

Policy Title: Physician Impairment	Policy Number: SOMGME-019
Original Date: 10-10-2024	Next Review Date: 10-10-2027

I. Purpose of the Policy

The purpose of the physician impairment policy is to safeguard patient safety, maintain the quality of healthcare services, and provide support for trainees facing impairment challenges. This policy recognizes that physicians may encounter personal difficulties that affect their professional performance, and it aims to create a systematic approach to identify, address, and resolve these issues.

The Lebanese American University (LAU) aims to foster an environment where seeking help is encouraged, ultimately enhancing both patient care and physician wellness. The policy is a structured framework that outlines the organization's approach to managing situations where a physician's ability to provide safe and effective patient care is compromised. This includes defining impairment, establishing protocols for identification and assessment, and providing guidelines for intervention and rehabilitation.

II. Policy Scope

The scope of this policy encompasses all LAU Graduate Medical Education (GME) programs.

III. Definition

- A. Physician impairment: Physical, mental, or behavioral status that prohibits the trainee from providing safe and effective clinical care or that can potentially compromise the safety and well-being of the impaired trainee, or his colleagues, or hospital staff. Circumstances addressed in this policy include:

- B. Substance Abuse: such as misuse of alcohol, prescription medications, and illicit drugs.
- C. Mental Health Issues: such as depression, anxiety, stress-related disorders, burnout, suicidal ideations, potential for violence.
- D. Physical Health Conditions: such as acute or chronic illnesses or injuries that impair the ability to perform clinical duties safely, loss of motor skills.

IV. Policy Statement

The LAU is committed to fostering a culture of safety, accountability, and support within its healthcare environment. We recognize that physician impairment can occur and that addressing it effectively and proactively is crucial for maintaining the highest standards of patient care.

Trainees are constantly encouraged to maintain wellness by self-reporting symptoms of fatigue, burn-out, or any other forms of impairment that could potentially affect their health, well-being, and performance. They will be guided towards adequate channels for evaluation and treatment, or allowed to take leaves as needed (please refer to the LAU GME Well-Being Policy and Leaves Policy).

A. Procedure:

1- Recognition of physical impairment signs:

All LAU GME programs should educate their trainees and faculty on physician impairment and physician well-being (please refer to the LAU GME Well-Being Policy) including self-assessment tools. In addition, all trainees are educated during their orientation on the identification of signs and symptoms of fatigue, burn-out, and sleep deprivation as well as on processes for fatigue mitigation.

Any of the listed signs below may indicate impairment of the ability to perform adequately and if noted on a continued basis or if multiple signs are observed, reporting may be indicated, for a timely intervention.

The signs and symptoms may include:

- a. Signs of debilitating acute or chronic disease that compromise or interfere with daily clinical activity, and may include degenerative neuromuscular diseases, cardiovascular disease, pulmonary diseases, neurologic disease, amongst others
- b. Physical signs such as fatigue, inadequate personal hygiene and appearance, consistent physical complaints, repetitive accidents, tremor, significant weight loss.
- c. Social and behavioral changes such as withdrawal from social activities, isolation from peers, inappropriate behavior, unreliability and unpredictability, aggressive behavior, argumentativeness, depression, lack of attention, risk-taking behavior, unexplained absences, tardiness, decreasing quality or interest in work, altered interaction with other staff and inadequate professional performance.
- d. Drug or intoxicant use indicators such as excessive agitation or edginess, euphoria, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, reeking alcohol on breath at work, uncontrolled drinking at social events. For further details, please refer to the LAU [GME Substance Abuse Policy](#).

2- Reporting and Management:

In the situation where trainee activity impairment is suspected or identified, the concerned person (student, trainee, faculty, or staff) should report to the Program Director or their designee. The PD should then immediately inform the Department Chair and the DIO/GME office about the situation.

The trainee is then removed from clinical duties and placed on an administrative leave of absence, subject to the outcomes of a confidential assessment to be done within 10 business days.

After completion of the assessment by a personnel health physician and/or mental health professional, the trainee will be advised and guided to any of the following decisions:

- a. Assessment reveals non-impairment of physician and he or she may return immediately to work;
- b. Allowing the trainee to return to work with ongoing monitoring which may include further observation and assessment;
- c. Referring the trainee to treatment and/or counseling and/or rehabilitation;
- d. Suspending the trainee immediately with or without pay until an appropriate treatment program has been successfully completed.

After the appropriate intervention is completed, and a final assessment of the personnel health physician and/or the mental health professional, the Department's Clinical Competency Committee (CCC) will evaluate the decision and circumstances of return to practice. Ongoing monitoring and support will be continued after return to work to ensure sustained wellness.

Refusing referral to counseling and to follow the decisions taken for disciplinary action may result in suspension or dismissal from the program.

In the situation where faculty physician or staff member activity impairment is suspected or identified by a trainee, the concerned trainee is strongly encouraged to report to their Program Director or their designee. The PD will inform the Designated Institutional Official (DIO) in addition to the Department Chair if applicable, who will in turn inform the Chief Medical Officer (CMO) at the hospital and the Dean of the SOM for further actions. The reporting person's identity will remain anonymous, and the ensuing process will remain confidential.

3- The Sponsoring Institution's Commitment:

In support of this policy, LAU is committed to:

- a- Prioritize patient safety: Implement prompt interventions, including immediate removal of the impaired trainee from his clinical appointment, to safeguard patients from potential risks associated with impaired physicians.
- b- Encourage a supportive environment: Create a culture where physicians feel comfortable seeking help and reporting concerns without fear of stigma or retribution.
- c- Facilitate access to resources: Ensure that affected physicians have access to counseling, treatment options, and peer support programs.
- d- Maintain professional standards: Uphold rigorous professional standards, ensuring all physicians are competent to provide quality care.
- e- Protect confidentiality: Safeguard the privacy of physicians involved in impairment cases, balancing transparency with the need for confidentiality. Confidentiality will be maintained except when needed to carry out the policies of LAU, the GME, or the national law.

Approved by	Date
GMEC	11-10-2024
Interim review	N/A