

# **Protecting Wellness and Boundaries while Navigating Leaves of Absences: Case Studies for Approaching from an Ethical and Behavioral Health Lens**

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# Disclosures

- *We have no disclosures*

# Goals and Objectives

- Understand and explain the new ACGME family leave policy and the ABFM Absence from Residency and Family Leave Policy.
- Demonstrate the ability to talk with their faculty about appropriate boundaries regarding disclosure of resident leave circumstances from an ethical, psychosocial, and human resources perspective.
- Identify when consultation with human resources and legal colleagues may be needed to assist with resident leaves.

# Session Structure

- Intro and History of LOA: 830-835 AM
- Ethics and LOA Policies: 835-845 AM
- Think Pair Share and Types of Leaves: 845-855 AM
- Case Vignette 1 (Small Groups): 855-905 AM
- Case Vignette 2 (Large Group): 905-925 AM
- Wrap-Up: 925-930 AM

# LOA Guidelines & History– Why Review?

- There have been big changes in a short amount of time
- We are only a couple years removed from maternity leave causing many graduates to have to extend residency
  - STFM study showing wide variety of paid leave prior to ABFM and ACGME changes (1) and 40% of residents now state planning to take parental leave (2)
- Need to know the source(s) of truth to advocate for your residents
  - Anesthesiology: no large change in leave taken even after implementation of longer leave (2018-2020) (3)
- ”But when I was in residency” hold overs amongst faculty; CULTURE

1) Wendling A, Paladine HL, Hustedde C, Kovar-Gough I, Tarn DM, Phillips JP. Parental Leave Policies and Practices of US Family Medicine Residency Programs. *Fam Med.* 2019;51(9):742-749

2) Prasad S, Vaswani PA, Budhu JA, Conway SE, Kett LR, Eaton SHM, Bowley MP. Legal Regulations and Institutional Policies Underlying Parental Leave in Graduate Medical Education. *J Grad Med Educ.* 2021 Jun;13(3):349-354.

3) Sun H, Dainer RJ, Warner DO, Macario A. Resident Family and Medical Leave During the First Year of the American Board of Anesthesiology's Extended Leave Policy. *Acad Med.* 2021 Oct 1;96(10):1373.

# Historical Review of Residencies and LOAs

- Prior to the 1970s, no literature had been published about parental leave policies during residency <sup>1</sup>
- Pregnancy Discrimination Act of 1978: ACGME did not institute standardized guidelines across all residencies <sup>1</sup>
  - Residency programs developed individual approaches to LOAs, residency programs remained poorly prepared for parental leaves for many years <sup>1</sup>
  - 1986 survey of Harvard-affiliated residency programs: ~40% of those who became pregnant during residency experienced hostility in their training environment <sup>1</sup>

1. Prasad, S., Vaswani, P. A., Budhu, J. A., Conway, S. E., Kett, L. R., Eaton, S. H. M., & Bowley, M. P. (2021). Legal regulations and institutional policies underlying parental leave in graduate medical education. *Journal of Graduate Medical Education*, 13(3), 349–354. <https://doi.org/10.4300/jgme-d-20-01083.1>

# Historical Review of Residencies and LOAs

- Late 1980s: residency programs started to formalize policies regarding parental leave initially focusing only on maternity leave <sup>1</sup>
- 1995: first policy outlining leave for the non-childbearing parent <sup>1</sup>
- By 2005: formal policies were instituted in approximately 90% of nonsurgical residency programs, however remained less common in surgical specialties <sup>1</sup>

1. Prasad, S., Vaswani, P. A., Budhu, J. A., Conway, S. E., Kett, L. R., Eaton, S. H. M., & Bowley, M. P. (2021). Legal regulations and institutional policies underlying parental leave in graduate medical education. *Journal of Graduate Medical Education*, 13(3), 349–354. <https://doi.org/10.4300/jgme-d-20-01083.1>

# Historical Review of Residencies and LOAs

- 2021: "ABMS Policy on Parental, Caregiver and Family Leave"
  - ABMS: residents and fellows will be allowed a minimum 6 weeks away for medical leave or caregiving once during training, without having to use vacation or sick leave and without having to extend their training
  - Time off for: birth and care of a newborn, adopting a child, becoming a foster parent, care of a child, spouse, or parent with a serious health condition; or the trainee's own serious health condition.
  - Policy applies to member boards with training programs of at least 2 years.

