

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Department of Surgery Residency Program	<i>Issued:</i> 10/29/2019	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
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PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University to outline the types of leave available to the residents and fellows of Creighton University. The Creighton University Graduate Medical Education Leave Policy was developed to serve the best interests of the individual resident, the resident's colleagues and serve the mission of the School of Medicine.

SCOPE

This policy applies to all Creighton University **Department of Surgery Residents**.

POLICY

The following leave is outlined below, along with a link to access Creighton University policy.

Nonclinical Leave (Vacation) and Service Coverage Policy

General Rules:

- All requests for nonclinical leave must be submitted in writing using the GME approved leave request form
- Nonclinical leave (vacation) days are permitted via the annual contract. Please refer to the GME contract for specific information.
 - Nonclinical leave is to be disbursed equally throughout the year, with time taken during each quarter, or 3-month block. This is to keep the number of residents present vs. on vacation relatively constant throughout the year.
 - Nonclinical leave requests longer than one week, must straddle rotations (i.e. last week of rotation #1 and first week of rotation #2) as well as quarters whenever possible. Exceptions may be requested, are not guaranteed and are subject to approval.
 - Nonclinical leave must be in one-week blocks, except for 1 week of leave that can be split up if necessary.
- Five days of additional nonclinical educational leave are permitted per year for residents. This must be requested ahead of time and is subject to approval. If assigned to rotations at the VA during the planned leave, the VA request form must also be signed and submitted prior to approval.
- Lacking '1-in-7' days off are not exchangeable/transferrable to vacation days
- No two residents on the same service will be allowed to take nonclinical leave on the same days.
- No two residents from the same call pool will be allowed to take nonclinical leave on the same days.

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Deadlines:

- Requests will be approved by seniority (PGY5 > PGY1). If conflicting nonclinical leave requests are submitted by residents of the same level, the resident who submitted their request first will be given preference (first come basis).
- All requests for nonclinical leave must be submitted to the Education Office by the specified deadline for each quarter. After this deadline, vacations will be first come, first serve or assigned in 1-week blocks for each quarter.
 - July-August-September requests by May 1st, finalized May 15th
 - October-November-December requests by August 1st, finalized August 15th
 - January-June requests by November 1st, finalized November 15th
 - Exception: 1st year preliminary, 4th, and 5th year residents applying for fellowship/residency positions and using nonclinical leave time for interviews: An estimated time off request can be submitted ahead of interview time as most fellowships/residencies interview around the same time each year. Final dates for time off must be submitted to the education office as soon as interviews are scheduled.
- Quarterly Call schedules with approved vacations to be released 2 months in advance.
- After final quarterly vacation schedule released, changes will only be considered if they are compliant with all other policies and require approval from program director and/or administrative chief.
- No nonclinical leave changes will be permitted after a monthly call schedule has been finalized.

Specific Rules:

- Vacation will not be allowed while on trauma services
- Outside Rotations: As a group, we are allowed to take a maximum amount of time off per year from each institution. Once the maximum time has been reached in any calendar year, no other resident will be allowed to take leave.
- Prelim and Chief Residents: Required to take nonclinical leave the last week of June. (after graduation day through the end of the month)
- All vacation requests from Trauma (Blue, Night Float & ICU must be approved by Dr Asensio prior to submission to the education office

Service Coverage:

- Plastics is a single intern resident service. Trauma intern will cover weekend rounds (when 1-in-7 day off) and non-clinical leave for the Plastics resident.
- If only one resident present on Trauma (i.e. one on leave, another post-call), Plastics intern will help cover trauma.
- If 2nd year NF takes vacation, ICU/CCU will move to NF for that week.
- Holiday coverage will be arranged by the Chief residents and Program Director. Holidays are a privilege, not an institutional policy, and are in addition to the 4 weeks of approved leave. This is split

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into two 3-day holiday periods (3 days around Christmas, 3 days around New Year's). Residents work one holiday period and receive the other one off.

Blackout Dates:

- July 1st – 15th
- Fall ACS Meeting – (Chiefs and residents presenting will be given priority to attend all meetings.)
- December 23rd – January 2nd (Winter Holiday)
- Thanksgiving week
- ABSITE week
- June 15th -30th

Health Care appointments

Process for urgent/emergent health care appointments.

The process for ensuring patients safety and continuity of care for urgent/emergent health care appointments should follow the same hand off process as for residents needing to leave due to excessive fatigue or illness or family emergency.

Process for routing health care appointments

It is recognized that many routine health care appointments need to occur during the work day. In recognition of the primacy of patient welfare in these situations and the impact on the program's other residents, residents/fellows needing time off for these appointments should give the program a 45-day notice of pending routine care appointments.

