



FRANCISCAN MISSIONARIES OF OUR LADY  
HEALTH SYSTEM

<b>RESPONSIBLE DEPARTMENT:</b> SFMC GME		<b>SUBJECT:</b> Resident Services
<b>PAGES:</b> 3		<b>REPLACES POLICY DATED:</b> N/A
<b>ORIGINAL EFFECTIVE DATE:</b> 10/13/20	<b>REVISION EFFECTIVE DATE:</b> N/A	<b>POLICY NUMBER:</b> GME-ADM-10

<b>PURPOSE:</b> To ensure that residents within SFMC sponsored residency programs are physically, mentally and morally competent to meet their designated responsibilities to patients, medical staff, residents and the community-at-large.
<b>DEFINITIONS:</b> <u>Impairment</u> : The inability of a resident to meet his/her responsibilities as caused by a 1 dependency on alcohol and/or controlled pharmaceuticals.

**POLICY:**

In cases of suspected impairment, the program director, or designated member of the program's faculty shall follow the policy below:

- A. A discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents, program faculty, medical staff, patients, hospital employees, or the resident's family members.
- B. If there is sufficient evidence of impairment, as determined by the Program Director, the program director will intervene with the resident, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated.
- C. If the resident accepts the results of the investigation, the program director will work with the resident to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.
- D. The program director shall facilitate referral of the resident in accordance with the plan of action developed. The program director should work with the resident to monitor the rehabilitation process.
- E. If a resident does not accept the demonstration of impairment and accept the plan of action the program director shall have authority to take adverse action against the resident including, by way of example, suspension or revocation of the resident's appointment.
- F. Not all interventions require a leave of absence of the resident but if one is necessary all paid and unpaid leave taken by the resident will be in accordance with the Resident Leave of Absence Policy.
- G. If the resident is receiving therapy of any sort, the program director should receive confidential reports from the treating physician, social worker, etc. stating that the resident is compliant with the action plan and a progress report should also be submitted.
- H. The Designated Institutional Official (DIO)/Medical Director of Graduate Medical Education must be notified of all cases of resident impairment, and receive reports on the results of the intervention, the plan for and results of the diagnosis, treatment and/or rehabilitation, and the inclusive dates of the leave of absence.
- I. All records concerning impairment of a resident will be treated with strict confidentiality with the following exceptions:
  - 1. If reporting is required by state or federal laws or regulations, or professional ethical standards; or
  - 2. If maintaining confidentiality threatens the safety of a patient or patients.

**ACGME STANDARD: IV.H.**

**STATUTORY/REGULATORY AUTHORITY: GMEC**