



**Department of Medicine
Internal Medicine Residency Program**

PHYSICIAN IMPAIRMENT

The Internal Medicine Residency Program adheres to the following policies set forth in the Graduate Medical Education Resident Handbook:

**Physician Impairment
Employee Assistance Program**

Physician Impairment

POLICY

The Medical University of South Carolina College of Medicine recognizes it has a fundamental duty and responsibility to assume the health and well-being of its residents. Physician impairment, due to alcohol, substance abuse and emotional illness, is often first manifested during medical school or residency training and may escape detection or intervention. Residents are entitled to the support of an educational environment that is protective, sensitive and able to intervene competently in potentially destructive and dysfunctional situations, without jeopardizing the residents' rights to confidentiality and the continuation of his/her residency training. Residents will be strongly encouraged to seek help or assistance for any problems with alcohol, drugs or mental illness that affect their ability to function as a resident.

Definition: For purposes of this policy, "impaired" shall mean under the adverse influence of alcohol or any narcotic or drug; or, mentally unable to reason, communicate or perform medical services in a safe and professionally acceptable manner or carry out any duties or assignments or requirements of the residency program.

South Carolina Recovering Professionals Program
Toll-Free, 24-hour Helpline 1-(877)-349-2094 or 1-(803)-737-9280
www.scrpp.org

MUSC Employee Assistance Program (See Employee Assistance Program in Table of Contents)
1-(843)-792-2848
www.MUSChealth.com

MUSC Center for Drug and Alcohol Programs (CDAP)
(843) 792-5201
www.musc.edu/cdap/

PROCEDURE

1. Impairment in a resident may be subtle or overt, but is most often first noticed as a significant and persistent change in behavior. Such changes may be manifested in any or all of the physical, emotional, family, social, educational or clinical domains of functioning. These behavioral changes are often referred to as “red flags.” In the event that a faculty member, non-physician hospital staff member, resident, student or Program Coordinator notice these “red flags,” s/he will notify the Program Director, the Department Chair, and/or the Designated Institutional Official for GME immediately.
2. The Program Director will contact the resident and demand to meet with the resident immediately. The Program Director will then contact the Designated Institutional Official for GME and arrange for the meeting to take place in a neutral location.
3. If the resident acknowledges a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area and be tested for impairment. The cost of this testing will be paid by the GME Office. The resident will be placed on an administrative leave of absence pending a further evaluation of their condition. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and Department Chair based on the results of the evaluation.
4. If a resident requires intervention in the form of inpatient treatment, s/he will be placed on a leave of absence. The resident may be reinstated by the Designated Institutional Official for GME in consultation with the Program Director and the Department Chair, based on results of the treatment.
5. If a resident refuses to acknowledge a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area. The resident will be asked to submit to a drug/alcohol urine test in order to rule out these factors. If the resident refuses to submit to this test, s/he will be immediately suspended from the residency program. The terms for reinstatement from the suspension will be determined by the Designated Institutional Official for GME and the Program Director, in consultation with the Department Chair.
6. If the resident fails to accept the terms of reinstatement from a leave of absence or from a suspension, or if the resident fails to satisfy the terms of his/her reinstatement or treatment, s/he will be dismissed from the residency program.

Warning Signs of Impairment

- Performance Deteriorates
 - Inconsistent work quality and lowered productivity. Spasmodic work pace deteriorated concentration, signs of fatigue
 - Increased mistakes, carelessness, errors in judgement
- Poor Attendance and Absenteeism
 - Absenteeism and lateness accelerate, particularly before and after weekends
 - Often the complaint of flu, stomach distress, sore throat, headache, or other vaguely defined illness
- Attitude and Physical Appearance Changes
 - Details are often neglected, assignments handled sloppily
 - Others are blamed for the individual's own shortcomings
 - Colleagues and the supervisor himself are often deliberately avoided
 - Personal appearance and ability to get along with others deteriorates
 - Colleagues may show signs of poor morale and reduced productivity, often because of the time spent “covering up” for the substance abuser
- Health and Safety Hazards Increase

- A higher than average accident rate emerges
- Careless handling and maintenance of machinery and equipment
- Taking of needless risks in order to raise productivity following periods of low achievement
- Disregard for safety of colleagues
- Domestic Problems Emerge
 - Complaints about problems in the home and with the family increase. There is talk of separation, divorce, delinquent behavior in children
 - Financial problems recur with frequency

It is impossible to note all the behavioral symptoms that may occur in this process of deterioration, or to define precisely their sequence and severity. They may appear single or in combination, and they may very well signify problems other than substance abuse.

Employee Assistance Program

POLICY

The primary objective of the Employee Assistance Program (EAP) is to retain valued individuals who develop substance abuse or other personal problems which affect their job performance. Valued individuals are ones who have otherwise demonstrated satisfactory performance. Problems addressed by this Program include, but are not limited to, drug and alcohol abuse, marital, family, personal, legal and financial difficulties. Under this program, residents are offered professional assistance for the purpose of undergoing professional treatment. The Medical University further offers its own clinical resources should residents elect to utilize these facilities. It is in the mutual interest of the resident and the Medical University that referral for assistance be made at the earliest possible stage.

PROCEDURE

1. Program Directors, with input from faculty and others, should document the job performance and behavior of residents experiencing a decrease in effectiveness and dependability. Examples of impaired effectiveness include:
 - a. Increased absenteeism and tardiness
 - b. Lowered production quality and quantity
 - c. Unreasonable periods of time away from the educational or patient care areas although present at work
2. Program Directors should meet with any resident who demonstrates impaired conditions to discuss the matter. ([See Physician Impairment Policy](#))
3. Residents may voluntarily seek counseling and information from the MUSC EAP (843-792-2848 or www.muschealth.com) or other treatment systems of their choice.
4. Although a resident's involvement in the EAP is voluntary and confidential, there are times when the EAP can be used as a condition for continuation in the residency program.
5. Sick and annual leave may be granted for the purpose of participating in public or private treatment programs.

24-HOUR ON-CALL SERVICES

In addition, to the current mental health services for residents, MUSC EAP will provide a 24/7 crisis telephone response that will be activated through the online Simon Paging System using

its paging ID #1-8888 or by calling 843-792-2123 and asking for employee assistance.

Onsite psychological first aid and prompt crisis management services will be available for groups or individual residents who have experienced a traumatic event in the workplace.

All mental health, on-call and crisis management services shall be provided by MUSC EAP therapists. Resident physicians on rotation with EAP will not be providing services nor shall they be privy to any confidential information related to those services.

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