Mercy Medical Center Merced
Policy and Procedure

SUBJECT: Benefits, Vacation, and Leaves of Absence

DEPARTMENTS: Graduate Medical Education Program

POLICY:

Residents are employees of Mercy Medical Center (MMC) and are entitled to medical, dental and other benefits as outlined in the below policy. The Graduate Medical Education (GME) department realizes that during the course of residency training there may be periods of time that a resident may need extended time away from the program for various reasons.

This policy establishes guidelines for vacations and leaves of absence consistent with applicable laws, for ACGME-accredited programs at Mercy Medical Center (4.8). All ACGME-accredited programs at Mercy Medical Center are required to comply with this policy and should have program specific policies and procedures, consistent with this policy. This policy should be available for review by residents/fellows at all times (4.8.f).

GUIDELINES:

A. General, Medical and Other Benefits

1. The Family Medicine Residents are employees of MMC and have available to them the benefits that are given to all employees of MMC.

2. Residents are entitled to group medical, dental, and life insurance as offered by MMC and are eligible the first day of starting their residency program. (2.4)
    a. The resident's spouse and eligible dependents may participate in the group medical insurance program
    b. The employee will be liable for the cost of any optional coverage

3. Residents are provided a meal stipend of $36 per day while on duty at MMC.

4. Residents are entitled to free parking while on duty at MMC

B. Available time away for residents includes the following:

1. At the beginning of each academic year, each resident's TEAM account will be front loaded with 290 hours in their PTO bank.
    a. These hours are added to ensure continuity of pay for all

forms of time off, including paid personal days, vacation time, illness, etc.
   b. These hours do not accurately reflect the allotted amount of time away permitted or amount of time away remaining for a resident.
   c. Total time away from training and any remaining balances will be tracked by the residency office due to regulatory requirements.
   d. Hours in the PTO bank do not carry over year to year nor is the resident paid for any unused hours.

2. Paid Personal Days
   a. Residents receive 22 days of paid time away annually for personal use, including vacation, illness, and job interviews.
   b. When scheduling paid personal days away residents should remain aware of the specialty specific medical board time away requirements for board eligibility, which may limit total vacation and sick time and prohibit carryover of unused paid time off from year to year.
   c. Time away is subject to the approval of the Program Director or his/her designee.

3. Holiday Time Away
   a. Patient care coverage during holidays is an expectation of residency training. Accordingly, compensatory time is not provided for residents who work on holidays.
   b. Resident time off for holidays is subject to patient care needs. Accordingly, as scheduling permits so as to provide for patient care coverage, paid holidays are observed according to Hospital guidelines. These days currently include:
      i. New Year's Day
      ii. Martin Luther King Jr. Day
      iii. President's Day
      iv. Memorial Day
      v. Independence Day
      vi. Labor Day
      vii. Thanksgiving Day
      viii. Christmas Day

4. Time Away for Professional Development
   a. In addition to the paid personal days and holiday time away described above, five additional paid days are available to residents to attend approved professional conferences and other professional development activities. Consistent with specialty specific guidelines, these days are for use in the post graduate training year granted, and are not transferable to the subsequent training year.
   b. Examples of appropriate use of professional development time away include, but are not limited to:
      i. Attendance at professional conferences
      ii. Preparation/study time for medical board certification examinations for residents in their final year, with

approval from the Program Director
   iii. Required national conferences

c. Examples of inappropriate use of professional development time away include, but are not limited to:
   i. Job interviews
   ii. Extra personal days off for vacation, illness or injury, etc.

d. Please note that time away for professional development may not reduce the number of hours/days required to be spent on clinical rotations that have specific hourly requirements. Time away may not reduce night call, or interfere with scheduled patient care activities.

e. Additional specific guidelines and the process of granting of time away for professional development are subject to specific residency program policies and/or approval of the Program Director or his/her designee

5. Time Away for Life Support Courses
   a. In addition to time away for professional development as described above, time away may also be provided for attending life support courses. Permission to schedule time for these activities outside MMC will generally be granted only for courses not offered by MMC or due to unavoidable scheduling problems. These include the following certification and recertification life support courses:
      i. Advanced Cardiac Life Support (ACLS)
      ii. Neonatal Resuscitation Program (NRP)
      iii. Pediatric Advanced Life Support (PALS)
      iv. Advanced Life Support in Obstetrics (ALSO)