Frellick, M. (2020, July 26). *Residents, fellows will get minimum 6 weeks leave*. Medscape. Retrieved September 5, 2022, from <https://www.medscape.com/viewarticle/933972>

# ABMS LOA Policies Post-Pandemic

- May 2020: During the initial pandemic wave, 21 ABMS Boards (88%) held COVID-19 related LOA policies.
  - One in four permitted additional leave, and 9 (38%) included COVID-19 leave as part of their existing LOA policy.
  - Fewer than half of the Boards (42%) allowed time away from on-site training, at home or redeployed to other services, to count as clinical hours.
  - only 1 ABMS Board reduced the minimum case volume requirement.
- Jan 2021 (after vaccine introduction): only 13% (n=3) of ABMS Boards had expanded their policies to increase permitted leave, reduce minimum case requirements, or endorsed redeployed time as part of clinical duty.
- Viral resurgence Sept 2021: half (50%, n=12) of ABMS Boards had updated their LOA policies to increase the duration of permitted leave, incorporated a virtual platform into their curricula, or altered the minimum case volume

# Medical Leaves during Residency

- There is a current paucity in medical literature describing LOA during residency
- Dept of PM&R at Baylor COM (2022) describes 4 LOA reasons:
  1. Medical
  2. Parental
  3. Academic/Remediation
  4. Unspecified/Personal

McDeavitt, J. T., Appelbaum, N. P., Raddatz, M. M., Driscoll, S. W., & Kinney, C. L. (2022). Taking leave during residency. *American Journal of Physical Medicine & Rehabilitation*, 101(7). <https://doi.org/10.1097/phm.0000000000002004>

## Medical Leaves during Residency: Parental

- U of Colorado Peds residency from 2020 <sup>1</sup>
  - 20%–40% of pediatrics residents have a child during residency
    - 40% of peds resident mothers extended training to accommodate parenting leave This is not specific to pediatrics <sup>2</sup>
    - 75% of family medicine resident parents extended training after maternity leave <sup>2</sup>
- A multispecialty survey of 424 female residents from 11 residency programs from 2010 found that women delayed pregnancy due to perceived threats to their careers <sup>2</sup>
- 75% of family medicine resident parents extended training after maternity leave. <sup>2</sup>
- AAP recommends 12 weeks of leave for mothers and partners. <sup>1</sup>
  - Shorter leave (<6 weeks) is associated with early cessation of breastfeeding, 4X higher odds of failure to establish breastfeeding and an increased probability of cessation after successful establishment <sup>1</sup>
  - U of Co created newborn care residency elective as creative paid-leave alternative for parent to care for newborn <sup>1</sup>

1. Cree-Green, M., Cree, J., Urban, K., Bunik, M., Sass, A. E., & Rosenberg, A. (2020). A structured neonatal parenting elective: An approach for parenting leave during residency. *Academic Pediatrics*, 20(5), 595–599. <https://doi.org/10.1016/j.acap.2020.02.008>

2. Willett, L. L., Wellons, M. F., Hartig, J. R., Roenigk, L., Panda, M., Dearing, A. T., Allison, J., & Houston, T. K. (2010). Do women residents delay childbearing due to perceived career threats? *Academic Medicine*, 85(4), 640–646. <https://doi.org/10.1097/acm.0b013e3181d2cb5b>

# Medical Leaves during Residency – Academic

- Dept of PM&R at Baylor COM found that the reason for LOA significantly influenced ABPMR board examination pass/fail result ( $P < 0.001$ ).
  - Physicians who took a parental LOA did not have a significantly different part I pass rate than physicians who did not take an LOA ( $P = 0.79$ ).
  - Physicians who took a personal LOA because of health concerns did not have a significantly different part I pass rate than physicians without an LOA ( $P = 0.12$ ).
  - Physicians who took an LOA for unspecified personal reasons or had an LOA because of academic or remediation reasons had a lower part I pass rate than physicians who did not take an LOA ( $P < 0.05$  and  $P < 0.001$ , respectively).
  - Overall, parental and medical leave did not negatively affect board pass rates, residents taking an LOA because of academic/remediation concerns had lower pass rates.

