Department of Otolaryngology — Head & Neck Surgery

Virginia Commonwealth University Health System

Policies and Procedures for Resident Leave

The policies and procedures for resident leave used by the Department of Otolaryngology

— Head and Neck Surgery adhere to the general policies and procedures set forth in the

Housestaff Leave Policy approved by the Graduate Medical Education Committee (GMEC) of Virginia Commonwealth University. These policies are set to assure resident compliance with the requirements of the American Board of Otolaryngology and also to the requirements of federal laws pertaining to employees.

The American Board of Otolaryngology (www.aboto.org) policy regarding resident leave during the five years of training states the following:

Leaves of absence are defined as requests for time away from accredited training for parental, caregiver, or personal medical leave. Leave of absence requests may be granted to residents at the discretion of the Program Director in accordance with local rules. For Board eligibility, the total of such leaves and vacation may not exceed six weeks in any one post-graduate year (PGY) with the following exception: for one year during residency training, a resident can take parental, caregiver, or medical leave for up to six weeks with the balance of time up to a total of eight weeks (leaves plus vacation) used for vacation time. Fellows in one- or two year ACGMEaccredited fellowship programs may not exceed six weeks of such leaves and vacation in any training year.

Attendance at academic conferences or training courses does not contribute to the yearly allotment of leave. Mission trips count toward the yearly time away allotment. This policy defines a week as seven consecutive days.

If a circumstance occurs in which a resident’s or fellow’s absence exceeds the allotted time outlined in this ABOHNS policy, the Program Director must submit a plan to the ABOHNS for approval on how the necessary training will be achieved, which may require an extension of the residency or fellowship. For residents, training time from prior PGY-year levels cannot be applied to subsequent PGY-year time deficiencies. Surrogates of competency (i.e. subjective evaluations, case volumes, ACGME Milestones) cannot be used as substitutes for the time requirements described in this policy.

The specific policies and procedures for resident leave used within the Department of Otolaryngology — Head and Neck Surgery are detailed in the following paragraphs.

I. Types of Leave

* 1. 1. Family and Medical Leave, Bereavement Leave/Family Sick Leave, Leave of Absence: The Department of Otolaryngology — Head & Neck Surgery shall adhere to the guidelines for these types of leave set forth by the GMEC of VCUHS.

Effective July 1, 2022

Provide residents/fellows with a minimum of 6 weeks of medical, parental, and caregiver leave(s) of absence at least once and at any time during their training in the program

Provide 100% paid salary during the first 6 weeks of approved medical, parental, or caregiver leave

Provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first 6 weeks of the first approved medical, parental, or caregiver leave(s) of absence

1. Vacation Leave
	1. All residents (PGY-I through 5) within the department will receive fifteen (15) working days) of vacation leave per academic year.
	2. Vacation leave should be taken in blocks no longer than 1 week. Resident full week vacation blocks are to be scheduled in advance, before July 1 st of the upcoming academic year. No two residents will be permitted to take weeklong vacation blocks at the same time, unless an exception is granted by the program director. Longer vacation blocks (more than 5 vacation days) will be allowed only for special circumstances (wedding, childbirth, eg), pending approval by the Program Director. Two weeks of vacation leave must be taken as contiguous Monday — Friday blocks. The third week may be divided into 2 shorter blocks of total duration five (5) weekday working days.
	3. Vacation leave time will not carry over between academic years.
	4. Graduating PGY-5 residents are required to use vacation time if leaving their residency obligations prior to June 30 (or the last weekday in June, whichever is earlier). Leaving clinical duties prematurely will be considered breech of resident
	5. Vacation leave should not be taken during the last 2 weeks of June, and the first two weeks of July. Scheduled vacations should also avoid dates of AAO Annual Meeting in the fall, and COSM in the spring. Special approval may be granted at the discretion of the Program Director for special circumstances (wedding, childbirth, etc).
2. Educational Leave
	1. Educational Leave will be used for attendance at approved educational conferences, courses, and symposia.
	2. Educational leave will consist of up to eight (8) weekday working days total for each resident, per academic year.

Attendance at Department-sponsored courses such as the Sinus Endoscopy Course,Hayden Otology Symposium, Temporal Bone Course, and the AO-ASIF Craniomaxillofacial Trauma Course (PGY-3 residents only) will not be counted against educational leave allotment.