6. Responsibilities of the Resident and Residency Program Coordinator
   a. It is the resident's responsibility to perform the following:
      i. Submit time off requests in a timely manner per program policies.
      ii. Attempt to make appropriate coverage arrangements including night call and continuity clinics.
      iii. Find another resident to cover his/her Electronic Health Record (EHR) inbox and clinic mailbox during the requested time off.
      iv. Complete/assign all open items including charts, dictation, and notes in the EHR (both clinic and inpatient).
   b. It is the program coordinators responsibility to perform the following:
      i. Route approved copies of time off requests to the appropriate parties involved.
      ii. To document and track the amount of time away that a resident has available.

C. Leaves of Absence

1. There are times when residents may occasionally need to be away for longer periods of time for reasons such as bereavement, parental leave, medical conditions, personal/family matters, or extended jury or military duty.
    a. All residents, regardless of training year or time spent in the program, will be eligible for at least 6 weeks of approved medical, parental, and/or caregiver leaves of absences. (4.8.a)
    b. Residents will be provided with the equivalent of 100% of their salary for the first 6 weeks of the first approved medical, parental, or caregiver leave of absence (4.8.b)
    c. Residents will also be granted 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 4.8.c).
    d. Health and disability insurance benefits for residents and their eligible dependents will be continued during any approved medical, parental, or caregiver leave(s) of absence. (4.8.d)

2. As soon as possible, a resident requesting a leave of absence is encouraged to inform the GME office and Residency Staff of any anticipated LOA. The resident will also be responsible for contacting LOA Central and submitting any necessary documentation required by LOA to support their leave case.

3. All leaves of absence must be arranged in collaboration with the local Program Director or his/her designee and the MMC Human Resources Department through LOA Central (4.8.e)
    a. LOA Central can be accessed through EmployeeCentral or by calling **1 (855) 475-4747** Option 3
    b. Leaves of absence will be conducted in accordance with the Hospital's policies, including but not limited to:
        i. Human Resources A-024, Family and Medical Leave
        ii. Human Resources A-021, Bereavement Time Off
        iii. Human Resources A-027P, Personal Leave

4. Residents who may require more than the available leave time may be granted additional leave without pay, with the understanding that the date of graduation will be extended, or rotations may have to be repeated, in accordance with the policies of the American Board of Family Medicine (ABFM) and Accreditation Council for Graduate Medical Education (ACGME).

D. ACGME and Specialty Medical Board Requirements

1. Please note that ACGME and Specialty Medical Board requirements for time away apply to emergency leave as well as to leave planned in advance, and may extend the resident's training in the program or adversely affect Board eligibility. MMC as the Sponsoring institution,

recognizes and has adopted the below requirements for all residents. (4.8.g)

2. ACGME Institutional Requirements, Section IV.H. - Vacation and Leaves of Absence
    a. *The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. The policy must:*

    b. *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.*

    c. *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.*

    d. *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.*

    e. *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.*

    f. *Describe the process for submitting and approving requests for leaves of absence.*

    g. *Be available for review by residents/fellows at all times; and*

    h. *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).*

3. American Board of Family Medicine (ABFM) - Family Leave Policy
    a. *ABFM will allow up to twelve (12) weeks away from the training in a given academic year without requiring extension of training, as long as the Program Director and Clinical Competency Committee agree that the resident is ready for advancement to the next level and on track to meeting competencies required for autonomous practice.*

i. *These 12 weeks can include up to eight (8) weeks attributable to Family Leave, and up to four (4) weeks or 30 days of Other Leave, as allowed by the program.*
ii. *The resident must still have at least 40 weeks of continuity experience in the year in which they take Family Leave.*

b. *A resident may take up to a maximum of 20 weeks away from training over three years of residency without requiring a training extension.*
   i. *Generally speaking, 9-12 weeks (3-4 weeks per year) of this leave will be from institutional allowances for time off that applies to all residents.*

c. *If a resident's leave exceeds either 12 weeks away within a given academic year, and/or 20 weeks total across three years of training, extension of the resident's residency will be necessary to cover the duration of time they were away from the program in excess of 20 weeks.*

