



National Capital Consortium Pediatric Residency Program Leave and Call Policy

2018

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.



National Capital Consortium Pediatric Residency Program Leave and Call Policy

June 2018

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 14-21 days of non-charged parental leave (varies by service), even if in excess of the PGY-level approved program leave. It must be taken consecutively and immediately following a child's birth, release from hospitalization, or adoption.
- 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



National Capital Consortium Pediatric Residency Program Leave and Call Policy

June 2018

- 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;



National Capital Consortium Pediatric Residency Program Leave and Call Policy

June 2017

- 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



National Capital Consortium Pediatric Residency Program Leave and Call Policy

June 2017

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