

Marshall University Joan C. Edwards School of Medicine

Student Impairment Assistance Policy

Purpose

Throughout the entirety of undergraduate medical education, medical students are held to the same ethical and professional standards as physicians. Potential impairment due to undiagnosed /unrecognized and/or untreated substance abuse, mental illness, physical illness, aberrant and/or distressed behavior is unacceptable and cause for administrative action up to and including dismissal. For the benefit of students and patients alike, this policy seeks to (1) promote the early detection of potentially impaired medical students so that intervention, evaluation and/or treatment may take place, and (2) to provide an acceptable protocol should student impairment be suspected. In recognition of the stresses inherent in medical education, this policy is designed to be supportive, not punitive.

Role of the Marshall University Joan C. Edwards School of Medicine

1. The SOM seeks to promote student wellness by providing a mechanism conducive to identification of potential problems, their early detection, and providing a supportive environment in which they can be effectively addressed. The SOM encourages a student to self-refer if he or she has reason to believe they are at risk of potential impairment due to untreated substance abuse, physical conditions, and/or mental illness.
2. The SOM must ensure appropriate levels of confidentiality for a student seeking information, referral, and/or treatment unless the individual is at risk of danger to self or others or refuses to cooperate with the assessment and treatment protocol.
3. The SOM has the authority to remove a student from clinical responsibilities if there is evidence of potential impairment that may impact patient care or appropriate student performance. The student will not be allowed to resume clinical responsibilities until appropriate documentation is obtained indicating that the student is fit to do so. A lack of cooperation and/or repeated instances of impairment after the student is permitted to resume clinical responsibilities will result in referral to the Academic and Professionalism Standards Committee for commensurate disciplinary action.

Procedure and Reporting Mechanisms: Upon becoming aware that a medical student may be impaired due to mental illness, physical illness, and/or substance use disorder, the Course Director or Clerkship Director (or his or her designee) must:

- Remove the student from the educational environment. This action will be implemented in a professional manner that will attempt to minimize embarrassment or humiliation on the part of the student.
- Complete the Reasonable Cause Form and document the observed event, including the time of day and location at which the behavior was observed. The Course Director or Clerkship Director (or his or her designee) must then immediately notify the Associate Dean for Student Affairs (304-691-1730) or his/her designee to report the incident.

The student is required to immediately report to the Associate Dean for Student Affairs or his/her designee (i.e., Senior Associate Dean for Medical Education, Assistant Dean for Academic Affairs). If the student cannot report immediately due to circumstances beyond his/her control (e.g., after hours), the student must schedule a meeting for reporting to the Associate Dean for Student Affairs or his/her designee within 24-48 hours.

The Associate Dean for Student Affairs will examine the information and, when necessary, consult with appropriate experts. If further action is warranted, a formal meeting will be held by the Associate Dean for Medical Students, the Assistant Dean for Academic Affairs, and the Senior Associate Dean for Medical Education to review the case and propose an appropriate course of action to include, but not be limited to, referral for evaluation and/or treatment by an approved evaluator and/or treatment facility. At any point in this process the Associate Dean of Student Affairs may contact the Medical Director of the West Virginia Medical Professionals Health Program (WVMPHP), the licensure-board-approved physicians' health program, for assistance, guidance and case management. The degree of assistance and guidance provided by the WVMPHP is at the sole discretion of the Associate Dean of Student Affairs.

If referral is necessary, the student will be provided with a list of referral sources. In the event that the impairment is due to untreated substance abuse, the referral must be made to an Addiction Psychiatrist and/or Certified Addictions Counselor (CAC) who has been approved by the Associate Dean for Student Affairs (the provider for any necessary treatment also must meet this standard). Every attempt will be made to have the student scheduled within one week of his/her removal from educational duties. The student is responsible for all treatment costs not covered by his/her health insurance.

Based on the outcome of the referral source's evaluation, the evaluator will provide to the Associate Dean of Student Affairs with:

1. Documentation specifically addressing the presence or absence of impairment. In the event there is no evidence of impairment the student may be potentially allowed to return to his/her study/work environment, at the sole discretion of the Associate Dean of Student Affairs.
2. Documentation including evaluation findings and follow-up recommendations addressing the underlying circumstances leading to the required evaluation.
3. A Performance Improvement Plan (PIP) that specifies the student's diagnosis, when appropriate, treatment plan when indicated and the student's motivation to comply with any and all follow-up recommendations and/or treatment. This PIP should include a specific recommendation that will provide the student with the opportunity to return to full and unimpaired functioning. It should also include a reasonable time frame for completion of treatment. The timing of the return to his/her school/work environment will also be contingent upon the ability to follow the PIP and school requirements simultaneously without adversely affecting school performance and/or treatment.

The student must sign a release of information allowing the provider to submit a summary of the evaluation results and, if indicated, the PIP to the Associate Dean for Student Affairs. If there is a PIP, the release also must give the clinician permission to provide ongoing documentation that the student is (a) keeping appointments and (b) complying with treatment recommendations. Specific details of treatment are not required unless they pose a risk to the student or others. All of the information relevant to the student's situation will be maintained in his or her Professionalism File. It will not be placed in the student's academic file unless the student fails to cooperate with assessment or treatment and the case is referred to the Academic Standards and Professionalism Committee.

Return to Educational/Clinical Environment

The student may return to clinical (or other educational) duties only upon written clearance from the treating counselor and/or physician and ultimately with the required approval of the Associate Dean of Student Affairs.

Treatment Failure or Non-Compliance

Students must cooperate with the required course of action. A student will be referred to the Academic Standards and Professionalism Committee if he or she fails to:

- ▶ comply with treatment recommendations
- ▶ complete the recommended treatment
- ▶ regain or maintain fitness

In most cases, the Academic Standards and Professionalism Committee will recommend dismissal from the SOM. A second incident may result in an automatic dismissal.

Student Rights

1. At orientation for entering students, and at each rising class meeting, students will be advised of this policy and required to sign a statement of understanding. It will also be placed on the Policies Page of the MUSOM website.
2. Students have the right to appeal sanctions imposed by the Academic and Professionalism Standards Committee based on the guidelines established by that policy.

Approved by the Dean's Advisory Committee: September 21, 2010