d. *Family Leave refers to a Leave of Absence from the residency program to support residents during the following:*
   i. *The birth and care of a newborn, adopted, or foster child, including both birth and non-birth parents of a newborn.*
   ii. *The care of a family member with a serious health condition, including end of life care.*
   iii. *A resident's own serious health condition requiring prolonged evaluation and treatment.*

e. *Other Leave refers to time off allotted by programs and their sponsoring institutions for vacation, sick leave, educational leave, or other paid time off.*

f. *Residency training requirements for Board certification Eligibility: (4.8.g)*
   i. *Residents are required to spend their final two years of training in the same residency program's teaching program in order to provide sustained continuity of care to a panel of patients.*
   ii. *Each year of residency must include a minimum of 40 weeks of continuity clinic experience.*
   iii. *Residents are required to complete a minimum of 1,000 hours of "Caring for one's panel" in the continuity practice site.*

REFERENCES:

The American Board of Family Medicine - Family Leave Policy

Accreditation Council for Graduate Medical Education - Institutional Requirements, Section 4.8. Vacation and Leaves of Absence

APPROVERS and DATE APPROVED:

Policy Designee Reviewer	Designated Institutional Official
Summary/Reason for review	Triennial Review

APPROVERS/COMMITTEES	APPROVED DATE
Process Owner	09/2025
GMEC	09/2025
Distribution	09/2025

EFFECTIVE DATE: (Org. 5/10)

REVIEWED/*REVISED DATES: 5/07, 2/13, 4/13, *3/17, 1/21, 9/25

Dignity Health Methodist Hospital
GME Programs
Policy for Resident Vacation (PTO), Sick Time, Leaves of Absence, Schedule Changes

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SUBJECT: Policy for resident vacation (PTO), Sick Time, Leaves of Absence, Schedule Changes.

DEPARTMENTS: Dignity Health Methodist Family Medicine Residency Program(s).

PURPOSE: To provide residents rules concerning absences, schedule changes, vacations, PTO, and leaves of absence consistent with their status as employees of CommonSpirit Health, while complying with the requirements of their American Board of Family Medicine (ABFM) and ACGME requirements (Institutional Requirement IV.H.1.-2.).

Covered in This Policy:

1. Rules and Regulations Regarding Absences
2. Reporting Unexpected Absences & Algorithm
3. Vacation
4. Resident Physician Schedule Change w/ Advanced Notice
5. Family Leave of Absence/Parental Leave

PROCEDURE:

1. **RULES AND REGULATIONS REGARDING ABSENCES:**
    a. **Resident Vacation:** All Methodist residents have vacation time of 4 weeks (20 days) as specified in the resident contract, which must be taken within the academic year and during specified rotations. Unused vacation time does not roll over into the next academic year.
    b. **Holidays:** There are 9 paid holidays (non- inpatient services only) per year. Holidays include Martin Luther King Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, Christmas Day and New Year's Day.
    c. **Sick Days:** ½ days can be taken for doctor's appointments. If a resident needs to be off for longer than 3 days due to personal illness or family reasons, a written notification must be made to the program director and program administrator as soon as possible. A document (agreement) will be signed and submitted identifying whether the additional time off will be used from available vacation time or leave time. If the time off can be foreseen, such as a scheduled surgery or childbirth, advance notice is requested as early as possible to allow for schedule changes and work coverage to be arranged. All absences will be reviewed by the Program Coordinator and time will be made up determined by the educational time missed (in accordance to ABFM and ACGME rules).
    d. **Employee Services 855-475-4747.** All residents are employees of the hospital and any time away from the program exceeding 5 (five) consecutive days should be reported to the HR Service Center.

2. **REPORTING UNEXPECTED ABSENCES (NOT EXTENDED LEAVES):**

a. Any unscheduled absence must be reported according to algorithm below. This applies to any scheduled assignment in or out of our office. In the event of an absence the Resident is responsible to ***help*** find coverage if time allows or is able to.

i. Residents must contact chiefs and residency coordinator as soon as they deem they are unable to report to work. The resident should then communicate with their attending physician that they will not be reporting for duty.

b. Residents must inform chain of command if they are physically unable to find coverage as soon as possible. Of note, a Resident from other classes may be pulled for coverage. The Residency Coordinator will call the appropriate backup call (or "jeopardy") resident ensuring they are not over duty hours. Residents must ensure they check schedules and know they are on back up call as the backup "jeopardy" resident is to be available within 2 hours from time of call.

