GUIDELINES FOR WHEN A SPRINGFIELD PROGRAM DIRECTOR SUSPECTS RESIDENT IS IMPAIRED

The institution has a low threshold for removing a resident from clinical service if patient safety is in question. This document outlines the processes for seeking assistance when there is concern about a resident's immediate well-being, suspected substance abuse, verified substance abuse while at work, and potential other types of impairment. It is written in support of the GME Resident Well-Being Policy, Impairment Policy, Drug Screening Policy, and the respective Substance Abuse policies for Springfield Memorial Hospital and HSHS St. John's Hospital.

Administrative Leave

If a program director determines that it is necessary to remove a resident from clinical service, they can place the resident on ***Administrative Leave (AL)*** while the concern is being investigated**.** Administrative Leave is defined as a temporary leave of absence from clinical and educational duties, with pay and benefits intact. This type of leave counts toward the maximum allowable days away from the program per contract year. This initial period of AL allows the program director time to investigate the concerns in consultation with OGME and the employing hospital. The program director (in consultation with OGME staff) will need to determine if the resident should have access to email and medical records, as well as whether a presence in the department and hospitals will be allowed for educational purposes. Once determined, the program director or designee **must** communicate these details to the resident either in person or by virtual meeting to ensure open communication and that all questions are addressed.

Once the initial investigation is completed and if it is determined that further action is warranted, a resident may be placed on ***Unpaid Administrative Leave (UAL)***, which also counts toward the maximum days away from the program. A resident may be immediately placed on UAL if their actions are egregious and verified. If the resident has available vacation/sick time, they can opt to use this during a UAL until it is exhausted. Benefits will remain in place as long as the resident continues to pay their premium.

Who initiates AL?

It is the program director's (PD) responsibility to initiate AL, in consultation with OGME and the employing hospital. The program director must meet with the resident in person or by virtual meeting to notify the resident when the leave begins, explain why it is being initiated, and tell the resident whether there are any restrictions to electronic access and having a presence on campus. If the PD is unavailable, a designee within the program can be appointed (i.e. Associate PD or Faculty Mentor).

Continue to page 2

GUIDELINES FOR WHEN A SPRINGFIELD PROGRAM DIRECTOR SUSPECTS RESIDENT IS IMPAIRED

Consultation

The program should always contact OGME first. In the rare instance that OGME is unavailable, the alternate resources are listed below.

1. Call OGME.	Dr. Karen Broquet: 217-545-8852 Jennifer Rodgers: 217-545-3846
2. If OGME staff is not available; call the CMO of the employing hospital. If not available, call CMO of other hospital.	**Memorial**, Dr. Akindele Adaramola, 217-788-3181 or 857-719-5524 **St. John's**, Dr. Gurpreet Mander, 217-757-6162 or 312-860-2881
3. If neither CMO is available and the program has a strong suspicion of intoxication or substance abuse with a need for an immediate fitness assessment; call the Occupational Health Nurse at the employing hospital. If there is no suspicion of substance abuse, the program should place the resident on administrative leave and wait for a return phone call from OGME or the CMO.	**Memorial** Molly Boren, 217-788-3446 Springfield Memorial Hospital, Room M105 **St. John's** Kim Kunz, 217-814-8236 HSHS St. John's Hospital, Room 2K55
4. If the Occupational Health Nurse is not available & there is suspicion of substance abuse; call HR/GME of the employing hospital.	**Memorial**, Pam Brown, 217-788-3135 **St. John's**, Cindy Cantrall, 217-492-9674
5. If a resident is demonstrating signs of impairment and/or acute intoxication outside of normal business hours, on a weekend, or on a holiday, the nursing supervisor should be contacted.	**Memorial** Nursing Supervisor: 217-788-3184 **St. John's** Nursing Supervisor: 217-544-6464 x51555

Continue to page 3

GUIDELINES FOR WHEN A SPRINGFIELD PROGRAM DIRECTOR SUSPECTS RESIDENT IS IMPAIRED

COMMON CONCERNS AND NEXT STEPS

Step 1 is always: CONTACT OGME. ***If patient safety is ever a concern, a resident should be immediately relieved of clinical duties.***

	Concern	Next Steps

IMPAIRMENT	**Suspected Impairment (consult Policy)** - Concerns of potential impairment, could include suspected or verified substance abuse
	
	*See next page for **Confirmed Impairment***
		• OGME will contact the employing hospital CMO to request a referral to organize an employee health / fitness assessment.
		  ○ If OGME is unavailable, the PD can request this directly with the CMO.
		  ○ The CMO will determine if HR needs to be involved immediately or if the referral will go directly to Occupational Health Nurse to organize an employee health/fitness assessment.
		  ○ If the resident is removed from clinical service for suspected or confirmed impairment, OGME will also notify the CMO of the non-employing hospital.
		
