

Gynecology and Obstetrics Departmental Policies for Residents

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1. Department Leave Policy for Residents

PGY 1 through 3: Vacation plus leave for any reason (maternity leave, interviews, sick leave, etc.) must not exceed 8 weeks.

PGY 4: Vacation plus leave for any reason (maternity leave, interviews, sick leave, etc.) must not exceed 6 weeks.

Total leave throughout the four years of residency must not exceed 20 weeks.

Please note that for PGY 4s, this means that beyond your 4 weeks of vacation, there are only 10 working days available for sick leave and fellowship or job interviews.

If you exceed these limits, your residency will need to be extended for a commensurate amount of time.

Educational leave, such as presenting at a conference, is not included in this calculation.

It is essential that the program administrator keeps accurate tract of resident leave (excluding scheduled vacations as published on the rotation schedule.) If you require leave, please complete the Resident Leave Time Request form and submit it to Dr. Bienstock's office.

2. Leave time request form

**Department of Gynecology and Obstetrics
Johns Hopkins University School of Medicine**

Resident Leave Time Request

Resident: Complete the following and have it signed by the senior resident and attending responsible for the service involved for the request time. Then submit to the Program Director's office for signature.

Name: _____

Service during Leave: _____

Dates Requested: _____

Reason: _____ Interview

_____ Meeting

Location and title

The following residents have been contacted and agree to cover the service and take call during my absence: (Must be signed by the senior resident)

Continuity Clinic has been cancelled (Must attach Clinic Cancellation Form)

Attending: Please review the above request and sign below if approved. If not approved, please contact the resident as to the reason for disapproval.

I have reviewed the above interview/meeting request and by my signature approve of the resident's request for time off the service and the arrangements for coverage as listed.

Signature of Attending

Date

Signature of Program Director

Date

Please return to the Residency Program Coordinator's Office (Phipps 279)

3. Departmental Policy Regarding Resident Vacation Time, Personal Leave and Maternity/Parental Leave

The Department's policy regarding the various types of vacation and leave time is guided by the Bulletin of the American Board of Obstetrics and Gynecology (ABOG), which, in conjunction with the Residency Review Committee (RRC) for Obstetrics and Gynecology, is responsible for the accreditation of training programs and the certification of individual competence in obstetrics and gynecology.

"Leaves of absence and vacation may be granted to the resident at the discretion of the program director in accordance with local policy. If, within the four years of graduate medical education, the total of such leaves and vacation, for any reason (e.g., vacation, sick leave, maternity leave or paternity leave, or personal leave) exceeds eight (8) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over four years of residency, the required four years of graduate medical education must be extended for the duration of the time the individual was absent in excess of either eight (8) weeks in years one-three (1-3), or six (6) weeks in the fourth year, or a total of twenty (20) weeks for the four years of graduate medical education."

In keeping with the above, the Department's policies with respect to this matter are:

Total Leave Time

The total of vacation, educational meeting, personal leave and maternity/parental days off cannot exceed 20 weeks during the four year program. If the 20 weeks total is exceeded for whatever reason(s), one's training must be extended accordingly into a fifth year. Such training extensions must be approved by the RRC and are not guaranteed.

Vacation Time

Arrangements for vacation time are to be made according to specific established guidelines. We allow three weeks of vacation for PGY1s and four weeks for PGY2s, 3s, and 4s. All requests require the approval of the Administrative Chief House Officer and Program Director.

Maternity Leave

If desired, a resident will be granted up to eight weeks for maternity leave during the first, second, and third program years, and up to six weeks during the fourth year. It should be remembered, however, that maternity leave must be factored into the 20 week total leave, which obviously means that vacation, educational meeting, or personal discretionary leave may be lost in current or subsequent training years.

Parental Leave

After a partner's delivery, a resident may have a maximum of seven days off during the postpartum period. Such leave must be approved by the program director. Call nights will be expected to be kept, unless exchange coverage is arranged. The seven days allowed are inclusive of weekend days/holidays.

Personal/Discretionary Leave

This category includes leaves for the following possible reasons:

- a. job/practice interviews for PGY-3s and 4s
- b. fellowship interviews for PGY-3s and 4s
- c. religious holidays
- d. short term illness of dependent children

A total maximum of ten workdays will be allowed per year for any combination of the above and must be approved by the program director. PGY-4s terminal leave in June (one week) may also be given up for additional interview time. PGY-3s interviewing for fellowships will be expected to use third-year discretionary time for such activities or count it against fourth-year vacation/discretionary/terminal leave time.

