

Department of Pediatrics
Graduate Education Programs

Subject: Leave Policy
Date: April 17, 2001
Approved: Stephen Wadowski, MD
Pediatric Residency Program Director

The leave policy for the Residency Program of the Department of Pediatrics is designed to be compliant with all applicable collective bargaining agreements, FMLA, institutional GME policy, ACGME recommendations and requirements of the RRC for pediatrics as well as ABP requirements. This policy specifically addresses requirements specified by the RRC and ABP. In addition to satisfying these requirements, the policy is designed to promote quality of patient care, a fair and reasonable training environment, adaptability to individual residents' needs, fairness to all residents and minimizing the burden on residents attending their assigned rotations and responsibilities.

The ABP requires candidates for certification to complete three years of pediatric training (two years for Medicine/Pediatrics residents; 30 months for Pediatrics/Emergency Medicine residents, and no less than two years for residents approved and credited with prior non-accredited pediatric training). It is further stated that the period of training not be interrupted for greater than three months (two months for Medicine/Pediatrics, 2 ½ months Pediatric/Emergency Medicine, two months for residents credited for prior training) for any reason for leave including vacation time, sick leave, disability, maternity/paternity or bereavement.

With the exception of scheduled annual leave, which accounts for three 4-week periods of absence during the course of a three year residency (four 2-week periods for Medicine/Pediatrics and five 2-weeks periods in Pediatric/Emergency Medicine), all other periods of leave will be expected to be made-up. In addition, approval by the Program Director is required for all unscheduled leaves (other than brief illness or emergencies) and documentation of necessity for the leave may be requested. Failure to make up additional leave results in reduction of total training time and may affect the resident's eligibility for ABP certification. It is the policy of this department that on-call assignments are an integral component of the training experience. With the exception of Emergency/Acute Care and night float responsibilities, call-free assignments are not made. Failure to fulfill on-call assignments is considered an unscheduled leave. Failure to obtain approval prior to an unscheduled leave (other than illness or emergency) may result in disciplinary action.

Extended periods of absence may be made-up by arrangements with the Program Director. Such arrangements may include additional call assignments, additional weekend assignments, voluntary use of vacation time or continuing beyond the previously expected completion date. Salary during extended leaves may be continued if collective bargaining agreements permit. However, salary may not be available during additional periods when the leave is being made up. If the resident chooses to suspend salary during the leave period, salary will be provided during time that the leave is made up. Benefits may be maintained during leaves for illness, maternity/paternity; bereavement, etcetra as per the Family Leave Act of 1993.

In the case of illness, the resident is expected to contact the Pediatric Chief Resident on call or assigned to Administration. In addition, the resident must notify the attending for the assigned rotation and if necessary, the director of the residents continuity practice. Absences at certain times are easily construed as abuse of the system. It must be recognized that every absence is a significant burden on ones' colleagues and a potential problem in patient care. Since it is presumed that sick leave is being used for significant

illness or injury, it is expected that residents will seek medical attention. As such, department policy requires that residents absent for illness on the first or last day of a rotation, a day before or after a vacation or holiday or weekend leave, or an assigned on call, or for two or more weekdays will provide written documentation of illness by a licensed physician or a pediatric chief resident. In addition, resident returning after sick leave may be required to obtain clearance by the Employee Health Service prior to returning to patient care activities. Failure to do so may result in disciplinary proceedings.

The Chief Resident will be responsible for provide coverage as needed for residents who have called in sick or for personal or family emergencies. The resident must contact the Chief Resident on each day of absence. The Department of Pediatrics does not maintain a TBA (to be assigned) system. In general, residents assigned to the same or similar on-call duties will be asked to switch calls with the absent resident if such a switch does not violate NYS DOH Section 405 regulations. The absent resident will then be required to fulfill the substituting resident's on call responsibilities upon return to work. In the case of extended absence due to sickness (greater than two days), the resident will be expected to make-up their time as described earlier. Make-up time will include on-call responsibilities.

Absences or unscheduled leave for reasons other than acute illness or personal/family emergencies such as examinations (USMLE), interviews, course (BLSPALS) and meetings require prior approval by the Chief Residents and Program Director. For these circumstances, residents are required to make their own coverage arrangements. Any and all unscheduled arrangements must be approved in advance by the Chief Residents. Failure to comply may result in disciplinary proceedings. Because of the burden placed on other residents and the loss of time from assigned experiences, such leaves must be tightly restricted. Residents may arrange coverage with colleagues or repay them while on elective rotations, vacations or weekends (excluding Sunday night) as long as the Chief Residents approve the arrangements and 405 regulations are not violated.