

SUBSTANCE ABUSE POLICY – (WCGME)

The policy of WCGME is that abuse of or addiction to alcohol or controlled substances by a physician is incompatible with the safe practice of medicine and constitutes grounds for termination of employment. However, WCGME recognizes that substance abuse and addiction are illnesses. WCGME, in its discretion, will consider several principles in the use of this policy:

1. Patient safety is WCGME's primary concern. The well being of the addicted or substance abusing resident is also a concern.
2. The privacy and dignity of affected residents are to be maintained as possible.
3. The Substance Abuse Committee (SAC), in conjunction with the Kansas Medical Society, Medical Advocacy Program (KMS-MAP), will manage individual interventions and departmental substance abuse monitoring programs.
4. While of necessity some recommendations are quite specific, others are more general, leaving room for judgment to be exercised by WCGME.
5. Recommendations may be modified as appropriate.
6. Education about physician impairment and prevention is an important part of medical education.

Substance abuse and addiction are progressive, debilitating, chronic diseases characterized by denial and prone to relapse. WCGME believes that with appropriate intervention, long-term treatment and an informed reentry process, the prognosis for continued successful recovery is good. The intent of WCGME is to aid, not to prosecute, the affected individual.

Report Of Suspected Abuse:

WCGME is concerned with alcohol and substance abuse problems as they affect job performance or related personal behavior impacting adversely upon the work environment. Alcohol and substance abuse problems are defined as those circumstances which contribute to or cause deteriorating job performance or related personal behavior, adversely affecting the employee's work environment. If a resident employee of WCGME is suspected of alcohol and/or substance abuse problems, then a report shall be made to the resident's Program Director. If appropriate, the resident will be removed from all clinical responsibilities until the issue is resolved. This report will be confidential.

In the event that a resident realizes he/she has a substance abuse problem, he/she may voluntarily contact the WCGME office, the Program Director, or the Impaired Physician Program at 1-800-332-0156.

Substance Abuse Committee:

When a report is made concerning suspected abuse problems, a Substance Abuse Committee (SAC) will be formed. The SAC will be an Ad Hoc Committee of WCGME. It will be composed of the resident's Program Director, a faculty member of another program, and a health care professional who has experience and expertise in the area of chemical dependency, to be appointed by the WCGME Chief Operating Officer or Administrative Officer.

Once a Program Director has received a report that a resident is suspected of alcohol and/or substance abuse problems, the Program Director will request the formation of the SAC by contacting the WCGME Chief Operating Officer or Administrative Officer. The SAC will serve to assist and advise the Program Director when a resident is suspected of having an alcohol and/or substance abuse problem.

The SAC will plan an intervention with consultative assistance from the Kansas Medical Society-Medical Advocacy Program (KMS-MAP). The intervention will proceed rapidly and with well-planned objectives. Any deliberations by the Committee or actions recommended will be carried out in strict confidence except where reporting to other agencies is required by law or ethical standards. Where probation or termination may be recommended, it will be done in accordance with WCGME Due Process Guidelines.

Intervention Options:

During an intervention, only three options will be offered to the resident, as deemed appropriate by the SAC.

Option 1: Agree to enroll in a treatment program approved by any consultant KMS-MAP wishes to use. Continued association with the treatment program will be contingent on successful completion of such a program and appropriate follow-up treatment as outlined below. Due to the high incidence of suicide, depression, complicated withdrawal issues and destructive alcohol and/or drug use while awaiting treatment, the resident must agree to immediate hospitalization until definitive treatment can be arranged. Salary will continue while the resident is in treatment, for up to 30 days. If a resident requests a Due Process hearing, the salary continuation provisions of that procedure will control the period of salary continuation. Health and other benefits will continue during the period of leave according to the WCGME Family and Medical Leave Policy. The use of Family Medical Leave Act leave will not result in the loss of any employment benefits that the employee earned or was entitled to before using leave. The balance of the resident's vacation and sick leave will be used first during this 30-day leave period and then leave will be provided during the remainder of the 30-day period.

Option 2: Agree to a complete assessment/diagnostic evaluation at an appropriate facility immediately. The SAC, in cooperation with the KMS MAP, will designate the appropriate facility/practitioner for this assessment.

Option 3: Resign from the Residency Program.

Residents are subject to termination if they do not comply with these options. All options and termination are reportable as required by state law.

