

TRAINEE IMPAIRMENT POLICY

Residents and fellows (“trainees”) experience stresses similar to those experienced by the general population, e.g., financial, family, interpersonal, and health. These stressors may be intensified by factors specific to graduate medical and dental education, such as engagement with patients and families at times of intense trauma/crisis, long working hours, sleep disruptions due to patient care responsibilities, and professional obligations, e.g., passing qualifying Boards.

The primary goals of this policy are to:

1. Prevent or minimize the occurrence of trainee impairment;
2. Protect patients from risks associated with care by an impaired trainee; and
3. Compassionately address trainees’ impairment issues in a timely, confidential manner

Impairment is a functional classification which exists dynamically on a continuum of severity and can change over time rather than being a static phenomenon. Illness, per se, does not constitute impairment. (FSMB Policy on Physician Impairment, 2011, p. 7)

Trainees eligible under the Family and Medical Leave Act (FMLA) or disabled, as defined by the Americans with Disabilities Act and by Ohio law, are entitled to the protection of these laws, including the right to reasonable accommodation of their conditions. This Trainee Impairment policy will be administered in a way that recognizes and provides all applicable legal protections.

“Impaired trainees” are trainees who are unable to perform their duties satisfactorily and/or to care for patients, coworkers, or themselves with reasonable skill or safety because of a physical or mental illness, cognitive deterioration, loss of motor skills, or excessive use or abuse of drugs or other substances, including alcohol. Some examples of conditions which may cause impairment include:

- Substance (drug or alcohol) abuse and dependence;
- Mood disorders such as major depression with or without suicidal ideation and attempt;
- Anxiety disorders such as PTSD, OCD, or phobias;
- Sleep disorders;
- Stress disorders and “burnout;”
- Neurodegenerative disorders, e.g., multiple sclerosis;
- Traumatic brain injury;
- Chronic non-malignant pain; and/or
- Behavioral changes from medical conditions, e.g., poorly controlled diabetes.

NCH expects trainees to voluntarily seek help and to assume responsibility for their professional and personal conduct. Trainees at risk of impairment are encouraged to



self-report to the Program Director (“PD”) or to seek treatment from Matrix (NCH’s Employee Assistance Program) or from another appropriate medical professional.

PD’s, faculty, staff, and trainees have a responsibility to report if they have concerns that a trainee may be impaired.

Below are some, not all, signs and symptoms of impairment. Isolated instances of any of these may not impair trainees’ ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed, reporting may be indicated.

1. Physical signs - chronic exhaustion, deterioration in personal hygiene and appearance, multiple physical complaints, multiple accidents, eating disorders.
2. Family stability disturbances.
3. Social changes - withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior, argumentativeness.
4. Unprofessional behaviors - unexplained absences/tardiness, decreased quality or interest in work, inappropriate orders or patient care, uncontrolled angry outbursts, poor impulse control, altered interactions with others, performance deterioration.
5. Behavioral signs - mood changes, depression, slowness, lapses of attention, risk taking behavior, excessive cheerfulness, flat affect.
6. Substance abuse indicators - excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, binge drinking, and legal difficulties, e.g., driving while intoxicated.

For the welfare and safety of trainees, patients, and staff, concerns regarding trainee fitness for duty should be reported to the PD immediately. If the PD is unavailable, concerns should be reported to the Associate PD and/or Designated Institutional Official (DIO). These individuals will involve NCH or other resources as indicated.

The PD, or designee, is responsible for investigating the concern unless it involves allegations of harassment and/or discrimination, substance abuse, legal (criminal or civil) violations, and/or compliance issues. These concerns are investigated per Human Resources Policy HR-ER-2 Corrective Action/Work Improvement. (See also GME Resident and Fellow Performance Issues policy).

Investigators will make effort to maintain trainee confidentiality. They may require for-cause drug testing, professional evaluation, or other actions. Trainees may be removed from duty or have duties limited temporarily while concerns are investigated. Investigative leave may be with or without pay depending on the specific allegations. (See Resident and Fellow Performance Issues policy). Leave does not infer guilt. Trainees may not use the Grievance or Due Process appeal processes until impairment review is completed.

Results of Review

Trainees are informed of results of the review by the lead investigator. Trainees are not told who filed the initial concern nor are they given the investigative notes.

