

## CHRISTIANACARE

<b>POLICY:</b>	<b>Residents/Fellows with Impairment</b>
DEPARTMENT:	GMEC
DATE OF ORIGIN:	October 26, 2011
<b>LAST REVISION DATE:</b>	December 5, 2021
REGULATORY REFERENCE:	ACGME

### **POLICY:**

It is ChristianaCare's position that psychological disorders and substance abuse, ranging from distress to impairment, are treatable and it may be possible for a distressed and/or impaired resident/fellow to recover and safely return to work if diagnosed and treated in time, and if provided a structured, monitored working environment on recovery.

### **PURPOSE:**

To define a process for the evaluation and referral for care of a resident/fellow identified as having a possible psychological disorder or substance abuse issue while assuring the safety and well-being of patients, staff, and others.

### **SCOPE:**

All residents and fellows.

### **PROCEDURE:**

A. Residents or fellows in distress may exhibit observable behaviors and patterns of behavior which include, but are not limited to:

- Consistent tardiness
- Unexplained absences
- Uncontrolled angry outbursts or violence
- Unexplained somnolence
- Legal difficulties (e.g., driving under the influence)
- Decreased quality of care or unexpected lack of progress during the training year
- Odor of alcohol while on duty
- Poor impulse control
- Lack of interest in work activities
- Prolonged sadness
- Social withdrawal
- Marked changes in personal hygiene

B. If a resident/fellow exhibits behaviors significantly impeding the trainee's proper performance of duties, including patient care, he/she should be promptly removed from clinical duties.

### C. Reporting Concerns of Resident/Fellow Impairment

1. ChristianaCare encourages an impaired resident/fellow to self-report to his/her Program Director or designee. Upon receipt of a self-report, the Program Director or designee will meet with the resident/fellow to assess the severity of the problem and the appropriate course of action.

2. The Program Director shall promptly investigate all reports and complaints that a resident/fellow may be impaired.

3. The Designated Institutional Officer (DIO) shall be informed of all reports of resident/fellow impairment.

D. Substance Abuse Impairment:

1. If the program director or other supervisor suspects that the resident/fellow is impaired due to alcohol or substance abuse, the resident/fellow should be immediately referred to Employee Health.
2. ChristianaCare procedures regarding employees suspected of substance abuse will apply.

E. Referrals: ChristianaCare offers multiple services for residents and fellows experiencing psychological distress, mental illness, or substance use.

1. Vital Worklife provides confidential access to counseling, coaching, emergency support, and concierge services. Vital can be accessed 24/7 via <http://vitalworklife.com> (login: CCHS, password: member) or by calling 877-731-3949.
2. The Center for Provider Wellbeing provides referrals via its Resource Liaison Line (302-319-1304, checked daily). This non-emergency service provides wellbeing consultation and advises residents/fellows about accessing local counseling and psychological resources.
3. Peer Support after adverse events is offered through the Care for the Caregiver Program which can be activated by Vocera paging "Care for the Caregiver."
4. Academic/Performance Concerns: Psychological Assessment Services are offered by David York, Ph.D., at 302-623-2944. The cost of these services may be covered by referring Residency/Fellowship Programs.
5. Psychiatric Care: If a resident/fellow needs to see a psychiatrist for medical management, an appointment may be scheduled with Dr. Sandeep Gupta: Office: 302-478-6199; Cell (for PD usage) 302-312-9478. He also offers a non CC e-mail (for privacy concerns) that residents, fellows, or PD's may use: [guptasmd@yahoo.com](mailto:guptasmd@yahoo.com). (Additional psychiatry resources can be accessed through the Resource Liaison Line.)
6. Brief, solution-focused psychotherapy: Dr. Lani Nelson Zlupko is a licensed therapist who provides counseling and coaching for physicians. She can be reached at 302-543-6296 and [Lani@LNZconsulting.com](mailto:Lani@LNZconsulting.com). Her private cell phone (for PD use) is 302- 740-9320. The cost of the first three sessions of her services may be covered by referring programs. After this, out of pocket fees apply.
7. Fitness for Duty Evaluations will be conducted according to Human Resources policies.
8. Link to CC "Dealing with Disclosures by Clinical Colleagues" Guidelines: [http://inet/Medden/revsite/Pol/Clinician\\_Distress\\_2019.pdf](http://inet/Medden/revsite/Pol/Clinician_Distress_2019.pdf)

G. Reporting Requirements:

1. A report will be submitted to the State Board of Medical Licensure and Discipline when required by law.

**SIGNATURES/APPROVALS:**

A handwritten signature in black ink, appearing to read "H. Dival". The signature is fluid and cursive, with a horizontal line under the "H" and a long, sweeping tail on the "D".

Reviewed 1/2/2025

**DO, FACP, FAAP**

**Associate Designated Institutional Official**