

University of Colorado School of Medicine

Graduate Medical Education

Policy: Physician Well-Being & Impairment Policy		
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In this document, “resident” refers to both specialty residents and subspecialty fellows.

Purpose

Physician health is essential to quality patient care. University of Colorado School of Medicine (CU SOM) GME strives to create an environment to assist residents in maintaining wellness and in proactively addressing any health condition that could potentially affect their health, well-being, and performance. For the purposes of this policy and procedure, a health condition is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that has the potential to adversely affect the practice of medicine and/or impair the resident’s performance in the program.

Well-Being Program Responsibilities¹

The responsibility of the program, in partnership with the Sponsoring Institution, must include:

- Attention to scheduling, work intensity, and work compression that impacts resident well-being
- Evaluating workplace safety data and addressing the safety of residents and faculty members
- Policies and programs that encourage optimal resident and faculty member well-being
 - Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours
- Education of resident and faculty members in:
 - Identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions
 - Recognition of these symptoms in themselves and how to seek appropriate care
 - Access to appropriate tools for self-screening
- Providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven day a week

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.²

Fatigue Mitigation Program Responsibilities

Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness, management, and fatigue mitigation processes. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.³

¹ VI.C.1 ACGME Common Program Requirements

² VI.C.2 ACGME Common Program Requirements

³ VI.D Common Program Requirements

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When Impairment is Suspected Due to Fatigue or Other Health Conditions

When health conditions that affect the resident's ability to practice medicine safely are known or suspected, the following steps must be taken to ensure patient (and resident) safety:

1. The physician, nurse, resident, or other provider who suspects impairment must:
 - a. Communicate issues with program director or their designee as soon as possible.
 - i. Document in writing the resident's behaviors that indicated impairment and communicate these with the program director or their designee.
2. The program director or their designee must:
 - a. Speak directly with the resident about the concerns.
 - i. Remind the resident of the requirement to report to the program director the use any drug/medication that may adversely affect their ability to perform.
 - ii. Ensure the resident is aware of options to seek help for any health condition.
 - b. Determine whether the resident requires emergency interventions, including but not limited to:
 - i. Remove the resident from the clinical service.
 1. Transfer patient care & relevant clinical duties to another member of the care team.
 - ii. Arrange for an immediate alcohol or drug screening via the hospital's Emergency Department.
 1. Emergency hospital services and drug or alcohol screenings are at cost to the program or department.
 2. Refusal to screen will be considered a presumptive positive.
 - iii. Coordinate emergency mental health services. Refer to the resource "How to Triage Residents & Fellows in Crisis" located on each faculty member's MedHub homepage under the Graduate Medical Education Portal Channel.
 1. Do not make a clinical diagnosis of substance use/abuse or accuse the resident of using or abusing substances.
 - iv. Ensure the resident is guided to a hospital-provided sleep room or has safe transportation home.
 - c. Consult with the Associate Dean of Graduate Medical Education/Designated Institutional Official, resulting in written documentation outlining the resident's performance deficiencies and action plan in accordance with the GME [Remediation and Disciplinary Action Policy](#).

Some training programs may have stricter standards regarding health conditions that may affect the ability to practice medicine safely, calling for additional steps or actions beyond the above. In such cases, the program must have a written policy, and a copy must be placed in the program manual and provided to the GME Office.

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Colorado Physician Health Program

Residents are encouraged to voluntarily self-refer to the Colorado Physician Health Program (CPHP) for any health condition or concern about a potential health condition. Residents may self-refer at any time, without or prior to any workplace intervention. This service is confidential. Residents and fellows who self-report, utilize CPHP services and comply with CPHP's requirements do not have to disclose their health conditions when applying for a Colorado license or renewing a license. For more information about CPHP, visit www.CPHP.org or call at 303-860-0122. Request for paid leave or unpaid time off in order to participate in CPHP confidential evaluations and monitoring will be considered on a case by case basis, and may qualify for Family Medical Leave (FML).

Other Resources

The program, in partnership with the CU School of Medicine, through [GME Benefits](#), provides access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week, along with tools for self-screening for burnout, depression, and substance abuse.

GME Policies Relevant to Impairment and available on the GME website:

- [Drug Screen Policy](#)
- [Remediation and Disciplinary Action Policy](#)

University of Colorado Alcohol and Drug Policy

[The University of Colorado Alcohol and Drug Information policy](#) in compliance with the federal Drug-Free Workplace Act and the Drug-Free School and Communities Act, prohibits the unlawful manufacture, distribution, dispensation, possession or use of any controlled substance⁴ (illicit drugs of any kind or amount) and the abuse of alcohol by students and employees on university property or as part of any of its activities. This prohibition covers any individual's actions that are part of any university activities, including those occurring while on university property or in the conduct of university business away from the campus.

Residents violating the University of Colorado Alcohol and Drug policy will be subject to appropriate University disciplinary procedures, which may include probation and/or termination of the training agreement, as described in the [Remediation and Disciplinary Action Policy](#). Residents found in violation of the policy may also be asked or required to participate in CPHP, including any monitoring and/or treatment recommendations.

Colorado Medical Board Reporting Requirements

Information can be found in the [Remediation and Disciplinary Action Policy](#), (see Notification of State Board).

⁴ The definition of controlled substance includes marijuana. A complete list of controlled substances can be found at https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf