University of Colorado GME Medical, Parental, and Caregiver Leave Tool Kit

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General Toolkit Introduction

Being pregnant or becoming a new parent during Graduate Medical Education training creates unique challenges for the trainee and training program. These challenges also apply to any significant medical health event for the trainee or their close relative requiring care. The University of Colorado GME has created the below toolkit and templates to assist all CU GME programs to create supportive parental, medical and caretaker leave practices that may assist navigating the complex, and challenging experience of being a physician in training going through these events.

It is important to note that while this toolkit is focused on parental leave and pregnancy, many of the practices referenced apply to ALL types of family, medical, and caregiver leave. We will explicitly note when this distinction is particularly helpful.

All recommendations in this toolkit may NOT be applicable to all GME Residencies and Fellowships depending on the size and structure. Training programs with few Residents/Fellows and Faculty, may not have the ability to fully adopt these practices but are encouraged to review and consider this information, and modify as appropriate for your individual program.

While there are many “big picture” components that are universal for all GME trainees (weeks of paid leave through CU GME, for example), different programs may be able to create and support additional comprehensive practices. This guide is intended to help support CU GME programs of all types identify these opportunities and create program-specific practices.

One of this toolkit's goals is to help trainees, program directors, and program coordinators understand a complex regulatory, health, and legal environment. We attempt to use language that is direct, simple, and clear; this sometimes involves language that slightly differs from the exact institutional or accrediting body policy language. Please always refer to the source documentation if there is confusion.

Section 1: A Program-Specific Introduction

It is recommended that a program-level parental leave guideline include a welcoming introduction to set the stage for trainees to understand the remainder of the practice and document.

- Example: Congratulations on your upcoming birth or adoption! The University of Colorado [program] is excited and invested in supporting our trainees who are becoming new parents. We know that pregnancy & parenthood are both exciting and challenging times. The goal of the below toolkit is to orient you to the available resources and the program's approach to informing and educating you to what kinds of adjustments and potential leave is available during pregnancy, parental leave, and beyond. Let's get started!

Section 2: Understanding the governing policies

It is recommended that the first section of your leave policy presents an easy to understand description of relevant governing bodies. These include the ACGME and any RRC specific policies, as well as the ABMS or other board-specific policies for your specialty. Below are examples of appropriate descriptions, which you can modify, edit and update as appropriate:

- **American Board of Medical Specialties (ABMS):** ABMS oversees specialty medical boards which grant board certification. ABMS parental leave policy allows a minimum of 6 weeks of family, medical, and caregiver leave at least once during training without extension of training.
    - https://www.abms.org/policies/parental-leave/
    - This policy is a ***requirement*** for all member boards with training programs 2 or more years in duration
    - Recommendation for fellowship programs: "Member Boards should encourage subspecialty fellowships to foster start dates after the end of July to accommodate physicians who extend training"
    - Note: policies of individual medical boards may differ from this ABMS recommendation. See examples below:
        - American Board of Pediatrics allows up to 8 weeks of parental leave without extension of residency training
        - American Board of Surgery allows up to 4 weeks of parental leave two times during the five year training program (one during the first three years and one during the last two years)

- ACGME requires each program to review the policy of the relevant certification granting medical board of your specific training program and include the specific impact of the leave on the trainee**.** This is <u>required</u> to be available for review in your Program Handbook/Manual.
    - The fact that different medical boards have different policies can be a source of confusion and frustration for residents. Programs should be aware that these differences exist and that this can be a source of trainee distress.

