



Recognizing and Addressing Physician Impairment

Objectives

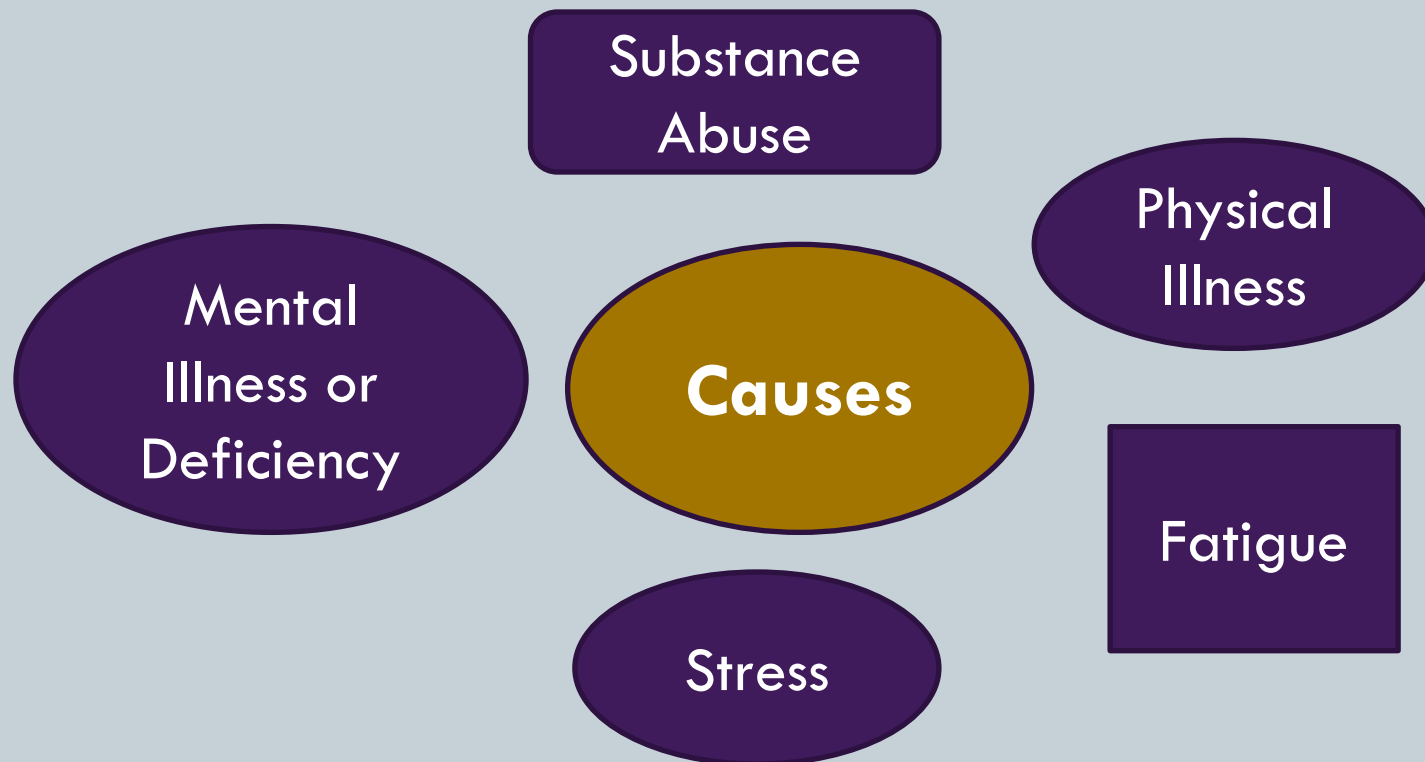
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- Define what constitutes an impaired physician.
- Review various causes of physician impairment.
- Discuss external and internal resources and programs for impaired physicians.
- Summarize important key “Dos and Don’ts” for all house officers.

Definition of an Impaired Physician

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- A physician unable to practice medicine with reasonable skill and safety to patients.



We must intervene promptly for the safety of the physician as well as the patient – regardless of the cause of impairment.

“When all conditions are considered, *at least one third of all physicians* will experience, at some time in their career, a period during which they have a condition that impairs their ability to practice medicine safely.”

Leape and Fromson, *Ann Intern Med* 2006; 144(2):109 (italics added.)

