Alcohol and Drug-Free Workplace Identification and Management of Impaired GME Resident
IUSM-GME-PO-0002

Scope

This policy applies to all Graduate Medical Education (GME) residents in Indiana University School of Medicine (IUSM)-sponsored training programs.

Reason for Policy

The purpose of this policy is to address the identification and management of an alleged and/or confirmed impaired GME resident providing clinical care in any area of the IUSM 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.

Policy Statement

IUSM expects and requires all residents 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 that promotes safe and quality patient care. The university, the school, and the affiliated hospitals recognize drug dependency as an illness and a major health problem. They also recognize drug usage as a potential health, safety, and security problem. IUSM also 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 removal from clinical duty and potential termination of employment.

It is the belief of IUSM that an impaired resident physician is an ill colleague in need of 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.

IUSM has contracted with the Indiana State Medical Association (ISMA) Physician Assistance Program (PAP), 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.

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 resident to know the advantages and expectations of entry and participation with the ISMA PAP.

Procedures

Any faculty, resident, or nursing staff that suspects a resident is impaired should refer to the Procedure for Drug and Alcohol Testing and report through the resident’s program director or supervisor (Attachment 2).

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.

Confidentiality

Confidentiality of the GME resident seeking referral or who 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.

Definitions

ACGME is the Accreditation Council for Graduate Medical Education.

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

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

Impairment is “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)

The Indiana State Medical Association Physician Assistant Program (ISMA PAP) is 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.

Implementation

The Designated Institutional Official (DIO) for GME is responsible for implementation of this policy.

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.

Forms
Attachment 1: ISMA Physician Assistance Program (PAP)

Attachment 2: Procedure for Drug and Alcohol Testing

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**History**

1. Policy IUSM-GME-PO-0002 approved by GMEC and published on 13 February 2013.
2. Policy approved by the GMEC on 07 September 2016.
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.
Attachment 2

GME Procedure for Drug and Alcohol Testing

The IUSM GME Alcohol and Drug-Free Workplace & Identification and Management of Impaired GME Resident policy provides for drug and alcohol testing based on reasonable cause. The following is the testing procedure to follow when a supervisor reasonably suspects a resident to be under the influence of drugs and/or alcohol while at work. This procedure links to GME Policy #2 entitled Alcohol and Drug-Free Workplace Identification and Management of Impaired GME Resident.

Throughout all steps of this process, accurate and timely documentation of all steps taken must be completed.

1. Establish Reasonable Cause

Reasonable Cause is established by a supervisor through observations that would lead a reasonable person to believe that an employee is under the influence of drugs or alcohol. Reasonable Cause should be determined on a case by case basis; however the decision to request a test of a resident may be based on such things as:

   a. Direct observations of drug or alcohol use, drug or alcohol possession, or possession of drug paraphernalia; or
   b. A resident who exhibits physical signs or symptoms of being under the influence of drugs or alcohol; or
   c. A resident whose actions, appearance and/or conduct show a pattern of suspected impairment or abnormal or erratic behavior.

The IU HR resource, Behaviors and Signs Attributed to Substance Abuse, includes a list of behaviors that may indicate drug or alcohol abuse. This list is not intended to be exhaustive. The observation of one exhibited behavior or sign may or may not be sufficient to achieve reasonable cause. For example, observing a resident with a strong odor of alcohol may give rise to reasonable cause, whereas, observing an employee asleep at his/her desk may not alone give rise to reasonable cause. If an uncertain situation arises, contact the IUSM GME Office (317-274-8282) or IUPUI Campus Health (24/7 Pager 317-312-6824) for assistance during normal business hours. Contact the GME Senior Associate Dean or GME Director after normal business hours via the Campus Operator (274-5500).

Additionally, if at any time there is a concern for the safety of the resident or others, or if there is a question of danger or illegal activity, contact the IUPUI Campus Police at 317-274-7911 and/or hospital security.

2. Attempt to Secure a Witness

   a. The supervisor should summon another member of the medical staff to witness the behaviors or signs that may be attributable to substance abuse.
   b. If another member of the medical staff is not available, the supervisor should proceed in accordance with this procedure.
c. The supervisor should document the resident’s behavior. If during normal business hours, the supervisor should contact the GME Office (and IUPUI Campus Health at 317-312-6824) to discuss this matter before meeting with the resident. If after hours, the supervisor should contact either the Senior Associate Dean for GME or the Director for GME via the IU Operator at 317-274-5500.

