**PURPOSE**
In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of the Internal Medicine Residency Program at Creighton University School of Medicine/St. Joseph’s Hospital and Medical Center (Phoenix) to outline the types of leave available to its residents.

**SCOPE**
This policy applies to all residents in the Internal Medicine Residency Program at Creighton University School of Medicine/St. Joseph’s Hospital and Medical Center (Phoenix).

**POLICY**
The departmental leave policy is outlined below, along with a link to access Creighton University policy.

I. VACATION
   A. All time away from service (vacation, conferences, and etc.) must be approved in advanced by the Program Director. All housestaff must complete the “Request for Time Away from Service” for each period of time off. All forms must be submitted to the chief resident 90 days in advance. After the Program Director’s signature has been obtained, a copy will be submitted to the Internal Medicine Department for resident file. The “Request for Time Away from Service” forms are available in the internal medicine office and on New Innovations. Time off is not assured for any resident until he/she has a completed copy of the “Request for Time Away from Service” form with the chief resident’s and clinic manager’s signatures.
   B. Eligibility of Paid Time Off (PTO) assumes the resident is in good academic standing and has met the attendance requirements specified in IX.C
   C. The “Housestaff Postgraduate Training Agreement” specifies, “…paid time off consisting of 23 days per year. Vacations do not accrue from year to year. Upon termination, accrued vacation time will not be paid.
   D. Vacations are limited to a maximum of two weeks (14 days) at one time
   E. Permissible vacation times
      1. PTO, outside of the scheduled vacation block, may be requested during elective, non-call rotations.
      2. No PTO is permitted during critical care, emergency department, continuity clinic, or medicine ward rotations.
      3. Residents may not take vacation when they are scheduled for back up.

II. MEDICAL LEAVE
If a resident is ill and cannot work, the resident must notify the chief resident immediately so that backup coverage can be arranged.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.
A. Backup coverage

1. Interns/residents may only call back-up for 2 reasons: severe illness or catastrophic family emergency.

2. Family emergency is described as: death, severe illness, serious injury, medical emergency relating to the following family members:

   a) A spouse; a parent, step-parent, foster parent, child, step-child, foster child, grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee's spouse; the spouse of the employee's child; a brother or sister of the employee; a relative of the employee who is dependent on the employee for care or assistance.

3. All other reasons that prevent an intern/resident from coming in to work (e.g. weddings, conferences, appointments) will require an individual to find his/her own coverage via mutual agreement with another intern/resident.

4. If an intern/resident needs to call back-up, he/she must notify the chief resident on call and the chiefs will determine if backup is necessary and call backup if warranted. A PTO day will be deducted for each day the intern resident is away from work.

5. Each intern/resident will be allowed to call back-up twice per academic year. If an intern/resident exceeds two consecutive days, he/she will need to provide a doctor's note and/or complete FMLA paperwork. In addition, PTO/vacation time will be deducted as above if an intern/resident uses backup for any reason other than severe illness or family emergency.

6. In cases where the above criteria are not met, the resident who called back-up may be required to "pay back" the back-up resident/intern for the shift and/or be assigned extra shifts or clinical duties (e.g. night float, clinic). This will be assigned at the program director and chiefs' discretion.

7. If on back-up, each intern/resident is required to be easily accessible via phone and pager for the entire 24 hours and be at the hospital within one hour of being called.

8. If back-up is severely ill or dealing with a catastrophic family emergency, he/she is required to notify the chiefs as early as possible or by 7 am at the latest. Failure to do so will require back-up to find coverage.

9. Failure of the back-up intern/resident to be reached and/or come to the hospital within an hour will result in loss of a PTO/vacation day as well requiring to pay back the individual who ends up covering the original shift to be covered.

B. Extended medical leave

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.
If a medical condition requires multiple days off for treatment, then the Program Director should work with the Resident to initiate FMLA (Family Medical Leave Act). This opportunity should comply with individual program’s scheduling policies and is provided at the discretion of the program’s administration.

III. FAMILY/PARENTAL LEAVE

A. Family Medical Leave of Absence (FMLA)
   1. Residents may take a Family Medical Leave of Absence of up to 12 weeks to provide care for an immediate member (i.e. spouse, newborn, or child). The resident’s PTO days will be used first, and any remaining time off during the 12-week period will be unpaid.
   2. Residents must request the leave of absence by submitting a Time Away Request Form and obtaining written approval from the Program Director.
   3. Residents will work with the Program Director and the Chief Resident to arrange coverage during the leave of absence.

IV. EXTENSION of TRAINING

Time away from training may require the resident to extend the length of training, in accordance with the American Board of Internal Medicine Leave of Absence and Vacation Policy, which is outlined below:

1. Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training unless the Deficits in Required Training Time policy is used and approved. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.
2. ABIM views educational leave, which would include attendance at training-related seminars, courses, interviews for subsequent training positions, etc., as bona fide educational experiences or duties essential for the continuity of education from internal medicine to a subspecialty and, therefore, need not be counted as part of the one-month allocation for leave time in the academic year for purposes of tracking training time for ABIM.
3. Deficits in Required Training Time: ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than one month, extended training may

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