

Policy on Student Impaired Clinical Performance

I. POLICY

A major aspect of student learning in this School of Medicine occurs in clinical settings with direct student-patient contact. While in clinical courses, students are acquiring knowledge, cognitive, and psychomotor skills. In addition, they are developing judgment. Students are expected to perform at the level indicated in the curricular objectives. Safety is a critical component of each clinical course.

The right of patients and the public to safe professional practice supersedes students' learning and skill acquisition needs. The responsibility of the University, the School, and the faculty to protect patients, the public, and the staff of clinical settings from unnecessary exposure to dangerous situations is paramount. Faculty have the obligation to assess and make professional judgment with respect to each student's fitness for safe practice during clinical hours.

Impairment is defined as the inability of a medical student to provide medical care with reasonable skill and safety due to being under the adverse influence of alcohol, narcotics or other drugs, whether illicit or otherwise; or mentally or physically unable to reason, communicate, or perform medical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being. Behaviors that may be observed in someone who is impaired include, but are not limited to unexplained absences or tardiness, inappropriate orders or responses to queries, diminishing quality of work, lack of preparedness, impaired interpersonal interactions. None of these behaviors individually is indicative of impairment.

Students have the responsibility to practice without undue risk to themselves or others, and to maintain fitness for duty throughout all clinical hours. When a faculty member makes a professional judgment that a student's psychological and/or physical condition has impaired his/her ability to perform in accordance with course specific clinical behaviors, the student will be asked to leave the clinical area. The student will be given the opportunity to hear the reasons for their removal from the clinical arena, and to discuss the incident with a representative from the School.

When the clinical agency has a policy regarding fitness for duty, in addition to the School of Medicine policy, that policy will be followed.

Medical students are included in the Federation of State Medical Boards Policy on Physician Illness and Impairment. All students will be provided mental health care resources by the School, free of cost, to provide initial assessment and acute intervention. Students may then be referred to comprehensive assessment and treatment programs, but the expenses for these will be the responsibility of the student.

Recognizing that alcohol and drug use disorders are treatable disease that can affect any member of society, students who disclose that they are misusing alcohol or drugs will be referred to the Federation of State Physician Health Program (PHP) for assessment and possibly management. PHPs are designed to “guide the rehabilitation of potentially impaired and impaired physicians or those in training suffering from substance use disorders, psychiatric, medical, behavioral or other impairing conditions, including burnout, consistent with the needs of public safety.” Students will be referred to the voluntary track of the PHP, in which they will be provided assistance and guidance without identification to any state medical board. Students referred to the PHP will be asked to sign a release for the report to be shared with the Associate Dean for Student Affairs. Students referred to PHP will need the PHP to provide assurances to the School that the student is not (or no longer) impaired in order to return to clinical work.

Any expenses incurred as a result of PHP assessment, treatment, transportation, and monitoring are solely the responsibility of the student.

II. PURPOSE

The right of patients and the public to safe professional practice supersedes students’ learning and skill acquisition needs. The responsibility of the University, the School, and the faculty to protect patients, the public, and the staff of clinical settings from unnecessary exposure to dangerous situations is paramount.

III. SCOPE

This policy applies to:

- Medical students

IV. POLICY AUTHOR(S)

- Office of Student Affairs

V. RELATED POLICIES AND PROCEDURES

- Policy on Appeals of Decisions by the Committee on Student Promotions
- Policy on Technical Standards for the Doctor of Medicine Degree

- University of Pittsburgh Drug-Free Drug-Free Schools Annual Notification
https://www.hr.pitt.edu/sites/default/files/DrugFreeWorkplace_UniversityofPittsburgh_2020.pdf
- University of Pittsburgh Policies on Alcohol and Drugs
<https://www.safety.pitt.edu/policies/policies-alcohol-and-drugs>

VI. REFERENCES

- Federation of State Medical Boards. Policy on physician illness and impairment; towards a Model that Optimizes Patient Safety and Physician Health. Accessed on 1/4/21 at
<https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf>
- AAMC. Guidelines for Development of Chemical Impairment Policies for Medical Schools. Accessed at <https://www.aamc.org/professional-development/affinity-groups/gsa/chemical-guide>
- LCME Standard 12.3: Personal Counseling/Well-Being Programs: A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.
- LCME Standard 12.4: Student Access to Health Care Services: A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