- **Accreditation Council For Graduate Medical Education (ACGME):**
    - Refer to the CU GME Leave Policy for details of ACGME pay and benefit requirements.
        - Highlights:
            - Minimum of Six (6) weeks of paid leave (100% salary), eligible on day one of training. *Details in Section 2 below.* Must ensure 100% of salary paid for the first 6 weeks of the first approved leave during training. *Details in Section 2 below.*
            - Ensures continuation of health & disability benefits during any approved leave
    - Requirements for clinical time may vary based on the overseeing Medical Specialty Board. **We recommend reviewing the policy of the relevant certification granting medical board/RRC of your specific training program.**
        - Example – American Board of Surgery requires 140 clinical weeks during the first 3 years of residency and 92 weeks during the final two years. The amount of leave taken during training might impact whether a trainee completed these specific number of clinical weeks, which could impact ability to graduate on time.
- **Subspecialty Specific Board Policies**
    - [Review your board specific policy and include here]
        - Examples can be found in the supplemental text at end of this document.
    - These policies can change frequently and rapidly. Identify a process and individual (APD, PC, etc.) to update your program specific policy when there are changes to your specific specialty board or RRC.

<u>Section 3: Understanding your pay & benefits</u>

- Refer to the CU GME Leave Policy for complete details
- **CU FAMLI**: **Family and Medical Leave Insurance Program, also known as, medical, parental and caregiver leave.**
    - Shared employer-employee funded insurance program that provides partial wage replacement during a 12-month period, with an additional 4 weeks for pregnancy or childbirth complications.
        - All residents pay into FAMLI from their paychecks and should be encouraged to use the available benefits.
    - Premiums are set at 0.9% of employee wages with 0.45% paid by the employer and 0.45% paid by the employee, including residents and fellows. This premium is withheld from your paycheck on an after-tax basis.
    - FAMLI provides a percentage of the monthly stipend, based on the weekly wage rate up to a maximum of $1,100 per week. The chart below provides an example of wage replacement benefits:

Weekly wage	Weekly benefit	Maximum annual benefit	Percent of weekly wage
$500	$450	$5,400	90%
$1,000	$768	$9,216	77%
$1,500	$1,018	$12,216	68%
$2,000	$1,100	$13,200	55%
$3,000	$1,100	$13,200	37%

- **GME Leave: Sick & Vacation Leave**
    - Can be used individually and/or to supplement your FAMLI benefit to bring weekly payments up to 100% of your stipend.
        - If you choose not to use your available GME Leave to supplement the FAMLI benefit, you will only receive a portion of your pay equivalent to the FAMLI benefit amount.
    - If you do not have enough available GME Leave to achieve 6 weeks of 100% pay, the University will supplement the leave balance as necessary to reach the 6 weeks of 100% pay **one-time** time during the training program.
    - If you exhaust your vacation and sick leave during approved FAMLI, you will be eligible for an additional 1-week of paid leave. This additional week is intended to be used during the same post graduate year (PGY) as the

year FAMLI was taken, but if leave is close to end of PGY, the Program Director may approve the 1 week be used the following PGY.
    - You do not have to use your GME leave to supplement the FAMLI benefit. GME leave may be used separately from FAMLI leave as additional vacation. However, there may be implications that extend training. For example, 12 weeks of FAMLI leave and 4 weeks of GME leave (total 16 weeks of leave) would lead to a delay in graduation from any ACGME program based on current rules.
    - Currently, during an approved FAMLI or FMLA leave a Resident's position and funding source continues paying its portion of benefit premiums
    - https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/gme-policies-procedures/leave-policy.pdf?sfvrsn=8dc148b9_8
- **Family Medical Leave Act (FMLA):** also known as medical, parental or caregiver leave. If eligible, FMLA will run concurrently with an approved FAMLI claim.
    - Eligible employees can receive up to 12 weeks of **unpaid,** job-protected leave in a 12-month period.
    - Must have been employed for 1 year and worked at least 1,250 hours in the last 12 months.
    - https://www.dol.gov/agencies/whd/fmla
- **Long-Term Disability**
    - If a Resident's Medical condition may prevent them from working for 90 days or more, an application for Long Term Disability benefits should be considered.
    - Please refer trainee to CU GME Benefits Department for further information

Section 4: Leave Structures & Necessary Documentation

We recommend including an easy to understand template to document and review with trainees. An example is below:

