

IMPAIRED FACULTY

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PURPOSE

To set Morehouse School of Medicine (MSM) policy in the event of impairment of faculty members and provide assistance to impaired faculty members.

ACCOUNTABILITY

Under direction of the president, the dean and Senior Vice president for Academic Affairs shall ensure compliance with this policy, including establishment of a Faculty Assistance Committee (FAC).

POLICY

It is the policy of MSM to assist impaired faculty (as defined below), while maintaining a balance between individual rights and the School's duty to safeguard the public health and effectively discharge its mission.

2. Definition of Impaired Faculty

An impaired faculty member is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- negative changes in performance of assigned duties
- frequent or unexplained absences and/or tardiness from School responsibilities
- frequent or unexplained illnesses or accidents
- significant inability to contend with routine difficulties and take action to overcome them
- unusual or inappropriate behavior
- violations of law, including citations for driving while impaired

Impairment in a faculty member, which may be due to alcohol or other substances of abuse, and other forms of mental and physical disorders, adversely affects all aspects of the MSM mission. These disorders may impair work performance and/or the provision of patient care. Physical and mental disorders and alcohol and other drug dependencies are often treatable diseases. MSM is committed to the rehabilitation of all impaired faculty members, whenever possible.

The FAC is only one of several options available to MSM and its faculty for identifying impaired faculty members and referring them for evaluation and/or treatment, and is meant to be utilized in concert with existing resources and other appropriate procedures, which may include disciplinary action and leaves of absences.

A summary of this policy and the assistance available through the FAC and other existing resources shall be incorporated into faculty handbooks, school catalogs, and faculty orientation programs.

General Functions of the Faculty Assistance Committee:

A. Publicizing the Faculty Assistance Program

The FAC shall annually publish and disseminate to faculty members and administrators a statement summarizing the MSM's Faculty Assistance Policy, including the names, location and telephone numbers of the members of the committee to whom reports of possible impairment are to be made, and description of other school resources for dealing with impairment. The Committee shall ensure that a statement regarding the Faculty Assistance Program is incorporated into the Faculty Handbook, school catalogs, and faculty orientation programs, and that campus forums on alcohol, other drugs of abuse, and other forms of impairment include reference to the Faculty Assistance Program.

B. Advocacy for Preventive Activities

The FAC may develop and recommend to the administration preventive strategies and activities aimed at faculty members.

C. Assessment of Reports of Impairment

Sources of referrals and reports concerning faculty impairment may include but are not limited to the following:

- Self-referral
- Students, colleagues, spouse, other family members
- Faculty Assistance Committee
- MMA and affiliated health care facilities
- Patients
- deans, department chairpersons and other staff of the School
- Health professionals with knowledge of the faculty member from other treatment programs, especially when the faculty member has failed to follow or complete the previous program.

D. Submission of Annual Reports to the dean

The FAC shall submit an annual report to the dean. The report will summarize the activities of the FAC (referring to individuals by case number only), report on the status of individuals under Committee supervision or monitoring, and make recommendations for improving the Faculty Assistance Program. The Committee

chairperson is responsible for the preparation and submission of the report.

The FAC shall have the following basic functions with respect to Impaired Faculty:

- assessment of allegations of impairment;
- presentation of concerns to identified faculty;
- referrals for diagnosis and treatment;
- monitoring of impaired faculty as outlined in section 13F below, until final disposition;
- referral of faculty members who are not cooperative with the Committee process or are non-compliant with assessment, evaluation, or treatment to the dean;
- at the request of the impaired faculty member, assessment, in coordination with the Office of Risk Management, of whether reasonable accommodations should be made that would allow the referred faculty member to perform the essential functions of the job (where there appears to be no direct threat to patient safety)

It is the responsibility of the faculty member's immediate supervisor and/or Department/Unit Head to immediately inform both Human Resources and the Office of the dean of his/her knowledge of suspected or admitted impairment by the faculty member.

After receipt of the notification, the dean must appoint one FAC faculty member to receive and act on reports of faculty impairment. One or more of the Committee members shall have expertise in mental health and substance abuse disorders.

