The Ohio University Heritage College of Osteopathic Medicine

The Medical Student Assistance Program (MSAP)

Established by Stephen W. Clay, D.O.
(MSAP Director and Chair, 2009 – 2012)

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The Medical Student Assistance Program (MSAP)

SECTION 1: GOALS AND MISSION

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

1.2 Rationale
A chemically dependent or mentally/medically 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 Heritage 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 Heritage 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.

1.3 Guiding Principles

1. We are motivated by humanitarian concerns for the impaired student.

2. We recognize that alcohol and/or substance-related disorders, mental illness, and other acute and chronic ailments may represent forms of impairment that are often ignored and untreated. The best current evidence indicates that these conditions are not voluntarily acquired or “self-inflicted.”

3. We recognize that such impairments listed above are often treatable and respond well to early detection and intervention.

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 fully participate in their own treatment plan.

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.

1.4 Definition of Impairment

One who, as a result of physical, psychological and/or substance-related disorders:

- 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-HCOM’s Honor Code; the Committee on Student Progress Guidelines; and relevant OU-HCOM rules, regulations, or ethics; or the rules, regulations, or ethics of the Health Care Delivery System.

1.5 Conditions resulting in impairment

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–Related Disorders. “Dependence” is qualified to be behavior that interferes with an individual’s ability to function at an appropriate level. This is separate and distinct from an individual being symptoms of tolerance and withdrawal occurring during appropriate medical treatment with prescribed medications.
- Other psychiatric disorders (determined by DSM-V criteria)
- A physical illness with or without major psychological complications, including, but not limited to, physical deterioration which adversely affects interpersonal, cognitive, motor, or perceptual skills
1.6 Substance Use Disorders (DSM-5)

It is possible to develop substance abuse disorders for classes of psychoactive substances except caffeine. The core criteria for these disorders is the following:

I. Criteria A: A problematic problem of use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring in a 12-month period:
   
   A. Impaired control
      1. The substance is taken in larger amounts as time progresses
      2. Multiple, unsuccessful efforts to control substance use
      3. Daily activities revolve around the substance
      4. Craving, especially in an environment where the drug was previously used

   B. Social impairment
      5. Failure to fulfill major role obligations at work, school or home
      6. Continued use despite recurrent negative consequences
      7. Giving up important social or occupational functions due to the substance

   C. Risky Use:
      8. Recurrent use in hazardous situations
      9. Continued use despite physical or psychological problems caused or exacerbated by the substance

   D. Pharmacological Criteria:
      10. Increased amounts of the drug are needed to achieve the same effect (tolerance)
      11. Symptoms occurring in response to the decline of substance concentrations blood/tissue (withdrawal)

Of note, neither tolerance nor withdrawal are required for the diagnosis of a substance-use disorder.

1.7 Mental Health Impairments

Mental health impairment is characterized by one or more of the following:

1. Diminished cognitive effectiveness;
2. Diminished interpersonal effectiveness;
3. Diminished social effectiveness; and/or
4. Diminished vocational effectiveness.
1.8 Goals of the MSAP

1. To support training and education of OU-HCOM students, faculty, staff and administration regarding OU-HCOM’s MSAP and related issues.
2. Provide an educational component to introduce the MSAP to new OU-HCOM students during orientation week.
3. 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.
4. To support and assist the recovering student.
5. To comply with OU’s drug and alcohol policies for students.
6. When necessary to assist, efforts of OU-HCOM 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.

1.9 MSAP Resources

- Program(s) administered by OU’s Human Resources or Student Affairs Offices
- Mental health, addiction and medical evaluation resources.
- Mental health, addiction and medical treatment resources.
- University Health Services.
- Other consultants/organizations as deemed appropriate.
- Executive and Associate/Assistant Deans, OU-HCOM

SECTION 2: MSAP ADMINISTRATION

The MSAP functioned as an ad-hoc committee from 2009 to 2013. On September 24, 2013, Heritage College faculty voted to approve its conversion to a standing committee that would function according to the following by-laws.

2.1 Committee Bylaws

The following bylaws govern the MSAP (effective July 1, 2015):

A. Voting Membership

1. The voting membership of the MSAP Committee shall be composed of six (6) members:
   - two (2) members appointed by the Executive Dean from the clinical departments;
   - one (1) member appointed by the Executive Dean from the non-clinical departments
   - one (1) administrator appointed by the Executive Dean;
   - two (2) members, (one from Dublin campus and one from the Cleveland campus), will be appointed by the Executive Dean. The Executive Dean may reappoint committee members for additional terms.
2. The term limit does not apply to this committee; individuals can be appointed to multiple consecutive years.

