

Vacation and Leave Policy General Adult Residency Program

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Vacation Policy

All residents receive a total of four weeks (20 working days) off each year. Three weeks are intended for vacation and the fourth week is intended to be used for attendance at professional conferences and for taking Step 3 of the USMLE (in the PG-2 year). If the fourth week is not needed for educationally related activities, it may be used as vacation time. The charts below indicate when vacation days can be taken in the PG-1 and PG-2 years. Vacation schedules for all residents must be approved in advance by the unit where the resident is assigned.

As a general policy, no vacations should be scheduled during the first or last week of any rotation. Exceptions to this must be negotiated in advance with the clinical service.

PGY-1 Vacation Schedule

<p>Medicine PGY-1 resident may take two weeks of vacation</p>	<p>Neurology PGY-1 resident may take one week of vacation</p> <p><i>Note: Vacation can be taken during VA Neuro & Neuro Consult rotations; vacation cannot be taken during YNH Neuro Floors rotation.</i></p>	<p>Psychiatry PGY-1 resident may take one week of vacation</p>	<p>Child & Adolescent Psychiatry No vacation permitted</p>
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PGY-2 Vacation Schedule

<p>Inpatient PGY-2 resident may take one or two weeks of vacation <i>Note: no more than 1 week of vacation can be taken during each 6-week inpatient rotation</i></p>	<p>CASE PGY-2 resident may take one or two weeks of vacation</p>	<p>CL PGY-2 resident may take one week of vacation</p>	<p>ER No vacation permitted</p>	<p>Geriatrics/ Addiction No vacation permitted</p>
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Leave Policies – Residents should refer to the last section on Extension of Training when considering taking a leave of absence. Residents on a J-1 visa are required to notify ECFMG in advance of a leave of absence. The designated vacation time of four weeks is not to be considered as time missed or leave.

Sick Leave Policy

Residents who are sick should take sufficient time off to recover. When out sick, residents should be in touch with their clinical supervisor to ensure coverage is available for clinical duties. Extended time off should be discussed with, and approved by, the Program Director. A note from a treating physician may be required to document the need for extended sick leave and ability to return to work.

Maternity Leave Policy

A resident who delivers a baby is eligible for 4 weeks paid maternity leave. During leave time, the resident shall continue to receive their usual pay and fringe benefits. With a physician's certification of disability, disability leave may be extended beyond this time as necessary. Before delivery, if there is significant uncertainty about a pregnant resident's continuing ability to carry out their duties effectively and without hazard to themselves, the resident may be required to supply written clearance from their physician.

Birthing parents are also eligible for 2 additional weeks of leave if needed for a serious health condition that results in incapacitation during pregnancy.

Residents returning from maternity leave can leave their clinical sites to pump breastmilk at reasonable intervals, at least every 3 hours. The site training director should be contacted if this frequency or accommodations are inadequate. Residents should try to minimize clinical disruptions inasmuch as possible.

Parenthood Leave Policy

All new parents (including fostering and adoption) are eligible for 8 weeks of paid parenthood leave. New (non-birthing) parents who wish to take more than 8 weeks paid leave can apply to the State of Connecticut Paid Family Leave Program for funding from weeks 8-12, and this funding will be at the rate determined by the State of Connecticut. It is the responsibility of the resident to apply directly for these benefits and to meet all reporting deadlines as found on this website:

https://ctpaidleave.org/s/?language=en_US. This leave must be taken within 12 months of the birth or adoption of a child.

Residents about to become parents may, in conjunction with the Program Director, consider the option of arranging a modified workload. During this time, the resident shall be paid an amount proportional to the amount of time they are working. In addition to working part-time, the resident is entitled to maternity and parenthood leave at full pay.

Parenthood leave may take the form of a Family Medical Leave Act leave of absence for a period of time not to exceed 6 months. Longer leaves may be granted only with the approval of the Program Director (see below).

