

Mayo Clinic Family Medicine Residency – Mankato

Absence, Vacation, and Leave Policy & Process

Scope

This policy applies to residents of the Mayo Clinic Family Medicine Residency – Mankato program within the Mayo School of Graduate Medical Education (MSGME). When mentioned herein, program leadership refers to Program Director and Program Coordinator, or designee.

Includes designation of the holidays and the [Holiday Impact on Family Medicine Clinic and Rotation Schedule Expectations Policy](#).

Purpose

The purpose of this document is to provide residents with written policies regarding the effect of leaves for any reason on satisfying the criteria for completion of their program and information relating to access to eligibility for board certification.

Policy

Residents may request a leave of absence for a variety of reasons. All leave requests must be approved by the program director (or designee). Requests for leave of absence greater than one week must be approved by the Mayo School of Graduate Medical Education and are recorded in the trainee's MCSGME permanent file. The ACGME and ABFM have defined criteria for program completion and eligibility for board certification. Policies are pursuant to [MCSGME policies](#).

Residents are eligible for:

- 20 days of vacation each academic year ([MCSGME Vacation Policy](#))
 - Requests for vacation time should ideally be submitted 16 weeks prior to the requested date, but must be submitted no later than 90 days prior to the date (*program policy*)
 - To promote resident wellness and to comply with ABFM time away from training allowances, vacation time cannot be rolled over to subsequent years (*program policy*)
 - Leave or vacation time must not be used to reduce the total amount of required residency or training or to make up deficiencies in training. ([MCSGME Vacation Policy](#))
- 1 half day of Well-being time per quarter (*Resident Well-being PTO policy*)
- Days for taking required certification or specialty board exams (not for examination preparation)
- Six weeks of paid parental, medical, & caregiver leave at least once during training, if applicable ([MCSGME Parental, Medical, and Caregiver Leave Policy](#)) the first 80 hours (10 working days) are designated as paid sick and safe leave.
- 80 hours (10 working days) of sick and safe leave. This is not in addition to available Short-term Disability. [MCSGME Leave - Paid Sick and Safe Leave For Residents and Fellows Policy - Minnesota](#)
- Up to 5 days leave due to serious illness or death in resident's immediate family ([MCSGME Emergency/Bereavement Policy](#))
- 3 days for interviewing at non-Mayo Clinic sites throughout training
- 5 days for interviewing at Mayo Clinic sites throughout training
- Conference attendance and presentations as per the travel policy ([Trips – Mayo Clinic School of Graduate Medical Education](#))

If circumstances necessitate your absence from residency beyond 28 scheduled workdays (**including** vacation, well-being, illness, interview, personal business, personal leave of absence, etc. and **excluding** conference attendance and presentations) per program year, then you will extend residency day for day in the academic year for which the absences occurred. Workdays also include weekends and holidays if you were scheduled to work. To avoid extension of training, vacation time might be used for unexpected absences such as illness.

The Effect of Approved Family Leave

- ABFM will allow up to 8 weeks of Family Leave plus 4 weeks of Other Leave (vacation time, illness, etc) for a total maximum of 12 weeks away from the program per academic year and remain board eligible. One week of vacation time must be used unassociated with Family Leave to ensure resident wellness. ABFM will allow a **maximum of 20 weeks away from training over the three years of residency** without extending training, inclusive of vacation, wellbeing, illness, interviews, personal business, personal leave, and family leave. The ABFM continues to require **40 weeks per academic year of continuity clinic**, even if a resident takes 12 weeks away from the program due to family leave.
- MCSGME will allow 12 weeks of FMLA if the trainee has worked for Mayo Clinic for at least 12 months. ([MCSGME Family Medical Leave Act \(FMLA\) Policy](#)).
- All benefit-eligible Mayo Clinic employees are provided 80 hours (10 days) of leave following the birth or placement for adoption of a child(ren). ([Mayo Clinic Paid Parental Leave Policy](#)).
- Trainees are eligible for up to six weeks of paid leave at least once in training for qualifying reasons, including the following ([MCSGME Parental, Medical, and Caregiver Leave Policy](#)):
 - Birth parent leave – up to 12 weeks of leave:
 - First 6 weeks – [Short-term Disability](#), the first 80 hours (10 working days) are designated as paid sick and safe leave.
 - Next 2 weeks (10 days) – [Mayo Clinic Paid Parental Leave](#)
 - Additional 4 weeks – unpaid leave and/or vacation time
 - Non-birth parent leave – 6 weeks paid leave once per training program:
 - First 2 weeks (10 days) – [Mayo Clinic Paid Parental Leave](#)
 - Next 2 weeks – vacation time
 - Final 2 weeks – [MCSGME Parental, Medical, & Caregiver Leave](#)
 - Refer to Parental, Medical, & Caregiver Leave as to where specifically this time is designated from.
 - Medical Leave – 6 weeks of [Short-term Disability](#), the first 80 hours (10 working days) are designated as paid sick and safe leave.
 - Caregiver leave – for a trainee to care for trainee’s immediate family member:
 - Child – [Short-term Disability](#) up to 13 weeks per year, the first 80 hours are designated as paid sick and safe leave
 - Spouse or Parent:
 - One week (5 days) – [MCSGME Emergency/Bereavement Policy](#)
 - 2 weeks (10 days) – vacation time
 - 3 weeks – [MCSGME Parental, Medical, & Caregiver Leave](#)
- All residents, including those taking prolonged leave, are expected to meet clinical experience requirements, core curricular requirements, and must be deemed competent for independent practice by the Clinical Competency Committee (CCC) and the Program Director (PD).
- Prior to scheduling leave, residents must discuss the potential impact on their training with residency leadership and provide written acknowledgment of this impact, which could include:
 - Forfeit of elective time

- Delayed PGY advancement and its effect on resident stipend
- Extension of training to meet graduation requirements
- There may also be ramifications or additional restrictions imposed by ECFMG or by State Department for those on work visas.

