

Creighton University School of Medicine-Phoenix Policies

POLICY:	Physician Impairment
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix
GMEC APPROVAL DATE:	October 7, 2024; August 7, 2023; February 6, 2023
REVISED DATE:	October 7, 2024
ACGME ACCREDITATION STANDARD REFERENCE:	Institutional Requirement: IV.1.2. Physician Impairment

PURPOSE

This establishes Creighton University School of Medicine-Phoenix (CUSOM-PHX) Graduate Medical Education (GME) Office's commitment to identify a procedure to address 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-Phoenix (CUSOM-PHX) House Staff Physicians (HSP) and their respective training programs, that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Accredited Program Policy are required to comply with this operating procedure.

DEFINITIONS

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

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-PHX 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 HSP 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 HSP 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 HSP shall be informed at orientation about physician impairment, this policy, and the resources available.
2. All HSP shall receive information regarding the counseling and referral resources available.
3. The GME office and programs will educate HSP and faculty on physician impairment.
 - a. HSP and faculty must be able to recognize signs and symptoms of possible impairment.
 - b. HSP 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 without fear of reprisal.
 - 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. The following support services and systems are available to HSP and their families:
 - a. Assessment and identification of personal, family, or work-related problems
 - b. Brief counseling and crisis intervention
 - c. Follow-up appointments when indicated
 - d. Referral to other wellbeing resources
 - e. Referral to the CUSOM-PHX Wellbeing resources available via the following website:
<https://www.creighton.edu/healthsciences/phoenix/alliance/residencies-fellowships/wellness>

A. 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. Any such reports made in good faith shall not result in adverse actions against the person reporting, even if determined to be inaccurate.
2. The program director or their designee shall speak directly to the HSP in a timely fashion, to discuss the concerns raised and devise an action plan. The DIO shall be notified in writing of the results of such meeting and sign off on the action plan.
3. 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.
4. CUSOM-PHX 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.

5. Any CUSOM-PHX 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.
6. *HSP Responsibility*
 - a. Consistent with Creighton policy on reporting, HSPs whose health or medications could affect work related job performance have a responsibility to address that potential risk to patient safety. The HSP should consult with the HSP's treating provider. Accommodations should be requested through HR.
 - b. Alternatively, the HSP may request proactive assistance from the program director or DIO for short term/immediate assistance in evaluating whether an impairment may exist. Such proactive disclosures to the program director or DIO will not be held against the HSP from a disciplinary perspective and will be used solely to address the short-term evaluation of risk to patients.
 - c. Notify program director of any investigations or discipline of the HSP by affiliated facilities for alcohol or drug related policy violations.
 - d. Any HSP who is convicted of an activity involving an illegal drug on or off duty is in violation of this operating procedure.
 - e. Any HSP who is charged under a criminal drug statute must notify their program director and employer in writing of such charge no later than five (5) 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, CUSOM-PHX GME leadership, training program, and employer will work together to identify an appropriate response.
7. *Supervisor Responsibility*
 - a. Supervising faculty will follow the policy of the training facility when any HSP demonstrating significant and observable changes in performance, appearance, behavior, speech, etc. which provides reasonable suspicion of being impaired.
 - b. Notify HSP program director.
8. *Program Director Responsibility*
 - a. Inform the DIO and GME office.
 - b. Work with employer and training facility leadership to review the facts of the situation and determine if the HSP should be examined by physician or clinic and/or tested for drugs and alcohol.
 - c. Arrange transportation for the HSP believed to be under the influence of drugs, narcotics, or alcohol.
 - d. Maintain confidentiality of all test results.
9. *GME Responsibility*
 - f. Work in collaboration with the program director to determine appropriate discipline and report to the 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.

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 institutional policy shall govern. Creighton University reserves the right to modify, amend, or terminate this policy at any time.