# Applying Medical Ethics to Residency

- Autonomy
  - Duty to inform residents of their rights to take leaves of absence under federal law, regulatory agencies, governing boards, and institution
- Nonmaleficence
  - Protecting patients by making sure residents are well during work
  - Not omitting option for leaves to our residents when it is their right
- Beneficence
  - We should act for the benefit of our residents (in their education and health)
- Justice
  - Fairness to all of our trainees – applying leaves equitably, not just when convenient for program

# Principles of Medical Ethics – Beauchamp and Childress

- Autonomy
  - The underpinning for informed consent
- Nonmaleficence
  - Not harming or injuring patients either, including by omission
- Beneficence
  - We should be on benefit for patients
- Justice
  - Fairness to all

# The Ethics of Leaves of Absence

- American Medical Association
  - **Code of Medical Ethics Opinion 9.3.1**
  - When physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided. To preserve the quality of their performance, physicians have a responsibility to maintain their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress.
- Ethics to be there to care for patients vs. putting patients at risk
  - COVID has made us all reevaluate the culture of “presenteeism” that had up to 80% of healthcare workers working despite having cold symptoms
  - Are medical leave policies therefore ethical in regards to patient care as well?

Jena AB, Baldwin DC, Daugherty SR, Meltzer DO, Arora VM. Presenteeism Among Resident Physicians. *JAMA*. 2010;304(11):1166–1168.

Preston-Suni K, Celedon MA, Cordasco KM. Patient Safety and Ethical Implications of Health Care Sick Leave Policies in the Pandemic Era. *Jt Comm J Qual Patient Saf*. 2021 Oct;47(10):673-676.

# Leaves of Absence Guidelines - FMLA

- FMLA
  - 1993 law protecting up to 12 weeks of leave with continued benefits and job protection (but not necessarily pay)
  - Residents do qualify for FMLA – legal precedent for this
  - Doesn't require vacation above this 12 weeks
  - Does not legally start until one year after employment

# Leaves of Absence Guidelines - State

- Some states have had different policies on parental leave
  - Many states with paid leave
  - Vary in length and percentage of paid leave guaranteed

# Leaves of Absence Guidelines - ACGME

- ACGME Institutional Guidelines
  - [https://www.acgme.org/globalassets/pfassets/programrequirements/800\\_institutionalrequirements\\_2022.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf)
  - The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)
    - IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)
  - NOTE: will not get cited until if not having this until 7/1/2023

# Leaves of Absence Guidelines - ACGME

- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

# Leaves of Absence Guidelines- ACGME

- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)
- IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

# Leaves of Absence Guidelines- ACGME

- Also recognizes need to cover your clinical services and residents have to have no fear of taking this leave (From ACGME Common Program Requirements)  
[https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\\_2022v3\\_tcc.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3_tcc.pdf)
  - VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)
  - VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care. (Core)
  - VI.C.2.b) These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work

# Leaves of Absence Guidelines- FM RRC

- Family Medicine ACGME guidelines do not have anything more restrictive than core or institutional guidelines regarding leaves of absence.