3. One of the six (6) voting members is appointed by the Executive Dean to serve as Chairperson for a four (4) year period with staggered terms of appointment.

4. Faculty and administrative members who serve on the Committee on Student Progress (CSP) may not simultaneously serve on the MSAP Committee.

B. Responsibilities:

1. The MSAP Committee will, evaluate, and monitor the functional status of students suspected of impairment due to a physical, psychological, and/or substance use disorder.

2. The MSAP Committee shall, as needed, establish the minimum standards of student impairment in conjunction with existing Ohio University policy on student drug and alcohol as well as the special responsibilities for healthcare entrusted to the Heritage College of Osteopathic Medicine.

3. Policies and procedures necessary to carry out its responsibilities shall be formulated by the Committee.

4. The MSAP Committee will automatically evaluate any student involved in legal issues directly related to substance use and/or a physical or psychological disorder. All other student contacts will occur by referrals.

5. The MSAP Committee will determine the specific course of action an impaired student must follow to restore appropriate functioning.

6. Decisions of the MSAP Committee will be communicated to the Executive Dean.

2.2 Guidelines

The MSAP will function within the guidelines of this policy manual; 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. In addition:

1. The MSAP will annually review OU and OU-HCOM policies related to impaired students.

2. 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-HCOM 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.
2.3 Responsibilities of MSAP Members

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-HCOM or OU regulations;
6. Assist in selecting and approving evaluation and treatment;
7. Serve, when appropriate, in an advisory capacity to the College administration.

SECTION 3: REFERRAL AND EVALUATION PROCESS

A flow chart summarizing the process for handling referrals is included at the end of this manual (see Section 6).

3.1 Identification and Referral

Any person (e.g. student, employee, faculty, significant other, University Student Judicaries, CSP) may report concerns about OU-HCOM 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. Any student who is the subject of a legal action related to substance use or other forms of potential impairment are automatically referred to the MSAP.

3.2 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.

3.3 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.

3.4 MSAP Time Limitation

The MSAP will end available intervention and assistance to students as of their graduation from the Heritage College.

3.5 Role of the Executive Dean

The Executive 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 4: LEGAL ISSUES

4.1 Documentation

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-HCOM and/or other legal requirements.

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.

4.2 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.

4.3 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 Executive Dean.

4.4 False Reporting

Any case of malicious or false reporting may be directed to the CSP for appropriate action.
SECTION 5. EVALUATION AND PROCESSING OF REFERRALS

SELF REFERRAL

- Impaired Student Contacts an MSAP Member
  
- Insufficient Information Obtained to Indicate Impairment
  
  Voluntary Treatment
  
  No Impairment or Successful Treatment
  
  Diagnosis Made. Impaired Individual Assisted Into Treatment
  
  Diagnosis Made. Individual Denies Diagnosis or Refuses Treatment.
  
  No Further Action

AUTOMATIC REFERRAL

- MSAP Reviews Information Supplied
  
  Conference With Concerned Individuals
  
  Individual Referred for Expert Evaluation
  
  Recommendations of Expert
  
  Referral to CSP
  
  Diagnosis Made.

OTHER REFERRAL

- Concerned Individual Enlists An MSAP Member To Discuss Referral Of A Student And Presents Specific Facts Related To Possible Impaired Behavior
  
  Individual Repeatedly Fails to Attend Conference
  
  Individual Repeatedly Refuses Evaluation
  
  Recommendation to the Dean

Dean’s Decision
## Manual Revision History:

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<tr>
<th>Date</th>
<th>Revision Details</th>
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<td>08/25/2015</td>
<td>Added new bylaws (approved on 3/24/15)</td>
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<tr>
<td>08/13/2014</td>
<td>Added new bylaws (approved on 5/6/14)</td>
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<tr>
<td>12/04/2013</td>
<td>Revised to add new background check policy</td>
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<tr>
<td>10/31/2013</td>
<td>Revised to reflect new bylaws</td>
</tr>
<tr>
<td>09/25/2013</td>
<td>MSAP approved as a standing committee</td>
</tr>
<tr>
<td>08/15/2013</td>
<td>Updated diagnostic criteria to reflect DSM-V conventions.</td>
</tr>
<tr>
<td>05/28/2013</td>
<td>Updated to reflect changes in membership and college name</td>
</tr>
<tr>
<td>04/01/2009</td>
<td>Approved by Executive Committee</td>
</tr>
<tr>
<td>03/01/2009</td>
<td>Reviewed by legal and suggested revisions made</td>
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