



# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Medicine

## *Operating Policy and Procedure*

**SOM OP:** 20.12, **Health, Wellness and Rehabilitation of Faculty, Physicians in Training (Fellows and Residents), and Students**

**PURPOSE:** The purpose of this School of Medicine (SOM) policy and procedures is to provide guidance and authority for the provision of health and wellness of faculty, residents, fellows, and students, and to administer programs to address impairments. This policy describes the committee structures needed for administration of this policy.

**REVIEW:** This SOM Policy and Procedure shall be reviewed within each odd-numbered fiscal year by the Health, Wellness and Rehabilitation Committee. Revisions will be forwarded to the Office of the Dean for approval and publication.

### **POLICY/PROCEDURE:**

**Background:** Texas Tech University Health Sciences Center (TTUHSC) recognizes that faculty, residents, fellows, and students who are impaired are individuals who need professional help. The University will establish procedures that promote and monitor wellness of these individuals and will establish an organizational structure, including appropriate committees, to administer this policy to ensure that the institution meets or exceeds accreditation and other relevant standards.

Actions taken under this policy shall be in accordance with the discipline policies established by the TTUHSC Board of Regents, the Professional Staff Bylaws, the House Staff Guidelines, and state laws and regulations including the Medical Practice Act and SOM policies related to student conduct.

1. **Definitions.** The following are definitions, explanations, qualifications, or stipulations regarding certain terms used in this policy:
  - a. Physician(s) as used throughout this policy includes medical doctors, doctors of osteopathy, and doctors of dentistry who have completed training and are licensed to practice in the state of Texas, and includes physicians providing services in correctional facilities.
  - b. House Staff (Resident and Fellow Physicians) as used throughout this policy includes medical school graduates who participate in a residency training or fellowship program at TTUHSC, which has been approved by the Accreditation Council for Graduate Medical Education.
  - c. Student as used throughout this policy refers to any individual who has been admitted to the TTUHSC School of Medicine, and is or has been in attendance at TTUHSC School of Medicine. (Medical students placed on a leave of absence [broadly defined] and eligible to return to the curriculum are still covered under SOM OP 20.12.)
  - d. Chemical substance use disorder is the personal use of any chemical substance that is specifically proscribed by law or by regulation pursuant to legal authority (e.g., Schedule 1 drugs); the personal misuse of any legally controlled substance; or the personal misuse of any normally legal chemical substance (e.g., alcohol) in a manner that produces the likelihood of the development of impairment.
  - e. Chemical substance misuse is the self-administration of any chemical substance for any reason other than its intended use.
  - f. Emergency situation is one in which there may be an imminent or potential adverse effect on a TTUHSC patient, employee, student or other persons

- g. Impairment by substance use disorder or misuse refers to any condition, resulting from substance use disorder that interferes with the individual's ability to function at work as normally expected.
- h. Impairment for other neuropsychiatric illnesses or medical reasons refers to any other categories of impairment including major debilitating illnesses, depression, dementia, or other psychopathology or disruptive behavior that may interfere with the individual's ability to function at work as normally expected.
- i. Symptoms of impairment may also include declining work performance as manifested by unavailability, missed appointments, lapses in judgment, incomplete medical records, poorly communicated nocturnal phone orders, mood swings, unexplained absences, embarrassing behavior, signs of intoxication or self-medication, and/or withdrawal from hospital or other professional activities. Family problems and change in character or personality are further accompaniments of an impairment. (\*Note: Behaviors or actions, which are illegal or improper, shall also be referred for resolution under appropriate policies such as the Sexual Harassment policy or Affirmative Action Equal Employment Opportunity policy, or other applicable laws or regulations.)

**2. Promotion of Wellness Activities.** The School of Medicine is committed to encouraging healthy behaviors that promote wellness in faculty physicians, residents, fellows and students. To this end, the school will do the following:

- a. Establish a coordinated series of committees that function to promote wellness in faculty, residents, fellows, and students, effectively utilize programs to monitor wellness in all constituents, including the physician rehabilitation committee which will engage in the activities described in this policy.
- b. Implement the use of resources, including online systems, that allow both self-monitoring and group monitoring of wellness in order to meet expectations of accrediting bodies and state and federal regulations.
- c. Develop educational programs to enhance wellness.