# Leaves of Absence Guidelines - ABFM

- ABFM
  - <https://www.theabfm.org/sites/default/files/PDF/ABFM%20Family%20Leave%20Policy-5-21-2020.pdf>
  - Addresses MAXIMUM medical time away and does not supplant local HR
  - Specifically states resident training can still be extended based on CCC decisions
  - FAMILY LEAVE vs. OTHER LEAVE (vacation, CME, sick days)
  - Recommends that family leave time be taken from elective
  - Family leave CAN cross between PGY years

# Leaves of Absence Guidelines - ABFM

- Still requires 40 weeks of continuity clinic
  - SO NO AWAY ELECTIVES if taking full 12 weeks in one year
  - Attention paid to night float rotations
- Family Leave encompasses
  - Birth of a child, including fostering and adopting, for birth and non-birth parent
  - Care of a family member (leaves it to HR and Program to decide what constitutes family member)
  - Personal serious medical illness
- Program tracks this but does not need ABFM approval

# Leaves of Absence Guidelines - ABFM

- TIME AWAY
  - Up to EIGHT (8) weeks of FAMILY LEAVE TOTAL in 3 years
  - Up to FOUR (4) weeks of other leave each PGY year
    - So up to 12 weeks COMBINED Family and Other leave in one PGY Year
  - Up to TWENTY (20) weeks total leave during 3 year PGY training
  - NO MORE extension if more than 30 days off contiguously
  - If taking more medical leave than this (i.e. second child) will need to extend training or not take family leave.

# Leaves of Absence Guidelines - ABFM

- Cannot be made retroactive for past illness
- ‘Still need 1650’ (until 2023....)

## Leaves of Absence Guidelines – Your Institution

- Institutional example:
- Beaumont Health

Beaumont Corporate Shared Services

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Title	Preview	Area	Applicability	Last Revised	Effective	Last Approved
Medical Leave of Absence Policy	... request, including whether the employee is eligible for the specific type of Leave. All requests for medical Leave of absence must be reviewed an	Human Resources	Beaumont All Sites	September 10, 2020	September 10, 2020	September 10, 2020
Family & Medical Leave Act (FMLA) Policy	... Caregiver Leave is not eligible for additional time off for other FMLA Leave. Verification / Medical Certification Employees requesting a Qualify	Human Resources	Beaumont All Sites	September 10, 2020	September 10, 2020	September 10, 2020
Michigan Paid Medical Leave Act	... will not be reinstated. INQUIRIES: Contact Benefits Administration with any questions on the Paid Medical Leave Act at 947-522-3466 or BenefitsAdministration@bea u	Human Resources	Beaumont All Sites	July 28, 2022	July 28, 2022	July 28, 2022
Paid Time Off (PTO)	... charged as holiday time. Employees eligible for PML under the Michigan Paid Medical Leave Act are required to indicate when using PTO for reasons ...	Human Resources	Beaumont All Sites	January 11, 2022	January 11, 2022	January 11, 2022
GME Leaves of Absence	... hire. Medical Leave is included in the GME Medical, Parental and Caregiver Leave (IV.B). Female residents/fellows requesting a <	Graduate Medical Education	All Beaumont Hospitals + BMG + Beaumont Corporate Shared Services	April 14, 2022	June 22, 2022	April 14, 2022
Personal Leave of Absence	... The employee does not meet the eligibility requirements for a Family and Medical Leave Act (FMLA) request. Leave of	Human Resources	Beaumont All Sites	September 10, 2020	March 12, 2021	March 12, 2021



## Beaumont

Origination	3/27/2018
Last Approved	4/14/2022
Effective	6/22/2022
Last Revised	4/14/2022
Next Review	4/13/2025

Document Contact	Wilson, Sharon: Sr Dir, GME Admin
Area	Graduate Medical Education
Applicability	All Beaumont Hospitals + BMG + Beaumont Corporate Shared Services
Key Word	GME-Human Resources

### GME Leaves of Absence

Document Type: Policy

#### I. PURPOSE AND OBJECTIVE:

The purpose of this policy is to define leaves of absence for residents and fellows.

