



Overview:

The objective of the Resident Support and Impaired Resident (RS/IR) program is to retain valued residents who have problems that affect their job performance. These programs have been developed to assist residents in coping with stressful clinical or personal situations.

Philosophy:

THMEP recognizes that most problems can be successfully corrected when they are identified in the early stages and referral is made to an appropriate level of care. This applies if the problem is one of physical or mental illness, emotional stress, financial, marital or family distress, alcohol or drug, events triggered by adverse clinical outcomes, malpractice events, or professional relationships. Unless the situation endangers a patient, visitor, or family member, residents may voluntarily access these programs. Otherwise, participation will result from a non-voluntary referral. All communications are confidential.

General Information:

- **Confidentiality/Records**

All records are the property of the THMEP RS/IR Program. All records will be kept strictly confidential to the extent provided for by statute or regulation, and will not be noted in any official THMEP record. Information may only be released with the written permission of the resident in accordance with state or federal regulation, or in response to a court order. Records will be kept for a period of five years.

- **Eligibility**

- The RS/IR Program is available to all THMEP residents.
- Residents may contact Optum Care Employee Assistance Program (EAP) 24/7 at 1-855-205-9185 for immediate consultation, for an appointment or for referral. EAP may include up to six (6) free visits, after which referral to a behavioral health specialist who accepts health insurance will be available.
- Also available through THMEP, Residents may directly contact a local psychologist, Dr. Brian Walker, at 520-747-0821 if needed for crisis intervention. Up to four (4) visits with Dr. Walker will be paid by THMEP, after which Residents may choose to continue with him self-pay, discontinue counselling or access EAP as above.

- **Residency Program Director**

The residency Program Director is responsible for documenting resident performance and conduct and, when needed, to take appropriate action for correction, as provided by this program. The Program Director will not attempt to diagnose the medical or behavioral problem that is causing the inappropriate behavior, but will facilitate the formal or informal referral to assist the resident at the residency program's expense. The residency Program Director will facilitate the referral of a resident to the RS/IR Program before, during, or after a disciplinary step.

Services:

- **Management Consultation**

The residency Program Director may initiate the Employee Assistance Program (EAP) or other referral to a behavioral health specialist and request a confidential consultation concerning a resident. The Employee Assistance Program may also provide support/counseling to the Program Director regarding critical incident stress management, communication skills, conflict resolution, grief and change transition, and other issues.



Resident Support System:

- **Personal Referral Service**

Counseling services are available at no charge to residents. The EAP referral services include individual, couple or family counseling, alcohol and drug abuse evaluation and rehabilitation referral, and referral for other addictions such as gambling, sex, work, etc. Other services include: financial counseling, legal service, divorce counseling and support groups, parenting information healthcare burnout information, caregiver concerns and resources for the elderly, grief and loss counseling, and care for the caregiver. See the back of your United Healthcare card for contact information.

- **Critical Incident Stress Management Debriefing**

In the event of a critical incident involving a THMEP resident and a participating institution, any staff member of physician may request a debriefing, counseling and support through the EAP. All personnel directly involved are invited to participate. Debriefings are conducted by the critical incident stress management team. Individual debriefings are also available.

- **Behavioral Issues Counseling**

In a situation where the behavior or action of a resident jeopardizes the care of a patient or creates conflict with staff, the resident may be referred to the Employee Assistance Program for services such as conflict resolution, mediation, assessment, and short term counseling. Residents may elect to utilize counseling through THMEP, or arrange for their own private follow-up. Disciplinary processes will be in accordance with THMEP "Resident Academic Deficiency and Misconduct" policy and/or the Bylaws of a hospital's Professional Staff.

- **Impaired Resident System**

This has been developed for the purpose of protecting patients from a resident who may be guilty of unprofessional conduct, or otherwise unable to safely engage in the practice of medicine. The program is conducted in collaboration with the Arizona Medical Board (BOMEX), and in accordance with Arizona State Statute ARS Article 3, 32-1451.

- **Self-Referral**

Self-referral is encouraged and is consistent with the policies of BOMEX. All referrals are confidential except reporting as required by ARS 32-1451. A self-referral occurs when a resident contacts the residency Program Director or other members of the THMEP administration directly. A self-referral is recorded in the resident's file, but information may not be released except as provided by the Bylaws of the Professional Staff of the involved institution.

- **Non-Voluntary Referral**

Non-voluntary referrals are made when the resident is found to be in violation of THMEP or institutional conduct guidelines such as: prohibiting practice while under the influence of alcohol or illegal drugs, or the use, possession, sale, purchase, transfer, or negotiation for sale of drugs on institution property or the institution's Bylaws of the Professional Staff. Referrals may result from alcohol or drug testing programs or law enforcement programs. BOMEX reporting will occur in such cases, and in accordance with ARS statute 32-1451. Referrals may also result from the resident acting in violation of any hospital policy, rule, regulation, or standard of performance that, in the opinion of the hospital medical staff leadership, or Professional Staff Office leadership, might endanger the safety or well-being of a patient or those involved in the care of the patient. Referred residents will be entered into the Impaired Resident System for tracking purposes, in accordance with BOMEX regulations. The resident will be required to agree to the terms requested including reporting of treatment progress and random alcohol and drug testing. Should a resident refuse to agree to the terms, fail to successfully complete the program, or violate the terms of the agreement, then termination of employment and privileges or other disciplinary action may be implemented BOMEX and/or other appropriate licensing agencies



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**THMEP Policy on Resident Support
and Resident Impairment**

will be notified. All referrals are recorded in the resident's file. In addition to the above, residents who demonstrate behaviors of impairment are subject to the THMEP "Resident Academic Deficiency and Misconduct" policy and/or the Bylaws of a hospital's Professional Staff.