Example Leave Plan for 1st leave during training			
Leave Weeks	1-6	6-12	12+
Pay While on Leave	100%pay . *Isn't applicable if a member does not use*	100% pay with approved FAMLI benefit	Apply for Unpaid Personal Leave of Absence and

	available GME Leave to supplement approved FAMLI leave benefits.	until GME available leave is exhausted. If not using FAMLI, leave will be unpaid.	possibly long-term disability.
Impact on duration of training	Individualized by specific board requirements and trainee use of other leav	Individualized by specific board requirements and trainee use of other leave	Individualized by specific board requirements and trainee use of other leave
Benefits	Maintained during approved leaves.	Maintained during approved leaves.	Will have to self-pay for benefits through COBRA Long Term disability benefit could be available

    - In each leave structure, explicitly state whether or not vacation, FMLA, FAMLI, will be used.
    - When on FMLA or other leave, it is not permissible to perform any work-related activities, including non-clinical activities. This includes moonlighting.
    - No program progression such as program completion or promotion can take place during a leave until return to active employment status.
- How to handle time off for routine Appointments that pertain to the reason for leave:
    - Explicitly state that time off for routine appointments does not require formal medical leave. Encourage these to be scheduled on days off or before or after clinical duties, recognizing that this may not always be feasible and appropriate accommodations (late start, leaving early) may be required. There may be instances when an individual would use intermittent FAMLI for on-going chronic conditions; the above process should be the same for all trainees with qualifying medical, family, or caregiving events. The key is a consistent process for all.
- Required documentation:
    - Application for CU FAMLI
        - Login to the employee portal (https://my.cu.edu/) to submit Leave of Absence request

        - Trainees can use the following step-by-step guide: https://www.cu.edu/doc/leave-absence-ess-user-guide-employees-pdfpdf-1
    - Due 6 weeks prior to the start of the leave, if possible.
- Supplement Leave agreement letter
    - Prepared by GME benefits manager based on approval documentation from CU Leave Team with input from program detailing:
        - Dates of leave
        - Return date
        - Pay during leave
        - Program completion impact, including impact to taking Board Exam
- Certification of Health Care Provider
    - This form will be provided by the CU Leave team when filing a claim for FAMLI.
    - This form will be provided by GME Benefit Manager if not taking a FAMLI Leave.
- Leave Fitness-to-return Certification
    - Completed by health care provider prior to trainees return to work if needed. *Of note: member should not be allowed to return without proper documentation.*

Section 5: Recommendations for schedule adjustments pre & post-leave

Pregnancy is a medical condition. The adjustments made due to pregnancy should be made available to any trainee experiencing a medical condition that requires frequent medical appointments, procedures, lab draws, imaging, and demonstration (either by medical literature or the trainee's physician) that adjustments would improve the health outcomes of the trainee.

The culture of medicine frequently can feel prohibitive to trainees to proactively request adjustments, even if they are desired. Simultaneously, any possible adjustments cannot be mandated or required by the program because of pregnancy-related federal antidiscrimination laws. Our toolkit recommends considering what adjustments are possible for your program to offer and offer them to all trainees who could be eligible.

Explicitly stating that the program supports trainees to make these adjustments without repercussion, highlighting that these adjustments have been made successfully in the past, and explicitly stating the program will take responsibility for these adjustments helps create an environment which fosters an empowering and supportive culture.

Trainees must be encouraged to freely determine which adjustments they would like and what duration of leave they would like. The program is responsible for creating an environment in which this freedom is truly available.

