

HENRY FORD HEALTH

Henry Ford Providence Hospital (APH) Medical Education
House Staff Leave Policy

I. Purpose

The purpose of this policy is to establish the parameters of all possible types of leave for house staff.

II. Scope

This policy will apply to the Henry Ford Providence Hospital (HFPH) Medical Education Department. All information contained in this policy shall be used as complete criteria for leave requirements.

III. Definitions

House Staff - refers to all interns, residents and fellows enrolled in an HFPH post-graduate training program.

IV. Policy

A. All Leaves of Absence

- i. House Staff must notify their program office regarding absence for any reason. Illness causing absences for three days or more requires a physician's note or clearance from Associate Occupational Health Services to return to work.
- ii. It is the resident/fellow's responsibility to work with their program director to notify the preceptor of any rotation affected by the absence. Any make-up required should be arranged between the resident and their program director.

B. Vacation

- i. House Staff are eligible for 20 working days of paid vacation time. Vacations may be taken according to individual program policies with the prior approval of your Program Director.
DO NOT record weekends as vacation.
- ii. Specific vacation scheduling is discretionary, and requests for vacation must be approved in writing by the program director of the department to which resident/fellow is assigned. Requests, which will be reviewed in the context of the teaching requirements of the affected department and anticipated staffing shortages, may be denied. No vacations or absences for attendance at medical meetings will be allowed between June 15th and July 31st without the Program Director's approval because of changes in personnel which occur during that period.
- iii. Requests for vacation should be submitted to comply with program-specific vacation policies.
- iv. Vacation time not used during the contract period will be forfeited. No payment in lieu of actual time off will be made.

C. Extended Leave and Effect of Leave on Program Completion

- i. An extended leave of absence might delay graduation from a program. The amount of additional time of training to meet requirements for graduation will be determined by the clinical competency committee, and the program director, based on fulfillment of requirements of the appropriate accrediting body and the appropriate certifying Board.
- ii. If a resident physician requests the opportunity for extended leave, he/she so shall advise the resident physician's Program Director as early as possible. The Program Director shall then make a recommendation on make-up to the department's Clinical Competency Committee (CCC). The Program Director's recommendation shall include an individualized learning plan, that will be developed in consultation with the resident physician and approved by the CCC.

D. Bereavement Leave Policy

- i. Bereavement Leave is intended to allow associates paid time off from scheduled work to attend to needs that may arise as a result of the death of a family member.
- ii. All house staff are eligible to receive three (3) working days off with pay per occurrence for the death of an immediate family member.
- iii. Immediate family members include only the following: Mother/Father, Spouse, Child, Sister/Brother, Grandparent, Grandchild, Stepmother/Father, Mother/Father-in-law, Stepchild, Sister/Brother-in-law, Daughter/Son-in-law and Stepbrother/Sister.
- iv. Henry Ford Providence Hospital reserves the right to ask house officers to provide proof of the relationship.

E. Jury Duty

- i. A resident/fellow who is summoned for jury duty must provide notice to her/his program director as soon as possible.
- ii. The resident/fellow must keep her/his program director apprised of jury service obligations as information becomes available, including breaks in obligations. Residents/fellows released from work to provide jury service are expected to do so in good faith and are expected to minimize time lost from work while serving.
- iii. In the case of extended jury duty service, the Program will determine the need, if any, for make-up time.

F. Parental, Caregiver, and Medical Leave During Training

House Staff are eligible for up to a **maximum of six (6) weeks' paid** time off **only once during each training program**, without exhausting all other allowed time away from training, for purposes of parental, caregiver and medical leave, and without extending training.

- i. Leave can be taken as one time in one training year or be divided between years of training as needed over the course of a training program, (without exceeding 6 cumulative weeks total) after approval from program and clinical competency committee.
- ii. For parental leaves, the first day is to be the day of birth or adoption, unless otherwise specified by a doctor's note.
- iii. Program Director and clinical competency committee may limit the maximum amount of time away from training a house staff may take in any single year or level of training.
- iv. House staff will receive full pay and benefits during this approved leave of absence.
- v. Leave includes personal or familial needs, including the birth and care of a newborn, adopted,

- or foster child (“parental leave”); care of an immediate family member (child, spouse or parent) with a serious health condition (“caregiver leave”); or the trainee’s own serious health condition (“medical leave”).
- vi. The Clinical Competency Committee and Program Director of the home program will assess how individual trainees’ clinical experiences and educational objectives will be met, or to attest that competency has been achieved without an extension of training.
 - vii. The program director, in consultation with the clinical competency committee, will determine the need for extending the training of the resident/fellow if it is determined that they did not meet the criteria of graduation due to this additional leave of absence.
 - viii. Failure to provide adequate documentation to the program and/or GME administration as requested can result in the use of vacation time and/or the placement on non-paid leave.
 - ix. For any additional time to the first six-week leave of absence, or for any subsequent leaves of absence, the following applies:
 - a. All leaves of absence require advance notice to the program director and the GME administrative office whenever possible.
 - b. A formal leave of absence request must be filed by the house staff through New York Life per the Henry Ford leave policy. The percentage of pay that you will receive after the initial six weeks while on leave is dependent on your benefits package selection.
 - c. It is the resident/fellow’s responsibility to work with their program director to notify the preceptor of any rotation affected by the absence. Any make-up required should be arranged between the resident and their program director.

MEDICAL EDUCATION LEAVE OF ABSENCE PROCEDURE

- I. Resident/fellow is to use the Leave of Absence Request form to notify the Program Director of the need to take a leave which includes the day it starts and how much time is being requested.
 - A. The Program Director will approve and coordinate coverage if applicable.
 - B. The Program Director along with the Program Coordinator must ensure that the Leave of Absence Request form is submitted to the Medical Education Manager.
- II. Resident/Fellow contacts New York Life to start Leave Claim.
 - A. File a Leave Claim by phone at 888-842-4462 or online at www.mynylgbs.com
 - B. Work with New York Life on the claim by submitting requested documentation.
- III. The Program Coordinator will add a rotation to the New Innovations block schedule using MEDED:LOA-ABMS PAID for the amount of time being requested, up to the initial six weeks. For any additional time, the coordinator will use MEDED:LOA-Extended.
- IV. If a resident/fellow takes more than the allowed six weeks, Medical Education Administration along with Program leadership will determine 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).

Leave of Absence Request Form

Resident Name: _____

Program: _____

I hereby request a leave of absence effective _____ (first day of absence) and anticipate returning on _____.

☐ I will file a medical leave request through New York Life (by phone at 888-842-4462 or online at www.mynylgbs.com).

☐ If initial request is longer than the allowed six weeks, I will use vacation time.

☐ If initial request is longer than the allowed six weeks, I will include any additional time in my LOA request through New York Life. I understand this might extend my training.

Resident Signature

Date

Program Director Authorization

☐ Approved as requested

☐ Approved with the following modifications:

☐ Permission withheld

Program Director Signature

Date

☐ Submitted to GME Administration

GME Manager Signature

Date