



National Capital Consortium Pediatric Residency Program Leave and Call Policy

January 2017

This document describes policies and procedures for leave, call, parental leave, international travel, and what to do when you are too ill to report for duty.

Leave

Leave for the year should ideally be planned at the beginning of the academic year. PL-1's may take 2 weeks of leave. Leave is not allowed during inpatient rotations. Some times of the year are more desirable than other for taking leave, but there are a certain number of residents needed to cover inpatient services, so only a fixed number of residents can take leave at any one given time. Leave requests are granted on a first-come-first-serve basis.

PL-2's and PL-3's may take 3 weeks of leave per year. Again, leave is not allowed during inpatient rotations and during adolescent medicine. Plan your leave early and have it approved IN ADVANCE by the chief resident, the program director, and the supervisor of the rotation from which you will miss time.

There is a distinction between 'military leave' and 'program leave.' Program leave is also known as vacation in the civilian world. Military personnel are given 30 days of paid military leave each year, a benefit not able to be exercised during GME. This leave will accrue and can be used after graduation or during operational assignments during training such as GMO tours.

In certain circumstances, a resident can take military leave which will not count as program leave. One such example is emergency leave; a resident can call the Program Director at any time 24/7/365 to request emergency leave. See 'Personal Emergencies' below for more details.

A more common example is fortuitous periods of time the resident is on liberty and wishes to take leave. This primarily applies to personnel whose services have liberty travel restrictions and must take leave if travelling outside a certain radius. Taking military leave which does not count against program leave can only occur if the following conditions are met:

- Leave will be taken during a time when the resident otherwise would be on liberty
 - Weekend for normal work schedules
 - Other days of liberty for those on alternate work schedules or shift work
- The resident would have been on liberty ONLY because the resident was not scheduled for duty even though the resident did not request those days to be off-duty.
- Mutually agreed-upon switches with other residents in order to have liberty on a certain date, done after schedule requests are made and schedules assigned, if the resident made a request and was denied, satisfy this requirement.
- The resident has no call, clinic, or backup duties during the leave.



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As the chief resident is preparing to make the call schedule, he/she will ask if there are leave requests. Please read your email so you can respond in a timely fashion.

When you want to take leave:

- ***Leave must be submitted in three ways***
 - *Using the amion on-call schedule request feature*
 - *Obtaining pre-approval from the chief resident and rotation supervisor which is then sent to the Program Director or the Associate Program Director. This can be done with an email copied to the chief resident, rotation supervisor, and the PD/APD.*
 - *Using the service-specific leave routing system (see below)*

- ***Ensure that there is no continuity clinic schedule or booked patients in the system for you during your leave. Contact the chief resident and the clinic manager who does scheduling at WRNMMC-Bethesda.***

- ***Ensure that all AHLTA notes and tel-cons are complete.***

- ***Ensure that all military training is up-to-date (particularly important for the Army and Navy)***

- ***The next steps are service-specific and are on the next 3 pages***



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ARMY (don't forget to complete the bolded program steps above)

Alpha & Student Company Checklist:

1. **LES**

- * Print out most recent LES from MyPay via your AKO account.

2a. **TRIPS** if driving:

- * Travel Risk Planning System (TRIPS): <https://safety.army.mil/>
- * Click on TRIPS icon to complete required questionnaire.
- * Either email to supervisor using their AKO email (Student Co: CPT Wrighten; Alpha Co: SGT Jury) OR print out certificate and add to leave package.

2b: **Itinerary** if flying: Print out from your airline or travel agency website.

3. **FMR**

- * Got to AKO and click on “medical readiness” (should be GREEN).
- * On the TOP RIGHT corner, select “Print” to print the entire FMR document.
- * *If you are going to turn amber during the time that you are on leave, you must complete that requirement prior to turning in leave (double check w/SGT Jury if unsure).*

4. **DA 31**: Official Leave Form

- * Located both at the end of the TRIPS questionnaire AND on AKO (press Forms tab and search for DA 31). You can fill out electronically (preferred) or by hand.
- * Dr. Gorman is your supervisor, who also needs to sign this form.
- * Ms. Theresa Kiefer, Program Coordinator, can help you fill out, if you are unsure.

5. A **vehicle (POV) inspection** if driving:

- * Can obtain in Peds office on 2nd floor, Peds S:// drive, or the following website: <http://www.belvoir.army.mil/safety/doc/povinspection.pdf>
- * Can be done by one of your peers, if you are in Student Company. Can be done by one of the NCOs in the Peds Office, if you are in Alpha Company. *Bottom line— It does not have to be done by a mechanic.*

**** Once you have this ENTIRE packet completed and signed by the appropriate people. Hand in to the NCOIC for Peds (regardless of Student or Alpha Company). They will take care of routing it to the appropriate office.**



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NAVY (don't forget to complete the bolded/italicized program steps above)

Navy residents use the Navy e-leave system through the NSIPS website **E-Leave Link:** <https://nsips.nmci.navy.mil/> This link is also available on the nccpeds.com website under the Military -> Navy Page menu item. The request is electronically routed through contingency and the department training officer before it can be approved by the PD or Navy APD.

