Policy: Physician Well-Being & Impairment Policy

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<th>Original Approval:</th>
<th>Effective date:</th>
<th>Revision Date:</th>
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<td>May 17, 2010</td>
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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.

Faculty & Resident Responsibilities

Residents and faculty members must demonstrate an understanding of their personal role in the assurance of their fitness for work, including management of their time before, during, and after clinical assignments and recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.

Program Director Responsibilities

The program director has the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Program directors must ensure policies and programs that encourage optimal resident and faculty member well-being and demonstrate efforts to enhance the meaning that each resident finds in the experience of being a physician, including:

- protecting time with patients
- minimizing non-physician obligations
- providing administrative support
- promoting progressive autonomy and flexibility, and
- enhancing professional relationships.

In addressing well-being, the program director’s responsibilities also include:

- attention to, and educating residents and faculty members in identification of the symptoms of burnout, depression, and substance abuse, in themselves and others including means to assist those who experience these conditions and how to seek appropriate care.
- encouraging residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that they or another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours in coordination with the program director.

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1 2017 ACGME Common Program Requirements, VI.B.4
2 2017 ACGME Common Program Requirements, VI.C. & D.
With regards to fatigue, the program director must:
- educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation
- educate all faculty members and residents in alertness management and fatigue mitigation processes
- encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

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 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.
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 under Family Medical Leave (FML) if applicable or on a case by case basis.

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 substance (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 Boards)