care, even if the resident does not appear to be rendering care under the influence of drugs or alcohol, the program director shall mandate evaluation of
5.4 Assessment and Treatment Referral

If an impairment is determined to exist, the following usually represents the best interests of the physician, school, and hospital:

a. Formal enrollment in the ISMA PAP.
b. Agreement to immediately enter an approved assessment program and allow formal communication between the assessing agency and the ISMA PAP.
c. Agreement to follow all treatment recommendations resulting from the assessment recommendations.
d. Agreement that failure to comply with this plan violates the school/hospital agreement and may result in action on continuance of training, medical privileges, and/or medical licensure.

5.5 Monitoring and Advocacy Services

A key service offered by the ISMA PAP is the monitoring contract. A typical physician contract remains in effect for five years and may include monitoring the following:

- Attendance at 12-step support groups, where appropriate.
- Random urine drug-screen testing, where appropriate.
- Individual, family and/or group counseling, where appropriate.
- Communication with all appropriate therapists and treating physicians.
- Attendance at Caduceus meetings, a support group for health care professionals, where appropriate.
- Regular meetings with the PAP-named physician monitor and/or staff.
- Any other requirements deemed necessary to aid recovery.

As part of this contract, the physician allows regular communication with all necessary and appropriate school and hospital personnel. Additionally, regular progress compliance letters can be sent on behalf of the recovering physician, when consent is given.

5.6 Confidentiality

Confidentiality of the GME Trainee seeking referral or has had a formal or mandatory referral for assistance will be maintained, except as limited by law, ethical obligation, or when the safety of a patient is threatened. In all instances, every effort to protect the confidentiality of the individual referred for assistance will be made. The ISMA does not automatically refer a physician to the licensing board for a minor infraction of the contract. It is only after all attempts to work with a physician have failed that a referral is made to the appropriate board.
6.0 IMPLEMENTATION

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7.0 OVERSIGHT

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8.0 REFERENCES

1. USMA Physician Assistance Program (PAP) website

   Information on the USMA Physician Assistance Program (PAP) can be found at:

   http://www.ISMAnet.org/resources/assistance/index.htm

2. IU Health Substance Abuse Policy

   The IU Health Substance Abuse Policy can be found at:

   https://pulse.iuhealth.org/depts/PandP/policies/hr/hr137.pdf
Who is the impaired physician?

In 1972, the American Medical Association issued the following definition of impairment:

"The inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illnesses or alcoholism or drug dependency."

With this definition, professionals could identify an impaired physician and behaviors specific to the profession. Any one symptom is not singularly diagnostic of any one illness; however, a combination of signs likely signifies a problem physician. Early detection, intervention and treatment are necessary to reduce the risks to patients and the chance of liability litigation.

According to statistics, the impaired physician is first identified by someone in the home, generally the spouse. If intervention does not occur at this level, the impairment usually progresses to the point of interfering with the physician’s profession. Some common signs of distress at the office and hospital include:

**Office**

- Disruption of appointment schedule
- Hostile, withdrawn or unreasonable behavior toward patients and staff
- Excessive ordering of supplies of drugs by mail or from local druggists
- Patient complaints regarding physician’s behavior
- Unexplained absence from office or absence due to frequent illnesses
- Inappropriate orders, prescriptions or treatments

**Hospital**

- Making rounds late or inappropriate or odd behavior during rounds
- Decrease in quality of performance (e.g., incomplete charts)
- Increase in number of quality assurance errors
- Reports of behavioral changes from hospital personnel
- Reports from emergency room staff of unavailability or inappropriate response to telephone calls
• Attending emergency patients while appearing under the influence
• Frequently late for surgery and meetings
• Reports of incoherent phone orders, slurred speech, etc.

Physical Appearance

• Deterioration in appearance and dress habits
• Wearing long sleeves in warm weather
• Frequent or unusual accidents

Physicians who may be disruptive may exhibit some of the following:

Inappropriate anger or resentment

• Intimidation
• Abusive or demeaning language
• Blaming or shaming others for mistakes or errors
• Unnecessary sarcasm or cynicism
• Threats of violence, retribution or litigation

Inappropriate words or actions directed at others

• sexual comments or harassment
• seductive or aggressive behavior or ethnic slurs

Inappropriate response to patient needs or staff requests

• Late or unsuitable replies to pages or calls
• Unprofessional demeanor or conduct
• Uncooperative, defiant approach to problems

If you are concerned about a physician and don't know what to do, call Candace Backer at the ISMA PAP for assistance Monday through Thursday at (800) 257-4762 or (317) 261-2060.