Where there is credible evidence that an incident may involve a violation of federal, state or local law, the Office of Risk Management will be consulted by the FAC (see below) to determine whether there is an affirmative duty to report that violation.

Every reasonable effort will be made to preserve the confidentiality of all referred faculty members and of the individuals making referrals.

All FAC work involving the above functions shall be identified by a case number rather than the individual's name, except for the first report, wherein a case number is assigned.

FAC Referral and Process for Impaired Faculty

- A. The FAC shall consider reports of behavior or incidents that may be indicative of impairment that occur both within as well as outside the School's premises.
- B. The FAC is responsible for the preliminary assessment of the validity of reports and referrals made to it prior to presenting its concerns to the faculty member. Further assessment may include referral of the faculty member for a clinical evaluation.
- C. Presentation of Concerns to Identified Faculty

Once the FAC has concluded that there is a high likelihood of impairment in a referred faculty member, two members of the Committee shall be selected to privately present the Committee's concerns to the faculty member. Where appropriate, individuals possessing first-hand experience with the faculty member's impaired behavior or status shall be asked to voluntarily take part in the presentation of concerns to the faculty member. All members of the FAC who will perform interventions must have received specialized training in handling such presentations (intervention training), in accordance with standard intervention techniques utilized in mental health and substance abuse disorders.

D. Four possible outcomes of the initial presentation are:

- i. The presenters conclude that, based on additional information given them by the referred faculty member, there are no grounds for believing that the faculty member is impaired and no intervention is required.
- ii. Further assessment and/or additional information is required.
- iii. The faculty member is convinced of the need for help and assents to cooperate in an appropriate treatment program; the presenters will begin the referral process for evaluation and treatment.
- iv. The faculty member resists help. The presenters shall report back to the FAC that shall refer the faculty member to the dean. The dean, after his/her own assessment of the available information, may make additional attempts to get the faculty member into treatment. If the dean is convinced that the faculty member is impaired and the faculty member continues to refuse treatment, then the dean shall initiate the appropriate steps to dismiss the faculty member from the Institution in accordance with the procedures specified in the Faculty By-Laws.

E. Referral for Assessment, Diagnosis and Treatment

The FAC shall refer faculty members for clinical evaluation to those resources identified by the Committee as appropriate. Referred faculty members may, however, be allowed to choose an approved resource from among those identified by the FAC or utilize an alternative resource that meets the Committee's approval, and with whom the referred faculty member has no pre-existing relationship. A specially trained professional at the resource shall evaluate each referred faculty member, and, after obtaining the faculty member's written consent, shall report to the Committee that faculty member is or is not cooperating with the recommended treatment program, which may be outpatient or inpatient. The "Consent to Records Release" form (Exhibit 1) shall be used for faculty consent. Any refusal to sign the "Consent to Records Release" form should be carefully documented by the Committee.

Monitoring of Impaired Faculty

When a faculty member is enrolled in a treatment program, the FAC may delegate the monitoring function to the treatment program, and, in that event, shall receive regular reports on whether the faculty member is cooperating with the program.

When monitoring has been delegated to the treatment program, the faculty member shall be required to sign a Release of Information form permitting the treatment provider to provide relevant information to the Committee, i.e. whether faculty member is cooperating with the program, drops out of treatment, relapses or shows other evidence of deterioration liable to result in significant functional impairment. When attempts at rehabilitation fail or are ineffective, continued impairment of the Faculty Member may be sufficient grounds for disciplinary action, including dismissal. Such discipline, if any, shall be taken in conjunction and in compliance with all applicable State and Federal laws.

The FAC shall determine in each case the appropriate duration of monitoring. Monitoring by the Committee may need to be maintained in some cases for an indefinite period, or until the faculty member leaves MSM.

A faculty member on medical leave of absence, granted pursuant to existing MSM policies and practices because of an impairment that is being monitored by the FAC, should be considered for reinstatement by the School administration only after consultation with the Committee. The FAC's recommendation in this regard will be based upon the current evaluation by the faculty member's treatment provider(s) and any independent evaluation requested by the Committee. Such reinstatement, if any, will be considered in conjunction and in compliance with all applicable State and Federal Laws.

