

GME Policy – Resident Impairment

PURPOSE

It is the goal of the Graduate Medical Education Committee (GMEC) that resident physicians provide compassionate and safe medical care to patients at all times. Toward this end, it is important to recognize signs of impairment in trainees that may compromise care of patients as well as care of themselves.

PROCEDURES

1. Program Directors and faculty must monitor residents and fellows for the signs of impairment, and especially those related to depression, burnout, suicidal, substance abuse, and behavioral disorders.
2. It is also the responsibility of every individual—including Program Directors, faculty and trainees—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to WAC 246.16.200.
3. This reporting requirement applies to anyone who observes that a physician may be impaired.
 - a. Actual evidence of impairment is not required.
 - b. In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement may be fulfilled by confidentially reporting the individual to the Washington Physicians Health Program (WPHP).
 - c. Trainees may make this report to the WPHP directly, or may make their concerns known to the Program Director, Chief of Service, GME Office or another responsible individual.
4. For new trainees with a history of impairment as well as current trainees who exhibit evidence of impairment, evaluation, treatment and monitoring will be performed under the auspices of the WPHP or applicable physicians' health program.
 - a. When a trainee is referred to the WPHP for assessment, the trainee is required to sign a release allowing the Program Director and the GME Office to receive information on the outcome of the assessment and ongoing monitoring.
5. St. Joseph Medical Center (SJMC) conducts a thorough background check on all new trainees upon appointment to residency training.
 - a. If a history of DUI or other alcohol/substance abuse related crime(s) is revealed, a referral may be made to the WPHP in order to determine if ongoing evaluation, treatment and/or monitoring is required.
6. As a condition of appointment, all trainees are required to comply with the Program

Director or faculty member's decision to remove them from participation in clinical duties and other professional activities and to refer them to WPHP should impairment be suspected and/or confirmed.

a. The WPHP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all trainees who experience and/or exhibit signs of impairment.

b. SJMC and WPHP support full confidentiality to the extent allowed by program policy and law.

c. Confidentiality of evaluation, treatment and monitoring by WPHP is assured by the WPHP Confidentiality Assurance Policy.

d. However, programs are required to disclose impairment and successful return to practice, if applicable, for hospital or medical licensing board training verification and/or credentialing inquiries.