		• If a drug/alcohol test is warranted, it will be performed by the employing hospital whenever possible. For residents in a Springfield based program, if testing is precipitated by a specific behavioral or patient care incident in either hospital, it may be performed in a timely manner at the hospital at which the incident occurred. This decision will be made by the appropriate hospital administrator. The resident should be escorted to the appropriate Occupational Health office by the program director or designated faculty member.
		  ○ Both employing hospitals require that a resident suspected of impairment consent to drug screening for cause - refusal is grounds for discipline or termination.
		  ○ Hospital policies vary regarding how much information from the fitness eval/drug test can be shared with the PD. The PD should ask the resident to sign a release & discuss with CMO.
		
		• If suspected impairment occurs at another training site (outside of hospitals/SIU Clinics) and the CMO/OH Nurse of the employing hospital determines that testing will occur, the program director or faculty designee should arrange for transportation to the employing hospital's Occupational Health office. If immediate testing is not required, the resident should be transported home.

GUIDELINES FOR WHEN A SPRINGFIELD PROGRAM DIRECTOR SUSPECTS RESIDENT IS IMPAIRED

	Confirmed Impairment (consult Policy) – If impairment is confirmed (i.e. via critical incident, acute intoxication at work, boundary violation at work) **AND** the resident discloses substance abuse, a direct referral to the Illinois Professionals Health Program (IPHP) by the PD may be appropriate.	• OGME will contact the employing hospital CMO to confirm they are comfortable with a direct referral to IPHP (bypassing the employer-based fitness assessment/ drug test). A resident referred to IPHP by the program must sign a release of information for IPHP to share information regarding assessment and monitoring recommendations with both the PD and OGME. • If OGME is unavailable, the PD can request this directly with the CMO.
MENTAL HEALTH	**Non-Urgent Mental Health Issue** – Resident is showing signs of distress and potentially could benefit from a confidential psychiatric referral.	• PD should provide and review Resident Wellness Guide for Mental Health Resources • OGME can issue a confidential EAP number.
	Urgent Mental Health Issue – Resident is not already established with a psychiatrist and has a semi-urgent need for assessment.	• PD has to use their judgement. • If a resident is in need of semi-urgent or urgent mental health services, OGME can contact the SIUSOM Dept. of Psychiatry to ask for assistance in identifying a faculty member for an urgent assessment. ○ Jessica Allen is the contact person to obtain an expedited appointment with an SIUSOM Psychiatrist for an evaluation, 217-545-7205. • If the resident is removed from clinical service and requires emergent medical intervention, OGME will notify employing hospital CMO.
	Immediate risk of harm – Resident is at immediate risk of harming self or others, or is showing signs of psychosis or active mania.	• Take resident to emergency room or call police. • If unsure, message Dr. Broquet or Dr. Kari Wolf via the symplr app (formerly Halo) for phone consult. If both are unavailable, ask Dr. Wolf's support person to find a faculty member to provide phone assistance to the PD. • OGME will notify both CMOs.
MISCONDUCT	**Misconduct** (see policy for definition) Resident is displaying disruptive and/or unethical behavior.	• For next steps, consult: Professional Conduct and Misconduct Policy • If the resident is removed from clinical service and/or is issued an LOD or LOC as a result of misconduct, OGME will notify employing hospital CMO.
VIOLENCE	**Threatens to Harm Others**	• If a threat or potential threat is present at a hospital, call hospital security. • Call SIUSOM Police: 545-7777. • Call 911 if immediate danger. • Consult the SIU Workplace Violence Policy to determine next steps. • OGME will notify both CMOs.

