Background and Purpose: The Temple Graduate Medical Education Office (GME) is fully committed to the health and wellness of resident physicians. This guideline covers mental health referrals and treatment. Resident referrals to mental health treatment can be either voluntary or mandatory. All referrals “suggested” by administration or occupational health or self referrals are considered voluntary and fall under the “voluntary” guidelines below. All treatment through the Temple Department of Psychiatry is billed to the GME under fictitious initials. Electronic record of care is not kept for resident physicians seen through the Temple Department of Psychiatry

I. Voluntary Referrals
Residents seeking treatment have several treatment options.
A. Temple Department of Psychiatry (recommended route of treatment)
   A. Referrals are made by contacting t (215) 707-8483. This number is staffed during normal business hours. Voicemail is available 24 hours a day.
   B. Treatment is confidential. No details of assessment or treatment are released to the GME or program administration unless the resident signs a release and requests disclosure of information. If requested by the resident, the minimum necessary disclosure will be provided.
   C. This service is free to residents.
   D. Primary psychiatrists of resident mental health treatment are private practice psychiatrists contracted by the Graduate Medical Education Office and attending faculty from the Department of Psychiatry.
   E. Formal neuropsychological testing can be arranged within the Department.
   F. Drug and Alcohol treatment will be referred to an outside psychiatrist following an initial assessment by a faculty member from the Department of Psychiatry.
B. Psychiatrist outside of Temple University School of Medicine
   A. Residents can call the mental health number on the back of their health insurance card to find a psychiatrist covered by health insurance.
   C. Employee Assistance Program (EAP)
      A. Residents are entitled to up to eight (8) visits with an EAP psychiatrist or mental health treatment provider.
      B. Psychotherapy is frequently with a MSW-level therapist. Temple psychiatrists are not part of this program.
      C. To access this service, residents can contact www.lifeworks.com or call 1-888-267-8126.
      D. This service is confidential.
      E. Following the initial eight sessions, residents must find their own psychiatrist or contact the Temple Department of Psychiatry for further care.
D. Private practice psychiatrists external to Temple University
   A. Many excellent private psychiatrists in Philadelphia do not take insurance.
   B. The Department of Psychiatry can facilitate this process by providing a list of recommended psychiatrists in the Philadelphia area.
   C. Residents are financially responsible for their own care. They may submit for reimbursement for a portion of their expense through their insurance company.

E. Urgent and Emergent Treatment
   A. Emergency Treatment is available at the Episcopal Hospital Crisis Response Center 24 hours per day. The Crisis Response Center is accessed through the Emergency Room Triage at Episcopal Hospital, 100 E. Lehigh Avenue, Philadelphia PA.
   B. We strongly suggest that housestaff presenting for emergent treatment consider notifying their program director prior to coming to the Crisis Center. The program director should then call the attending psychiatrist on call so that crisis physicians can be notified. LKSOM students are dismissed from the crisis center when housestaff present for emergent treatment in order to further protect confidentiality.

II. Mandatory Administrative Evaluations
   When a program director reasonably suspects that resident performance is negatively affected by a mental health condition, the program director can mandate an administrative psychiatric evaluation as part of a condition of continuation in the program.
   A. The Designated Institutional Official (DIO) for GME must be notified of this process by the Program Director.
   B. After discussion with the resident and notification of the resident that this is a mandate as part of continuation in the program, the Program Director or the DIO contacts the Temple Department of Psychiatry at (215) 707-8483. The Program Director must specify that the evaluation is mandated as well as the reason for the referral.
   C. Consent is signed by the resident and written treatment recommendations are provided to the DIO and the Program Director from the evaluating psychiatrist. This may include recommendations for treatment as a condition of continued employment. In order to protect the privacy of our resident physicians, the content of the evaluation will remain as confidential as possible and comply with HIPPA.
   D. If the evaluating psychiatrist determines that further neuropsychological testing is indicated, they will facilitate this within the Department of Psychiatry.
   E. Residents will sign a release of information document and discuss degree of disclosure so that the recommendations can be shared with the DIO and/or Program Director.

III. Mandatory Treatment
A. In the event that treatment is a mandated condition of employment, the following routes of treatment are available.
   1. Treatment through the Temple Department of Psychiatry by a psychiatrist who has been engaged in administrative evaluation of a resident at times presents a conflict of interest; therefore, if the resident physician requests a psychiatrist other than the one who did the initial evaluation, one will be available.
   2. Treatment through an outside psychiatrist
      If the resident prefers, the Chair of the Department of Psychiatry can provide a list of outside psychiatrists and facilitate referral to an outside psychiatrist. Residents are financially responsible and may submit for reimbursement through their health insurance.
   3. Drug and Alcohol treatment
      The Temple Department of Psychiatry is unable to provide drug and alcohol treatment to Temple University resident physicians. The Department of Psychiatry maintains a list of private psychiatrists who are willing to see our resident physicians. These physicians may recommend and provide individual treatment or recommend a treatment program.

B. Communication between treating physicians and the DIO and Program Director is handled through the Occupational Medicine Department.

C. Residents may be entitled to protected leave under FMLA to participate in treatment. Reasonable protected time beyond a Resident’s FMLA leave entitlement may be provided to the resident to participate in treatment. If the program director and the resident are in disagreement about what is a reasonable schedule and amount of time allowed for treatment, either the resident or the Program Director should discuss this with the Designated Institutional Official (DIO).

IV. Impaired Physicians
A. If a resident is impaired, self-referral to the Physicians Health Program (PHP) in the presence of a program director or GME administration is recommended whenever possible. If an impaired physician fails to self-report, physician peers and colleagues are mandated to report that impaired physician to the State Medical Board. The responsibility for this falls to all physicians, including Program Directors, but does not apply to the resident’s treating physicians.

B. Reporting a physician in voluntary treatment by a treating psychiatrist would violate the privacy of the patient as dictated by the Mental Health Procedures Act. Program Directors should not expect an evaluating or treating psychiatrist to report a resident in voluntary treatment.

C. The Department of Psychiatry is available to make recommendations for particular psychiatrists within the PHP.

D. Chain-of-custody and urine drugs screens are handled through the Occupational Medicine Department.
V. Fit to Work

A. When a resident is deemed unfit to work during an administrative psychiatric evaluation, this is communicated to the DIO and the program director.

B. An evaluation of readiness to return to work is performed by the Occupational Medicine Department in conjunction with the treating psychiatrist.

C. If a resident requests an accommodation to be able to perform the essential job functions, there will be an interactive process with the resident to determine if reasonable accommodations can be provided in accordance with hospital policy.

D. Residents will sign a release of information document so that the recommendations can be shared with the DIO and/or Program Director.

TUH GME Policy #202 Due Process and Grievance Appeal

TUHS Policy 950.554 Family Medical Leave

TUHS LOA Request Form

TUHS ADA Accommodation Request Form

TUHS Policy 950.553 Drug and Alcohol

TUHS Policy 950.581 Employee Access to Records

TUHS Policy 210.00 RELEASE OF PATIENT’S PROTECTED HEALTH INFORMATION POLICY

TUHS Policy 220.00 PATIENT PRIVACY AND CONFIDENTIALITY