You will need to attach your IMR (Individual Medical Readiness) certificate from BUPERS Online showing that you're 'ready' and a screenshot of your training history from Navy Knowledge Online (NKO) showing that you are up to date. Take a screenshot or [print an adobe document using these instructions](#).

AIR FORCE (don't forget to complete the bolded/italicized program steps above)

TO access leave web:

- During inprocessing you probably turned in a request for leave web access to the CSS office at Malcolm Grow. If not, they will need this to get you an account.
- Go to my.af.mil from a CAC login computer to access Leave web.
- A link for leave web is along the left hand side of the home page.
- If you do not have a password, I would contact the leave web administrator at Andrews, phone number is 240-857-8225 to get this set up
- When applying for leave, simply submit a request online up to 30 days prior to leave date and they approve them fairly quickly
- Your supervisors name and info is as follows:
 - AO Rank: LT COL
 - AO Name: Natalie A Giscombe
 - AO Phone: (240) 857-8280
 - AO EMail: Selea.hayes@afncr.af.mil
- You will need to enter this in so she can approve the leave (Ph#: 240-857-8703)
- Upon return from leave, go back to same website and submit return from leave status
If you forget this step, you will get an email from Laurie Creel telling you to do so asap so they don't think you are AWOL of something.



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**** Potential NEW approving official: COL Sandra Tynes. Email LtCOL Giscombe and/or Ms. Creel to double-check who your Approving Official (AO) is prior to filing your leave****

Notes on international travel

International travel (setting foot in a foreign country at any time in your itinerary) requires a country clearance form. Please consult your local service-specific leave office for international travel requirements.

Note on Illnesses

For those new to the military, it is a requirement that medical care for active duty personnel be provided by military physicians in a military treatment facility. If you are just entering the service and have ongoing medical problems, you should make arrangements to have that care transferred to a physician at WRNMMC.

Practicing effective infection control measures such as hand washing can decrease but not eliminate your risk of illnesses. It is not uncommon, though, for residents who are constantly treating ill children to become ill themselves. If you are ill, you should discuss your symptoms with your supervisory resident and your attending. With certain illnesses you may do patients more harm if you continue to work and expose them to your pathogens.

If you feel you are too ill to work, you should:

- a) notify your supervisory resident and your attending as soon as possible and
- b) make arrangements to go to military sick call so you can be examined and given any treatment you may need to help you recover.

Personal Emergencies

All of us have personal emergencies that arise from time to time. When a personal emergency arises, the patients for whom you are responsible don't just go away. It is imperative that you notify your attending and supervisory resident about your emergency as soon as possible so that you can be provided the support you need, your patients can be covered, and you will be legally protected. It is not enough to call and leave a message. **YOU MUST MAKE PERSONAL CONTACT WITH YOUR IMMEDIATE SUPERVISOR.**



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Call

Working hours during residency are long, particularly during inpatient rotations. The rotation and call schedules for this year have been developed with several goals in mind:

- Residents and interns will not work more than 80 hours per week averaged over 4 weeks
- You must have an average of one 24-hour period each 7 days without hospital responsibilities.
- Residents will not work more than 30 hours per shift and there will be 10 hours of rest between shifts.
- Interns will not work for more than 16 hours per shift and there will be 10 hours of rest between shift
- Interns must not work more than 6 night-shifts in a row

To provide maximal continuity of care, the following policies will be in effect:

- Residents will have signed out their patients to the designated relief or cross coverage resident before leaving the hospital.
- Residents on electives or outpatient rotations who have been on call for an inpatient rotation the previous night may complete inpatient sign-out, attend educational activities, or see their continuity patient the morning after call. The resident is required to leave the hospital by noon on their post-call day.

Liberty/Pass

Special liberty or pass is granted very rarely and only for special circumstances. It is not meant to take the place of leave. If you are granted pass or liberty by the program director or department head, you must also inform your rotation supervisor. You must also have a liberty chit or pass form in your possession while you are gone.

For the Army, you can only travel within a 180-mile radius of the hospital without a pass form. If you are traveling greater than 180 miles, you must have a signed pass form in your possession.

For the Navy, there is no set regulation. You must be able to be at your assigned duty station at the prescribed time.



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Maternity/Parental Leave Policy

To combine residency training with parenthood is a major challenge to the trainee, the trainee's spouse, other trainees in the program and staff. To aid trainees who become pregnant, adopt a child, or wish to take paternity leave during GME programs, the Consortium provides the following policies based on existing maternity leave instructions, ACGME requirements, and recommendations of the American Medical Association.

