

AIMS

**AID FOR THE IMPAIRED
MEDICAL STUDENT**



**THE UNIVERSITY OF TENNESSEE
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PROFESSIONALISM · COMPASSION

GENERAL GOALS OF THE AIMS PROGRAM

- To provide compassionate assistance to impaired students before they are irreversibly harmed.
- To provide help in a way that fully protects the rights of impaired students to receive treatment in strictest confidence.
- To assure that recovered students are able to continue their medical education without stigma or penalty.
- To protect patients and others from the harm that impaired students may cause.

THE AIMS PROGRAM *Aid for the Impaired Medical Student*

WHY AIMS?

Physician impairment, due to alcohol, substance use, or mental illness, has been increasingly recognized as a significant problem nationwide. Research suggests that 12-14 percent of all practicing physicians are or will become impaired during their careers. Of critical importance to us, as medical students and future physicians, is that a large percentage of these impaired physicians report that impairment began during their undergraduate or graduate years of medical training. The purpose of the Aid for the Impaired Medical Student (AIMS) Program is to reduce the number of impaired physicians by identifying, treating, and preventing impairments that may begin during medical school. Tailored after impaired physician programs that have been adopted by all fifty state medical societies, AIMS was the first program of its kind in the country.

WHAT IS IMPAIRMENT?

The serious stresses of medical education due to academic and clinical workload, financial pressures, and changes in lifestyle normally elicit the development of healthy coping mechanisms by the medical student. Occasionally, however, a student may be unable to successfully adapt to these stresses and engages in potentially harmful coping mechanisms such as alcohol or drug use. When these maladaptive coping techniques are relied upon heavily, a student may become impaired. The impaired medical student is one whose behavior usually violates the regulations of UT Memphis and the accepted standards of the medical profession. This behavior results from a temporary inability to cope with the stress of medical education, alcohol and/or drug dependence, or a major psychiatric disorder.

HISTORY & ORGANIZATION OF THE AIMS PROGRAM AT THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE OF MEDICINE

Early in the 1982-83 academic year, a few students, administrators, and faculty members in the College of Medicine held informal discussions about the need to develop a program to provide compassionate help to impaired medical students. Following these discussions, the medical students drafted a program proposal which was then refined with input from the faculty and administrators involved. In the spring of 1983, the proposal received the strong support and endorsement of the Dean of the College of Medicine and was instituted as the AIMS Program.

The AIMS Program is administered by the AIMS Council, which is made up of eight students and the AIMS faculty. Two students from each class are elected by their peers in the winter quarter of their first year and, ideally, are chosen for their maturity, integrity, and discretion. Once elected, these students remain as their class' representatives for four years, unless specifically replaced by class vote. The faculty advisor to the AIMS Council, along with the evaluating physician and the treating physician, are chosen by the Associate Dean for Student Affairs and Admissions based on expertise, experience, and commitment.

ESSENTIAL ELEMENTS OF THE AIMS PROGRAM

Prevention

It is ideal if students can recognize that they are coping poorly with stress and seek assistance before they become seriously impaired. Both student and professional members of the AIMS Council are available as resource persons to provide information and assistance to students in seeking appropriate help when stresses are becoming unmanageable.

An Example Case:

Linda, a married second year student, had been finding it increasingly difficult to juggle the demands of marriage and medical school. Her husband of six years had begun to resent the long hours she spent studying, and their once frequent conversations were replaced by all too frequent arguments. She felt emotionally torn apart by her commitment to her husband and her desire to be a physician. The strain expressed itself in physical ways, causing her appetite to wane and producing many sleepless nights. She was beginning to feel helpless in controlling events in her life.

Brenda, Linda's classmate and an AIMS representative, noticed that Linda had become apprehensive and withdrawn. She was not surprised when Linda approached her one morning and discussed her problems. Linda felt great relief in being able to tell someone how she felt. Brenda offered to make arrangements for Linda and her husband to receive professional counseling from a local physician. After several counseling sessions, she and her husband felt better able to deal with each other's needs. In the meantime, Linda successfully completed her second year.

Identification of Impaired Students

Unfortunately, available statistics suggest as many as eight percent of medical students may become impaired during their years of training. Most likely, the impaired student will not voluntarily seek help and the impairment will be detected by classmates, friends, and/or faculty. In this event, the reporting student/faculty member will relate the details of the situation to one of the appropriate class AIMS representatives. The class representatives and the class faculty advisor will review the facts of the situation in a confidential and discrete manner to determine the accuracy of the information reported. Based upon their review, they will decide that further steps are unnecessary or that it is appropriate to intervene.

Early Intervention

The early intervention process of AIMS involves meeting with the student to discuss his/her impairment

in a helpful and supportive way. This interview will be conducted by one or both of the class AIMS representatives and an AIMS Council professional member. The purpose of the interview is to bring the student to a recognition that a problem exists, to express a commitment to help, and to explain the evaluation and treatment resources available.

Evaluation

The class advisor and AIMS representatives will assume an advocacy role for the impaired student. They will help him/her choose a physician (from a list approved by the Council) who will perform an evaluation of the student's condition.

Treatment

The class advisor and AIMS representatives will also assist the impaired student in selecting a treating physician, who will be responsible for the impaired student until the impairment no longer exists or until further action is required.

Monitoring

A physician member of the AIMS Council will monitor the progress of the impaired student and will be responsible for ensuring compliance of the student with the treatment process.