Cause: Mental Illness

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- Primarily mood or affective disorders.
 - Erratic behavior patterns, mood swings
 - Extreme or bizarre behavior
 - E.g. - Risk-taking behavior
 - Low or elevated self-esteem
 - Poor impulse control, hasty, impatient
 - Easily agitated, irritable
 - Psychosomatic, hypochondriasis
 - Paranoia
 - Depressed/flat or manic affect
 - Inappropriate affect (laughing when others are crying)

Possible symptoms

Cause: Mental Illness

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Other symptoms

- Insomnia or hypersomnia
- Isolative, withdrawn
- Distorted thinking, delusional, hallucinations, disconnected thoughts
- Denial, minimizes having problems
- Suicidal ideation or previous attempt
- Misses work frequently or is late frequently
- Passive-aggressive and/or manipulative behavior
- Anxiety

Cause: Substance Abuse

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- Use of mood-altering substances:
 - ▣ Narcotics
 - ▣ Depressants, including alcohol
 - ▣ Stimulants
 - ▣ Hallucinogens
 - ▣ Cannabis



Cause: Substance Abuse

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Many possible symptoms

- Smell of alcohol (or excessive fragrance or breath spray to conceal).
- Red-faced and/or prominent capillaries on cheeks and nose.
- Bloodshot or glassy eyes.
 - ▣ Excessive use of eye drops to conceal it, wearing sunglasses indoors.
- Constricted or dilated pupils.
- Sweating when otherwise comfortable.
- Self-medicating or medical problems and not seeking help.
- Memory lapses, inability to account for whereabouts.
- Slow, slurred, or pressured speech.
- Avoids close contact, interaction or eye contact with others.
- Lying
- Erratic behavior patterns, mood swings, inappropriate affect.

Cause: Substance Abuse

- Tremors.
- Does not answer when on-call or does not return pages.
- Misses work or is late frequently.
- Defensive, minimizing or denial regarding alcohol/drug consumption.
- Persistent financial, marital, or familial problems.
- History of alcohol or substance abuse in family.
- Possession of alcohol or drugs at work.
- Alcohol in car or empty alcohol containers in car on a regular basis.
- Frequently associates with known users/abusers.
- Poor impulse control.
- Easily agitated or irritable.

Any of these symptoms alone may not signal impairment.

Cause: Physical Illness

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- Possibly due to an injury.
- Disease symptoms that effect muscles and nerves.
 - E.g. Parkinson's Disease, Cerebral Palsy, Multiple Sclerosis, etc.

Common Symptoms:

- Appears unable to see when others have no difficulty.
- Weak or restricted grip (hand shake).
- Tremors, hands shake, deterioration of fine motor skills.
- Unsteady gait.
- Frequent loss of balance, diminished equilibrium.
- Cannot raise arms above head, bend and touch toes, etc.
- Muscle, bone, nerve or tendon damage.

Cause: Fatigue/Sleep Deprivation

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- Most adults require 8 hours of sleep per day.
- No “test” for fatigue impairment.

Most difficult times of
day:
2a – 5a and 2p – 5p

Symptoms include:

- ☑ Falling asleep in conferences or on rounds.
- ☑ Restlessness and irritability with staff, colleagues, family and friends.
- ☑ Having to check work repeatedly.
- ☑ Difficulty focusing on patient care.
- ☑ Feeling like you really don't care.

Stress – Situational

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Sources

1. Inordinate, inflexible time.
2. Sleep deprivation/fatigue.
3. Excessive workload.
 - a) Burdensome administrative duties.
 - b) Insufficient ancillary support.
4. Inadequate learning environment.

Solutions

1. Follow duty hour restrictions, time management principles.
2. Limits on workload, culture of shared responsibility.
3. Increase and/or optimize facility, administrative, allied health support.
4. Instruction for attending physicians to improve teaching skills; regular evaluation and feedback to residents.

Stress – Professional

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Sources

1. Patient care responsibilities.
2. Supervision of junior residents and students.
3. Information overload.
4. Career planning.

Solutions

1. Orient all levels of residents regarding expectations, clarify responsibilities.
2. Formal instruction on teaching and team leadership.
3. Formal instruction on critically reviewing literature (i.e. journal club).
4. Counseling and assistance in career opportunities, salary negotiation, CV preparation, etc.

Stress – Personal

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Sources

1. Family
2. Financial
3. Isolation/relocation issues
4. Work/life imbalance
5. Psychological problems

Solutions

1. Social activities; maternity/paternity provisions.
2. Instruction on debt, budgeting and financial planning.
3. Orientation, informational and gripe sessions; resident mentoring.
4. Instruction regarding time management.
5. Instruction on identifying impairment; counseling services; leave of absence; group sessions.

Disruptive Behavior

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- Persistent adverse or abrasive social interactions, hostile or threatening remarks or actions, or increased irritability.
- Often correlated with substance abuse/chemical dependency and/or personality disorders.