#### II. POLICY STATEMENT:

- A. It is the policy of Beaumont Health to comply with Federal, State and local rules and regulations related to the administration and implementation of leaves of absence programs, as well as the Accreditation Council for Graduate Medical Education (ACGME) Requirements.
- B. Beaumont Health aims to balance residents'/fellows' personal responsibilities, medical situations, educational needs and military service commitments with the requirements of their graduate medical education program and the department's, hospital's and system's operations and policies. Additional requirements and benefits specified in this Graduate Medical Education (GME) policy are designed to support the resident/fellow in successfully completing the required training period.

#### III. DEFINITIONS:

Screenshot

### III. DEFINITIONS: [Copy Link](#)

- A. **GME Medical, Parental and Caregiver Leave.** Residents/Fellows are provided a total of six weeks of approved medical, parental and/or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws with pay and benefits.
- B. **Family & Medical Leave Act (FMLA) of 1993, revised January 16, 2009.** FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain medical and family reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunities for men and women.
  - 1. Employees are eligible for FMLA leave if they have worked for Beaumont Health at least 12 months:
    - a. FMLA provides employees with up to 12 weeks of unpaid, job-protected leave per rolling calendar year. The rolling calendar period is measured backward from the date a FMLA leave commences. This means that the 12 months prior to the beginning of the requested leave are reviewed to determine if less than 12 weeks have been used in that period. If less than 12 weeks have been used, additional leave may be granted up to the 12 weeks.
    - b. It also requires that group health benefits be maintained during the leave period.
    - c. The employee's position is guaranteed for the total 12 weeks of a qualified FMLA leave; the resident/fellow is restored to the same position vacated when the leave commenced.

### IV. TYPES OF LEAVES: [Copy Link](#)

- A. **Absence Due to Minor Illness.** Absences due to illness that extend beyond five scheduled work days require physician documentation. Residents/fellows have a responsibility to keep the Program Director apprised the status of their absence.
- B. **GME Medical, Parental and Caregiver Leave.** Residents/Fellows are provided a total of six weeks of approved medical, parental and/or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws once during an accredited program of one to four years in length; twice in programs of five years or more in length (both at any time during the program).
  - 1. Residents and fellows become eligible on their date of hire.
  - 2. Salary, health and disability insurance benefits are continued for the duration of the approved GME Medical, Parental and Caregiver Leave.
  - 3. One week of annual vacation must be reserved for post-leave use, if it has not already been used.
  - 4. Leaves may be used all at one time or intermittently.
  - 5. Parental and Caregiver Leave requests must be reviewed by the Program Director, in consultation with the Associate Designated Institutional Official (DIO).
  - 6. A Tracking Form will be used to document use of GME Leaves and is maintained the resident's/fellow's file in GME.
  - 7. The Program Manager submits request for Leaves of Absence in PeopleSoft; Benefits contacts the individual for additional information.
- C. **Medical Leave.** Leave covers the resident's/fellow's *own serious medical condition* (illness, injury, impairment or physical or mental condition that requires inpatient care or a regimen of continuing treatment by a healthcare provider; pregnancy), when the individual is unable to perform the essential functions of his/her position.
  - 1. Residents and fellows become eligible on their date of hire.

Score

# THINK PAIR SHARE *(5 minutes)*

- Thinks of the resident leaves you have seen within your residency – what were the circumstances?
- What are the ethical, legal, and psychosocial issues that might occur because of such leaves of absence?

# Types of leaves

- Maternity leave – adoption or birth
- Paternity Leave
- General family leave (e.g., sick family member)
- Mental health leave
- Specific medical condition leave
- Chronic illness/FMLA
- Acute injury leave (e.g., car accident)
- Others.....

# Leaves that aren't quite "leaves"

- How does your residency track/accommodate sick days or interview days?
- How flexible does your faculty feel they can be?