Trainees are strongly encouraged to review all the certification requirements which can be found at:

- **ABFM** <https://www.theabfm.org/become-certified/i-am-acgme-residency-program>
- **ACGME** <https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/8/Family%20Medicine>
- **MCSGME** <https://intranet.mayo.edu/charlie/mayo-school-graduate-medical-education/master-table-of-contents/>

Effectives of Leave for Residents Pursuing AOBFP Board Certification

Residents pursuing AOBFP board certification will be held to the ABFM residency training guidelines and leave policies. The AOA relies upon the authority and judgment of the program director to determine readiness for unsupervised practice and to inform the AOBFP of decisions regarding eligibility for initial board certification. The Mayo Clinic Family Medicine Residency – Mankato requires residents to follow ABFM residency training guidelines/policies, and all ABFM requirements must be satisfied prior to the program director notifying the AOBFP of eligibility for initial board certification.

Additional Requirements to Consider

- Residents must complete at least 80% of expected curriculum time in each rotation for that experience to satisfy curriculum requirements. If this does not occur, the resident will work with his/her advisor and program director to create a plan to make up the curriculum requirement via elective time.
- Any day for day changes to your scheduled shifts for a particular rotation can be considered by program leadership if it does not negatively affect the Family Medicine Clinic schedule or work/learning hour requirements (e.g., switching which weekend day you are off).
- It is the responsibility of the resident to be up to date on medical records: Patients charts should be completed prior to your absence. It is the resident's responsibility to see that OB patients, patient results, charting, nursing home visits and call coverage be addressed with and covered by their team members in their absence.
- Please be a good communicator. For planned absences residents are required to post a sign on their continuity clinic mailbox and hospital resident office mailbox informing staff that they are gone or unavailable including the dates and the team member to address issues. We also highly recommend that they remind their nurse and the individual covering in their absence that they will be gone. If you will not be accessing work or Mayo email or medical records during your absence, please make sure your email, Teams and EMR status indicate your absence and who to contact for coverage needs.

Process & Coverage

- Submit vacation requests via email to program leadership greater than 90 days in advance and **PRIOR** to discussing a potential change with the rotation leadership or specific preceptors involved. All planned absences, vacation days, and schedule changes **MUST** be approved by the program leadership 90 days in advance.

- Coverage of clinical duties ensures continuity of patient care and safe delivery of optimal care when residents have planned absences, unanticipated absences, or are excused from patient care responsibilities due to excessive fatigue.

The various coverage requirements and expectations include:

- Coverage for FM Continuity Clinic occurs via patient rescheduling as follows based on patient's preference, availability and acuity:
 - Rescheduled for another date/time with their resident provider
- Rescheduled with another available provider (resident or faculty) If you are ill and unable to work; you **must call** Kelly Schmidt at 507-455-2495 (home) 507-456-7109 (cell) between 6 and 7 am, no later than 7:00 am. Kelly will contact the call center (507-385-5800) which opens at 7:00 am. **Please don't text or leave voice mail – TALK to someone** so that we are assured that the message is received and acted upon. If you are the only resident scheduled for inpatient teaching service and you are ill, notify the Chief Resident **in addition** to Kelly so they can find coverage.
 - Coverage for non-FM outpatient experiences is provided by the supervising attending.
 - Coverage for FMTS is provided by the faculty and other residents assigned to the service, or the on-call resident as needed and the service closes or limits admissions in order to ensure safe maximum capacity for optimal patient care. A minimum of one resident must be on FMTS each day.

Holiday Impact on Family Medicine Clinic and Rotation Schedule Expectations Policy

Purpose: To provide clear expectations and notice of work and educational assignments on holidays that lead to modified outpatient clinical operations and hours. Typical holidays that this applies to include: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas.

Background: The ABFM requires that residents must be scheduled to see patients in their continuity clinic for a minimum of 40 weeks out of each year of training. The program values maintaining a high degree of continuity and meeting the needs of residents' patient panels by striving to schedule every resident in the clinic for at least one ½ day session each week unless they are on vacation or completing an away rotation where maintaining continuity clinic days is unreasonable.

Policy:

On observed holidays when outpatient clinical operations are closed or have a change in hours, residents who are assigned to a hospital-based rotation that still operates on holidays report as usual for the typical hours of a typical day for that rotation. They will be given a comp-day in the future for working the holiday. If the assigned rotation the resident is working/learning with is a clinic that is closed (e.g., outpatient pediatrics), that resident has no assigned duties that day and takes a holiday, unless he/she is “on call” from home for things such as maternity continuity. On call holidays that require the resident **to be called in to work** will be compensated with a comp-day. If a resident wants to be off on one of these holiday days while assigned to a hospital-based rotation, he/she must submit a request to use a vacation day.

Implementation Date: Longitudinal

Origination Date: 10/8/2021, 1/21/2022 update per MCSGME paid parental leave update. 7/5/2022 update per MCSGME non-birth parental leave updates. 3/12/2023 – updated to clarify leave. 7/1/2023 updated per MCSGME vacation policy change. 1/6/2024 updated per MN Sick and Safe. 7/9/2024 added AOBFP statement, added vacation/leave must not be used to reduce residency time per MCSGME policy