Time away for examinations, e.g., Step 3 USMLE, or to present papers/posters at sanctioned scientific meetings will be considered workdays and not count against leave time. Attendance at funerals of close relatives will also not be considered leave time. It is obviously hoped that personal or family illness will not occur. Recognizing that such may occur, however, it is the department's intention to be as reasonable as possible in considering personal leave for illness. If needed for legitimate reasons, up to two days per year, in addition to the ten days of personal leave discussed above, may be taken without loss of vacation time. In the event of a major illness, loss of subsequent vacation or personal/discretionary leave or program extension may have to be considered.

The Program Director will serve as the final arbiter in all questions arising from this policy. Working within the guidelines of ABOG/RRC, it is the department's desire to be both liberal and fair to all concerned when considering the above issues. Residents must also accept the responsibility they have to the ABOG/RRC, to their training, to the program, and to their peers. With such a spirit of cooperation and responsibility, major problems are unlikely to develop with this policy.

4. Resident Vacation and Educational Meeting Scheduling

1. Vacation per year for residents is as follows:
 - a. PGY-1: 3 weeks vacation and additional 4-6 days around the Christmas and New Years Holidays
 - b. PGY-2, 3, and 4: 4 weeks vacation and additional 4-6 days around the Christmas and New Years Holidays
2. All meeting and vacation scheduling will be coordinated by the Administrative Chief Resident. Any conflicts are to be settled by the Administrative Chief Resident and involved resident(s), and, if necessary, by the program director.
3. A seniority system will be used for requesting vacation and meeting time. The specific dates during which requests will be taken from each resident group will be indicated by the Administrative Chief Resident at the appropriate time.

4. The following scheduling guidelines/rules are to be followed throughout the year; exceptions will be considered for special circumstances and must be approved by the Administrative Chief Resident and program Director:
 - a. Residents will be allowed educational meeting time if they are the presenting author of a paper. Up to one week (five work days) per year is allowed for educational leave.
 - b. For PGY1s, 2s, and 3s, days not used cannot be used for vacation or other purposes. For PGY4s, unused days may be used for practice searching or fellowship interviewing. Call make-up may be expected.

5. Resident Duty Hours

Department of Gynecology and Obstetrics Resident Duty Hours Policy Effective July 1, 2003

1. The scheduled work week shall not exceed 80 hours per week, averaged over a four-week period, inclusive of in-house call activities. Hours worked at any institution participating in the resident's educational program are aggregated in this total.
2. Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period inclusive of call.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between consecutive daily duty periods, and after in-house call.
4. In-house will occur no more frequently than every third night, averaged over a 4-week period.
5. Continuous on-site duty will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer of care of patients, conduct outpatient continuity clinics, and maintain continuity of medical and surgical care. No new patient may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care.

6. Due Process for Residents

The Program Director reviews the written evaluations of the resident's performance that were submitted to the Director of the residency program after each service rotation, the CREOG in-training examination scores, and patient case logs. The residency program and service rotation are discussed with the resident and his/her review of teaching and other deficiencies and suggestions for improvement of the program are requested. The resident's difficulties, if any, are discussed. After the meeting a written report of the resident's progress is submitted and placed in the resident's personnel file. Residents who receive substandard ratings or about whom significant concerns have been registered by other faculty members are referred to the Resident Education Committee for further discussion.

The Resident Education Committee, composed of members of the full time faculty of each institution in the program, the Administrative Chief Resident, the Director of the Residency Program, and the Department Head, has the responsibility to evaluate the performance of residents referred by the faculty for consideration because of alleged below-standard performance. This committee meets at least quarterly and as needed to provide a mechanism of evaluation and to provide educational recommendations to the faculty of the Department.

Residents referred to the committee because of below-standard performance or other problems may be interviewed by the committee and faculty evaluations of performance on service rotations and other assessments, medical student comments, and CREOG scores may be reviewed. Additional documented information from affiliated or integrated hospital staff members who have worked with the resident may be requested and reviewed.

After a review of the aforementioned evaluations with the resident, she/he may be asked to submit a written response to the committee or meet with the program director. When this response is received and reviewed, the committee again meets and may make recommendations to improve his/her performance. If family, marital, psychiatric, or goal problems are identified as being pertinent to performance these are also discussed, if appropriate, and professional counseling or other solutions are sought.

If the resident's performance has been sufficiently poor to merit consideration for dismissal, a defined period of probation may be recommended. During probation the resident endeavors to improve his/her performance by methods recommended by the Committee, and is monitored by the faculty as a whole and Program Director. More detailed supervision and observation by faculty members may be sought, and written evaluations at the end of the probationary period will be submitted to the committee for consideration. One of the following courses of action may be followed.

7. Departmental Policy on Moonlighting

Residents in the Department of Gynecology and Obstetrics are expected to view their training as a full time commitment. As such, moonlighting is not permitted.