NATIONWIDE CHILDREN'S
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TRAINEE IMPAIRMENT POLICY

An impaired trainee is a resident or fellow enrolled in a Nationwide Children's Hospital (NCH) GME program who is unable to perform his/her 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.

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. The Trainee Impairment policy will be administered in a way that recognizes and provides all applicable legal protections.

Program Directors (PD)'s, faculty staff and trainees have a responsibility to report if they believe a trainee may be impaired. This includes a trainee's responsibility to self-disclose any conditions or circumstances which compromise his/her ability to perform safe and effective patient care. Listed below are some of the signs and symptoms of impairment. Isolated instances of any of these may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed, reporting may be indicated. The signs and symptoms may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Family stability disturbances.
3. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior and argumentativeness.
4. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff and inadequate professional performance.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.
6. Drug use indicators such as 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, and binge drinking.

Concerns regarding trainee fitness for duty should be reported to the Program Director immediately, but at the latest within one business day. If PD is unavailable, concerns should be reported to the Associate Program Director and/or Designated Institutional Official (DIO) who may involve the Chief. The PD, or his designee, is responsible for investigating the concern. PD will make effort to maintain trainee confidentiality to the

extent possible. The PD may require for-cause drug testing or professional evaluation. The trainee may be removed from duty or have duties limited temporarily while concerns are investigated. If testing and evaluation determine that the trainee is not impaired, trainee will be permitted to return to work without prejudice. The concern and investigation must not be noted in trainee final review.

If impairment is identified, the PD will identify appropriate interventions, with goal of eventual return to the program, if possible. A trainee is subject to appropriate disciplinary action, including and up to dismissal from the program, if he/she is found to have violated GME and/or hospital policy.

The PD may recommend that trainee's privileges be suspended or limited during evaluation and treatment for impairment. The PD and/or the DIO will inform the trainee of support and treatment services available (including NCH employee assistance program).

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. The trainee is expected to cooperate with the mandatory referral and sign release of information consent forms. The trainee may select a treating professional acceptable to him/her. However, the chosen counselor or treatment provider must be approved by the PD or DIO. The PD will submit information regarding the factors leading to the mandatory referral to the treating professional. The approved treatment provider will submit report to the PD that the trainee is following treatment recommendations. Failure to comply with the mandatory referral or treatment recommendations is cause for dismissal.

A trainee who requires 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 bi-weekly) to determine his/her ability to return to regular status within the GME program. The PD will update the DIO monthly regarding the status of the trainee suspension 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 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 (ACGME), the appropriate Residency Review Committee (RRC), and/or the applicable certifying board. If none of these organizations have oversight of the GME program, the PD must submit a recommendation to the GME Executive Committee for approval of the terms of extension. If extension of training 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.

During an initial 30-day suspension or limitation of privileges, the trainee may be eligible for full salary and benefits per NCH GME Resident & Fellow Performance Issues policy. If suspension beyond 30 days is required, the trainee will be eligible for pay and benefits according to the Paid and Unpaid Time policy and the paid time off allocation as specified in the trainee's contract. 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. If a trainee resigns from the program, he/she is no longer an NCH employee, does not receive NCH salary or benefits, and is no longer afforded rights under NCH Due Process or other policies. Trainees under suspension cannot moonlight internally or externally.

Trainees who are unable to return to duty following 90 days of suspension/limitation of privileges or who are unable to abide by their treatment program may be deemed unable to continue in the program and may be terminated. Dismissal from the program for impairment falls under Adverse Action and the trainee is entitled 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)

Approved by GME Committee: 6/11/1997; 3/8/2000; 12/16/2004; 12/17/2007; 12/15/2010; 12/18/2013, 12/21/2016