3. Meet with Resident

a. The supervisor will meet with the resident in a private location.
b. The reasons for suspecting the resident of drug or alcohol abuse or other policy violation will be presented to the resident by the supervisor in the presence of a witness.
c. The resident should be given an opportunity to respond to the observations reported and the reasons stated.
d. The resident should be encouraged to cooperate and be advised of Indiana University’s desire to work with her/him if a substance abuse problem exists.
e. The resident’s responses should be documented.
f. The program director/supervisor must ensure that the resident has been relieved of all clinical and patient care duties, and that all transitions of care have been appropriately made.
g. Moonlighting privileges are rescinded until the issue is resolved.

4. Meeting Outcome – Three Possibilities

a. Self Disclosure: the resident admits to being under the influence of drugs or alcohol prior to the test and cooperates fully.
   • The resident is removed from clinical duty with or without pay depending on the policy provisions covering the resident. The resident will not be permitted to work until the results of a physical examination and drug and/or alcohol test is available and the issue is resolved.
b. Resident denies being impaired, but cooperates with testing.
   • The resident is removed from clinical duty with or without pay depending on the policy provisions covering the resident. The resident will not be permitted to work until the results of a physical examination and drug and/or alcohol test is available and the issue is resolved.
c. The resident refuses or fails to promptly submit to the drug and/or alcohol screen or cooperate fully and completely in the prescribed procedures. Additionally, this applies to refusing to release the results of any pertinent testing.
   • The resident will be advised that refusal of testing may result in corrective action up to and including termination. Resident should be removed from clinical duty and immediately contact GME (if after hours, the IU operator has the Senior Associate Dean and Director of GME contact numbers). If deemed necessary, contact IUPUI Campus Police at 317-274-7911, and/or hospital security.
   d. The GME Office should be notified of action taken as soon as possible.

5. Make Testing Arrangements
a. The program director/supervisor (or their designee) should contact the Director of IUPUI Campus Health (Dr. Wintermeyer) for assessment guidance 317-312-6824. Office hours are 7:30 AM Mon., Tues, Wed., & Fri. Thursday hours are 9AM thru 5:00 PM. Contact number is 317-312-6824 (OUCH Pager).

b. Drug(s) of concern must be made known to IUPUI Campus Health Director (if any).

c. After hours, the assessment of the resident should take place at the following facility:

US HealthWorks of Indiana
USHW of Indiana – Raymond
5603 Raymond Street
Indianapolis, IN  46241
Tel:  317-241-8266.
http://www.ushealthworks.com/Medical-Center/Indiana/Indianapolis-Raymond.html

US HealthWorks will bill IUSM for the testing.

If the resident is in a suspected critical or life-threatening situation requiring immediate intervention, utilize 911 and/or the nearest ER available.

d. The designee will then transport and/or accompany the resident to the designated testing facility. **UNDER NO CIRCUMSTANCES** may a resident transport themselves. If uncomfortable in transporting the resident alone, and Security is desired, please call IUPUI Police Department 317-274-7911 and/or hospital security.

e. Drug(s) of concern must be made known to US Healthworks for testing (if any).

f. Once the resident is in the designated testing facility, responsibility has been transferred to that facility.

g. The IUSM GME Office should be notified of action(s) taken.

6. Post Test

a. The results of testing will be transferred to Dr. Stephen Wintermeyer, who will assist the program and the GME Office in making further decisions.

7. Corrective Action

a. Corrective action may include, but is not limited to, one or more of the following:
   i. Recommendation to ISMA and/or a rehabilitation program for assistance.
   ii. If treatment refused/unsuccesful - necessary action up to and including termination.

b. Confidentiality
   i. Information regarding any action taken with respect to 1) violation of the Substance-Free Workplace policy, 2) a resident with verified positive test
results, or 3) a resident’s refusal to participate, will be maintained in the resident’s personnel file in the GME Office and in the resident’s department file.

8. Reporting To ISMA or Licensing Agencies

   a. If confirmation of substance abuse confirmed – formal enrollment in the ISMA PAP program is required. No reporting takes place if enrollment and maintenance is confirmed.

   b. Failure to comply with ISMA PAP enrollment violates the School/Hospital agreement and violates the University’s Substance-Free Workplace policy. Therefore, law enforcement agencies, licensing authorities and other regulatory bodies will be notified as required by law.