

**OU-COM'S MEDICAL STUDENT ASSISTANCE PROGRAM
(MSAP)**

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SECTION I – MSAP GOALS AND MISSION

I. NAME

The name of the committee which administers the Ohio University College of Osteopathic Medicine (OU-COM) program for impaired students shall be the Medical Student Assistance Program (MSAP).

II. RATIONALE

A chemically dependent or mentally impaired medical student who goes unidentified and untreated may become a compromised provider of medical care. The distance between harming oneself and harming a patient can become short. The public must be confident of the caregiver's ability to exercise unclouded judgment in the often vital decisions which arise in medical practice. As an educational institution preparing future physicians, the College has a clear responsibility to do everything in its power to encourage medical practice that promotes health, safety, and well-being of present and future patients.

Although Ohio University (OU) has developed a policy on drug and alcohol concerns for its students, the special responsibilities for health care entrusted to the College of Osteopathic Medicine have prompted the establishment of a separate but complementary policy for its students. This policy is in compliance with recommendations of the College's primary professional group, the American Osteopathic Association.

The policy also acknowledges the need to publicly explore in educational forums, the issues of chemical dependency and impairments, so that the College's students are aware of risks and the resources available to assist the impaired individual.

III. GENERAL PRINCIPLES GUIDING THE MSAP

1. We are motivated by humanitarian concerns for the impaired student.
2. We recognize that alcohol and/or drug abuse/dependency/addiction, mental illness, and other acute and chronic ailments may represent forms of impairment that are often ignored and untreated. The best current evidence indicates many aspects of these conditions are not voluntarily acquired or "self-inflicted".
3. We recognize that such impairments listed in #2 above are often treatable.
4. We recognize that as an institution responsible for training future physicians we need to encourage treatment and rehabilitation of any and all impaired students.
5. We encourage impaired individuals to seek help and cooperate in treatment.

6. We favor the earliest possible intervention in cases of impairment when personal, financial, mental, and physical resources are least affected and minimal damage has occurred.
7. We recognize that, while impaired students represent a liability to their peers, institution, and potentially to the public, they also have the right to pursue their training and/or career.
8. We affirm that all actions taken on behalf of the impaired student are intended to be in the best interest of the individual and the public good, and are not designed to be punitive in nature.
9. We acknowledge that treatment and recovery in no way provide protection from the consequences resulting from any illegal activity engaged in by a student, and that legal sanctions are not within the province of this program, but rest at appropriate judicial levels.

IV. **DEFINITIONS**

It is anticipated that many cases of impairment may result from one or a combination of the following conditions:

- Inability to cope with the stress of medical education including, but not limited to, emotional deterioration which adversely affects interpersonal, cognitive, motor, or perceptual skills.
- Substance abuse or dependence. “Dependence” is qualified to be behavior that interferes with an individual’s ability to function at an appropriate level (see DSM-IV-tr definition below). This is separate and distinct from an individual being dependent on a medication which is ongoing for an individual’s physical or psychological well-being and does not impair his/her ability to function.
- Other psychiatric disorder(s) (by DSM-IV-tr criteria)
- A physical illness with or without major psychological complications, including, but not limited to, physical deterioration which adversely affects interpersonal, cognitive, motor, or perceptive skills.

A. **An impaired OU-COM student**

One who, as a result of physical, psychological and/or substance abuse disorder:

- is adversely affected in his or her abilities to progress toward a competent and satisfying medical career.
- may have resulting behavior that transgresses relevant portions of Ohio University’s Student Code of Conduct; Ohio University’s alcohol and drug policies; OU-COM’s Honor Code; the Committee on Student Progress Guidelines; and relevant OU-COM rules, regulations, or ethics; or the rules, regulations, or ethics of the Health Care Delivery System.

B. Substance abuse¹

Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
2. Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)
3. Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

Note: The symptoms for abuse have never met the criteria for dependence for this class of substance. According to the DSM-IV-tr, a person can be abusing a substance or dependent on a substance but not both at the same time.

C. Substance dependence¹

Substance dependence is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the same 12-month period:

1. Tolerance, as defined by either of the following: (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or (b) Markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for the substance or (b) The same (or

¹ American Psychiatric Association. 1994. Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. Washington D.C.: American Psychiatric Association. (pp. 181-183)

closely related) substance is taken to relieve or avoid withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period than intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

D. **Mental impairment** is characterized by the display of behavior that may be manifested as:

1. Diminished cognitive effectiveness;
2. Diminished interpersonal effectiveness;
3. Diminished social effectiveness; and/or
4. Diminished vocational effectiveness.

V. GOALS

- A. To support training and education of OU-COM students, faculty, staff and administration regarding OUCOM's MSAP and related issues.
 1. Provide an educational component to introduce the MSAP to new OU-COM students during orientation week.
 2. Provide educational programs to introduce the MSAP to OU-COM faculty, staff and administration.
 3. Support and promote OU's Drug-Free Awareness Program.
- B. To identify problems of impairment at an early stage, to motivate the affected individual to seek help, and to direct the individual toward the best assistance available.
- C. To support and assist the recovering student.

- D. To comply with OU's drug and alcohol policies for students.
- E. When necessary to assist, efforts of OU-COM to prevent non-treatable or unresponsive medical students from proceeding with steps toward professional status consistent with professional ethical codes, professional legal codes and regulations.

