



The Bucking Bronco: Dealing with the at Risk, Challenging, and Unknown Resident

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The Addicted Resident

- ▶ Approximately 10%-12% of physicians will develop a substance use disorder.
- ▶ Physician's addictive disease compared to the general public is typically advanced before identification.
- ▶ McLellan et al conducted a cohort study of 904 physicians. All were enrolled in 16 state PHPs. 87% were male. Alcohol was primary drug in 50.3%, Opioids in 35.9%, Stimulants in 7.9%, and other substances in 5.9%.
- ▶ 13.9% intravenous drug use. 50% reported multiple substances.
- ▶ What is used is specialty specific.



Possible signs of addiction

- ▶ Withdrawal from social settings with colleagues.
- ▶ Heavy drinking at events.
- ▶ Mood swings.
- ▶ Law enforcement troubles.
- ▶ Disruptive behavior, depression, defensiveness.
- ▶ Lack of coordination.
- ▶ Decreased performance at work.
- ▶ Tardiness or absences.



Difficulties and Risks

- ▶ How do you get the resident to admit to their problem?
- ▶ Most will deny their problem for fear of being fired, embarrassment, stigma, and fear of losing their license. The fear of future ramifications.
- ▶ Rehab may lengthen their residency.
- ▶ Patient safety.
- ▶ Public safety.
- ▶ Resident safety.
- ▶ Suicide.
- ▶ Residency ramifications.
- ▶ Medical and legal ramifications.
- ▶ Future references.

Recommendations

- ▶ Written substance abuse policy that includes drug testing.
- ▶ Multiple, frequent and early interventions.
- ▶ Consult legal for recommendations.
- ▶ Once confirmed, require rehab with proof of completion and an after care program before returning. Cost may be an issue.
- ▶ Utilize professional and state resources.
- ▶ If behavior violates the residency standards, disciplinary actions (probation, suspension, and termination) may become necessary.
- ▶ Documentation is essential.
- ▶ State licensing board may require notification.