- General Section Guidelines:
    - It is recommended that this section contain specific language around potential schedule adjustments pre and post leave as it pertains to the given specialty, paying special attention to rotations that may place a pregnant resident at higher risk of adverse health outcomes (28h call, high risk procedures, nights etc).
    - Explicitly identify who is responsible for handling call changes (i.e. administrative chief resident, Program Coordinator, etc.)
        - Trainees find coordinating their own individual coverage plans to be a burden that potentially impacts their decision to have children.
    - All parents (including non-birthing parents or adoption) are entitled to leave in accordance with the University's Parental Leave policy. Similarly, consider which schedule adjustments could be offered to all parents
        - Example: No 24-hour call shifts for 12 weeks after birth or adoption for all parents. Adjustments to 12-hour call shifts could be offered.
    - Differences in policy should reflect physical limitations related to any leave. Example: Policies should reflect as much as possible equity for all new parents and both birthing and non-birthing parents.
    - Given the cultural barriers trainees may experience around requesting leave, trainees should be encouraged to freely determine for themselves what leave is appropriate, and the program should support whatever leave the individual person determines is right for them and their family.
    - Trainees should be encouraged to freely determine which adjustments the programs offers is right for them and their family.
    - We **strongly recommend** there is NO requirement to make up any call, weekends, or clinical duties that are missed while on any family, caregiver, or medical leave (unless the clinical duty is an explicit requirement by the RRC or specialty board). If offered, this adjustment should be explicitly stated in your program guideline.

    - The GME Leave Policy states that there is NO moonlighting when on an approved FMLA. Program Directors can also restrict moonlighting during rotations designated to decrease clinical time if applicable.
    - See Supplemental Literature section for references to primary literature
    - If trainees are in need for a formal accommodation to a disability, then the University's ADA Coordinator should be consulted.
- Who should be responsible for coordinating and communicating leave-specific schedule changes?
    - We strongly encourage program leadership to take ownership of these changes. Trainees overwhelmingly report fear around burdening colleagues with extra-clinical time to facilitate their leave (Rangel AM J Surg 2018); requiring trainees to arrange their own coverage may place additional undue burden on them.
    - It is important to use non-specific language as you are communicating within the program. Remember, while trainees may have shared their news with you, they may not yet be ready to have this personal health information shared broadly.
- General Rotation Considerations
    - Educate trainees that consideration of schedule adjustments for less rigorous electives or ambulatory rotations (or non-clinical rotations) on either side of delivery is available. Explicitly include which rotations may be more or less rigorous and offer adjustments at the trainee's request .
        - Explicitly state which rotations these are and the processes for schedule adjustment. Present these adjustments in a way that educates the trainee what options are available for them to request.
            - Example: No night float rotations after 30 weeks of pregnancy or within 12 weeks postpartum.
            - Example: No ionizing radiation exposure in first trimester is based on the individual trainee and their physician's recommendations.
        - Adjusting clinical and non-clinical time to support a pregnant trainee requires some creativity.
            - For example, some programs have developed newborn care, lactation, or other related curriculums for resident elective time
            - Examples of these electives are included at the end of this document as supplemental material.
    - We know that call and night shifts are associated with higher rates of pregnancy complications. Educate trainees what types of call adjustments are available for them to request.

- Example: No night float rotations after 30 weeks of pregnancy or within 12 weeks postpartum
- Call modifications
    - Consideration of providing the option of fewer or elimination of call shifts at various points of pregnancy and after arrival of new child (for birthing or non-birthing parents).
    - Examples:
        - 1 fewer home calls per week than baseline
        - Split 24 hour in house call shifts into 12 hour shifts
        - Consider less call after 20 weeks of pregnancy or less call for 12-20 weeks postpartum.
    - If trainees are taking out-of-hospital call, consider lower thresholds for activation of jeopardy coverage should they be in the hospital for > 12h in a 24h period.
    - Explicitly define duration of call modifications post arrival of new child for all new parents (regardless if they were the gestational parent or for surrogacy or adoption).
        - These should extend to 12 weeks post partum for all lactating mothers to support breastfeeding goals.