# Leaves that aren't quite "leaves"

- Consistent tracking for all residents
- Recognize patterns and offer support/advisement
- Utilization of resident time for less than traditional education experiences (e.g., inbox efficiency, professionalism)
- [Program Manager discusses importance of flexibility](#)

# COVID Leaves

- If a resident is well enough to work while having COVID and is put on working from home rather than COVID leave is there any program issue with this (i.e. could do telehealth visits, work on educational projects)?
  - HUMAN RESOURCES: No issues with this. If the employee is well enough to work from home while on COVID leave, this is permitted and of course this arrangement can change if their condition worsens.
  - PROGRAM: As long as they can continue to do the work they normally do it should be fine. Even if modifying the schedule so some normal work tasks that can be done from home are done during this time.
    - For example, creating a schedule in your office or from home gets the same task completed. Now a food service worker delivering trays to patients can not complete that task from home. I think it depends on the job.

# Case vignette #1 Paternity Leave

- Your new(ish) intern lets you know that his partner is due next month with their first baby. This is July during the academic year and he is current only orientation block month.
- He's expected to be on the inpatient floor next month.
  - Your typical team is a PGY-3 and two PGY-1 during the day, with PGY-2 night float. Interns cover during the day and also one weekend day each.
- This is all he says. He doesn't ask for anything else, just wants to give you a FYI.

# Case vignette #1 Paternity Leave

## *Small group discussions*

- Would your program typically encourage or bring up the options of paternity leave? Why or why not? What factors might make a program more likely to do this? Is it ethical to NOT offer leave if resident is not asking?
- What are your thoughts around timing of the leave? How to balance this with clinical needs of the program? What other options are available besides a full paternity leave at time of baby's birth?
- Has your program crafted any creative elective time solutions for increased support to new parents?

# Case Vignette #2 Complicated Medical Leave

A second-year resident in your program calls you one morning to let you know they are in the emergency department and acutely ill. Within days, they are diagnosed with a form of cancer that requires immediate hospitalization and expected long-term leave.

# Case Vignette #2 Complicated Medical Leave

**The resident asks the PD to keep their diagnosis private from faculty and staff until they are ready to discuss.**

- Disclosure to co-residents and faculty/staff
  - If asked to recommend a path forward, do you encourage or discourage disclosure? Would this change if it was mental illness?
  - What are the ethical considerations of making this disclosure?
  - Does this change the nature of cohort cohesion to disclose? What resentment do residents fear/experience?

## Perspective from a Resident: Cohort Resentment



# Perspective from Human Resources

- What are your thoughts on disclosing why a resident is on a leave of absence? How do you counsel employees who may know the reason for a colleague's leave (either due to being involved or directly impacted)?
  - The manager, who is privy to the reason of the leave, should not communicate to others the reason for the leave unless it has been widely communicated by the employee (i.e. pregnancy).
  - If a non-leave employee becomes aware of the reason for the leave that is not widely known, they should respect confidentiality to avoid any issues with HIPPA.

# Perspective from Program Manager

- **What are your thoughts on disclosing why a resident is on a leave of absence?**
  - Normally the employee will let the supervisor know if they want the reason to be confidential. I have had residents say please do not share and other residents will say, "I don't mind if you share the reason". Some have actually asked to share and they ask for prayers from all.
- **How do you counsel employees who may know the reason for a colleague's leave (either due to being involved or directly impacted)?**
  - If it was made clear to keep the information confidential by the person on the leave then in my opinion that would fall under professionalism. That would merit a discussion with the employee who is sharing the information when told it was to be kept confidential. I recall with a resident who wanted it confidential at first and made it clear, then at a certain point was letting fellow residents know the issue.

# Case Vignette #2 Complicated Medical Leave

**Your program is having trouble covering the clinical needs of the program, especially on the inpatient floor. You are in a 6-6-6 program and the other 5 residents in the cohort are already talking with their chief residents about how to cover the shifts.**

- How can a program to get creative to ethically resolve the needs?
- How do you prevent burnout/resentment in co-residents?
- Can you have discussions with hospital admin?
- Can you gain additional resident coverage?

# Case Vignette #2 Complicated Medical Leave

**Over the course of the next six months, the PD hears from the resident on occasion about their status.**

Considerations when contacting residents on leave :

- Do you think it's okay or not? What guidelines do you follow? What is your duty to your learner?
- Do you establish resident preference prior to leave when possible?