**3. Committee on Health, Wellness and Rehabilitation (CHWR).**

- a. The Committee on Health, Wellness and Rehabilitation (CHWR) will function as a policy-setting oversight committee that represents faculty, residents, fellows, and students on all campuses operated by the School of Medicine. The CHWR will be established under the auspices of the Faculty Council as an elected/appointed committee that represents all constituents.
  - i. Faculty will be elected and/or appointed with final approval of the Dean/Regional Dean.
  - ii. A single resident from each campus (Lubbock-UMC, Amarillo, Permian Basin) will be elected by the Graduate Medical Education Committee (GMEC) on each campus
  - iii. A student will be selected to represent each campus
- b. The CHWR will be administered according to this policy which defines:
  - i. Number of members in each category
    - 12 faculty members from 4 campuses
      - 6 elected from Lubbock campus with 2 basic science, 2 with a primary role in medical student education, 2 with a primary role in residency education
      - 2 from Amarillo
      - 2 from Permian Basin
      - 2 from Covenant – recommended by Assistant Vice Dean with concurrence by the Faculty Council Executive Committee
    - Assistant Dean of Student of Student Affairs, and the Associate Dean of Graduate Medical Education will serve as ex-officio representatives from the

- Office of the Dean
    - 3 resident members: one chosen from the House Staff Officers on each campus
    - 4 student members: one from each campus Amarillo, Permian Basin, Lubbock, and Covenant
  - ii. Leadership structure
    - A chair-elect will be elected at the first meeting of the year, preferably from faculty in their first year on the committee. The Chair will serve a term for one year or until a replacement is elected.
    - The Chair, Chair-Elect, Past Chair, and the Chair of the Physician Rehabilitation Subcommittee, along with the Assistant Dean of Student Affairs, and the Associate Dean of Graduate Medical Education or their representative will constitute the Executive Committee of the CHWR.
  - iii. Length of tenure
    - Staggered 3 year terms
  - iv. Timing of meetings
    - The CHWR will meet monthly
    - The Chair of the CHWR will report to the CHWR Executive Committee monthly. The Executive Committee will meet every 3 months or more frequently if deemed necessary.
  - v. Timelines related to referrals and committee actions
  - vi. Reporting pathway to the Dean
- c. The CHWR will be responsible for regular review of policies related to health and wellness to meet standards set by national and state accreditation and licensing bodies.
- d. The CHWR will generate annual reports on activities of the committee and all subcommittees and will present de-identified data related to health and wellness of all constituents to relevant administrators and committees. In particular, the CHWR will communicate with GMECs on all campuses to ensure that comparable information is available to the administrative units with oversight over residency programs.
- e. The CHWR will be responsible for establishing and managing a budget designed to support all health, wellness and rehabilitation activities.
- f. The CHWR will provide oversight to campus-specific health and rehabilitation committees while ensuring that confidentiality of individuals meeting with these committees is maintained.
- g. Administrative support for the CHWR will be provided by the Office of Faculty Affairs and Development (OFAD) in Lubbock. The OFAD will also provide support to subcommittees in Lubbock, including secure storage of confidential meeting documents.
- h. The OFAD will establish and maintain a website on the ttuhsc.edu domain for the CHWR and Rehabilitation Subcommittees, that include explicit instructions on how to contact and make referrals (including self-referrals) to the rehabilitation subcommittees.

#### **4. Physician Rehabilitation Subcommittees.**

##### **I. General.**

- a. The School of Medicine recognizes that physician faculty, residents, fellows, and students may experience impairments that negatively impact their health and their ability to function effectively. Additionally, the medical staff realizes that an impaired physician, resident, fellow or student can prevent the University from meeting its commitment to provide high quality patient care in a safe environment. Such impairments may include impairment by substance use or misuse or impairment from other neuropsychiatric illnesses or medical reasons. TTUHSC regards the misuse of drugs or alcohol by a physician, resident, fellow or student as conduct subject to disciplinary action, which may include the immediate suspension of all or any portion of the clinical privileges granted to a member of the medical staff, and discipline, up to and including termination under the applicable discipline policies of

TTUHSC. The school also recognizes that careful monitoring of those with impairments, development and monitoring of rehabilitation programs and documentation of successful rehabilitation activities are critical for directing those with impairments to productive futures.

