SECTION ONE: BENEFITS AND AMENITIES

POLICY NO: 1.7

SUBJECT: POLICY ON RELIGIOUS HOLIDAYS OBSERVANCE

PURPOSE

The purpose of this policy is to address requests by residents for accommodation for religious beliefs or practices and to ensure that patient care, educational activities and duty hours standards are not compromised and that certifying specialty board policies with regards to resident allowable time away from a residency program are adhered to, and that the equitable treatment of residents is assured.

POLICY

Saint Peter's University Hospital residency programs do not discriminate on the basis of race, color, national origin, religion or sex. SPUH adheres to all state and federal laws pertaining to religious discrimination and accommodation.

SPUH residency programs recognize that trainees come from many religious faiths and practices. The observance of religious holidays and practices is important and should be accommodated whenever possible. For those individuals who observe religious practices that, at times, may conflict with discharge of clinical duty, it is imperative that patient care not be compromised. First priority is always given to patient care and religious leave/observances cannot be guaranteed. At such times when observation of religious practices conflict with clinical duties, it is the responsibility of the resident to make appropriate arrangements with his/her colleagues for equivalent or greater patient care coverage.

Procedure for religious holiday/observance not presently covered by scheduled SPUH holidays

- 1. The following procedure must be followed by each resident requesting an accommodation:
 - a. The resident should first address their fellow trainees and, must make a request in writing for a specified reasonable accommodation based on his/her religious beliefs or practices to the program director, administrative chief resident, and program coordinator. A residency program may extend a reasonable accommodation to a resident, or allow a voluntary duty hours "swap" between residents, provided that the accommodation will not result in an undue hardship on the conduct of the program's business; a compromise to educational activities; an inequity to other residents; or problems with the ACGME duty hour standards and/or requirements of their respective certifying specialty boards (see attached policies of the respective boards).
 - **b.** If the accommodation is approved by the program director and chief resident, the resident and program director must sign a letter of agreement which includes:
 - 1. The nature and a description of the accommodation
 - 2. A statement that the resident is responsible for completing all requirements of the training program, and that it may not be possible to repeat certain didactic or clinical training lost due to the accommodation.

- **2.** The following procedure must be followed by the program director upon receipt of a written request for religious accommodation:
 - **a.** The program director will review the request in a timely manner to determine whether the accommodation can be made.
 - **b.** If the program director determines that accommodation request will be granted, the program director will prepare and sign a letter of agreement as stated above in 1.b.2.
 - **c.** If the program director determines that accommodation is not possible, he/she may authorize a voluntary duty hours "swap" between residents at the same PGY level. This duty hours "swap" must be completely voluntary by all parties, and must not interfere with the educational activities of the program or the individual residents.
 - **d.** If the program director determines that accommodation or a duty hours "swap" cannot be granted, the program director will notify the resident of this determination in writing in a timely manner.
 - **e.** To assist residents in determining in advance what accommodations might be possible, the program directors may, at their discretion, publish guidelines applicable to their program.
- **3.**In the event of an appeal of a program director's decision to decline accommodation to a resident, the resident may proceed as described in GME Policy Resident Grievances (see attached grievance policy).

Leave of Absence and Vacation Policies for various boards:

1. American Board of Internal Medicine (ABIM):

• Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

2. American Board of Obstetrics & Gynecology (ABOG):

• Leave of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave--may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.

3. American Board of Pediatrics (ABP)

• The duration of general pediatrics training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (e.g., vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up with additional periods of training. If the

program director believes that the candidate is well qualified and has met all the training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training or special training pathways may not take more than 1 month of leave per year.

4. American Board of Surgery (ABS)

- The ABS requires 48 weeks of full-time clinical activity in each of the five years of
 residency, regardless of the amount of operative experience obtained. The remaining
 four weeks of the year are considered non-clinical time that may be used for any
 purpose.
- To provide residency programs with some flexibility, the 48 weeks **may be** averaged over the first three years of residency, for a total of **144 weeks** required in the first three years, and over the last two years, for a total of **96 weeks** required in the last two years. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.
- All time away from clinical activity (i.e., non-clinical time), including vacation and time taken for interviews, visa issues, etc., must be accounted for on the application for certification.

Leave During a Standard Five-Year Residency

Standard Medical Leave

• For documented medical conditions, including pregnancy and delivery, that directly affect the individual (i.e., **not** family leave), residents may take an additional two weeks off during the first three years of residency, for a total of **142 weeks** required, and an additional two weeks off during the last two years of residency, for a total of **94 weeks** required. **No approval is needed for this option.**

Other Arrangements

• Other arrangements beyond the standard medical leave described above require **prior written approval** from the ABS. Such requests may only be made by the program director and must be sent **by mail or fax on official letterhead to the ABS office (no emails).**

5. American Board of Plastic Surgery (ABPS)

• The minimal acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year. The 48 weeks per year may be averaged over the length of the training program to accommodate extended leaves of absence.

6. American Board of Radiology (ABR)

Leaves of absence and vacation may be granted to residents at the discretion of the
program director in accordance with the institution's rules. Depending on the length
of absence granted by your program, the required period of graduate medical
education may be extended accordingly. Residency program directors and their
institutional GME offices determine the need for extension of residency
training. Therefore, it is not up to the ABR to determine graduation dates for
individual residents.

7. American Board of Emergency Medicine (ABEM)

• Residents must successfully complete at least 46 weeks of training in each residency level. Vacation time, sick time, leaves of absence, etc., that exceed six weeks in an academic year require extension of the resident's training. Leave time cannot be accrued from year to year.

Approved: 10/2016