

**RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL  
NEW BRUNSWICK, NEW JERSEY**

**GRADUATE MEDICAL EDUCATION MANUAL**

**POLICY#:** XI.9  
**SECTION:** INSTITUTIONAL POLICIES RELEVANT TO GME  
**SUBJECT:** IMPAIRED HOUSESTAFF

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**I. PURPOSE**

To set RUTGERS Robert Wood Johnson Medical School policy in the event of impairment among housestaff, to provide assistance to impaired housestaff, and to protect the health and safety of patients, students and employees of RUTGERS Robert Wood Johnson Medical School.

**II. ACCOUNTABILITY**

Under the President and the Senior Vice President for Academic Affairs, the medical/dental School Deans shall implement and the Deans' designees responsible for graduate medical education at each School shall ensure compliance with this policy, including provision of the housestaff assistance committees with the resources needed to carry out their responsibilities under this policy.

**III. DEFINITION**

An impaired house officer is one who is unable to participate within the University community with requisite skill and safety. This impairment may be due to substance and/or alcohol abuse or dependency, mental disorder or other medical disorders. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- unusual or inappropriate behavior
- negative changes in performance of assigned duties
- frequent or unexplained absences and/or tardiness from duties
- frequent or unexplained illnesses or accidents
- conduct which may constitute violations of law, including citations for driving while impaired
- significant inability to contend with routine difficulties and to act to overcome them.

**IV. POLICY**

Physical and mental disorders and alcohol and other drug abuse or dependencies are often treatable. It is the policy of the University to assist impaired housestaff (as defined above) in obtaining treatment, when such assistance does not adversely affect the University's ability to safeguard the public health and effectively discharge its missions.

This policy focuses on the behavior of the impaired house officer and its impact on the house officer and others, not on any underlying medical condition or disability. If an impairment is caused by a disability, it shall be the house officer's obligation to comply with University policy, Individuals with Handicaps/Disabilities, 00-01-35-40:00 with regard to requests for accommodation.

Impairment of housestaff due to substance abuse and other forms of mental and physical disorders adversely affects all aspects of the University's missions. These disorders may impair work performance and/or the provision of patient care. Conduct related to impairment may be sufficient grounds for disciplinary action, including dismissal, and may require immediate action to protect the health and safety of others.

The program director of the impaired house officer's training program shall be responsible for restricting and monitoring patient care duties and privileges. In the event that the impairment poses a risk for patient care, clinical practice privileges and clinical duties shall be suspended immediately pursuant to existing University procedures.

Where an incident may involve a violation of federal, state or local law, the Office of Legal Management may be consulted to determine whether there is an affirmative duty to report the violation or take other action.

Confidentiality of all referred and identified housestaff and of individuals making referrals shall be maintained to the extent possible and permitted by law.

## **V. PROCEDURES**

- A. Each RBHS Medical/Dental School shall develop its own housestaff assistance policies and procedures incorporating all existing resources, including the Housestaff Assistance Committees (see below), to identify and, when appropriate, attempt to assist impaired housestaff.
- B. In order to supplement existing University and School resources, bring previously unidentified impaired housestaff into treatment and accomplish identification and treatment earlier in the course of these disorders when the prognosis for successful rehabilitation is likely to be better, the Schools shall separately or in combination with other Schools, and/or patient-care units of the University and/or clinical affiliates establish Housestaff Assistance Committees which will have the following basic functions:
  - assessment of reports of impairment;
  - presentation of concerns to identified housestaff;
  - referrals for diagnosis and treatment;
  - monitoring of impaired housestaff until final disposition;
  - referral of housestaff who are not cooperative or who are non-compliant in the evaluation, referral and/or treatment to the appropriate program director for possible disciplinary or other action.

Details of the functions, composition and procedures of these committees can be found in item D below.

The Housestaff Assistance Committees are only one of several options available to a School for identifying impaired housestaff and bringing them into treatment, and are meant to be utilized by the School administrators responsible for graduate medical/dental education in concert with other resources at the University and/or its clinical affiliates, and other appropriate procedures which may include disciplinary action and leaves of absence.

C. A summary of this policy and of the assistance available through the Housestaff Assistance Committees and other existing resources shall be incorporated into housestaff informational materials and housestaff orientation programs.