- b. Physician Rehabilitation subcommittees will be established on each campus to provide rehabilitation services to physician faculty, residents, fellows, and students on each campus. A single physician rehabilitation subcommittee will be established in Lubbock to serve the Lubbock-UMC (physician faculty, residents, fellows, and students) and Covenant (students) campuses.
- c. Physician Rehabilitation subcommittees will function as a medical peer review committee, as defined in the Texas Medical Practice Act, Occupations Code, Section 151 et. seq. to assist physician faculty, residents, fellows, and students who have impairments that may affect clinical skill and judgment.
- d. The composition of Physician Rehabilitation subcommittees will include a minimum of 5 physician faculty, one of whom should be a Psychiatrist or Psychologist with approval of all members by the Dean/Regional Dean. Resident, fellows or student members may be added to the subcommittees in specific instances where their input is needed. Student and resident or fellow members will serve in a non-voting capacity.
- e. Ex-Officio CHWR Members:
  - i. Ex-Officio members of the CHWR may be appointed through collaboration between the CHWR and relevant TTUHSC and UMC administration. This may include (but not limited to) appointees from:
    - School of Medicine, Student Affairs
    - School of Medicine, Graduate Medical Education
    - University Medical Center, Chief Medical Officer(s)
  - ii. Ex-Officio members will provide relevant referral information and updates with the CHWR.
  - iii. The CHWR may provide an Ex-Officio member with information regarding a physician, resident, or student whom they have referred. However, these updates will be limited to the following information:
    - The referred individual's general compliance with CHWR recommendations. This includes (but not limited to) compliance with recommendations for testing, evaluation, and treatment
    - The referred individual's general fitness for duty
    - Information the referred individual has authorized the CHWR to share with the Ex-Officio member
- f. The chair of each Physician Rehabilitation subcommittee will be responsible for:
  - i. Arranging the logistics of the investigation of matters referred to it involved physician faculty, residents, fellows, and students
  - ii. Maintaining records as needed of all meetings and activities
  - iii. Ensuring that all appropriate documentation and correspondence needed by the school and other bodies is fulfilled in a timely manner
  - iv. Maintaining the files in a confidential manner in an appropriate location acceptable to the rehabilitation subcommittees and the Dean/Regional Dean. These files are considered confidential and should be made available only to the appropriate persons or organizations. Release of any as such files should only be done after consultation with legal counsel to ensure that school, state or Federal policies or laws are not violated
  - v. Submitting an annual report to the CHWR describing the activities performed by the subcommittee and including numbers of persons seen during the year
  - vi. Maintaining effective communications with administrators with responsibility for

wellness of faculty, residents, fellows, and students on their home campus

## II. Authority.

- a. The SOM has the authority to ensure that physician faculty (employed, appointed, affiliated or under contract), residents, fellows and students are fit for duty. If necessary, incidents of impairment may be reported to the appropriate authority (e.g., SOM Department Chair, SOM Administration, Designated Institutional Officer, Program Director, Texas Medical Board, etc.).
- b. TTUHSC's authority over physicians that are employed, appointed, affiliated, or under contract with TTUHSC extends to termination of relationship, as well as to the appointment and retention of faculty status and clinical privileges at TTUHSC.
- c. TTUHSC's authority over house staff or students extends to restricting residents', fellows' and students' access to patients and, if necessary, discharging residents, fellows and students from the training program, and reporting the individual to the TMB for endangering the lives of patients and posing a continuing threat to the public welfare. Other action may include reporting the restriction and the reasons for it to the Graduate Medical Education office or Student Affairs office at each campus. The resident, fellow or student may be prohibited from participating in any clinical activities at TTUHSC if found to be impaired and not already subject to an ongoing monitored rehabilitation program.
- d. The TMB is authorized under the laws of Texas to refuse to admit persons to examination and to refuse to issue licenses or to renew licenses to practice medicine to physicians who are considered a continuing threat to the public welfare as a result of their impaired status or of the intemperate use of alcohol or drugs that could endanger the lives of patients. This also includes those who are unable to practice medicine with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or impairment.
- e. A person, healthcare entity, or medical peer review committee that, without malice, furnishes records, information, or assistance to a medical peer review committee or to the TMB regarding any physician who is a continuing threat to the public welfare is immune from any civil liability arising from such an act. (Texas Occupations Code §160.010.)
- f. Physicians, house staff or providers selected by the committee who assist in evaluation of an impaired physician, house staff or student under this policy will be considered agents of the CHWR Committee, a peer review committee. If there is a conflict in obligation, the responsibility to the Institution takes precedence over the responsibility to the impaired employee.