*Table 1. Examples of Disruptive Behavior**

Profane or disrespectful language
Demeaning behavior (for example, referring to hospital staff as "stupid")
Sexual comments or innuendo
Outbursts of anger
Throwing instruments or charts
Criticizing hospital staff in front of patients or other staff
Negative comments about another physician's care
Boundary violations with staff or patients
Inappropriate chart notes (for example, criticizing the treatment provided by other caregivers)
Unethical or dishonest behavior

- *Any of these symptoms alone do not constitute an impairment, but when taken in combination can be a reliable indicator.*
- *Patterns of behavior are what is important - unless an event is so extraordinary that it endangers the physician or others.*
- *Also, it is not uncommon to simultaneously have more than one impairment type.*

Resource for Impaired Physicians - External

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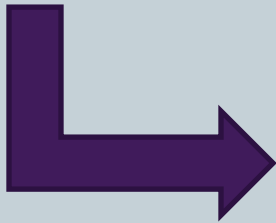
- Physicians' Health Foundation of Louisiana (PHFL):
 - ▣ Part of the Federation of State Physicians' Health Programs.
 - ▣ State health programs developed in mid 1970s.

PHFL Process

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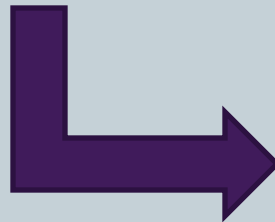
Identification and Reporting

- Anyone can report an impaired physician to PHFL.
 - Reports kept anonymous.



Intervention and Assessment

- Could include evaluation and/or treatment.



Continuing Care & Monitoring

- Contract established with impaired physician.
 - Requirements to remain in the program.

PHFL Contracts

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- Contract requirements may include:
 - Refraining from drug and alcohol use
 - Random, unannounced drug tests
 - Individual therapy
 - Marital therapy
 - Aftercare
 - AA/NA meetings
 - Caduceus meetings
 - Obtaining CME related to impairment
 - Monitoring supervisor
 - Medication Management

PHFL Contracts

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- In return for compliance, the PHP advocates on behalf of the physician to:
 - ▣ LSBME
 - ▣ Employer
 - ▣ Insurance provider

PHFL Contracts

- Failure to follow monitoring contract = physician is reported to the Louisiana State Board of Medical Examiners.
 - The physician's license may then be placed on probation or suspension.
 - Memorandum of Understanding between LSBME and PHFL acknowledges the PHFL and the parameters in which it must operate.

PHFL Immediate Reports to LSBME

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- Sexual Boundary Violations
- Diversion of Drugs



PHYSICIANS' HEALTH
FOUNDATION OF LOUISIANA

Resource for Impaired Physicians - Internal

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- LSUHSC Campus Assistance Program
 - Free service available to all LSUHSC employees, including those located outside of New Orleans.
 - Counselor on-call 24 hours a day.
 - ❖ Suspected impairment and a variety of behavioral issues may be referred to the Campus Assistance Program.

Resource for Impaired Physicians - Internal

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- CAP will often have a dual referral to the PHFL as part of the Continuation of Employment Contract.
- Goal is to successfully remediate any problems.
- Dual referrals are often necessary to raise consciousness sufficiently.

Resource for Impaired Physicians - Internal

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- Very important to comply with CAP recommendations.
 - Compliance reported to program.
 - Continuation of employment is contingent on compliance.
- Very high success rate of remediating issues, allowing residents to continue and complete their training.

Resource for Impaired Physicians - Internal

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- Please see House Officer Manual for explicit policies and procedures.

Do's and Don'ts

- ❑ To moonlight all residents must be fully licensed and have their own malpractice insurance.
- ❑ Working in weight loss and pain management clinics is a major red flag and almost always brings scrutiny by the LSBME.
- ❑ Pre-signing prescriptions for the nurse to fill out later is illegal.
- ❑ Using ILH DEA number to write prescriptions outside of ILH is illegal – DEA numbers are site-specific.
- ❑ Don't ever sign anything saying you saw a patient if you didn't.

Do's and Don'ts

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- ❑ Put the patient's name and address on all narcotics prescriptions.
- ❑ House officers are held accountable just like everyone else for everything they sign – read the fine print.
- ❑ Follow accepted practice guidelines, especially for weight loss and pain management patients.
- ❑ All house officers should be cognizant of CMS Fraud and Abuse guidelines.
- ❑ Absence of knowledge of a law does not create absence of responsibility for complying with the law.

Summary

- Many possible causes of physician impairment.
- Concerning pattern of behavior should be reported to supervisor.
- Internal and external resources – goal is to help the impaired physician.
- Refer to LSU House Officer Manual for specific policies on moonlighting, DEA numbers, and other issues.

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