- Identify workforce modifications to accommodate call modifications that are specialty specific, depending on nature and frequency of call.
    - Examples: senior on call takes call without a junior; junior on call takes call without a senior; faculty take primary call without a trainee; work with APPs, fellows, or other programs to coordinate; design rotation considerations with call burden in mind; allow home call instead of in house call; create moonlighting or “extra work for extra pay” options for trainees or faculty.
    - Consider the impact of work hours on existing trainees. Many modifications can be made up with existing work force while maintaining hour guidelines.
- How can your program get creative to facilitate some of these adjustments?
    - We recommend reviewing your program specific rotations and determine which rotations are essential (either by board requirement or for trainee-centered educational purposes). Any

rotation in which a trainee is not essential and/or schedule adjustments can be made to reflect trainee absence, for example, outpatient clinic –attending or fellow clinic, electives, subspecialty clinical experiences.

- If these rotations are felt to be clinically essential prior to graduation, they can often be coordinated to occur pre- or post- leave prior to graduation.

- If trainees are scheduled to be on essential services (for example, weekend or evening call) during their proposed time of leave, consider coordinating a swap with another trainee. However, if that can not be facilitated and this would reflect additional clinical time for another trainee to cover, consider discussing with your division leadership to open this up for moonlighting.

Section 6: Lactation Adjustments

Internal CU data demonstrates 10% of trainees are not provided pumping breaks, 25% of trainees did not have access to convenient pumping spaces, and the vast majority of trainees did not have adequate pumping supplies in their lactation spaces (such as refrigerators or sinks). Trainees who also took < 6 weeks of leave, reported decreased bonding with their child and challenges establishing good milk supply prior to coming back to work which impeded their ability to obtain their desired lactation goal.

Federal and state lactation protections set a minimum requirement and may not be adequate for an individual to maintain their supply. Physiologic breast feeding on average occurs for 20-30 minutes every 3 hours, and pumping may not as effectively stimulate milk production. We recommend providing trainees resources to their rights surrounding lactation and pumping.

- Identify person in your program leadership (Chief resident, APD/PD, or program administrator) to help arrange accommodations for lactating persons upon their return to work.
- Recommend revisiting the person's needs prior to each clinical change to ensure they are adequately supported.
    - Inpatient service: time & frequency of lactation **as determined by trainee** (anticipate on average 1 pumping session (~30 min) every 3 hours)

    - Outpatient: if possible, coordinate breaks in clinical schedule (at least 1 per ½ day). Some individuals may require different break schedules to maintain supply.
    - If appropriate, and with explicit trainee permission, you may offer program leadership to help facilitate communication of ongoing lactation needs to specific rotation supervisors.
        - For example: “[resident name] is currently breastfeeding and will need time away from clinical services [time].”
- Make sure trainees are aware of and ensure there are designated private lactation space within appropriate distance to clinical service at all training sites. These spaces ideally would include computer and available milk storage, however, may not. Discussion of how to navigate these resources is one of the ways the offer of dedicated faculty mentorship can be utilized.
    - https://medschool.cuanschutz.edu/docs/librariesprovider101/gme-document-librar/cugme-benefits/lactation-rooms-at-uch-chco-dh.pdf/
- If possible and needed, ensure appointments for ongoing lactation support are honored without need to make up time away or utilize formal leave.

Section 7: Next steps & when to communicate with your program

- **Who to notify:**
    - PD, APD or program administrator [If other specific designated person, please note here]
    - The GME Benefits Manager should be notified as well, usually by the program administrator.
    - Example language: This is such exciting and personal news and we want to make sure you share with those you feel most comfortable. If there is someone else within the program that you would feel more comfortable sharing with, please start there.
- **When to notify:**
    - Example language: Advanced communication & planning for schedule adjustments is important to allow for the most personalized leave, including leave and clinical duty adjustments both pre- and post-partum. Programs prefer as much time as possible. We also want to respect personal comfort and choices. Inclusive policies can promote a culture of safety for trainees to disclose their pregnancy. Adjustments cannot be

made without knowledge about the pregnancy, delays in disclosure and loss of flexibility can result in needing to extend training. In order for the program to provide maximal support and make adjustments as described above, we recommend notifying **as early as comfortable** (and ideally by 12-20 weeks).
    - It is important to note that applications for CU FAMLI are due 6 weeks prior to the anticipated start date, when possible.
- **Documentation**:
    - We recommend that the leave plan, trainee preferences, and any work adjustments be documented to share with the trainee. Given the complexity of some of these regulations and the size of the GME training environment it benefits both the program and the trainee to document the leave plan. We recommend a worksheet that is shared with the program leadership and trainee after any discussion so any misunderstandings or miscommunications may be addressed as early as possible.
    - Worksheet examples are included at the end of this document as supplemental material.