* 1. Educational leave time will not carry over to successive academic years.
	2. Resident travel for humanitarian missions is encouraged. Leave for such travel will generally be counted against a resident's Educational Leave balance. No more than 5 days of total leave (weekday work days) will be given for travel to humanitarian missions. In the event that meeting attendance for research presentation purposes has left inadequate Educational Travel balance (in days) to allow such travel, Professional Discretionary Leave may be granted, at the approval of the Program Director, to provide for a full 5 days of leave. Required travel for such purposes beyond this limit must be taken as vacation leave. Any days of Professional Discretional Leave granted by the Program Director for Humanitarian Mission Travel will be applied toward the fifteen day limit as outlined in section 4 below.
1. Professional Discretionary Leave
	* 1. Professional Discretionary Leave will include time used for employment or fellowship interview travel, religious holidays not included as official holidays by VCU Health System, travel for humanitarian missions as outlined above, or other special circumstances as approved by the Program Director.
		2. A maximum of fifteen (15) weekday working days may be taken for Professional Discretionary Leave. Residents requiring more than 15 days leave for job or fellowship interviews will be required to use vacation time for this purpose. Residents are encouraged to anticipate interview travel needs, and plan vacation leave accordingly. Failure to comply with this limit will lead to leave total in excess of the 6 weeks allowed by the American Board of Otolaryngology, and will require extension of duration of training.
2. Sick Leave

GMEC policy grants residents up to 30 calendar days per year in sick leave with exceptions for familymedical leave noted above. This cannot be carried over to successive years. Extra compensation will not be granted in lieu of sick leave. Sick leave may not be used for vacation or conference attendance. In the event residents are unable to perform their patient care responsibilities, they should alert the Administrative Chief Resident and/or Program Director to assist with coverage of assigned clinical duties.

1. Educational Training Leave

Elective educational rotations away from VCUHS and its affiliated training sites will only be permitted upon approval by the program director, when such rotations, whether clinical or research oriented, might provide for a scope or depth of educational experience not available within the residency program. The duration of any such educational leave will generally not exceed 1 month, and will be established by the Program Director in consultation with the Director of Graduate Medical Education for VCUHS. Such leave will be considered part of the educational program, and thus not counted against Vacation, Sick, Educational, or Professional Discretionary Leave balances.

1. Well-Being and Self Care

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism, and must be learned in nurtured in the course of residency training. As such, residents are encouraged and given the opportunity to attend medical, dental, and mental health care appointments, including those scheduled during their working hours. Unless an emergency or otherwise addressed by sickleave time, residents are expected to schedule these appointments in advance and coordinate scheduling coverage with the Administrative Chief Resident and/or Program Director.

Il. General Leave Policies and Procedures

l. It is the responsibility of the Administrative Chief Resident to coordinate resident vacation schedules at or prior to the beginning of each Academic year to allow for adequate coverage of clinical care needs, in compliance with the guidelines set forth in this policy.

1. All requests for planned leave must be submitted in writing to the Program Administrator at least I month in advance such that any necessary adjustments to clinical schedules can be made. All requests must be approved by the Program Director and the Administrative Chief Resident.
2. A maximum of two residents will be allowed to be on Vacation, Educational or Professional leave at the same time. Exceptions may be made, at the discretion of the Program Director, and pending clinical coverage needs, for more than two residents to take Educational leave for major conferences. In the event that more than two residents wish to take leave simultaneously, leave requests will be approved in the order in which they were submitted. However priority in approving Educational leave will be given to residents requiring educational leave to present original research.
3. Residents with unexcused absences (e.g. not for illness, vacation, or emergency situation) will be subject to disciplinary action at the discretion of the Program Director and Chairman, which may include probationary status or dismissal from the program.
4. As per the policy of the American Board of Otolaryngology (ABO), leave taken for any purpose may not exceed 6 weeks duration within any single year of training, or 20 weeks over the last 4 years of residency training. In the event that leave is taken in excess of this amount, the duration of training will be extended accordingly to maintain the resident's eligibility for ABO certification. These limits pertain to all of the above listed types of leave, with the exception of Educational Leave, and Educational Training Leave, time for both of which is to be considered part of the educational curriculum of the residency training program.

12/9/2021

Laurence J. DiNardo

Professor and Chair

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12/9/2021

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