POLICY: 200-050385-022

Counseling and Support Services for Resident Impairment/Substance Abuse

A resident physician is considered to be impaired if he or she is unable to fully participate in the educational program or is unable to carry out the patient care aspects of the program with reasonable skill and safety to patients because of a physical or mental illness or excessive use or abuse of drugs including alcohol. It is the duty of individuals who suspect that a resident physician is impaired to report their observations to a member of the Professional Staff Association’s Committee on the Well Being of Practitioners.

Definition

GME-related activity:

Any activity planned as a formal or informal gathering where participation is mandatory by a GME program (i.e. Department or training program).

Examples include (but are not limited to):
- Off-site journal clubs
- Department or training program retreats
- Graduation dinners/parties
- Team lunches

Substance Abuse Policy

The abuse of drugs, including alcohol, by residents is unacceptable because it adversely affects health, safety, security, and progress in the training programs. Further, it jeopardizes public confidence and trust.

Policy

1. Using, possessing, selling, or being under the influence of illegal drugs by residents is unlawful, dangerous, and is absolutely prohibited in the workplace. Further, the use of alcohol in the workplace or the misuse of alcohol or prescribed drugs to any extent that impairs safe and effective performance by residents is prohibited.

2. Violation of any element of this policy shall result in disciplinary action, up to and including termination.

3. The Graduate Medical Education Committee recognizes drug and alcohol dependency as treatable illnesses. Residents with dependency problems are encouraged to seek assistance through their program director, the Director of Medical Education, the Professional Staff Association's Committee on the Well Being of Practitioners or the UCLA Mental Health Services for Physicians in Training.
4. Information obtained regarding a resident during participation in counseling or psychological services will be treated as confidential, in accordance with Federal and State laws.

5. GME is committed to promoting the well-being of resident physicians and will minimize the risk associated with substance abuse for both trainees and faculty.

The policy regarding alcohol use and/or consumption will be strictly enforced:

a) Whenever possible alcohol use by trainees should be discouraged.
b) No alcohol will be purchased for consumption by department/training programs, trainees or faculty at a GME-related activity.
c) If faculty or trainees choose to consume alcohol, they must purchase their own beverage. If an individual purchases alcohol, both faculty and trainees should be encouraged to consume alcohol in a responsible manner.

Well-being Requirements for All Training Programs:

Residents and faculty have increased risk for burnout and depression when compared to the general population. Therefore, self-care and a focus on psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physicians. Training programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Each training program should have a strategy for addressing each of the following aspects of Well-being:

1. Meaning of Medicine:
   a. Dedicated efforts toward enhancing the meaning of medicine for trainees

2. Work Schedules:
   a. An effort by the program to address issues related to work scheduling, work intensity and work compression that may affect well-being

3. Workplace Safety:
   a. Monitoring and addressing workplace safety (includes ensuring physical safety and providing resources for emotional well-being after adverse events)

4. Resident Healthcare:
   a. Residents must be given the opportunity to attend medical, mental health, and dental appointments (trainees must be provided with time away as needed to access care as dictated by their individual circumstances)
   b. Programs and supporting institutions should provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week (in-person, telemedicine, or telephonic means may be utilized to satisfy this requirement)

5. Education:
   a. Programs must provide physician well-being education to residents and faculty members. Education must include identification of symptoms of resident and faculty member burnout,
depression, and substance abuse. Further education is required to assist physicians when these experiences occur along with resources for seeking appropriate care.

6. **Screening & Referral:**
   a. Programs must provide access to appropriate tools for self-screening
   b. Residents & faculty members are encouraged to notify designated personnel or program directors when they are concerned that a colleague may be displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.

7. **Clinical Coverage:**
   a. Circumstances will occur when a resident may be unable to attend work due to fatigue, illness, or family emergencies. Each program must have policies and procedures in place to ensure coverage of patient care when these circumstances occur without fear of negative consequences for the resident.