



Office of Graduate Medical Education

GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 26

- A. SUBJECT: Fitness for Duty
- B. EFFECTIVE DATE: November 18, 2020 (R)

C. REASONS FOR POLICY

The University of Virginia Medical Center strives to build a healthy, safe, and supportive environment for all members of its community. To promote this goal, Graduate Medical Education Trainees (“GME Trainees”) shall not be allowed to work unless they maintain a Fitness for Duty required for the safe performance of their essential job functions. Each GME Trainee is required to report to work in a physically and mentally capable of safely performing the functions of his/her job.

This policy outlines the responsibilities for action when a GME Trainee’s Fitness for Duty is in question, the steps to be taken to assess such fitness, the necessary follow-up, and the steps to be taken before a trainee can return to duty. The conditions by which a trainee may be deemed unfit for duty include physical, mental, and alcohol or chemical impairment. This policy outlines the responsibilities for action under each of these conditions.

This policy applies to all GME Trainees of the Medical Center in any capacity, including observers, visitors, and externs. All GME Trainees also fall under Medical Center policy, and the relevant Medical Center policies will be cross-referenced with the current policy.

D. DEFINITION OF TERMS:

Fit for Duty; Fitness for Duty – The GME Trainee is physically and mentally capable of safely performing the functions of his/her job. Fitness for Duty includes being free of alcohol and drugs that have not been legitimately prescribed and being free from impairment that affects job functioning due to a) use of prescription or nonprescription drugs, b) medical or emotional problems while enrolled in a UVA graduate medical training program, and/or c) fatigue.

E. PROCEDURE

1. Physical Impairment (See also Medical Center Policy No. 0091 “Infection Prevention and Control”)
 - a) If a GME Trainee is found to have an infectious/communicable disease, he/she will be evaluated for infectious processes and/or referred to his/her medical provider for further evaluation. If indicated, the trainee must be placed off duty until cleared to return to work by Employee Health.
 - b) If a GME Trainee suffers a physical impairment including, but not limited to, injury, illness, or fatigue that precludes effective patient care or the ability to perform his/her job, the trainee will be placed on medical (“sick”) leave until able to return to work as determined

by his/her medical provider. For details on sick leave, see Graduate Medical Education Policy No. 3, Leave of Absence, "Sick Leave."

2. Mental Impairment and/or Impairment related to use of alcohol or drugs (See also Medical Center Policy No. 702 "Fitness for Duty")
 - a) No GME Trainee may unlawfully manufacture, distribute, dispense, use, possess, sell, or be under the influence of alcohol, illegal drugs or any medications that impair performance while on Medical Center premises and while conducting business-related activities off Medical Center premises.
 - b) The following applies when addressing concerns with GME Trainees whose performance and/or behavior brings into question their fitness for duty, necessary follow up, and return to duty.
 - i. GME Trainees must comply with all aspects of the Fitness for Duty evaluation (which may include drug and alcohol testing) or be subject to disciplinary action, up to and including termination. GME Trainees must also comply with all treatment recommendations resulting from a Fitness for Duty evaluation in order to be cleared to return to work.
 - ii. The GME Trainee's work performance is the basis for continued employment. When a program suspects impairment, whether due to emotional difficulty and/or drug/alcohol impairment, as the underlying cause for a trainee's poor performance, a referral must be made immediately to the Faculty and Employee Assistance Program (FEAP) or the Clinician Wellness Program. Participation in a treatment or rehabilitation program does not guarantee continued employment and will not necessarily prevent disciplinary action for violation of the GME and Medical Center policies.
 - iii. GME Trainees taking prescription medications or over-the-counter medications that impair their ability to work safely are subject to the conditions of this policy.
 - iv. GME Trainees who have the responsibility for on-call shifts must meet the Fitness for Duty standard during the entire on-call period.
3. When there is concern that the GME trainee is not Fit for Duty, the trainee's supervisor, Program Director, Chair, or their designated representative must follow the recommended steps outlined below:
 - a) Meet with the trainee and perform the following actions:
 - i. Remove the trainee from direct job duties and inform the trainee that they are relieved from duty at this time.
 - ii. In private, state your concerns for the safety and well-being of the trainee. Obtain a witness for a confidential interaction with the trainee.
 - b) Consult with a representative of FEAP at 924-0000 or contact the Director of the Clinician Wellness Program. Discuss any concerns about safety and ensure a plan is in place to provide support for the trainee. In most cases, FEAP refers the trainee to the Clinician Wellness Program for additional evaluation.
 - c) GME Trainees who are required to go to FEAP, the office of the Director of the Clinician Wellness Program, or Employee Health as directed by FEAP must be escorted by the trainee's supervisor, Program Director, or representative to the destination, and must

remain for disposition. The trainee must be informed that failure to comply with this directive shall result in suspension and disciplinary action. Refer to Procedures in For Cause Testing Situations in Appendix A for details related to for cause drug testing as part of a fitness for duty evaluation.

