

Summary: Procedures in For Cause Testing Situations
Graduate Medical Education Committee Policy No.26.Appendix A

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 policy to trainee and escort him/her to Employee Health. If after hours, contact FEAP (434 -243-2643) who will call the on-call staff from Employee Health/ WorkMed to arrange testing.
 - 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 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 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 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 trainee has safe transport home. GME will reimburse taxi/Uber.
3. FEAP or the Director of the CWP advises Employee Health (call 4-2013) 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).
4. Trainee signs release in Employee Health allowing 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.
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 results 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