VI. MSAP RESOURCES

- A. Program(s) administered by OU's Human Resources or Student Affairs Offices
- B. Mental health, addiction and medical evaluation resources.
- C. Mental health, addiction and medical treatment resources.
- D. University Health Services.
- E. Other consultants/organizations as deemed appropriate.
- F. Dean, OU-COM

SECTION II – MSAP ADMINISTRATION

I. DESCRIPTION OF THE COMMITTEE

- A. **Membership.** The MSAP will be comprised of:
 - two student representatives per class elected during the second term of their first year and serve for the duration of their education at OUCOM.
 - two clinical faculty members appointed by the Dean
 - one non-clinical faculty member appointed by the Dean
 - one administrator appointed by the Dean.
 - Faculty and administration members who serve on the Committee on Student Progress (CSP) may not simultaneously serve on the MSAP Committee. A MSAP chairperson will be elected by the MSAP members to serve for two (2) years.
- B. **Functions.** The MSAP will function as a coordinating body for the program and meet at least quarterly.
- C. **Guidelines.**
 1. The MSAP will function within the guidelines of MSAP policy; the Committee on Student Progress Policies and Procedures; OU's drug and alcohol policies pertaining to students and other applicable OU and/or professional policies.

2. The MSAP will annually review OU and OU-COM policies related to impaired students. The program's effectiveness and efficiency will be analyzed to determine the need for any changes.
3. The MSAP will function in the spirit of service to OU-COM students including:
 - a. a non-judgmental and non-punitive approach to potentially impaired students brought before the committee.
 - b. providing a haven for students suffering from physical, mental or addiction-related conditions potentially resulting in impairment, in order to maximize committee referrals.

II. **RESPONSIBILITIES OF MSAP MEMBERS**

A. Members of MSAP will:

1. Demonstrate interest in the field of impairment;
2. Obtain additional training in mental and addictive conditions in MSAP approved programs;
3. Advocate for student rights including due process and privacy rights;
4. Meet and consult with students as requested;
5. Maintain the strictest possible confidentiality, except as required by law, OU-COM or OU regulations.
6. Assist in selecting and approving evaluation and treatment;
7. Serve, when appropriate, in an advisory capacity to the College administration.

B. MSAP self-study training programs will be developed for the education of MSAP members in:

1. Psychiatric Disorders;
2. Addiction Disorders

SECTION III – EVALUATION AND PROCESSING OF REFERRALS

A flow chart summarizing the process for handling referrals is included at the end of this document as Section VI.

I. IDENTIFICATION AND REFERRAL

Any person (e.g. student, employee, faculty, significant other, University Student Judiciaries, CSP) may report concerns about OU-COM student(s) to a member of MSAP (see Section I, part III). The MSAP member will approach the Chairperson and discuss the situation. The MSAP will decide to 1) stop further action or 2) intervene with a conference with the student and/or referral of the student for expert evaluation.

II. STUDENT CONFERENCE

If it is determined that a meeting is necessary, the MSAP Chairperson will facilitate the action. The MSAP conference meeting will include the allegedly impaired student and concerned individual(s) as needed and be done in a supportive, helping manner. The MSAP will then decide whether to stop further action, or refer the student for expert evaluation. If a recommendation is made for an external evaluation the student will be assisted in making arrangements.

If it is determined that an MSAP meeting with an allegedly impaired student is needed and the student refuses, it is the responsibility of the MSAP Chairperson to report the individual and associated information to the CSP (Committee for Student Progress) to prevent the individual from doing further damage to self or others. The CSP would then make recommendations to the Dean for any necessary action.

III. EXTERNAL EVALUATION AND TREATMENT

The MSAP may collaborate with University Personnel Services, Student Health Services, and community agencies to select and approve evaluation and treatment resources. Such resources may include OU or non-OU based programs, are expected to assume a posture of advocacy for the impaired individual, and will be firmly grounded in alcohol and chemical dependency counseling or other appropriate assistance. The referred student will be responsible for costs associated with assessment and treatment. The external evaluator may determine that no problem exists and recommend no further action, or make a diagnosis and recommend appropriate treatment.

If it is determined that an allegedly impaired student requires treatment and the student refuses, it is the responsibility of the MSAP Chairperson to report the individual and associated information to the CSP to prevent the individual from potentially doing further damage to self or others. The CSP would then make recommendations to the Dean for any necessary action.

IV. MSAP TIME LIMITATION

The MSAP will end available intervention and assistance to students as of their graduation from OU-COM.

V. ROLE OF THE DEAN

The Dean has a range of options for dealing with allegedly impaired students who refuse to meet with the MSAP or obtain further evaluation and/or treatment.

SECTION IV – LEGAL ISSUES

I. DOCUMENTATION

- A. The MSAP will keep files on referred students in a confidential manner except as required by law or if referral is made to the CSP. This documentation will be destroyed in accordance with OU, OU-COM and/or other legal requirements.
- B. Records of expert evaluation and/or treatment of students are to be kept by the treatment provider and handled in the same manner as records of any other patient would be handled.

II. CONFIDENTIALITY

The MSAP is designed in part to protect the impaired individual. At no time will the identity of the impaired individual be known to anyone other than MSAP members, except as otherwise specified in this document.

III. ACADEMIC STANDING

Academic standing is a matter not dealt with by the MSAP. The MSAP has no jurisdiction over academic standing which is the responsibility of the student, the CSP and the Dean.

IV. FALSE REPORTING

Any case of malicious or false reporting may be directed to the CSP for appropriate action.

**SECTION VI
FLOW CHART
EVALUATION AND PROCESSING OF REFERRALS**

SELF REFERRAL

OTHER REFERRAL

