



009_GMEC_Physician Impairment Policy for Residents

Title:	Physician Impairment Policy for Residents	Index Number:	FM-GMEC-009		
Scope of application:	All Graduate Medical Education (GME) Programs	Original Date:	Reviewed on:	Next Review Date:	
		17.11.2005	15.01.2024	15.01.2027	

1. Purpose

Impairment of performance by resident 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 mental illnesses, from physical impairment, from behavioral problems or from substance abuse and/or consequent chemical dependency.

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

2. 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:

- 2.1 Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
- 2.2 Family stability disturbances.
- 2.3 Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior, and argumentativeness.
- 2.4 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.
- 2.5 Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.



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- 2.6 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.

3. Scope

This policy applies to all residents participating in training programs sponsored by AUB.

4. Responsibility

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

5. Procedure

5.1. Education:

To try and minimize the incidence of impairment, a program has been developed to educate residents 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 shall be informed at orientation about physician impairment, this policy, and the resources available. All residents shall be given a copy of this policy. All residents shall receive information regarding the counseling and referral resources available at the hospital at which the training program is based. At the American University of Beirut Medical Center ("AUBMC"), services are provided through the University Health Services (UHS), Department of Psychiatry, and Counseling Center Office at AUB.

5.2. Counseling and Management:

The following services are available to residents and their Families:

- 5.2.1. Assessment and identification of personal, family, or work-related problems
- 5.2.2. Brief counseling and crisis intervention
- 5.2.3. Follow-up appointments when indicated
- 5.2.4. Referral to resources within AUB, AUBMC and/or the community

5.3. Reporting:

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



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

- 5.3.1. The observer shall report his/her concern to a responsible supervisor, ultimately the residency Program Director. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.
- 5.3.2. 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.
- 5.3.3. If it is determined that a resident may have an impairment problem, the Program Director is responsible for referring the resident to counseling and treatment. Failure of the resident 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.

5.4. Self-Reporting:

AUB is eager to assist residents with impairment problems and encourages any resident with impairment problems to contact his or her Program Director or his AUBMC's counseling resources for assistance. Residents 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 is subject to disciplinary action.)

5.5. Continuation of Training:

In order for a resident 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 shall agree to a provisional period during which time the resident may be monitored and/or tested periodically.

5.6. Confidentiality:

The identification, counseling and treatment of an impaired resident are deemed confidential, except as needed to carry out the policies of the GMEC or AUB and as required by law.

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6. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024