**PURPOSE**
In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University (CU) to outline the types of leave available to the residents in the Psychiatry Residency Program at Creighton University School of Medicine/Valleywise Health.

**SCOPE**
This policy applies to all residents in the Psychiatry Residency Program at Creighton University School of Medicine/Valleywise Health.

**POLICY**
The departmental leave policy is outlined below, along with a link to access Creighton University Graduate Medical Education (GME) policy.

**Objective:** To update and clarify the policies of the Psychiatric Residency Program covering residents’ time on and off duty.

**General:**
A. Residents are expected to be on their assigned service and available for telephone calls during customary working hours (8:00 a.m. to 5:00 p.m.) and as necessary to meet their educational and clinical responsibilities. Within three days on an outside rotation, residents are to provide the Program Coordinator with a weekly schedule of how and where they can be reached.

B. Anytime the resident is away from his/her service during customary working hours, the resident is expected to provide the supervising psychiatrist or his/her designee information on how and where he/she may be contacted, and who his/her coverage will be.

C. If the resident expects to be away from his/her service for more than one hour, the resident is to:
   1. obtain the Supervising Faculty’s approval for absence.
   2. provide ways or means of contact if recall is necessary or provide the name of another resident who will cover for him/her during his/her absence.
   3. inform the office of the Psychiatric Residency Training Program of his/her absence by the completion of a leave request form.
   4. have leave hours entered in QGenda.

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

E. For significant absences without approval or notification, or for persistent abuse of this policy, disciplinary actions, up to and including withholding of pay or termination, may be invoked.

**Specific Types of Leave:**

**Annual Leave** - compromised of Vacation Days, Educational Days and Sick Days as described below:

**VACATION DAYS:**
Amount of Vacation Days available is as follows:

*In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*
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Policies and Procedures

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Night Float

Other than in extreme circumstances, leave will not be approved during night float rotations.

Outpatient Clinic

Residents are not allowed to take the same day of the week in a row, in one month. For example, two Fridays or two Mondays in a month.

It is preferred that residents take 1-2 weeks at a time instead of multiple Mondays or Fridays in a month as it significantly impacts therapy appointments.

DIDACTICS 70% attendance per seminar/lecture series is required

- Residents are to schedule all vacation days for the academic year (July-June) by January 31 of that academic year. Any remaining time may be scheduled by the Program Director in conjunction with the service faculty and the Chief Resident.
- Conflicts in leave will be handled by giving the earliest dated request form priority.
- All outpatients and after hour-shifts must be covered before leave requests are approved. The resident who signs for outpatient coverage will be responsible for handling any emergencies or treatment needs of the outpatients of the resident who is on leave.
- Residents are responsible for all after hours shifts as originally assigned unless call swap on QGenda is approved.
- Vacation days, once approved, cannot be changed without the consent of the Program Director of the Psychiatric Residency Training Program in conjunction with the service chief.
- As a rule, requests for leave should be submitted a minimum of 30 days in advance.
- Should a vacation request be approved after a coverage schedule is prepared (i.e., 30 days or less in advance), the resident should notify the preparer of the schedule immediately; if the schedule has already gone into effect, it will be the requesting resident’s responsibility to arrange for alternative coverage.
- It is anticipated that residents will plan leave in advance. As a rule, requests for annual leave submitted less than 7 working days prior to the leave will not be approved except in extreme circumstances.

EDUCATIONAL DAYS:
One week (5 working days) for PGY 1, 2, 3 and 4

a. To be used for attendance at outside conferences

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b. May be used for taking licensure examination, ONLY one day before the examination and for the day(s) the examination is held.

c. Fellowship interviews
d. Job interviews
e. Must be approved by the chief residents, Program Director or designee.

SICK LEAVE:

One week (5 working days) for PGY 1, 2, 3 and 4

a. Leave for illness and health care appointments is considered part of Sick Leave.
b. Sick leave may be granted up to five days per academic year for PGY 1, 2, 3 and 4.
c. **WHEN A RESIDENT IS OFF DUTY BECAUSE OF ILLNESS OR INJURY, CHIEF RESIDENT(S), SERVICE CHIEF, PROGRAM COORDINATOR, CLINICAL SUPERVISING/TEACHING FACULTY (if applicable) AND PROGRAM DIRECTOR/DIGNEE SHOULD BE NOTIFIED AS SOON AS POSSIBLE.**
d. Sick leave may not be carried over from one year to the next and is not compensable at the termination of the residency program.
e. In certain instances, the resident may be requested to bring written documentation of illness or injury from his/her treating physician in order to be granted sick leave. In addition, the Program Director and or designee may ask the resident to provide written authorization for the treating physician to discuss the resident's illness and prognosis.
f. All major illnesses or serious injuries require a physician's release to return to work indicating that the resident's health or the well-being of patients will not be risked by return to work. In addition, the program director may request full medical records of the resident's illness and appropriate examinations by MIHS staff to fully and fairly determine resident's fitness to return to full on-going duty.
g. When the allotted sick leave is used up, vacation time will be used to cover the time a resident is off duty because of illness or injury. Leave beyond Sick Leave should be addressed with Program Director/designee and MIHS Graduate Medical Education for consideration of no-pay status or application for short- or long-term disability or FMLA. When the resident goes off the Valleywise Health payroll, the position may be officially vacated. The Program Director (in accord with CU personnel policies and in concert with the Program’s needs) may make the decision whether and when to offer the position to a suitable replacement.
h. Process for routine health care appointments. It is recognized that many routine health care appointments need to occur during the workday. In recognition of the primacy of patient welfare in these situations and the impact on the program's other residents needing time off for these appointments should give the program 30 days notice to their program.
i. Process for urgent/emergent health care appointments. The process for ensuring patients safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for residents needing to leave due to excessive fatigue or illness or family emergency.

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