1. **No Credible Evidence of Impairment:** If the investigation determines that there is no credible evidence to merit concern that the trainee is impaired, mention of the concern shall be removed from the trainee's records and the trainee will be returned to work without prejudice. The initial report and findings of the review will be securely maintained in the GME Office. They are not included in the trainee's permanent file.
2. **Evidence to Merit Concern of Impairment:** If the investigation finds enough evidence to merit some concern, but not of sufficient quality or quantity to justify disciplinary action, the PD/DIO will notify the trainee of the need for ongoing monitoring and/or assessment. The PD, in consultation with others, will develop the monitoring plan and will meet at least monthly with the trainee until a final impairment determination is made.
3. **Finding of Impairment:** If the investigation finds sufficient, credible evidence of trainee impairment, the PD, DIO and other NCH experts will identify interventions, with goal of eventual return to the program, if possible. NCH Legal Department will be notified and will work with the PD, DIO, and other leaders as applicable to determine what and how to report to the State Medical Board.

The PD/NCH representative may recommend that the trainee's privileges be suspended or limited during treatment for impairment. Trainees are subject to appropriate disciplinary action, including and up to dismissal from the program, if they are found to have violated GME and/or hospital policy.

Mandatory Counseling

Depending upon the nature of the impairment, the PD may mandate counseling as specified in NCH Personnel and/or GME policies. The DIO must approve all mandated counseling. Trainees are expected to cooperate with the mandatory referral and sign release of information consent forms. Trainees may propose another treating professional to conduct the counseling or treatment. The trainee's proposed counselor or treatment provider must be approved by the PD or DIO.

The PD will communicate the factors leading to the mandatory referral to the treating professional. The approved provider will submit a report to the PD that the trainee is following treatment recommendations. Failure of the trainee to comply with the mandatory referral or treatment recommendations is grounds for discipline up to and including suspension and termination.

Suspension/Treatment Period & Reinstatement

Trainees may appeal limitation or suspension of privileges using either Grievance or Due Process processes as outlined in the GME Resident and Fellow Performance Issues policy. Trainees should contact the DIO if they have questions about which process to utilize.

During an initial 30-day suspension or limitation of privileges period, trainees *may* be eligible for full salary and benefits per NCH GME Resident & Fellow Performance Issues policy. If suspension extends beyond 30 calendar days, trainees will be eligible for pay and benefits according to the Paid and Unpaid Time program policy and the paid time off allocation as specified in their contracts. Trainees remain under trainee contract during suspension/limitation of privileges and must continue to abide by institutional and program requirements and policies unless they resign from the program. Trainees who resign from the program are no longer NCH employees, do not receive NCH salary or benefits, and are no longer afforded rights under NCH Due Process, Grievance, or other policies.

Trainees who require evaluation or treatment extending beyond 30 calendar days of suspension or limitation of privileges will meet with the PD and/or designee regularly (at least every 2 weeks) to determine their ability to return to regular status within the GME program. The PD will update the DIO monthly regarding the trainee's status and shall make recommendations for reinstatement when appropriate. The DIO will update the Chief Medical Officer ("CMO"). Reinstatement of responsibility following suspension or limitation of privileges requires approval of the DIO and the CMO. The DIO or PD may elect to require a period of close monitoring following reinstatement to assure that trainee continues to perform duties satisfactorily.

The PD will discuss with the trainee the implications of suspension/limitation of privileges as it pertains to advancement and completion of the GME program, in accordance with the guidelines established by the Accreditation Council for Graduate Medical Education, other accreditation organization, and/or the applicable certifying board. If none of these organizations has oversight of the trainee's program, the PD must submit a recommendation to the DIO for approval of extension terms. If a training extension is required, the PD, in consultation with the DIO, will determine the number of days. Documentation of extended training on the *Final Trainee Evaluation* must comply with the NCH GME Resident & Fellow Performance Issues policy.

Trainees who are unable to return to duty following 90 days of suspension/limitation of privileges or who fail to abide by their treatment program may be deemed unable to continue in the program and may be terminated. Dismissal from the GME program for impairment is an Adverse Action. The trainee is entitled to Due Process. The PD and DIO should consult with Legal Services for direction regarding regulatory and accreditation requirements to report disciplinary actions and/or impairment.

PDs should consult with the GME Office and refer to applicable policies:

- [Resident-Fellow Performance Issues policy](#) (GME)
- [Paid and Unpaid Time Off](#) policy (GME)
- [Due Process](#) policy (GME)
- [Adverse Action](#) policy (GME)
- [Leave of Absence/Family and Medical Leave](#) (Personnel policy)
- [Disability and Reasonable Accommodation](#) (Personnel policy)
- [Fitness for Duty/Drug Testing](#) (Personnel policy)

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