Section 8: Childcare Considerations

Like most parts of parenthood, childcare is a very individual decision. Common childcare options include: family support, in home care (nanny, nanny-share, Au Pair), and daycare.

- If considering daycare, we recommend applying very early to multiple facilities in your area due to anticipated long wait times.
- Recommend discussions with colleagues, either faculty or trainees in the program, to better understand the contemporary landscape
- Available Campus Resources
    - Access to care.com is a benefit available to residents which can provide access to some childcare resources
    - Fitzsimmons Early Childhood Center (run by Bright Horizons) is a daycare on campus with excellent hours, however, waitlist time is long. Employees of Children's Colorado (does NOT include pediatric residents and fellows) do receive priority over Anschutz Medical Campus employees.
    - If school age children (>3), an on-campus option is the Compositive Primary (https://compositiveprimary.org) which offers sliding scale tuition

Section 9: Special Considerations

- **Fertility treatment & preservation:**
    - Nearly 25% of medical trainees report struggles with infertility which is associated with significant adverse mental health effects and higher rates of burnout. It is really important that we provide explicit and inclusive language that supports individuals growing their families.
    - Definition of Fertility Treatment and Preservation: Fertility treatment refers to any medical treatment intended to assist with conception, such as in vitro fertilization (IVF), artificial insemination, or other related procedures. Fertility preservation refers to any medical procedure intended to preserve reproductive potential, such as egg or sperm freezing, or other related procedures.
    - Flexible Scheduling: Examples of **accommodations for residents and fellows who elect to pursue fertility preservation include ability to attend initial consultation and routine medical visits, in addition, to schedule adjustments that are conducive for administering time sensitive medications.**
    - Additional time off outside of general medical appointments should follow similar considerations as discussed above (utilization of FMLA, non-clinical considerations etc.)
    - Financial Support: Fertility treatment intended to assist with conception via IVF may be covered by insurance for individuals with or without a diagnosis of infertility. **Information about insurance coverage and financial implications can be further explored through reproductive medicine clinic websites and formal consultations.** At this time, GME, does not provide financial support for fertility preservation. Specific information is available on the CU Employee Services website for instructions on what steps are required for potential insurance coverage.
- **High medical need pregnancies**
    - Medical trainees are at higher risk than their age-matched peers for pregnancy complications (IUGR, Pre-eclampsia, pre-term delivery etc). While policies discussed earlier in this toolkit are intended to help minimize these risks they may still occur. High medical need pregnancies are subject to the same explicit support for pre- and post-partum routine medical visits. Often, these situations may require additional scheduling adjustments and should be accommodated if possible. If additional accommodation is not reasonable or is impacting training, and require additional leave, discussion with the CU GME office for appropriate

documentation, resource support, and planning. In addition, the University's ADA Office should be consulted to determine whether the additional medical needs qualify the individual for accommodations under the ADA.
    - https://www.cuanschutz.edu/offices/human-resources/employee-relations-and-performance/ada-compliance
- **Adoption & Surrogacy:**
    - Trainees who are pursuing adoption, acting as surrogates, or using surrogates to achieve their family goals should be supported. Policy language should be inclusive of these circumstances.
- **Pregnancy loss**
    - Medical and surgical trainees and physicians may be at increased risk of miscarriage compared to age-matched peers. Some studies have reported up to 40% of female physicians have experienced at least one miscarriage.
    - Loss of a pregnancy at any time during gestation can have significant impact on a trainee emotionally and physically. We understand that the experience of pregnancy loss is a unique and personal experience and can be a difficult and emotional time for trainees and their families. We are committed to treating all employees with compassion and respect. We recommend flexible scheduling and temporary schedule modifications, such as reduced hours or a flexible work arrangement, to accommodate emotional and physical needs during this time. Additionally, residents should be encouraged to utilize any University mental health resources for bereavement support. FML can be utilized for extended medical leave as necessary.