1. Policies

- a. The Consortium and its members will support the pregnant trainee and GME training program.
- b. Leave taken prior to delivery, unless medically ordered will count against regular leave time allowed by the program.
- c. For female trainees, **12 weeks of non-chargeable maternity leave** is granted. Residents must take this leave consecutively and immediately following a child's birth, or release from hospitalization (whichever is later).
- d. For male trainees, residents may use any earned regular leave, even if in excess of the PGY-level approved program leave. It must be taken consecutively and immediately following a child's birth, or release from hospitalization (whichever is later).
- e. The American Board of Pediatrics has determined that residents must complete 33 months of a 36-month pediatric residency in order to sit for the board certifying examination. Leave and/or convalescent leave in excess of 90 days over the course of the three-year residency will necessitate an extension of the residency-training program, or a request for a waiver submitted by the Program Director. Approval of the waiver rests on the American Board of Pediatrics alone. A waiver can only be submitted if:
 - The Clinical Competency Committee deems the resident in good standing and on track to be able to practice independently upon graduation at the mid-academic year meeting.
 - All of the following endorse the request
 1. The Chief of GME for the resident's service
 2. The Designated Institutional Official (DIO) of the NCC
 3. The Specialty Leader/Consultant for the resident's service



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- f. Interns must complete 48 weeks of training during the PL-1 year to receive credit for internship. Interns are allowed 2 weeks of regular leave. Trainees utilizing this 2 weeks plus any convalescent leave would have their internship extended if they did not meet the minimum requirements of their service for training. ***There is no option of a waiver of this requirement for parental leave.***
- g. Residents are routinely allowed 3 weeks of regular leave during the PL-2 and PL-3 year. This leave is generally taken in blocks of 1 week or less and depends on staffing needs of the program. Blocks of leave larger than 1 week are granted at the discretion of the program director.
- h. No convalescent leave can be granted for an adopting parent. Adoption is not a medical condition that requires convalescence.
- i. Academic and call schedules for the pregnant resident will be modified in accordance with the recommendations of the resident's OB/GYN physician. These decisions will be medically based and administratively implemented by the respective service chiefs and the Program Director.
- j. Modifications in the pregnant resident's academic and call schedules (such as "frontloading" of the call schedule early in the pregnancy) should reflect the abilities of the resident and her stamina with consideration given to her overall health to insure the best outcome for the pregnancy.

2. Responsibilities

- a. The Trainee will:
 - Have an obstetric physician confirm a suspected pregnancy as early as possible, issue a pregnancy profile, and initiate prenatal care as early in the pregnancy as possible;
 - Notify the Program Director about the pregnancy as soon as the pregnancy is confirmed and receive counseling about the training requirements;
 - Immediately notify the Program Director of any complications that may affect duty performance;
 - Follow the conditions of the medical pregnancy profile;
 - Follow the Program Director's guidance as it relates to training, schedules, and time requirements to fulfill all specialty board requirements;



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- Continue to perform military duties until delivery time unless excused from formal duties by the obstetric physician, in which case she may be hospitalized, placed on sick leave, given limited duty, or assigned to quarters;
- Take up to a maximum of 12 weeks of maternity leave following delivery unless otherwise requested by her obstetric physician.

b. The Department of OB/GYN will:

- Confirm the pregnancy by pregnancy test, ultrasound, or pelvic exam by a licensed provider;
- Provide a pregnancy profile and notify the trainee's Program Director indicating any and all limitations placed on the trainee;
- Ensure that pregnant trainees receive prenatal, perinatal, and postpartum care;
- Advise the Program Director of any needed changes in the trainee's profile or approved duties;
- Recommend convalescent leave as per service-specific instructions.

c. The Program Director will:

- Adjust the trainee's duty roster on the pregnancy profile;
- Notify other housestaff of all rotation changes as soon as possible to minimize disruptive changes on the other GME trainees;
- Counsel that trainee regarding the requirements and make appropriate decisions and adjustments because of the trainee's absences;
- Ensure that pregnancy does not provide the basis for adverse action against a trainee;
- Closely monitor the pregnant trainee's work week, call schedule, and continuous hours worked without rest and ensure that this schedule is consistent with that recommended by the trainee's obstetrician;
- Determine if the trainee can adequately meet specific requirements for Board Certification;
- Notify the chief of the specific departments/services of any changes or conditions that affect the trainee's performance in the program;
- Notify the appropriate GME office of any adjustments in length of training required by the trainee;
- Approve 12 weeks of parental leave following delivery;
- Initiate a request for extension of training or petition the American Board of Pediatrics for a waiver if a resident cannot comply with



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service-specific or RRC guidelines due to requirements for convalescent leave.