An Example Case:

Bill, a third year student on his surgery clerkship, had been having trouble dealing with the new responsibility thrust upon him after finishing the basic sciences. He seemingly had no problems during his first two years at UT Memphis and, at he knew he drank alcohol somewhat more than his classmates, he did not believe his drinking habits to be excessive. However, with the increase in pressure and decrease in rest experienced in the clerkship, he was increasingly unable to deal with stressful situations. In an effort to better cope with the stress, Bill began taking "uppers," first only when he was on call, then later whenever he felt he needed a "lift;" his drinking habits did not change. Bill became frequently moody and unpredictable, his appearance became sloppy, and he began to arrive at lectures and rounds late.

As the impairment process developed in Bill his former roommate became more and more concerned. Jim had known Bill since their first year and noticed that Bill was slipping in his performance and in their friendship. However, when Jim tried to discuss the subject of Bill's drinking and drug habits, Bill dismissed him with, "I can handle it." Bill soon began to hide his drinking from Jim and secretly took his amphetamines. Finally, as Bill grew worse, Jim approached Gwen, one of his class' AIMS representatives, and described Bill's behavior to her. Gwen, having known Bill well during the previous two years at UT Memphis, was aware that he had become a different person over the last

few months. She also knew that Jim was a caring and responsible friend to Bill. Gwen decided to confer with Tom, the other AIMS representative. They agreed that they should notify Dr. Williams, the AIMS physician assigned to their class.

From subtle discussion with nurses and doctors who had been associated with Bill, Gwen and Tom were sure that Bill indeed was impaired, so Dr. Williams called Bill to set up an appointment to meet one evening at Bill's apartment. When Dr. Williams, Gwen, and Tom arrived, they directly, but compassionately, discussed with Bill their knowledge of his impairment. At first, Bill adamantly denied his problem, but as Dr. Williams described the impairment processes and the facts of his case, Bill reluctantly admitted that he had been finding it difficult to manage his new habits. Dr. Williams and Bill's friends described the AIMS Program and identified a physician to evaluate his condition.

Following the evaluation of Bill's condition, he was hospitalized and underwent four months of treatment. Upon successful completion of the inpatient program, Bill was able to return to school. A professional member of the AIMS Council involved him in local group meetings for impaired physicians and monitored his progress. Arrangements were made to help Bill defer payment for the costs of hospitalization. Bill maintained his recovery without relapse and graduated from medical school.

Cost of Treatment

A student participating in the AIMS Program may enter either individual therapy or a hospital treatment program. Individual therapy will be supplied free of charge by interested and generous local physicians. For hospital treatment programs, there may be substantial costs to the student. However, arrangements for repayment can be made which will not adversely affect the student's ability to finish his or her education.

Families of Impaired Students

Families can be an important part of the medical student's development into a responsible, competent physician. If a students' spouse is involved in the student's impairment process or is impaired himself/herself, he/she will be integrated into the evaluation and treatment processes, and the costs of care will be addressed on the same basis as for students.

Failure of Treatment

In the event a student is unsuccessful in treatment, the Council will meet to review the case. If, in the opinion of the Council, the student has been earnest in his/her efforts, the Council may recommend a change in the treatment program. However, if the student has demonstrated poor compliance, or it does not appear that the treatment process will lead to full recovery, the Council may decide to inform the Dean of the College of Medicine regarding the student's

situation. This is the only circumstance in which the administration of the College of Medicine will be aware of the student's involvement in the AIMS Program. Final disposition of the case, such as dismissal of the student from medical school, is a judgment which resides with the Dean of the College of Medicine.

Advocacy for the Student

After successful treatment, the AIMS Program will vigorously assist the student in assuring that previous impairment will not adversely affect educational and career opportunities. When treatment has interrupted medical studies, the AIMS Program will assist the student in making arrangements for resuming and completing his or her education. The AIMS Program will also provide appropriate assurances regarding the student's recovery to educational institutions or employers to whom the student has disclosed his or her previous treatment for impairment.

Confidentiality

The issue of confidentiality is CRUCIAL and of UT-MOST IMPORTANCE! The success of the AIMS Program depends on student trust and confidence; a breach of confidentiality would compromise these attitudes, rendering AIMS ineffective and impotent. With this in mind, AIMS is designed to protect both the impaired student and those students who find it necessary to report an impaired colleague. At no time during the treatment process will any uninvolved individuals know of a student's impairment. The AIMS Council itself will anonymously review cases. In an ideal (and probably typical) case, only the two student representatives, the faculty advisor, the evaluating physician, the treating physician, the monitoring physician, and the faculty chairperson of the AIMS Council (a total of seven persons) will know the identity of a student who enters the program.

Responsibility

As young professionals and as future physicians, we will be required at times to make painful, but morally correct decisions. One of these decisions may be to someday report the impairment of a classmate, friend or colleague. While it is natural to spare people close to us from anguish and criticism, we have duties to help. Once colleagues become impaired, they may literally be unable to help themselves. Impairment may result in the ruin of their physical health and, sometimes, ends in suicide. The desire to identify and assist impaired colleagues is required by our concern for their well-being. In addition, we must be seriously concerned about the harm that impaired students may cause to patients or loved ones. Thus, the AMA's "Principles of Medical Ethics" commit physicians to identifying colleagues who are not practicing medicine in a competent manner. Through the AIMS Program, we can fulfill our duty to protect patients and others, while still compassionately caring for the well-being of our impaired colleagues.