

Absences – Illness and Personal Emergencies

Purpose

To outline the policy regarding illness and personal emergencies.

***All absences on ED or off-service rotations will be tracked and reviewed at 6-month evaluations to ensure that residents are meeting the ACGME minimum standards for attendance.*

Residency Contact Information:

Chief Residents: regionsemchief@gmail.com

Kelly Barringer (Assistant Program Director for Scheduling): Kelly.W.Barringer@HealthPartners.com

Kristin Robb (Residency Manager): Kristin.A.Robb@HealthPartners.com; office: 651-254-3666

Illness/Leave on other services:

The EM resident must email the administrative call chief resident, the liaison of the affected service (refer to the rotation contact information on the residency website), and cc: Kelly Barringer (APD for Scheduling) and Kristin Robb (Residency Manager) before their scheduled duties begin.

At St. Paul and Minneapolis Children's Hospitals, the EM resident must also call the attending physician working in the ED at Children's to notify them that there will be no coverage that evening. Both the Residency Manager (Kristin Robb) and the administrative chief resident (as listed on ShiftAdmin) must be notified via voicemail message or email.

Illness/Leave while working in the ED:

1. The EM resident will text the chief resident on administrative call (found on ShiftAdmin) to help arrange for the shift to be filled.
2. The EM resident will send an email notification to the chief resident, Kelly Barringer (APD for Scheduling), and Kristin Robb (Residency Manager).
3. The involved chief resident will update the schedule on ShiftAdmin.
4. For COVID related illness, refer to the HealthPartners website policy for guidance on required leave. Text the chief resident on administrative call and email Kristin Robb if you have a positive test or are symptomatic. Kristin Robb will ensure proper paperwork is submitted to employee health.

At the request of the Program Director, a resident that has been frequently ill or tardy may be required to provide documentation from his/her physician upon returning to duties. Clearance by Regions Employee Health Services or occupational health may also be requested prior to returning to duties.

Residents will not leave the hospital simply because their service or shift is quiet. This includes nonclinical shifts or partially clinical shifts such as "resident of the day" or "conference call". They are to use that time for reading, chart completion, log/case entry, etc. Resident should be physically present in-house in case of an emergency unless special approval is obtained from the Program Director.