3. VACATION, ILLNESS AND OTHER SHORT-TERM ABSENCES:

a. All Residents have vacation time specified in their contract that must be taken within the academic year and during specified rotations (vacation time not used cannot be rolled over to next PGY per ACGME rules). Dates outside of these blocks must be discussed with the Program Coordinator.

i. Vacation periods may not accumulate

ii. Vacation (PTO hours allowance) is front loaded to the residents each PGY. At the end of the PGY3, if a resident has unused PTO hours (ie; worked on holidays) the resident will be paid for unused PTO at time of termination per (California LC 227.3).

b. Note: All paid time off (PTO) requests or time off not occurring during your vacation block must be made at least 60 days in advance.

i. There is no guarantee of PTO if a request is made less than 60 days in advance.

ii. PTO is not approved during the resident's inpatient and FMP rotations.

iii. No vacations or PTO Days are allowed the last 2 weeks of any PGY in June, during ITE or retreat blocked dates.

c. Time away from the residency program for education purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences, but should not exceed 5 days annually.

i. Days away from the program for testing (Board exams, Step 3), interviews and if a resident is presenting at a CME Conference are considered educational and do not count against PTO time.

4. RESIDENT PHYSICIAN SCHEDULE CHANGE REQUESTS W/ ADVANCED NOTICE:

a. Purpose: To provide a structured process for residents to make elective schedule changes and attempt to limit changes in pre-set schedule.

b. Policy:

i. Residents are limited to 3 elective schedule changes for the academic year. This includes scheduled cross cover shifts and back-up shifts.

ii. Reasons for schedule change will be reviewed and are limited to significant events (i.e. in a wedding, lifetime events, professional development opportunity)

iii. Emergency schedule changes will be dealt with as they come; program director, coordinator and chiefs to assist and accommodate when needed.

b. Process For Block/Rotation Schedule Changes:

i. Rotation Blocks are 2 weeks long in duration and all essential services must be covered in each block.
    1. Essential services are as follows: ICU/METH, Night Float, OB days, OB nights, MGH, and PM Proc.
ii. The official schedule will be emailed out by the chiefs to each resident as soon as approval is granted. Residents must submit requests for rotation changes within 2 weeks of the official schedule release date. Requests will be reviewed and limited to duty hour violations and significant events as described above.
iii. The requesting resident is responsible for finding coverage, if assistance is needed chiefs are available to help find solutions.

c. **Process For Call Schedule Changes:**
    i. Call Schedule includes all weekend shifts for essential services.
        1. Essential services on weekends are as follows: ICU/METH, Night Float, OB days, OB nights, and MGH.
    ii. Back-up call on weekend shifts includes one intern and one senior who will be available to report to work to cover a missing shift within 2 hours of notification. Back-up shifts do not count toward duty hours unless the resident is called in to report for work.
        1. The back-up call resident is available to cover shifts in emergencies only.
        2. The resident coordinator and chief residents will make the final decision if the back up call will be contacted to cover the missing shift.
    iii. Residents must submit all elective changes at least 2 weeks prior to the requested date.
        1. Schedule change will count for requesting resident
    iv. Requesting resident is responsible for finding coverage, if assistance is needed chiefs are available to help find solutions.
    v. It is the responsibility of requesting resident to confirm coverage changes by email documentation provided to the following:
        1. Requesting Resident
        2. Covering Resident
        3. Residency Coordinator and administrative staff
        4. Chief Resident - will respond with approval after review.
        5. Schedule change must NOT violate duty hours. Hours will be reviewed by chiefs.
    vi. Once approved residency administration will update the resident schedule in New Innovations.
    vii. Chiefs are responsible for updating the call schedule and back up call schedules on the Google sheet and submitting to the Admin Team for corresponding updates in New Innovations.
    viii. Any paybacks should be discussed and resolved amongst residents and will be monitored by chiefs as well. Ideally, the switch should be an “even trade.”
        1. If the resident is unable to payback a call shift during the current academic year, then the resident can payback during the next academic year. It is the responsibility of the covering resident to ensure the cover shift is paid back.
    ix. If residents have concerns about their requested schedule change or with approval process, residents may request a meeting with chiefs and/or program director and coordinator for further discussion.