Section 10: Common FAQs

- **Q: How will this impact other trainees in my program?**
- **A:** Data has shown that setting clear expectations for all trainees around these types of policies improves the acceptability for all trainees. If policies are equitable, clear, and fairly designed, this minimizes the burdens on all trainees. Trainees find more distress in unclear expectations and lack of education in these topics than having to assist their colleagues undergoing medical events. The scientific literature demonstrates that when men take the same parental leave as women, it increases equity in pay, promotion, and productivity. **Data supports that available leave taken in their entirety for both birthing and**

non-birthing parents establishes equity for all trainees (Corbisiero, J Surg Ed, 2024).

- **Q: What if the trainee doesn't want to take a specific adjustment?**
- **A:** All options should be discussed with the trainee in a setting that makes it clear the program will support them, does not find these adjustments to be a burden, and the trainee is freely able to request the adjustments in the program's material. The program cannot require any specific adjustment; trainees must have autonomy to make decisions about their own health. If there is a specific reason a resident does not want to take a specific adjustment (such as impact of the timing of a rotation for fellowship applications or similar), you should support the resident. Trainees need to be provided all options to ensure they can make an informed decision.

- **Q: What if the other faculty in my program do not support the policy?**
- **A:** There can be meaningful generational and cultural differences between and within faculty. Clear disclosure of the policy with all faculty helps establish expectations. Education of faculty is an important piece of socializing the policy and participating in culture change. There are many reasons these types of policies can be attractive to faculty. It improves the health and well-being of trainees. It improves recruitment and retention. Working with faculty to support these policies is important. We recommend engaging in faculty education via grand rounds, faculty meetings, or other appropriate venues in your specific program.

Section 11: Supplemental Materials

Supplemental Board Specific Examples:

- ABIM - Internal medicine residency & subspecialty fellowships in ABIM disciplines
    - https://www.abim.org/certification/policies/special-training-policies#leave
    - Up to 5 weeks (35 days) per academic year are cumulatively permitted (includes vacation, illness, parental or family leave, or pregnancy related disabilities)
        - Example: 105 days over three-year without extending training unless the deficits in training policy is used
        - 30/36 months clinical training requirement
    - Deficits In Required Training Policy
        - Additional 35 days (5 weeks) [Total of 140 days over a 3-year period; 4 weeks vacation/year leaves 8 weeks remaining for parental leave]
        - Caveat: trainees PD and CCC must attest to ABIM that trainee has achieved required competence with deficit of <35 days.
- ABOG – OB GYN
    - https://www.abog.org/specialty-certification/qualifying-exam/eligibility#
    - The total of vacation and leaves for any reason—including, but not limited to, vacation, sick leave, parental leave, or personal leave - may not exceed 12 weeks in any of the four (4) years of residency training.
    - If any of these maximum weeks of leave per year are exceeded, the residency must be extended for the duration of time that you were absent in excess of 12 weeks in years one, two, three, and four.
    - In addition to the yearly leave limits above, you can't take more than a total 24 weeks of leave over the four (4) years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that you were absent in excess of 24 weeks.
- ABS – American Board of Surgery – Residency Policy
    - Applies to General Surgery Residency, Integrated Vascular Surgery Residency
    - https://www.absurgery.org/default.jsp?policygsleave
    - Residents may take an additional 4 weeks off for medical leave during the first three years of training for a total of 140 clinical weeks during those years
    - Residents may take an additional 4 weeks off for medical leave during the final two years of training for a total of 92 clinical weeks
    - Residents must complete 48 weeks of chief resident rotations