- d) Identify means for transporting the trainee safely home in collaboration with FEAP or the Clinician Wellness Program. Should the trainee become uncooperative contact Security or University Police as appropriate.
- e) The trainee's program director or his/her representative must document the incident with the trainee. This may be accomplished by using the attached Employee Fitness for Duty Initial Observation Report (See Employee Fitness for Duty Initial Observation Report in Appendix B) for acute signs of impairment, or provided in narrative format for more chronic concerns or behaviors. Documentation of the program's concerns should be provided to FEAP or the Clinician Wellness Program at the time of referral.
- f) Comprehensive Fitness for Duty evaluation is arranged by FEAP or the Clinician Wellness Program. The results of Fitness for Duty evaluations requested by the Clinician Wellness Program or FEAP and performed by qualified, licensed health care professionals shall be presumed to be valid. Results of the evaluation will be received by FEAP or the Clinician Wellness Program. The trainee shall be notified of the results of the evaluation by the evaluator and/or FEAP or the Clinician Wellness Program.

After an evaluation, information is given to the Program Director, Chairman, GME Office by FEAP or the Clinician Wellness Program, shall be limited to whether the trainee may:

- i. Return to full duty;
 - ii. Not return to full duty, pending required follow-up action; or
 - iii. Return to modified duty that meets the evaluator's recommendations.
- g) When a period of treatment is required by the evaluator, the treatment will be arranged by FEAP or the Clinician Wellness Program.
- h) Continued employment will be contingent upon compliance with conditions established by FEAP or the Clinician Wellness Program, such as periodic testing, participation in professional counseling and treatment programs, re-assignment of duties for a specific period of time and/or continued performance of specified functions under more immediate supervision. Failure to comply may result in disciplinary action up to and including termination from employment. FEAP or the Clinician Wellness Program will coordinate with the Program Director and GME Office regarding return to work status.
- i) Acts or Threats of Violence and the Threat Assessment Team:
The University has established a Threat Assessment Team ("TAT") with responsibility for implementing the University's assessment, intervention and action protocol in cases suggesting a potential risk of violence. All acts of violence, threats of violence or other seriously disruptive behaviors must be reported immediately to University Police and/or to the TAT.
- j) Confidentiality/Privacy of Fitness for Duty Evaluations:
Under the Health Insurance Portability and Accountability Act (HIPAA), any document containing medical information about a trainee is considered a medical record and is regarded as confidential. Records of fitness for duty evaluations shall be treated as confidential medical records and maintained by FEAP or the Clinician Wellness Program, Employee Health, as appropriate. This information may be shared only when necessary to support treatment, business operations, and upon the execution of appropriate release by the individual trainee or as otherwise permitted or required by law.

- k) Suspension of Clinical Duties:
The trainee's assignment of clinical duties may be suspended for suspicion of any impairment as outlined in this policy or for the following: refusal to undergo an evaluation, failure or refusal to stop practice after a recommendation has been made for treatment, refusal to comply with treatment recommendations, or non-compliance with required monitoring.
- l) The trainee should not undertake any work-related activities until the evaluation is completed and they have been cleared to return to duty.

4. Responsibilities:

a) A GME trainee is responsible for:

- i. Coming to work Fit for Duty and performing job responsibilities in a safe, secure, productive, and effective manner during the entire time at work;
- ii. Notifying the Program Director or attending physician when not Fit for Duty;
- iii. Notifying the Program Director or attending physician when a co-worker is observed acting in a manner that indicates the co-worker may not be Fit for Duty;
- iv. Informing the Chairman or Designated Institutional Officer for further guidance, if the supervisor's behavior is the focus of concern. Threats or acts of violence should be reported immediately to the University Police Department by calling 911;

b) A supervisor, Program Director, or attending physician is responsible for:

- i. Monitoring the attendance, performance, and behavior of the trainees under his/her supervision;
- ii. Notifying FEAP and the Graduate Medical Education Office (or DIO) when a trainee is exhibiting behavior that suggests he/she may not be Fit for Duty;
- iii. Following this policy's procedures for documentation when presented with circumstances or knowledge that indicate that a trainee may be unfit for duty;
- iv. Maintaining the confidentiality of a trainee's medical record.