5. **FAMILY LEAVE / PARENTAL LEAVE:**
    a. **PURPOSE:** There may be instances when due to personal illness, illness of a family member, or birth or adoption of a new child (Parental Leave) that a resident will need to take a leave of absence from residency. This policy is meant to give clarification of what is allowed for Family Leave by the various governing bodies under which the Residency operates.
    b. **POLICY:**
        i. Family Leave, when needed, is allowed by the State of California, the ACGME and the ABFM.
        ii. The Dignity Health Methodist Hospital of Sacramento Family Medicine Residency follows the laws and rules set forward by the above organizations in regards to what is allowed for Family Leave.
        iii. California Family Rights Act
            1. The state of California allows up to 12 weeks of paid or unpaid leave during a 12 month period.
            2. Covered reasons include:
                a. Birth or a child or adoption or foster care placement of a child.
                b. To care for an immediate family member (spouse, child or parent) with a serious health condition.
                c. When an employee is unable to work because of a serious health condition.
            3. For some of the 12 weeks, employees may get partial wage replacement through State Disability Insurance (SDI) or Paid Family Leave (PFL)
            4. Please refer to the CFRA for more detailed rules regarding what is allowed under this law. https://ca.db101.org/ca/situations/workandbenefits/rights/program2c.htm
        iv. ACGME
            1. Family Leave is addressed in the Program Requirements for Graduate Medical Education in Family Medicine under section VI.C.2 which states the following: “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.”
            2. Although allowing Family Leave, the ACGME still requires residents to meet all the other prescribed ACGME requirements to be considered eligible for graduation.
            3. Residents who take leave and are unable to meet all of the other ACGME requirements to be considered eligible for graduation may need to extend their residency.
        v. ABFM
            1. To be eligible to sit for the ABFM boards, residents must have completed 36 months in an ACGME accredited Family Medicine residency program that provided core training in the breadth and depth of Family Medicine. Additional requirements include:

a. Residents must have spent their PGY2 and PGY3 training years in the same residency.
b. The Medical Board of California negated this requirement as of 1.1.2024. Specific situations should have the rules and regulations confirmed with both the ABFM and Medical Board of California.
c. Must have a minimum of 40 weeks of continuity clinic experience each year.
d. Beginning July 1, 2023, residents will be required to complete a minimum of 1,000 hours of "caring for one's panel" in the community practice site.

2. The amount of leave, both Family and Other (i.e. vacation), allowed for a resident to still be eligible to sit for the ABFM boards is defined in the "ABFM Family Leave Policy and Time Away from Training Guidelines for Board-Eligibility." The ABFM allows:
    a. 12 weeks of leave per academic year which includes up to 4 weeks of Other Leave (vacation) and 8 weeks of Family Leave.
    b. Total time away allowed over the 3 years of residency is 20 weeks (i.e. 12 weeks of Other Leave and 8 weeks of Family Leave).
3. Residents must meet all of the other ABFM requirements to be eligible to sit for the boards.
4. Residents whose leave exceeds that allowed by the ABFM or who do not meet all of the ABFM requirements, may need to extend their residency.

c. The ACGME and ABFM rules are summarized below:

	ACGME	**ABFM**
Total Length of Residency	36 months - Long-term care experiences must occur over minimum of 24 months	36 months - PGY2 & PGY3 must be in the same residency program
Minimum in person encounters at FMP Site (over 36 months)	1000 hours of "caring for one's panel" in the continuity practice site	1000 hours of "caring for one's panel" in the continuity practice site
Minimum required weeks of continuity (per year) at FMP Site	Each year of residency <u>should</u> include a minimum of 40 weeks of continuity clinic experience	Each year of residency <u>must</u> include a minimum of 40 weeks of continuity clinic experience