***Any resident who takes time off without documented written approval will be subject to corrective action and required to make up the time.**

Residents are reminded that the benefits for leave provided by the University exceed the non clinical leave allowed by the American Board of Surgery (ABS). Time effects of leave on length of training will be superseded by the American Board of Surgery requirements. Each resident is responsible to monitor their own clinical training days and non-clinical training days to meet ABS requirements Training Requirements:

http://www.absurgery.org/default.jsp?certgsqe_training

ABS Program and Time Requirements

- **A minimum of 5 years of progressive residency education** satisfactorily completed in a general surgery program accredited by the ACGME or RCPS. (See also [Osteopathic Trainees Policy](#))
- **The 60 months of training at no more than 3 residency programs.** If credit is granted for prior foreign training, it will count as one program. See also [Limit on Number of Programs](#) and [Credit for Foreign Medical Education](#).

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- **At least 48 weeks of full-time clinical activity in each residency year**, regardless of the amount of operative experience obtained.

The 48 weeks **may be averaged** over the first 3 years of residency, for a total of 144 weeks required, and over the last 2 years, for a total of 96 weeks required. See our [Leave Policy](#) for further details; all time away from training must be accounted for on application form.

- **A categorical PGY-3 year** completed in an accredited general surgery residency program. Note that completing three years at PGY-1 and -2 levels does not permit promotion to PGY-4; a categorical PGY-3 year must be completed and verified by the ABS' resident roster. The only exception is in cases where 3 years' credit has been granted for prior foreign graduate training.
- **At least 54 months of clinical surgical experience** with increasing levels of responsibility over the 5 years, with no fewer than **42 months** devoted to the content areas of [general surgery](#).
- **No more than 6 months assigned to non-clinical or non-surgical disciplines** during all junior years (PGY 1-3).
- **No more than 12 months allocated to any one surgical specialty** other than general surgery during all junior years (PGY 1-3).

ABS Leave Policy - General Surgery

General Requirements

- In general, the ABS requires **48 weeks of full-time clinical activity** in each of the five years of residency, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose, such as vacation, conferences, interviews, etc.
- All time away from clinical activity (i.e., non-clinical time), including vacation and time taken for interviews, visa issues, etc., must be accounted for on the application for certification.

ABS Family Leave Policy

- As allowed by their programs, residents may take **documented leave** to care for a new child, whether for the birth, the adoption, or placement of a child in foster care; to care for a seriously ill family member (spouse, son, daughter, or parent); or to recover from the resident's own serious illness.

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- Residents may take an additional 2 weeks off during the first 3 years of residency, for a total of **142 weeks** required, and an additional 2 weeks off during the last 2 years of residency, for a total of **94 weeks** required. *Note: This is an ABS policy **only** and should not be confused with family leave as permitted by the Family and Medical Leave Act (FMLA). **No approval is needed for this option if taken as outlined.***

Additional Leave Options

While the ABS considers the 48-week requirement to be critical in developing fully-trained surgeons, options are available to provide programs and residents with some flexibility.

Averaging

- The 48 weeks **may be averaged** over the first 3 years of residency, for a total of **144 weeks** required in the **first 3 years**, and over the last 2 years, for a total of **96 weeks** required in the **last 2 years**. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.

Extending Chief Year

- The ABS will permit, **with advance approval**, applicants to **extend their final year of training through the end of August** and still take that year's Qualifying Exam (QE). Upon completion of training, a letter of attestation will be required from the program director stating that the individual has met ABS requirements. The attestation letter must be received before QE results will be made available and selection of a Certifying Exam site permitted. In addition, prior approval from the RC-Surgery will be needed for the increase in complement.

Completing 5 Years in 6

- The ABS also permits, **with advance approval**, the five clinical years of residency to be **completed over a six-year period** ("6-Year Option"). See farther below for more details.

Other Arrangements

- The ABS will also consider other arrangements beyond what is noted above on a case-by-case basis. These will also require **advance approval**.
- All requests** for approval must be made by the program director (not the resident) and must be sent **by mail or fax on official letterhead to the ABS office (no emails)**.

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- **The final two residency years (PGY 4-5) in the same program.**

REFERENCES

For additional information regarding the American Board of Surgery policies, please follow the link below:

http://www.absurgery.org/default.jsp?certgsqe_training

For additional information regarding the Graduate Medical Education policies, please see their policies at the following link:

<https://medschool.creighton.edu/sites/medschool.creighton.edu/files/Leave-Policy.pdf>

Creighton University Policy
House Staff Agreement Contract

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.