I. Policy Statement

   a. The purpose of this policy is to comply with the Accreditation Council for Graduate Medical Education (ACGME) requirements to facilitate access to residents of the services and resources that are available to them in the event they require professional assistance for any of the following conditions:
      i. Mental Health
      ii. Physical (Medical) Health
      iii. Impaired Physicians (including drug and alcohol impairment)
      iv. Financial Concerns
      v. Personal issues, including learning disabilities and career decisions.

   b. This policy is important because graduate medical education can be a stressful time for residents. It is important that residents know what types of resources are available to them should the need arise. Compliance with this ACGME requirement is necessary for institutional and program accreditation.

II. Definitions

   a. Substance Abuse
      i. Use of alcohol or drugs with resulting diminution of ability to carry out responsibilities in the workplace.

   b. Impaired Physician
      i. Physician who is unable to perform required duties.

III. Process/Content

   a. Graduate medical education can be a stressful time for residents. It is the job of faculty physicians to nurture and support trainees so each is the best person and physician that he or she can be.
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b. The program directors are charged by the Graduate Medical Education Committee (GMEC) and their Residency Review Committees (RRCs) to monitor stress, depression, mental and/or physical illness, or other impairment of their trainees, and to assist in obtaining treatment and/or identifying methods and sources of counseling.

c. The institution is required by the ACGME to facilitate resident access to appropriate and confidential counseling, as well as medical care and psychological support services. This includes the stipulation of written policies describing how physician impairment, including substance abuse, will be handled.

d. The Office of Graduate Medical Education (GME) will be the safety net to help residents who feel they cannot get what they need through their program director.

e. GME will also be a resource to program directors in resolving resident issues.

f. GME may be contacted at any time for emergencies.

g. General Information

i. All residents are enrolled in the plans for life insurance, long term disability, and medical benefits. This coverage includes medical treatment as well as psychiatric counseling and improvement.

h. Time Off For Medical/Physical Health Reasons

i. Time off for treatment of medical or physical conditions will be granted in accordance with the program’s specified policies for medical leave of absence.

ii. The resident may refer to their training manual for this information or contact their program director. (See Vacation and Leave Policy—GME-11).

i. Emotional/Psychological

i. Psychological illness such as short term psychological problems or situational distress, anxiety, or stress may result in impairing the ability of the resident to perform assigned job responsibilities

ii. The Employee Assistance Program (EAP) should be used as a resource.

j. Impaired Physician

i. Residents are held to the same standards and policies as all hospital employees concerning possible incidents of substance abuse, including drug or alcohol impairment.

ii. Assistance and counseling is available through the EAP and also available through the Missouri Physician’s Help Program sponsored by the Missouri State Medical Association

(http://www.msma.org/mx/hm.asp?id=MissouriPHysician’s Health)

k. Financial Consultation

i. Residents in need of financial advice/counseling are encouraged to make contact with EAP.

l. Procedures to follow for accessing resources and services:
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i. Residents

1. Residents should seek professional help on their own when they feel this is necessary and appropriate.

2. If this is a medical/physical or emotional/psychological condition, the EAP may be contacted to provide free, confidential evaluation and referral for any problem—financial, medical, psychological, etc.

3. Residents are strongly encouraged, but not required, to inform their chief resident and program director of medical, emotional, or psychological illness when any of these may interfere with professional performance.

4. Confidentiality will be maintained unless this is not consistent with good patient care.

ii. Program Director

1. The program director, upon becoming aware of a problem, whether through resident performance, reports from others, or through communication with the resident, should be the first line to help the resident resolve any issues.

2. The program director should discuss alternative sources of counseling and/or other care with the resident and assist in initiating the process for counseling.

3. Program directors may, at their discretion, seek information from other program directors or GME about alternatives for handling medical/physical or emotional/psychological problems from other sources, while maintaining confidentiality.

4. If the determination has been made that the resident is not able to carry out assigned responsibilities due to substance abuse and if, after discussing the identified issues with the resident, the resident is not willing or able to correct the problem, the program director may remove the resident from their current rotation and/or change the resident’s schedule.

IV. Attachments

a. Graduate Medical Education - Grievance Policy for Residents
b. Graduate Medical Education - Institutional Vacation and Leave Policy

V. References, Regulatory References, Related Documents, or Links

a. Employee Assistance Program: http://www.umsystem.edu/totalrewards/benefits/eap
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