State Assistance Program

In the event that the impairment of a clinical faculty member imposes a risk for patient care or other damage to the business reputation of MSM, that faculty member may be referred to the appropriate state assistance program. Clinical practice privileges may be suspended immediately pursuant to School procedures. If the FAC decides that a faculty member should be referred to a state program for monitoring purposes and the faculty member refuses to give consent, the dean shall be informed and shall decide what action to take.

Consent to Records Release

The "Consent to Records Release" form (Exhibit 1) shall be used when the FAC decides to seek release of information from a faculty member's treatment program or refer a faculty member to a state program, or both. Any refusal by a faculty

member to sign the “Consent to Records Release” form should be carefully

documented by the FAC and reported to the dean, who may initiate appropriate steps to dismiss the faculty member from the Institution in accordance with procedures specified in the Faculty By-Laws.

I. Urine and/or blood testing for drugs

There shall be no mandatory or routine use of urine or blood testing for drugs. However, testing may be performed upon the request of the FAC or by the selected treatment program under specific circumstances. The FAC may recommend drug testing to a faculty member to help rule out the existence of substance abuse problems. Routine drug testing may be used to verify a drug-free state during treatment and as part of the follow-up and monitoring after the conclusion of formal therapy. Written consent from the faculty member is required prior to urine and/or blood testing for drugs. (See Exhibit II, “Impaired Faculty Member’s Consent/Declination of Consent for Drug Testing”).

Where there is reason to believe a substance abuse problem exists and the faculty member refuses to submit to drug testing, the School reserves the right to take disciplinary action or other action as may be deemed appropriate to protect the health and safety of patients and other employees, in conjunction and in compliance with all applicable State and Federal laws.

J. Confidentiality

The FAC shall make every effort to maintain the confidentiality of referred individuals within the constraints imposed by its mandate described above. Except for the first report wherein a case number is assigned to the referred faculty, only case numbers shall be used. Files involving impaired faculty shall be stored under lock, separately from personnel records.

K. Record Retention.

Inactive files and files of faculty who have left the School shall be sealed and stored separately. If a faculty member is referred to a state assistance program, the appropriate files shall be shared with that program with the faculty member’s consent, and a notation of the transfer kept at the School. Where allegations are made and found to be without merit, all records shall be destroyed except for a note that an allegation was made on a certain date and found to be without merit on a certain date.

14. This policy shall be read in conjunction with all other Institutional policies.

EXHIBIT I

TO: _____[identify specific provider]

AUTHORIZATION AND CONSENT TO RECORDS RELEASE

I hereby authorize disclosure of any and all information and related documents, including, but not limited to, treatment, medical (including psychological and psychiatric) and/or assessment records and reports, and correspondence to and/or from other treatment and medical professionals, to Morehouse School of Medicine Faculty Assistance Committee in care of _____ at 720 Westview Drive, S.W, Atlanta, Georgia 30314

A photocopy or facsimile copy of this authorization is expressly authorized by the undersigned, and your cooperation in furnishing the requested information is solicited.

This _____ day of _____, 200__.

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date

EXHIBIT II
IMPAIRED FACULTY MEMBER'S CONSENT/DECLINATION OF CONSENT FOR
DRUG TESTING

I, the undersigned faculty member at Morehouse School of Medicine, have carefully read MSM Policy # _____ Policy on Impaired Faculty Members, and have thoroughly discussed provisions of the policy with _____, and have been given the opportunity to ask questions.

Specifically as it relates to testing for substance abuse, I have been informed that any such testing may occur only with my written consent. Further, I have been informed that the release of any records created as a result of counseling or treatment rendered in accordance with this policy requires my written consent, except for members of the treatment team.

CONSENT TO TESTING

I hereby voluntarily consent to _____ (Type of Testing) in accordance with Section V.E. of the Policy On Impaired Faculty.

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date

DECLINATION OF CONSENT

I do not consent to _____ in accordance with Section V.E. of the Policy On Impaired Faculty Member. (Type of Testing)

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date