Leave (per year)	Institutional Leave of Absence Policy (7.1.2023) · 6 weeks of paid time away, once during training for purposes of parental, caregiver and medical leave 1 week of paid time off is reserved for outside these 6 weeks. Family Leave · Max 12 weeks	Family Leave · Max 12 weeks
Maximum leave time away allowed over 3 years (without requiring a training extension)	Not defined	20 weeks · 8 weeks of family leave + 12 weeks of "other leave"
Other Rules for Leave		· Family Leave may cross 2 academic years · Other leave may be used toward time away for Family Leave, but at least 1 week of other leave SHOULD be separated from Family Leave time away

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d. **PROCEDURES:**
   i. All leave must be reviewed with and approved by the Program Director in conjunction with the Program Coordinator.
   ii. Residents should inform the Program Director and Program Coordinator as soon as possible that they need a leave of absence.
   iii. Leave beyond the allowed maximum will require prolongation of residency.
   iv. Per Methodist Hospital Policy you are employees of the hospital and must follow the rules set forth by Human Resources.
      1. Contact Employee Services 855-475-4747

2. If the resident will be taking an extended leave rather than vacation, then they should also request a LOA either by Employee Central or by calling 855-475-4747. Once approved, the residents assigned LOA Coordinator will manage the leave. The resident timecard will also be managed by the LOA Coordinator. This helps insure that the resident will continue to be paid through California State Disability if the employee meets requirements.
3. Sick leave is provided. Short-term disability insurance is available for a nominal charge through payroll deduction, please refer to NHMC leave policy.
4. Healthcare Benefits during leave are provided through the hospital:
    a. Medical (including options for FMLA)
    b. Outside Mental Health (LYRA)
    c. Dental

Original Policy Effective Date: 7/1996
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Owner Title: Designated Institutional Official (DIO)
Owner Approval Date: 2/2022
Committee Approval: Graduate Medical Education (GMEC)
Committee Approval Date(s): 6/1996, 7/2001, 3/2007, 8/2011, 1/2016, 1/2020, 1/2021, 2/2022, 2/2023, 01/2024, 5/2025, 3/2026
VP Approval: CMO/VPMA
VP Approval Date: 2/2022

Marian Regional Medical Center and Arroyo Grande Community Hospital
Policy and Procedure

SUBJECT: Time Away Policy

DEPARTMENTS: Graduate Medical Education

POLICY: The sponsoring institution must have a policy for vacation and leaves of absence, consistent with applicable laws. Time away available for residents includes the following

1) Paid Personal Days: Residents receive 20 days of paid time away annually for personal use, including vacation, illness, and job interviews. Paid personal time away is prorated for new residents who enter the program during the academic year with partial credit. When scheduling paid personal days away residents should remain aware of the specialty specific medical board time away requirements for board eligibility, which may limit total vacation and sick time and prohibit carryover of unused paid time off from year to year. Time away is subject to the approval of the Program Director or his/her designee.
2) Holiday Time Away: Patient care coverage during holidays is an expectation of residency training. Accordingly, compensatory time is not provided for residents who work on holidays.
    a) Resident time off for holidays is subject to patient care needs. Accordingly, as scheduling permits so as to provide for patient care coverage, paid holidays are observed according to Hospital guidelines. These days currently include:
        i) New Year's day
        ii) Memorial Day
        iii) Independence Day
        iv) Labor Day
        v) Thanksgiving Day
        vi) Christmas Eve (½ day)
        vii) Christmas Day
3) Time away for professional development: In addition to the paid personal days and holiday time described above, five additional paid days are available to residents to attend approved professional conferences and other professional development activities. Consistent with specialty specific guidelines, these days are for use in the post graduate training year granted, and are not transferable to the subsequent training year.
    a) Examples of appropriate use of professional development time away include, but are not limited to:
        i) Attendance at professional conferences
        ii) Preparation/study time for medical board certification examinations for residents in their final year, with approval from the Program Director
        iii) Required national conferences

b) Examples of inappropriate use of professional development time away include, but are not limited to

   i) Job interviews

   ii) Extra personal days off for vacation, illness or injury, etc.

c) Please note that time away for professional development may not reduce the number of hours/days required to be spent on clinical rotations that have specific hourly requirements. Time away may not reduce night calls, or interfere with scheduled patient care activities. Additional specific guidelines and the process of granting time away for professional development are subject to specific residency program policies.