If a resident's appointment expires in the course of the parenthood leave, a limited reappointment will be permitted, if necessary, for the person to complete the training requirements for the unfinished training period. The total amount of pay for completing the interrupted unit of training will not exceed the amount normally paid to a resident completing that unit of training.

Family Medical Leave Act

The Residency Program provides an eligible employee with up to 16 weeks of unpaid leave each year for any of the following reasons:

- For the birth and care of the newborn child of an employee;
- For placement with the employee of a child for adoption or foster care;
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- To take medical leave when the employee is unable to work because of a serious health

Leave under this policy is unpaid except as follows:

- Parental leave: 8 weeks paid (including birth parent, adoptive or fostering parents) in addition to the period of disability for the birth mother.
- Sick/Medical leave: Up to 26 weeks paid for a resident who is unable to work due to their own health condition.

Personal Leave Policy

Residents may request a personal leave of absence if they are not eligible for other types of leaves of absence or who have exhausted their FMLA leave. Personal leave shall be granted only for good cause and shall not be utilized to extend parenthood or maternity leave. The leave should not directly impact the quality of patient care. Personal leave shall not exceed 12 weeks. The first two weeks of personal leave are paid with benefits. Residents are expected to utilize any remaining vacation time before extending personal leave beyond two weeks, at which time the leave is unpaid up to the maximum of 12 weeks. Benefits continue during the period of unpaid leave, but Residents are responsible for paying their individual medical benefit contributions.

Clinical Coverage During Leaves of Absence

1. Daytime Responsibilities

After notifying and receiving approval from the Program Director, residents planning to take a leave of absence should contact their Site Training Director as soon as possible. Residents are not required to disclose to the Site Training Director the cause for a leave. Residents should work with clinical supervisors to find coverage (e.g., choosing which patients should be covered by which colleagues during their outpatient year). Residents are not responsible for finding coverage without attending and team support and should not be asked to arrange coverage on their own.

2. On-Call Responsibilities

A resident about to become a parent may not be scheduled to work longer hours or more call nights than any other resident. Specifically, the resident may not be asked or required to “make-up” in advance of, or after delivery, call nights which would be missed during the leave. Specifically, the average expected number of calls for the three weeks prior to becoming a parent and the 10-12 weeks of maternity and parenthood leave will be redistributed to the rest of the class.

In order to not unduly burden the other members of the class, residents will not be asked to take on more than 2 extra calls after each resident has taken the higher of the number of calls

distributed at the beginning of the year. The Department will pay for moonlighters to cover any extra calls beyond this number of extra calls per resident. A resident who misses more than the minimum number of calls identified as required for education purposes may be required to make up call in PGY-4.

Benefits During Unpaid Leave

Arrangements may be made through the Benefits Office of the University Personnel Department to continue during the unpaid leave period any desired benefits to which the resident is entitled. The resident must make the regular contribution for such coverage for the unpaid leave period, either in a lump sum in advance or on a schedule satisfactory to the Benefits Office.

Extension of Training for Sick Leave, Maternity Leave, Parenthood Leave, and FMLA Leave

Effects of leaves on American Board of Psychiatry and Neurology (ABPN) Eligibility

Residents will be required to complete any missed timed requirements later in residency in order to be Board-eligible for the ABPN.

A resident who misses more than 6 weeks in the course of the 12 months of continuing outpatient experience (usually completed in the PGY-3) will be required to make up the missed time when they return to training. This will need to begin immediately after the return from this leave in order to fulfill the requirement for a continuity experience, but the trainee will be able to count the time prior to the interruption to meet the 12-month requirement.

ACGME requires 48 months of psychiatry residency training and the ABPN allows some flexibility for leaves so long as the resident meets other timed requirements. Residents in the Yale Psychiatry Residency Program will be required to extend their training if the amount of time out of work for maternity, parenthood, personal, or FMLA is longer than 12 weeks. In some cases, the Program Director may suggest a longer absence (to cover a complete rotation) so that subsequent re-scheduling of duties is simplified. However, residents will not be required to make up substantially more training time than that actually missed.