

	The Johns Hopkins University School of Medicine		<i>Policy Number</i>	110
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I. PURPOSE

Impairment of performance by resident/fellow physicians can put patients at risk. Impairment shall be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency.

The goals of this policy are to (1) prevent or minimize the occurrence of impairment, including substance abuse, among residents/fellow in residency training programs sponsored by The Johns Hopkins University School of Medicine, (2) protect patients from risks associated with care given by impaired resident/fellow physicians, and (3) compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

II. IDENTIFICATION OF IMPAIRMENT

Listed below are 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,

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alcohol on breath at work, uncontrolled drinking at social events, blackouts, and binge drinking.

III. SCOPE

This policy applies to all residents/fellows participating in training programs sponsored by The Johns Hopkins University School of Medicine.

IV. RESPONSIBILITY

It is the responsibility of the program directors and faculty to communicate this policy to their residents/fellows and to enforce its provisions. Faculty and residents/fellows who suspect that a resident/fellow is suffering impairment shall follow this policy and its procedures.

V. PROCEDURE

1. Education: To try and minimize the incidence of impairment, a program has been developed to educate residents/fellows about physician impairment, including problems of substance abuse, its incidence and nature and risks to the physician and patients. Education includes knowledge concerning signs and symptoms of impairment. All residents/fellows shall be informed at orientation about physician impairment, this policy and the resources available. All residents/fellows shall be given a copy of the University's Policy on Alcohol on Alcohol and Drug Abuse and Drug-Free Environment. All residents/fellows shall receive information regarding the counseling and referral resources available at the hospital at which the training program is based. At the Johns Hopkins Hospital, this consists principally of the Faculty and Staff Assistance Program (FASAP) and the Professional Assistance Committee (PAC). At the Johns Hopkins Bayview Medical Center, services are provided through the Community Psychiatry Program. In addition, residents/fellows training shall include participation in departmental presentations given by FASAP and other professionals regarding physician impairment.

2. Counseling and Management:

2.1 The following services are available to residents/fellows and their families:

- Assessment and identification of personal, family, or work-related problems
- Brief counseling and crisis intervention
- Follow-up appointments when indicated

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- Referral to resources within Johns Hopkins and/or the community

2.2 The following services are available to administrators, managers and supervisors:

- Managerial consultation and coaching
- Risk assessments
- Educational workshops and programs
- Organizational group interventions

3. Reporting: All faculty and residents/fellows possess a duty to report to an appropriate supervisor, in confidence, concerns about possible impairment both in themselves and in others.

If a resident/fellow is observed and/or suspected to be impaired while engaged in the performance of his or her duties, the following actions shall occur:

3.1 The observer shall report his/her concern to a responsible supervisor, ultimately the residency/fellowship Program Director. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.

3.2 The person to whom the report is made shall report the concern to the Program Director. The Program Director or his/her designee will investigate the matter, in a confidential process.

3.3 If it is determined that a resident/fellow may have an impairment problem, the Program Director is responsible to refer the resident/fellow to a counseling and treatment, such as that offered by FASAP.

Failure of the resident/fellow to accept referral to counseling or to abide by the treatment program is considered grounds for disciplinary action and may result in suspension or dismissal from the program.

4. Self-Reporting: The University is eager to assist residents/fellows with impairment problems and encourages any resident/fellows with impairment problems to contact his or her Program Director or his hospitals counseling resources for assistance. Residents/fellows shall not be subject to punitive actions for voluntarily acknowledging an impairment problem. (Note, however, that this will not excuse violations of other policies for which the resident/fellow is subject to disciplinary action.)

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5. Continuation of Training: In order for a resident/fellow to resume training after a referral, there shall be satisfactory evidence of the successful completion of or participation in an appropriate treatment program. Further, the resident/fellow shall agree to a provisional period during which time the resident may be monitored and/or tested periodically.

6. Confidentiality: The identification, counseling and treatment of an impaired resident/fellow are deemed confidential, except as needed to carry out the policies of the GMEC or University and as required by law.