# Perspective from Human Resources

- **When is it appropriate to contact a resident during a leave of absence? Is it ever inappropriate? Are there hard and fast rules?**
  - For a FMLA or medical leave, an employer should not interfere with the employee's leave and inhibit their ability to take their approved leave (mentally or physically).
    - This is ambiguous as the boundaries are not clearly defined by the law and the claim of interference will need to be perceived by the employee.
    - It is OK for the manager to reach out from time to time during the leave to check on how they are doing, leave updates and/or provide them with updates on any changes or information of significance. It is not permitted for an employee to perform work during a protected leave.
  - For unpaid personal leaves, not covered under FMLA or medical, there aren't restrictions with communication, however I would advise to follow the same rules to avoid a perception that the employee was required to perform work during a personal leave. In this case, they would be entitled to wages.

# Perspective from Program Manager

- **When is it appropriate to contact a resident during a leave of absence? Is it ever inappropriate? Are there hard and fast rules?**
  - Good to periodically touch base with the resident on leave (either PD or Program Manager (PM)).
  - PM usually gives direction as to who to contact, where to get the paperwork to fill out, reminders that they need to get a RTW from their physician, make sure they have an apt with employee health releasing them prior to returning to work, etc.
  - Don't know of any hard rules on 'Dos and Don'ts' of supervisors touching base with their employee on leave.
    - If a coworker was contacting this person and this person did not want coworkers contacting them they could let the supervisor know to please have them refrain from contacting. Coworkers mean well but if ill it may not be welcomed.

## Perspective from a Resident: Most difficult part of a leave



# Considerations during leaves: Summary

- Normalize the process from the start!
- Be sensitive to the schedule-makers/hour counters/time trackers who keep our residencies afloat—compassion all around is helpful.
- Navigate disclosures with faculty/other residents with authenticity, transparency that is resident on LOA led
- Pay close attention to cohort cohesion given changes in workload or team bonding
- Determination of fitness for duty, especially with mental health concerns is important—handle with compassion
- Create flexibility in return-to-work plans
- Remember that residents are learners first and foremost

