

Creighton University School of Medicine-Omaha Policies

POLICY:	Physician Impairment
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Omaha
REVISED DATE:	07/11/2024; 8/13/2020; 01/2015
ACGME ACCREDITATION STANDARD REFERENCE:	Institutional Requirement: IV.1.2. Physician Impairment

PURPOSE

This establishes Creighton University School of Medicine – Omaha (CUSOM-OMA) Graduate Medical Education (GME) Office’s commitment to identify and procedure to deal with any House Staff Physician (HSP) who is impaired while at work. It also meets compliance requirements for HSP drug testing.

SCOPE

This policy applies to all Creighton University School of Medicine-Omaha (CUSOM-OMA) House Staff Physicians (HSP) and their respective training programs, both that are Accreditation Council for Graduate Medical Education (ACGME) accredited or Non-ACGME Accredited are required to comply with this operating procedure.

DEFINITIONS

Faculty: Any individuals who have received a formal assignment to teach HSP physicians. At some sites, appointment to the medical staff of the hospital constitutes appointment to the faculty.

Employer: Creighton University Human Resources (HR)

House Staff Physician: House Staff physician (HSP) is used interchangeably with the term resident or fellow.

Physician Impairment: The inability to practice medicine with reasonable skill or safety as a result of dependence or use of mind or mood-altering substances; distorted thought processes resulting from mental illness or physical condition; or disruptive social tendencies.

POLICY

Recognizing that impaired physicians may put their patients, coworkers, and themselves at risk, CUSOM-OMA is committed to identifying impaired or at-risk HSP and intervening appropriately. Illness does not constitute impairment. However, impairment, whether a consequence of a physical, mental, or a substance use disorder, can be managed as an illness permitting diagnosis and the opportunity for treatment. This policy serves to address impairment of any type in HSP, protect patients from risks associated with an impaired HSP, and appropriately address impairment.

All HSP are expected to be present, fit to provide the services required by their patients, and prepared to carry out their obligations. Program directors and faculty must monitor HSPs for signs of impairment. When a concern for HSP impairment arises, faculty must report their concern to the program director. HSP are also responsible to report concerns about their own impairment, or possible impairment of their fellow HSP. This reporting requirement applies to anyone who observes that a physician may be impaired. Actual evidence of impairment is not required. If there is a concern that a HSP may be

impaired, they must be removed from patient contact until approved to return to work by the program director.

A. Education:

To try and minimize the incidence of impairment, activities have been developed to educate HSPs and faculty about physician impairment, including problems of substance use, its incidence and nature and risks to the physician and patients. Education includes knowledge concerning signs and symptoms of impairment.

1. All HSPs shall be informed at orientation about physician impairment, this policy and the resources available.
2. All HSPs shall receive information regarding the counseling and referral resources available.
3. The GME office and programs will educate HSPs and faculty on physician impairment.
 - a. HSPs and faculty must be able to recognize behavioral and clinical signs and symptoms of possible impairment.
 - b. HSPs who perceive that they or another HSP are exhibiting behaviors which may potentially interfere with their ability to practice have the professional responsibility to immediately notify a senior resident, supervising attending, and/or program director.
 - c. If a HSP is suspected of or demonstrating impairment of their ability to provide safe care, the supervising attending, or program director must consider immediate release of the resident from any further patient care responsibilities at the time of recognition and referral for appropriate evaluation.

B. Counseling and Management

1. Refer to the CUSOM-OMA Well-Being resources available via the following website:
<https://www.creighton.edu/medicine/residencies-fellowships/residencies-fellowships-omaha/wellness>

C. Reporting

1. Anyone on the patient care or educational team who suspects impairment is empowered to take appropriate measures to remove a HSP from clinical duties immediately, by contacting the program director, DIO, or attending faculty member, to ensure the safety of all.
 - a. If Clinical Affiliate personnel identify a possible impairment, the clinical affiliate's policies shall be followed for determining whether an impairment exists.
 - b. If Creighton personnel identify an impairment outside of a clinical site, the program director or the DIO shall work with HR to determine if an impairment exists. If the HSP acknowledges an impairment and that acknowledgment is witnessed, the program director may, in consultation with the DIO and HR, develop an action plan to address the conduct. The affiliate site may make its own determination regarding that HSP's right to train at the affiliate.
2. While on duty conducting business-related activities, no HSP may use, possess, distribute, sell or be under the influence of any substance which may impair their judgment or cognitive functioning (including but not limited to alcohol, sedatives, or marijuana) or engage in the unlawful distribution, manufacture, dispensing, possession, or use of illegal drugs. Violations of this operating procedure may lead to

disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance-use treatment program. Such violations may also have legal consequences.

3. CUSOM-OMA will attempt to protect the confidentiality of all drugs and/or alcohol test results, except where employer or licensing body requires reporting. When an HSP is providing services in an affiliated clinical setting, the HSP will comply with that affiliate's policies and procedures regarding drug testing.
4. Any CUSOM-OMA HSP believed to be under the influence of drugs, narcotics, or alcohol while on duty will be required to leave the premises after body substance sample has been collected.
5. Any reports of impairment made in good faith shall not result in adverse actions against the person reporting, even if determined to be inaccurate. Should a reporter believe they are suffering an adverse action for a report, they shall report such matter to HR. If established, that retaliation will be subject to discipline. If the retaliating party is an HSP, the discipline shall be handled by the program. If by a faculty member, it shall be handled in accordance with the Faculty Handbook. If by a staff member, it shall be handled by HR and the employee's supervisor. If by a clinical affiliate employee, HR and the DIO shall work with the clinical affiliate to address consequences.

HSP Responsibility

1. Notify employer, per the employer policy on reporting, of prescribed drugs or narcotics which may affect work related job performance or behavior; provide acceptable medical documentation.
2. Notify program director of any investigations or discipline of the HSP by affiliated facilities for alcohol or drug related policy violations.
3. Any HSP who is convicted of an activity involving an illegal drug on or off duty is in violation of this operating procedure.
4. Any HSP who is charged under a criminal drug statute must notify their program director an employer in writing of such charge no later than five calendar days after the charge is made. Failure to report any charge is a violation of this policy and subject to discipline. In deciding what disciplinary action to take, GME, training program, and employer will work together to identify an appropriate response.

Supervisor Responsibility

1. Supervising faculty will follow the policy of the facility when any HSP demonstrating significant and observable changes in HSP performance, appearance, behavior, speech, etc. which provides reasonable suspicion of being impaired.
2. Notify HSP's program director.

Program Director Responsibility

1. Inform DIO and GME Administrator in writing.
2. Work with employer and facility to review the facts of the situation and determine if HSP should be examined by physician or clinic and/or tested for drugs and alcohol.
3. Arrange transportation for HSP believed to be under the influence of drugs, narcotics or alcohol.

4. Maintain confidentiality of all test results.

GME Responsibility

Work with employer and program director to determine appropriate referrals to treatment services, discipline, and reporting to relevant licensing board and as required for verifications.

Refusal to Submit to Drug Test

Subject to any limitations imposed by law, a refusal to arrive to the testing location or submit to requisite testing is considered insubordination and will result in termination of employment.

REFERENCES:

NE State Statutes

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.