D. Each medical/dental School shall separately or in combination with other Schools, patient-care units and/or clinical affiliates establish a Housestaff Assistance Committee:

1. Composition of the Housestaff Assistance Committee

a. The Dean(s) of the medical/dental School(s) shall appoint the members of the committee. The committee shall have representation by the School's administrator of graduate medical/dental education, program directors, faculty/attendings and senior housestaff. One or more individuals with expertise in mental health and in addiction/substance abuse should be included on each committee. Each committee shall name a chair and establish its own procedures and meeting schedule.

b. A list of the Housestaff Assistance Committee members shall be available at the education office of each patient-care facility participating in RBHS housestaff programs.

c. Each health care facility participating in the graduate medical or dental program shall identify a contact person to administer the policy at that institution, report to the committee and the program director as indicated, and assume other duties including assuring appropriate reporting to the Board of Medical or Dental Examiners.

2. Functions of the Housestaff Assistance Committee

a. Publicizing the Housestaff Assistance Committee

The committees shall annually publish and disseminate to housestaff and pertinent administrators a statement summarizing the University's Housestaff Impairment policy, including the names, locations and telephone numbers of the members of the committees to whom reports of potential impairment are to be made and a description of other resources for dealing with

impairment. The committees shall ensure that a statement regarding the Housestaff Assistance Committee is incorporated into the housestaff informational materials and housestaff orientation programs, and that Campus forums on substance abuse include reference to the Housestaff Assistance Committee.

b. Advocacy for preventive activities

The committees shall develop and recommend to the School and University administrations preventive activities aimed at housestaff.

c. Assessment of reports of impairment

Sources of referrals and reports concerning housestaff impairment may include:

- self referral
- spouse, other family or household members
- students, other housestaff and colleagues
- faculty and housestaff committees
- School administrators and other staff of the School or patient-care facility
- health professionals with knowledge of the house officer from other treatment programs, especially when the house officer has failed to follow or complete the previous program
- patients

The committees are responsible for the preliminary assessment of the validity of reports and referrals made to them prior to presenting their concerns to the house officer.

The committees shall consider reports of behavior or incidents which may be indicative of impairment and which occur within and/or outside the University premises

d. Presentation of concerns to identified housestaff

Once the committee has concluded that there is a likelihood of impairment in a referred house officer, two members of the committee shall be selected to privately present the committee's concerns to the house officer. Where appropriate, individuals possessing first-hand experience with the house officer's impaired behavior or status shall be asked to voluntarily take part in the presentation of concerns to the house officer. Those members of the committee who will perform interventions should have received specialized training in handling such presentations (intervention training). (If desired by a committee considering a referred medical house officer, the Physicians Health Program of the Medical Society of New Jersey may be asked to perform or assist in the intervention.)

Four possible outcomes of the initial presentation are:

- i. The presenters conclude that based on additional information given to them by the house officer, there are no grounds for concluding that the house officer is impaired and that no intervention is required.
- ii. Further assessment and/or additional information is required. This may include referral of the house officer for a clinical evaluation.
- iii. The house officer is convinced of the need for help and assents to enroll in an appropriate treatment program; the presenters will begin the referral process for evaluation and treatment.
- iv. Treatment is indicated and the house officer resists help, either by refusing treatment or refusing evaluation to determine if treatment is necessary. The presenters shall report back to the committee which shall convey the information concerning the house officer to the appropriate program director. The program director, after his/her own assessment of the available information, may make additional attempts to get the house officer into treatment or evaluated for the need for treatment. If the program director is convinced that the house officer is impaired and the house officer continues to refuse treatment or evaluation, then the program director shall initiate the appropriate steps to discipline or dismiss the house officer from the institution in accordance with the School's bylaws, policies and procedures and any applicable union contracts.

e. Referral for evaluation, diagnosis and treatment

The committee shall refer housestaff for clinical evaluation to those resources identified by the committee as appropriate.

Referred housestaff will be allowed to choose an approved resource from among those identified by the committee or be able to utilize an alternative resource that meets the committee's approval. A specially trained professional at the resource shall evaluate each referred house officer, make all diagnoses, and, if needed, recommend a treatment program which may be outpatient or inpatient.

