

## **Regions Hospital Emergency Medicine Residency Guideline on Scheduling for Time Away from Training**

As a program, we understand that residents may require being excused from standard rotations or need time off from training in addition to the 3-4 weeks per year of scheduled vacation. There are a variety of reasons residents may need to take leave or modify typical rotations, including medical leave, parental leave, caregiver leave, specific experiences required for fellowship application, international rotations, specific resident clinical interests, remediation or educational needs, and service on local or national committees. Our goal as a program is to continue to provide high quality education and support the needs of all our residents.

Following a policy change required by the American Board of Medical Specialties (ABMS) and an update on the Accreditation Council on Graduate Medical Education (ACGME) position on leave, the American Board of Emergency Medicine (ABEM) has implemented a new Resident Leave policy, stipulating that, within certain parameters, time spent away from training for family and parental leave not exhaust vacation time or require an extension in training. The American Board of Emergency Medicine supports parental, caregiver and medical leave during training beyond time allowed for vacation. This new policy was implemented July 1, 2021. For medical, family and parental leaves, the ACGME now allows up to 8 weeks leave in a calendar year (including sick time and vacation time) without having to extend training. We support residents taking as much time as they need for these medical, parental and caregiver leaves including taking leaves longer than 8 weeks that would extend training. For all other needs, the ACGME allows up to 6 weeks in a calendar year (including sick time and vacation time).

For medical, parental and caregiver leaves:

We know that time in the ED and seeing a volume and variety of patients is essential to residency training. When possible, we will prioritize leave time coming from off-service or non-Regions Emergency Medicine rotations. When applicable, we will work with all residents involved to make changes to the block schedule to accommodate leave being taken from a mixture of rotations and minimize impact on other residents. If a resident needs to or chooses to take an extended leave requiring extension of training, extension time will be prioritized to either finish off-service rotations or fill in for other residents who helped to cover leave time. Ideally, leave will not be taken during the ICU rotations. For all leaves, we will follow ACGME guidelines to ensure you will still meet graduation requirements, or to determine if you will need an extension in order to meet graduation requirements.

In order of individual needs and schedule availability, leave time will preferentially be taken from the following rotations:

G1: Hospital Medicine Potpourri, Ortho, EMS/U/A, Toxicology

G2: Community Medicine, SSS, Selective, St. Paul Children's Hospital

G3: Hudson rotation, Elective

For changes to the typical training schedule due to need for educational experiences related to fellowship, specific training interests, or service on national committees where additional off service/away rotation time is needed earlier in the year:

We support additional educational interests and career development. For educational experiences, elective and selective time will be used first when possible. Alternatively, off service rotations including Community Emergency Medicine, SSS and the Hudson Emergency Medicine rotation may be shortened or altered to provide time for specific educational needs. For other needs, including service on national committees, a resident can be excused from up to 2 weeks per year ED and off service rotation time (with no more than 1 week/year from Regions ED). We will work with each individual resident to develop a plan to maximize their core Emergency Medicine while supporting educational interests and fellowship planning.