VII. APPROVALS

Education Policy Council, revision approved 3/14/22
 Executive Committee, revision approved 6/24/22
 Dean, School of Medicine, revision approved 8/5/22

PROCEDURE:

1. Initial Identification
 - a) When there is concern that a student poses a risk of harm to self or patients, the faculty member may remove the student from the clinical area.
 - b) If warranted by the student's condition, the clinical instructor, campus security, or a representative from the School may accompany the student to the nearest healthcare facility for emergency treatment prior to bringing the student to the School for the meeting.

c) If they do not require emergency care, the student is informed of temporary suspension from clinical practice and a meeting with the Associate for Student Affairs or their designee will be scheduled. Transportation should be provided (contact Office of Student Affairs to coordinate transportation); i.e., the student should not be allowed to drive to the school.

d) The documented evidence of impaired clinical performance is reviewed with the student and the student has an opportunity to provide an explanation.

e) If the student requests an appeal, one will be conducted in accordance with the SOM procedures consistent with those of appeals of decisions made by the committee on student promotions.

2. Referral and Treatment

a) Before being permitted to return to the clinical area, the student may be mandated to obtain a health assessment. This assessment may be done at the University Health Center, the Emergency Department of the nearest hospital, or any healthcare facility authorized by the student's health insurance carrier, at the student's expense.

b) The student has the right to refuse this assessment, treatment, and further monitoring. However, the School of Medicine may tell the student that they are not permitted to return to clinical practice without certification from a recognized healthcare provider that they are either undergoing treatment or does not need treatment and is fit for duty.

3. Referral to PHP in cases of impaired due to self-disclosed alcohol or drug use

a) Referral – The Associate Dean for Student Affairs will call the PHP in Pennsylvania to refer the student to the voluntary track of the PHP, in which they will be provided assistance and guidance without identification to any state medical board. The student will also be given the phone number to the PHP and will need to call them as well.

b) Release of information - Students referred to the PHP via the voluntary track will have their attendance/engagement with PHP automatically shared with the Associate Dean for Student Affairs. Students are asked to sign a release of information so the PHP can communicate their final findings back to the Associate Dean for Student Affairs.

c) Students will be able to return to their medical education once the PHP reports that the student is not (or no longer) impaired.

d) Students who do not comply with the PHP's recommendations for assessment and treatment will be considered for dismissal by the Promotions Committee. Students who are dismissed may appeal the decision as per the Policy on Appeals of Decision by the Committee on Student Promotions.

4. Return to Clinical Practice

a) If the student has been referred for treatment, the student will be permitted to return to clinical practice only on the specific recommendation of an appropriate treatment provider that the student is capable of safe and skilled clinical performance.

b) Confidential medical information will be maintained in a restricted file in the Office of Student Affairs.

c) Information will be shared with treatment providers and others designated by the student, with the student's written consent. The student may also be asked to give written permission for treatment providers and others to share information with a representative of the School as needed.

d) No information will be shared with other members of the School of Medicine unless there is a clear and direct need to know. No information will be shared in the MSPE without the student's express consent

e) The student and a representative of the school will sign a return to school agreement, individualized according to the student's needs. This agreement will delineate the terms of the student's return to clinical practice.

f) Students will be referred to the Office of Disability and Resources Services for determination of accommodations.

f) The School of Medicine has the right to impose conditions on the student's return to clinical practice as necessary following treatment.

g) The School of Medicine will provide direct supervision of the student following return to school and clinical practice, and the appropriate Associate Dean of Student Affairs will monitor the satisfactory achievement of the student through meetings with clerkship directors and the Assistant Dean of Medical Education held on an every 6 week basis.

h) Any subsequent behaviors that indicate unsafe clinical performance may be cause for dismissal from the School (See Policy on Technical Standards for the Doctor of Medicine Degree).