4) Time away for life support courses

   a) In addition to time away for professional development as described above, time away may also be provided for attending life support courses. Permission to schedule time for these activities outside MRMC will generally be granted only for courses not offered by MRMC or due to unavoidable scheduling problems. These include the following certification and recertification life support courses:

      i) Advance Cardiac Life Support (ACLS)
      ii) Neonatal Resuscitation Program (NRP)
      iii) Pediatric Advanced Life Support (PALS)
      iv) Advanced Life Support in Obstetrics (ALSO)

5) Time away for approved international travel rotations

   a) International rotations may be approved by the Program Director for residents interested in international educational experiences--up to four weeks may be paid as regular residency work time as determined by the Program Director. Specific requirements regarding time away and care of continuity patients are outlined in the Resident Advancement and Promotion Policy.

   b) Special circumstances:There may be program specific rotations where time away is not allowed. However, it is expected that extenuating circumstances may arise that require time away. These special requests will need prior approval from the Program Director.

6) Resident Leaves of absence (LOA)

   a) There are times when residents may occasionally need to be away for longer periods of time for reasons such as parental leave, medical conditions, and other personal/family matters, extended jury or military duty. Leaves of absence involve several important Human Resource issues and additionally may have important implications for Board eligibility. Leaves must be arranged in collaboration with the local Program Director or his/her designee and the Marian Regional Medical Center (MRMC) Human Resources Department.

   b) A leave of absence may extend the length of residency training. It can involve curriculum modifications, approval by the specialty board, and pay adjustments, and may also affect benefits. Residents should be aware that some extensions may be viewed adversely by external agencies. Extensions to residency training will frequently need to be explained when applying for licensure, hospital privileges, Board examinations and employment positions

in the future--verifications of extensions of training will frequently be requested from the residency program.

c) The ACGME requirements have a standard that requires programs to 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 their program (3 years for FM program, 4 years for the OB/GYN program)

d) program, starting the day the resident/fellow is required to report. Additionally programs must 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

e) Types of leave of absences
    i) Full Leave. This is an interruption of training, and means the resident is away from the program on a full time basis for a designated period of time.
    ii) Partial (part–time) leave. This means the resident is training part–time on a reduced schedule for a designated period of time. For example, the resident's Full-time Equivalent (FTE) is reduced from 1.0 full–time to 0.50 part–time for 3 months. On occasion, the program director or designee may grant permission for a resident to train part–time for a limited period of time if there are extenuating medical or personal circumstances.

f) Pay status during a leave of absence. As determined by the DIO in consultation with the institution's program directors, a leave of absence is paid or unpaid.
    i) Unpaid Leave: During an unpaid leave, no salary is received by the resident. Most leaves of absence will be unpaid.
    ii) Paid Leave: All residents are eligible for up to 6 weeks of paid leave during their defined 3 or 4 year residency program at MRMC.

g) Insurance continuation during a leave: Leave of absences may or may not affect resident benefits, including medical coverage. The ACGME standards require programs to 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

h) Process to apply for a Leave of Absence
    i) LOA planned in advance. Residents are required to inform the Program Director,the Program Coordinator, as soon as possible after they have decided to take a planned LOA. Residents must discuss with the Program director the following:
        (1) Anticipated dates of leave
        (2) Description of current schedule and proposed modifications
        (3) Plans for any call coverage that may be scheduled during their planned LOA
        (4) Resident plans for meeting future educational requirements
        (5) Specific plans for assuring continuity of patient care (Obstetrics' (OB's), patients with chronic illness)
    ii) Residents who need a leave of absence on an emergent basis must contact the Program Director or a faculty member immediately. The residents' health and well-being is the primary concern to be addressed. Details of patient care call coverage and other resident

requirements will be addressed following the attention to the residents' immediate needs.

iii) Contact Human Resources through LOA Central

i) Please note board eligibility factors: The ACGME, and Specialty Medical board requirements for time away apply to emergency leave as well as to leave planned in advance, and may extend the resident's training in the program or adversely affect Board eligibility.

APPROVERS:

Graduate Medical Education Committee (GMEC)

DATE APPROVED:

03/24/2026