GUIDELINES FOR WHEN A SPRINGFIELD PROGRAM DIRECTOR SUSPECTS RESIDENT IS IMPAIRED

FAQ:

1. **What if a suspicion of drug or alcohol abuse is reported, but not confirmed? Is it ok to heighten the threshold of supervision (i.e. alert attendings to closely supervise)?**

   If a PD has received a report of suspected substance abuse or impairment from another source, but it is not apparent that the resident is currently intoxicated or impaired, it is appropriate to alert the attendings supervising the resident to be more vigilant. It is not necessary to disclose the reason, but indicate that a higher level of scrutiny may be warranted when reviewing medical records, observing patient interactions, decision making, etc. to ensure patient safety.

2. **Is it a violation of confidentiality or HIPAA if the PD is seriously concerned about the resident's wellness and contacts a resident's family or emergency contact?**

   The PD is the supervisor of the resident, not the resident's physician, so HIPAA does not apply and the PD can discuss their concerns openly.

3. **How do I get a Fitness for Duty evaluation for a resident I am concerned about?**

   It is rare that a comprehensive Fitness for Duty evaluation is the first step to getting a resident help. Typically, getting the resident into a psychiatrist for evaluation and perhaps asking for a release for their return to work is sufficient in these situations. If a full forensic evaluation is required, the treating psychiatrist will make that recommendation. If there is an immediate concern, refer back to the chart *Common Concerns and Next Steps.*

4. **What is the Illinois Professionals Health Program (IPHP)?**

   IPHP is an advocacy program for impaired physicians. It is available to provide initial intervention, screening, and referral services. IPHP provides ongoing case management services to physicians facing behavioral, mental, or physical health concerns that may impact their health, well-being, or ability to practice medicine. Participation in the IPHP is voluntary and confidential. A physician can be self-referred, or referred by the PD or employing hospital.

   If the resident does not self-refer, it is preferred that the referral is made by the PD. A release of information must be signed by the resident for the IPHP organization to release information to the PD and SIU SOM Office of Graduate Medical Education.

5. **What level of contact will a PD have with IPHP if a resident is referred? After the resident returns to work?**

   A resident without any behaviors suggestive of impairment may self-refer to IPHP without the program's involvement. However, a resident referred to IPHP due to behaviors consistent with either suspected or confirmed impairment must agree to sign a ROI for IPHP to share information regarding assessment, treatment recommendations, and monitoring recommendations (if any) with both the program and SIU OGME. It is not uncommon for either PD or OGME to be in phone or email contact with IPHP or members of the resident's treatment team during the assessment and treatment.

Once cleared for return to work by IPHP, monitoring may include periodic drug/alcohol screens or other requirements. Confirmation of a resident's compliance with monitoring requirements will be provided by encrypted email to the PD and/or DIO by IPHP. It is the PDs responsibility to inform the resident (in writing) that compliance with all IPHP recommendations is required for continued participation in training, monitor the IPHP notifications, and take any necessary intervention if a resident becomes non-compliant. A resident's employing hospital may have additional requirements for a resident's return to work. The resident will be required to sign a Conditions of Reinstatement Agreement before returning to the program. This agreement is a "last chance", with any violations considered to be grounds for dismissal. OGME and the PD will formulate such agreements together. For residents on a Conditions of Reinstatement Agreement, IPHP notifications will go to both the PD and the DIO.

6. What are my reporting requirements if a resident is referred to IPHP?

IPHP does not report physician involvement in their program to IDFPR. Our (SIU) practice, barring extenuating circumstances, is to require that residents who have been referred to IPHP for documented impairment self-report to IDFPR. This decision is always made and communicated to the resident in consultation with the DIO and other appropriate legal/HR teams.

7. What if one of my residents gets a DWI/DUI?

Be supportive of the resident, but concerned. Resident should follow all legal requests and likely should obtain a lawyer. Often times the final charge is pled to a lesser charge. PD should meet with resident and strongly encourage counseling. Program should stay vigilant in monitoring the resident's performance and if there are concerns of impairment, contact OGME (refer to the chart *Common Concerns and Next Steps).*

If the resident is on a J-1 visa, this must be reported to ECFMG as a critical incident **within 1 DAY** of occurrence. Resident should self-report, but GME office can do so as well. If the final charge stands as a DWI/DUI, it must be reported to IDFPR.