## III. Roles and Responsibilities.

- a. TTUHSC is responsible for the health and safety of its patients, employees or other persons present. TTUHSC, through its administration, must act upon personal observations of or reports of symptoms of impairment about a physician, house staff or student that may endanger the life of a patient or may increase the likelihood of immediate injury or damage to health or safety.
- b. The Physician Rehabilitation subcommittee will investigate all cases referred to it with the strictest confidentiality possible. If the Physician Rehabilitation subcommittee determines there is conduct that requires immediate action to protect the life of any patient or reduce the substantial likelihood or immediate injury or damage to the health or safety of any patient, employee, or other person, the subcommittee may take any actions outlined in this policy with involvement of appropriate administrative authority as needed. If immediate action is deemed unnecessary, the subcommittee may, with the approval of the department Chair, Regional Dean, Regional Dean or Associate Dean – Clinical Practice, Assistant Dean – Student Affairs, pursue intervention through the EAP's supervisory referral and/or

the local Texas Medical Association (TMA) Committee for Physician Health and Rehabilitation.

#### IV. Referrals for Rehabilitation.

- a. **Self-referral.** A self-referral can be made to any member of the Rehabilitation Subcommittee through the SOM Health, Wellness and Rehabilitation website.
  - i. The physician, house staff or student are also encouraged to self-report and shall have an opportunity to voluntarily relinquish duties and privileges that cannot safely be performed and cooperate in the development of activity restrictions which may be imposed. This policy does not preclude a physician, house staff or student from self-reporting to Texas Medical Board (TMB) to obtain a protective Board order, or obtaining support through the TTUHSC Employee Assistance Program (EAP) services.
- b. **Reporting Requirements.** It is the responsibility of all TTUHSC employees, students or other persons to contemporaneously report observations of impairment. Reports may be submitted to one or more of the following:
  - i. Immediate supervisor of the faculty, resident or fellow or student;
  - ii. Immediate supervisor of the work area where the faculty, resident or fellow or student, is providing health care services;
  - iii. Chair or member of the CHWR or a Rehabilitation Subcommittee (these names will be listed on the committee website)
  - iv. Any administrator with responsibility for faculty, resident or fellow or student wellness and health or the integrity of the work or learning environment
- c. **Referral by committee.** It is possible that a potential impairment may be uncovered in the course of deliberations by a committee. In these instances, the committee may refer the individual to a rehabilitation subcommittee and place expectations for completion of rehabilitation activities as determined by the rehabilitation subcommittee.
- d. **Referral for monitoring due to prior record of impairment.** Students with a prior history of impairment (such as DUI, PI, etc.) will be referred to a rehabilitation subcommittee upon matriculation.