If, after receiving the evaluation report, the committee sees the need for additional information or evaluation, or for a second opinion, the committee may refer the house officer to another resource.

When referring a house officer for clinical evaluation/treatment, the committee shall transmit to the provider information describing conduct by the house officer which suggests or indicates potential impairment. When referring a house officer, the committee shall not transmit any individually identifiable health information or medical records directly to the provider except with the written authorization of the house officer.

Treatment, if indicated, may be conducted at the resource performing the evaluation or at an alternative resource selected by the house officer subject to committee approval.

f. Monitoring of impaired housestaff

The committee shall monitor the treatment and rehabilitation of referred impaired housestaff as appropriate. This will include newly hired individuals with a previous impairment that was identified at the time of initial hire and whose employment is contingent upon such monitoring. The committee will also be responsible for monitoring housestaff whose impairment becomes identified through a mechanism other than those identified in Section D.2.c. If a house officer is enrolled in a treatment program, the committee may delegate the monitoring function to the treatment program, and, in that event, shall receive regular reports on the house officer's progress. The house officer shall be required to permit the treatment provider to provide relevant information to the committee and to inform the committee if the house officer drops out of treatment, relapses or shows other

evidence of deterioration liable to result in significant functional impairment. Failure of the house officer to permit the treatment provider to provide relevant information may result in action by the School, including possible dismissal.

The committee shall determine in each case the appropriate duration of monitoring. In making this determination, consideration should be given to the practice of the New Jersey State Medical Society's Physicians Health Program to monitor practitioners who are impaired due to substance abuse or other physical or mental disorders that may impact on the safe care of patients. Monitoring by the committee may need to be maintained for an indefinite period, or until the house officer leaves the University.

A house officer on medical leave of absence because of an impairment that is being monitored by the committee should be considered for reinstatement by the School administration only after consultation with the committee. The committee's recommendation in this regard will be based upon the current evaluation by the house officer's treatment provider and upon any independent evaluation requested by the committee.

g. Consultation with New Jersey State Assistance Programs

The committee shall maintain open communication with the Directors of the Physicians Health Program of the Medical Society of New Jersey and the Dental Association's Assistance Program for exchange of information and advice and for consultation. Assistance with intervention with referred housestaff may be requested from these programs at the discretion of the committee.

h. Upon completion of the residency training program, the committee may refer the house officer to the state program where the house officer relocates.

i. Submission of annual reports to the Deans and to the Senior Vice President for Academic Affairs

The committees shall each submit an annual report to the respective Deans, School Administrators responsible for graduate medical/dental education and the Senior Vice President for Academic Affairs. These reports will summarize the activities of the committees (referring to individuals by case number only), report on the status of individuals under committee supervision or monitoring, and make recommendations for improving the role of the Housestaff Assistance Committee. The committee chairperson is responsible for the preparation and submission of the reports.

E. Urine and/or blood testing for drugs

There shall be no mandatory, routine use of urine or blood testing for drugs. However, where there is a reason to believe that impairment is the result of substance abuse and the house officer refuses to submit to drug testing, the University reserves the right to take disciplinary action or other action as may be

deemed appropriate to protect the health and safety of patients, students, other house officers and employees. Testing may be performed by the selected treatment program. The committees may also recommend drug testing to a house officer to help rule out the existence of a substance abuse problem. Drug testing may be required to verify a drug-free state during treatment and as part of the follow-up and monitoring after the conclusion of formal therapy.

F. Confidentiality

The Housestaff Assistance Committees shall make every effort to maintain the confidentiality of referred individuals to the extent possible and permitted by law. Only case numbers rather than individuals' names shall be used during meetings and in records. Files involving impaired housestaff shall be stored under lock separately from personnel records. Inactive files and files of housestaff who have left the University shall be sealed and stored separately. If a house officer is referred to a state assistance program, the appropriate files shall be shared with that program, and a notation of the sharing kept at the University.

By Direction of the President:

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Vice President for Academic Affairs

**Rutgers Biomedical and Health Sciences Policy** Code: 00-01-20-86:00

Adopted: 05/25/95

Amended: 08/29/02