After successful completion of all recommended aspects of treatment, the SAC will interview the resident. Based upon this interview and a review of relevant medical records, the SAC, in conjunction with KMS-MAP, will explore all aspects of the resident's return to medical

practice. The resident will be placed on probation on terms recommended by the SAC and approved by the Program Director and Department Chairman in accordance with WCGME Due Process Guidelines. Written notice of the terms of probation will be given to the resident in accordance with WCGME Due Process Guidelines. Probation may include appropriate outpatient therapy, total abstinence from all “mood-altering chemicals,” adherence to all applicable standards of behavior, and an appropriate monitoring program, which may include random laboratory drug screening or testing.

Specific conditions of probation may include:

1. Outpatient therapy will be continued until completed.
2. An appropriate monitoring program will be instituted.
3. Total abstinence from all mood-altering drugs will be maintained, aside from appropriately prescribed and documented medication.
4. Adherence to all applicable standards of behavior, which are appropriate for a resident physician that is employed by WCGME, will be expected.
5. If narcotics are believed to be a threat to recovery, Naltrexone may be recommended.
6. If alcohol is believed to be a threat to recovery, Antabuse may be recommended.
7. A KMS-MAP contract will be executed with KMS-MAP and the resident and adherence to its provisions is mandatory.

Residents who are recovering from substance abuse and/or addiction will be judged by their actions, not by their intentions. A list of non-permissible behaviors such as cessation of follow-up therapy and use of drugs or alcohol will be agreed upon by SAC, KMS-MAP and the resident. The SAC will oversee the development of this list. Deviation from acceptable applicable behavior will be cause for consideration of probation or termination.

Substance abuse and addiction are diseases characterized by relapse. Should a relapse occur, the Program Director may recommend termination from the Residency Program or further treatment in accordance with the terms of probation. Treatment following a relapse will be expected to intensify. Upon the recommendations of the treating agency, the KMS-MAP and the physician’s therapist, the SAC will review the resident’s status in the residency training program.

Financial responsibility for charges for any treatment program or assessment in excess of those covered by insurance will be the responsibility of the resident.

Drug Screening/Testing:

At any time during a resident’s employment, any supervising faculty member can request a urine drug screen or blood alcohol concentration from a resident if the inappropriate use of drugs or alcohol is reasonably suspected. The resident will be required to submit to such testing. The resident’s Program Director will be notified of this action. Failure to do so will result in probation, including immediate suspension of all privileges and duties pending an investigation or termination. The probation and/or termination will be in accordance with WCGME Due Process Guidelines. When appropriate, the resident will be removed from all clinical responsibilities until such issues are resolved.

Such laboratory testing will be confidential. The hospital or Medical Director of the laboratory will be contacted by the supervising faculty member with instructions about the testing and will accompany the resident to the appropriate collection area. All testing results will be sent to the WCGME Chief Operating Officer or Administrative Officer, who will provide the information to the Program Director or the SAC, if one has been appointed.

Before any testing will occur, a consent form will be provided to the resident for review and signature.

In the event the test results indicate a level of alcohol or controlled substances, the Program Director or the SAC, (if one has been appointed), will have the authority upon the consent of the resident, to consult with the resident's treating physician to determine whether the positive results are based upon medically prescribed substances. In the event that the positive results are not based upon a medical prescription from the resident's treating physician, then the Program Director or the SAC, if one has been appointed, will meet with the resident as soon as possible and discuss potential action, which may include request for formation of a SAC, or, if one has already been appointed, probation or termination from the residency program.

All records relating to substance abuse treatment and medical care will be kept confidential and separated from the resident's other personnel information. The medical information will be stored in a medical file in a separate, locked cabinet. Only designated personnel will have access to this information. Any restrictions on the work or duties of the resident will be shared with the resident's Program Director as necessary. The members of the SAC will be permitted to have access to this information only for purposes of their duties in accordance with this policy. This policy is intended to complement but not supersede any substance abuse policies of WCGME hospitals.

Approved by WCGME Board of Director 10/18/94

Drug Screen Verification

SAMPLE ONLY

Name _____

Date _____

Type of Test _____

Date of Test _____

Result _____

Date Received _____

Relevant Medical History _____

Prescription(s) _____

Date _____

Prescribing Physician _____

Address _____

Phone _____

_____ Rx verified (Rx brought in/physician comment/letter from physician)

_____ Rx not verified

Test results verified:

_____ Positive

_____ Negative

Reviewing Physician

Date