#### V. Testing Guidelines.

- a. **Testing for drugs and alcohol.**
  - i. Any physician, house staff or student being evaluated for a reported condition or impairment may be asked to undergo voluntary laboratory testing for the presence of illegal drugs or alcohol in body fluids or breath as a part of the medical evaluation for fitness for duty.
  - ii. If the physician, house staff or student refuses testing, this information will be communicated immediately to the Associate Dean – Clinical Practice, Regional Dean or the Medical Director – Correctional Managed Health Care. **NOTICE:** Although testing for alcohol or drugs is voluntary, refusal of recommended testing may result in severe disciplinary measures including suspension from duties pending evaluation and investigation of the conduct of comprising the report of symptoms of impairment.
  - iii. To the extent feasible, requests for laboratory tests shall be sent to a laboratory independent of TTUHSC and affiliated hospitals. A National Institute of Drug Abuse (NIDA) approved laboratory may be considered.
  - iv. A screening test positive: for chemical substances will be confirmed by the best currently available laboratory techniques. If the individual disputes the accuracy of a positive confirmatory test, the confirmatory test on a different aliquot of the same sample will be repeated in a qualified laboratory, which may be chosen by the individual with observation of proper chain of custody procedures. If the test result is not disputed or if the additional confirmatory test is positive, the result will be taken as definitive evidence of chemical substance misuse in the case of illegal chemical substance. The entirety of the available evidence will be used to

- determine the presence or absence of chemical substance misuse if the substance involved is one for which a bona fide medical indication exists.
- v. The cost of chemical substance testing undertaken in the course of investigation for substance use disorder and/or impairment will be borne by TTUHSC.
- vi. The cost of chemical substance testing performed as part of a treatment program, including maintenance monitoring, will be considered to be part of the cost of the program and will be the responsibility of the affected individual.

b. **Testing for other than drugs or alcohol.**

- i. Any physician, house staff or student being evaluated for a reported condition of impairment other than from chemical or substance use disorder may be asked to undergo physical or psychiatric evaluation as a part of the medical evaluation for fitness for duty.
- ii. If the physician or house staff refuses testing, this information will be communicated immediately to the Associate Dean - Clinical Practice, Assistant Dean – Student Affairs, Regional Deans or the Medical Director – Correctional Managed Health Care.
- iii. The testing required will be specifically tailored to each case, and the information sought will be specified.
- iv. The cost of such testing undertaken in the course of investigation for other than substance or chemical use disorder or impairment will be borne by TTUHSC.
- v. The cost of future testing or treatment involved with the rehabilitation of an impaired physician will be borne by the affected individual.

**VI. Resolution of Reported Impairment.**

- a. A report of impairment shall be verified, investigated and evaluated. Resolution may include a recommendation for any of the following:
  - i. Corrective action in accordance with Professional Staff Bylaws adopted at each campus.
  - ii. Action under the House Staff Policies Guidelines.
  - iii. Action under TTUHSC Operating Policy and Procedures.
  - iv. Plan for treatment for those impairments subject to rehabilitation, and such Plan shall be the responsibility of the Physician Rehabilitation subcommittee.
- b. If the Physician Rehabilitation subcommittee recommends a plan for treatment, each plan shall:
  - i. Be prepared on a case-by-case basis by the Physician Rehabilitation subcommittee with input from the following as may be appropriate from receipt of the initial report of impairment: Chair, Regional Chair, and/or Program Director, Associate Dean – Clinical Practice, Assistant Dean – Student Affairs, Lubbock, and Regional Deans, Amarillo, and Permian Basin.
  - ii. Be completed within 30 days of receipt of a recommendation unless circumstances require a longer period, whereas involved parties will be notified of the time extension.
  - iii. Contain the following:
    - a) Standards, work duty restrictions and/or reassignments, supervision or any other requirements necessary to accomplish rehabilitation.
    - b) Time deadlines for completion of the intervention steps.
    - c) Periodic reviews with physician to assess progress.
    - d) On-going, random drug-testing and health evaluation as necessary.
    - e) Other requirements for return to unrestricted practice.
    - f) Consequences if the plan is not followed.
- c. Physicians, house staff or students shall provide written consent for the Physician Rehabilitation subcommittee to contact any treating physician while monitoring a plan, including a personal physician.

- d. Physicians, house staff or students who self-report shall have input into the plan. The Physician Rehabilitation subcommittee may consider input from physicians or house staff who are the subject of a report of impairment.
- e. The physicians, house staff or students shall sign the plan, and his/her immediate supervisor shall also acknowledge the plan by signature.

**VII. Failure to Cooperate or Report.**

- f. Failure of a physician, house staff or student to cooperate with an investigation or report for or follow-through with specified rehabilitation steps shall be deemed to be misconduct under TTUHSC policies and may result in disciplinary action without regard to results obtained from investigation under this policy.