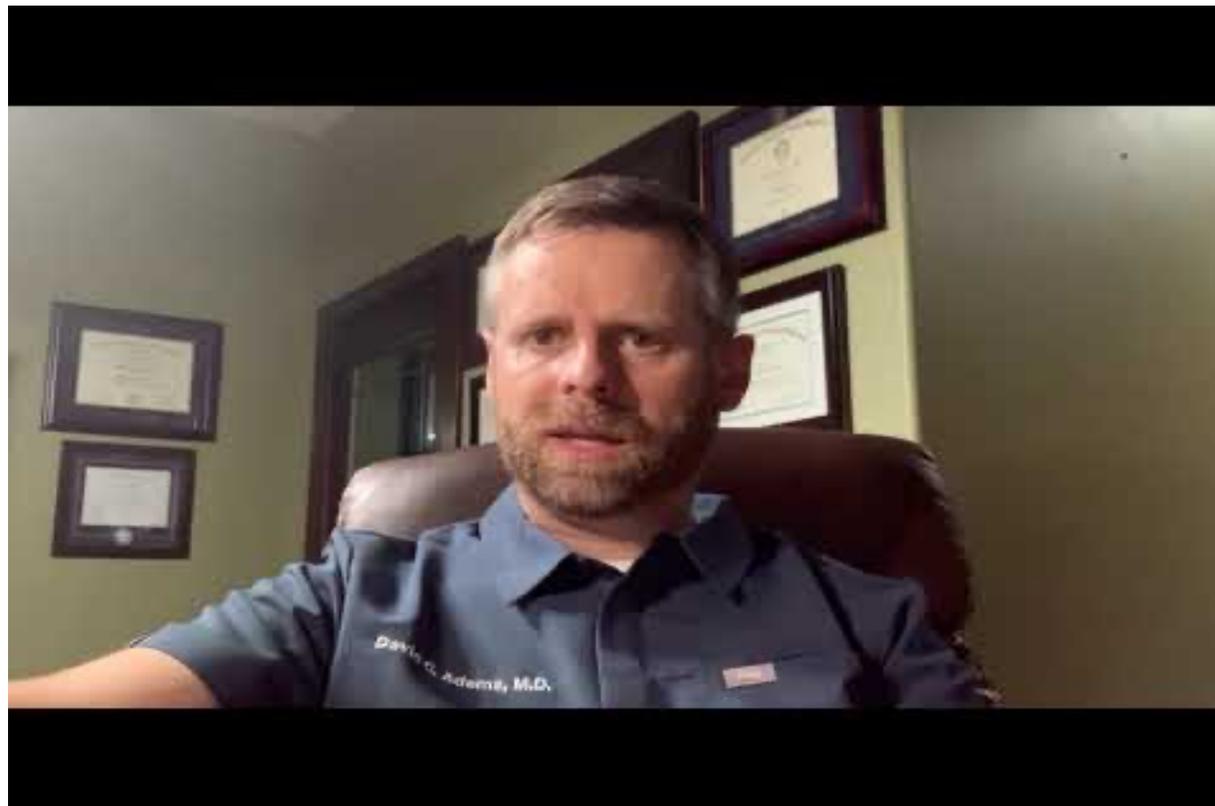
# Perspective from Human Resources

- **In your experience, what are some of the biggest mistakes or misnomers that faculty or chief residents make in dealing with leaves of absence?**
  - Great question! From a process standpoint, appropriately initiating the leave in Perfect Serve or notifying HR. We have had employees that were on leave and this was not processed due to lack of notification. This caused issues as we had to process a retroactive leave, which is problematic.
  - From a wellness standpoint, some employees may feel isolated and disconnected from the workplace during their leave. While some employees welcome this, there have been employees who have reached out to obtain updates on what is going on in the workplace and the leader has refused any communication to avoid interference. If an employee reaches out, it is appropriate to respond and engage them (as long as they are not performing work), however please ensure this is documented that the employee reached out via text or email.

# Perspective from Program Manager/Program

- **In your experience, what are the biggest mistakes or misnomers that faculty or chief residents make in dealing with leaves of absence?**
  - Not asking the resident directly- to assume a RTW date and get them on the schedule and the leave end date has changed.
  - The only need for a chief would be to ask the PD or program manager when to expect this person back to work for scheduling purposes. They need to ask the PD or PM for a solid RTW date and ask if there are any work restrictions when returning.

## Perspective from a Resident: Ways to improve



# Perspective from Program Director

- In the era of required leaves, a program's culture will likely determine who takes leave and for how long
- What type of program are you fostering?
  - How do we change culture to encourage leave?
  - How do we ensure adequate staffing so no resentment towards leave?
    - OR do we make it such a norm that there is no resentment?
- Are there worries about residents “taking advantage” of new leave?
- Medical leave as an equity issue for all genders

Paladine HL, Wendling A, Phillips J. The Importance of Changing Culture on Parental Leave. *Acad Med.* 2020 Apr;95(4):488-489.

Webb AMB, Hasty BN, Andolsek KM, et al. A timely problem: Parental leave during medical training. *Acad Med.* 2019;94:1631–1634.2

Morris LE, Lindbloom E, Kruse RL, Washington KT, Cronk NJ, Paladine HL. Perceptions of parenting residents among family medicine residency directors. *Fam Med.* 2018;50:756–762.



# Resource Handout

- *Available on the conference app*

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# Session Evaluation link

- [https://mcwisc.co1.qualtrics.com/jfe/form/SV\\_bBGUQCI5AMbHc4C](https://mcwisc.co1.qualtrics.com/jfe/form/SV_bBGUQCI5AMbHc4C)
- Please complete an evaluation of this session. There should be a direct link in your conference app. You can also use this QR code.

