WHY AIMS?

Physician impairment, due to alcohol, substance abuse, 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. AIMS was developed from the model the American Medical Association established in 1983. The AIMS Program is based on a model that has 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 is chosen by the Associate Dean for Student Affairs and Admissions based on expertise in dealing with problems of impairment.

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The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.

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 ruination 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 AIMS'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.

AIDS

AID FOR THE IMPAIRED MEDICAL STUDENT

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.

PROFESSIONALISM · COMPASSION

THE AIMS PROGRAM

Aid for the Impaired Medical Student

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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 representa-
tive, 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 ses-
sions, 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 impair-
ment will be detected by classmates, friends, and/or faculty members. 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 impairment.

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 re-
quired.

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 seemed to have 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 "lappers," first only when he was on call, then later when-
er 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. Howev-
er, 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 re-

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 inte-
gerated into the evaluation and treatment processes, and costs of care will be addressed on the same basis as for stu-
dents.

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 pro-
gram. However, if the student has demonstrated poor com-
pliance, or if 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 admin-
istration of the College of Medicine will be aware of the student's involvement in the AIMS Program. Final disposi-
tion of the case, whether discharge of the student from medi-
cal 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 vigor-
ously assist the student in assuring that previous impairment will not adversely affect educational and career opportuni-
ties. When treatment has interrupted medical studies, the AIMS Program will assist the student in making arrange-
ments for resuming and completing his or her education. The AIMS Program will also provide appropriate assuranc-
es regarding the student's recovery to educational institu-
tions 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 confi-
dentiality 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 col-
league. 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 re-
sentatives, 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.