GME Policy Subcommittee Drafted: February, 2014

GME Policy Subcommittee Reviewed/Revised: March 11, April 8, & June 17, 2014

GMEC Reviewed/Approved: June 18, 2014

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GMEC Approved: November 18, 2020

Appendix A. Procedures in For Cause Testing Situations

For Cause procedures as a subset of the FFD process as outlined in GMEC Policy 26.

1. Program Director or designee (PD/D) identifies trainee with potential impairment
2. PD/D calls the GME office, FEAP, or the Director of the Clinician Wellness Program (CWP) for guidance and is advised to:
 - Remove trainee from patient care, discuss observations with trainee
 - Complete the Initial Observation Form or provide narrative description of concerns; include any data related to narcotic discrepancy. PD/D should provide the completed documentation to FEAP and/or the Director of the CWP at the time of referral.
 - If testing is indicated, PD/D will explain the policy to the trainee and escort him/her to Employee Health. If after hours, FEAP will contact Respiratory Therapy Supervisor for testing (PIC 1616)
 - Inform Front Desk staff in Employee Health that trainee is there “for lab work.”
 - PD/D is to remain in the waiting room until test is completed. Employee Health nurse will escort trainee back to waiting room once testing completed. If “shy bladder” procedure implemented, trainee will wait in waiting room with supervisor, after/while drinking fluids, until ready to complete testing.
 - If a trainee leaves without testing, it will be considered a refusal to test and is therefore a positive test outcome and is grounds for immediate termination.
 - PD/D will advise the trainee he/she will be on paid administrative leave while test results are pending.
 - PD/D escorts trainee to FEAP or the office of the Director of the CWP for intake evaluation.
 - PD/D will ensure the trainee has safe transport home. GME will reimburse taxi/Uber.
3. FEAP or the Director of the CWP advises Employee Health (Clinical RN Supervisor, 4-2013) and/or Respiratory Therapy Supervisor what substances to test for or if alcohol testing is needed. (Typically Drug of Abuse, full panel and fentanyl plus additional tests depending on the specifics of the situation; see below). FEAP or the Director of the CWP connects the RT supervisor with PD/D to arrange a meeting location for testing.
4. Trainee signs release in Employee Health, allowing the release of results to FEAP and the Clinician Wellness Program.
5. Employee Health obtains specimen and sends to lab. Results come back to Employee Health. If collection done by Respiratory Therapy Supervisor, FEAP will notify Employee Health the following business day, and Employee Health will obtain specimen and send to lab.
6. FEAP notifies via Premier case management system (confidential FEAP database), all FEAP staff of trainee name and contact people for CWP and GME Office.
7. Employee Health reviews result and notifies FEAP or the Director of the CWP.
8. FEAP receives test results and records the report in the Premier case management system, alerting the Director of the CWP with an email (without names or other protected information).
9. The Director of the CWP communicates directly with the GME office and the PD/D as to whether the test is positive (for drugs other than prescribed by healthcare provider) or negative.
10. Employee Health retains a copy of the observation report or narrative description referenced in item 2.

What drugs to screen for?

No access to narcotics/pyxis	Drug of abuse panel, full, plus oxycodone, hydrocodone, fentanyl
Access to narcotics/pyxis	All of the above plus hydromorphone
Other considerations	Whatever is the drug of concern; i.e. Tramadol , oxymorphone or others

Appendix B. EMPLOYEE FITNESS FOR DUTY INITIAL OBSERVATION REPORT

Employee Name: _____ ID #: _____ Job Title: _____

Date of Incident: _____ Time of Incident: _____ Location: _____

OBSERVATIONS: (Check all that apply)

BEHAVIOR

- Stumbling, unsteady gait
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Irritable, moody
- Hostile, belligerent
- Angry, shouting
- Depressed, withdrawn
- Unresponsive
- Clumsy, uncoordinated
- Tremors, shakes
- Flu-like symptoms
- Suspicious, paranoid
- Hyperactive, fidgety, distracted
- Inappropriate, uninhibited behavior
- Memory loss/confusion
- Threatening to harm self or others

APPEARANCE

- Flushed complexion
- Sweating
- Cold, clammy, sweats
- Bloodshot eyes
- Tearing, watery eyes
- Dilated (large) pupils
- Constricted (pinpoint) pupils
- Unfocused, blank stare
- Disheveled clothing
- Distinct smell _____

SPEECH

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, inappropriate speech

Document other observations related to Fitness for Duty:

Ask employee to explain observed behavior. Document the employee's response:

Check all that apply:

- Relieved employee from duty
- Removed from worksite
- Confirmed safe transportation plan
- Informed employee of responsibilities

Supervisor's Printed Name

Signature

Date