Supplemental Program Parental Leave Worksheets:

University of Colorado Department of X

Y Program Pregnancy and Parental Leave Worksheet

To be completed by PD/APD, PC, and Resident

[Date of most recent update to document]

Worksheet Option 1:

Resident Name:

Resident Clinical/research status:

Parental Leave:

Desired length:

Desired length will impact graduation date: Y/N

Desired length will impact vacation time: Y/N

Desired length will be partially unpaid: Y/N, duration

Anticipated leave start date:

Actual leave state date (when known):

Rotation changes discussed:

Call modifications discussed:

Identified Faculty pregnancy support mentor:

Worksheet Option 2:
Today's date:
Trainee Name:
Due Date:
Program Leadership Name:

Step 1: Congratulations & Obgyn care
Does this trainee have a faculty mentor around having a child during training? If so, who? If not, would they like to be connected with one?

Step 2: Schedule Review – Suggestions below are if possible and if this doesn't negatively impact their ability to complete their training. All adjustments to schedules must be made at the request and upon the agreement of the trainee. Schedule adjustments cannot be required or mandated.

- Is the trainee scheduled for any 28h call or nights during their pregnancy?
  Recommendation Remove all 28h call or nights if possible
- Is the trainee scheduled for any 28h call or nights after 30 weeks?
  Recommendation: Remove all 28h call or nights
- Is the trainee scheduled for jeopardy 8 weeks prior to or 12 weeks after their due date
  Recommendation: Remove or reschedule jeopardy shifts
- Are there any specialty specific work environments that would put this trainee at risk during their pregnancy (ex. Exposure to ionizing radiation)?
  Recommendation: Remove or reschedule these rotations
- Review rotations in 3 months prior to and 3 months after scheduled return to work to assess for opportunities to remove trainee from physically strenuous rotations
  Recommendation: Consider utilizing outpatient rotations, electives or non-clinical time

S**tep 3: Review Parental Leave Options**

- Review trainees FML, clinical vs non-clinical training time to date
- Review leave options including duration, pay and impact on duration of training for individual resident.
- Define the make-up of this specific trainees leave?
  - Desired duration:
  - Has the trainee utilized FAMLI leave previously?
  - Does the trainee have access to non-clinical rotations?
  - Pay:
  - Training extension: yes or no

Step 4: Returning to work

- Review schedule upon return to work and ensure they have appropriate protections for lactation goals (minimum of 30 min every 3 hours)

Step 5: Have all the appropriate parties been notified of the above information? And has necessary paperwork been submitted?

- Program Administration
- GME: contact Debra Johnson
- Review timeline for FAMLI application etc.

Supplemental Example Elective Structures:

Newborn Care Elective

- **Goal:** The purpose of this elective is to help residents gain a better understanding of issues that arise within the first few months of life. For residents with children, the time will allow for intensive time with a neonate, to better understand day to day issues that arise in the neonatal period, as well as to study in further depth common outpatient medical issues during the neonatal period. This elective is geared for both new mothers and fathers only.

- **Medical Knowledge**
  - Research will be done on residents choice of a subject related to neonatology. This research will be used to give a 25 min talk given as part of the Noon Conference Series.
  - Early infant and breast feeding assessment skills will be obtained not only by first-hand experience but also reading and or videos
  - Self-study notebook with articles on topics including, post-partum depression, hyper-bilirubinemia, neonatal rashes, circumcisions and circumcision complications, and medication use during lactation
  - Resident will learn various popular techniques for calming infants, and addressing common parenting concerns by completing a book review on popular parenting book of choice

- **Patient Care**
  - Intensive time with neonate at home will replace patient care responsibilities.
  - This can be a call free month
  - Continuity clinic is optional. If this elective is taken by a resident without a child at home, continuity clinic should be continued.

- **Practice-Based Learning and Improvement**
  - Residents will demonstrate self-directed learning through the use of distributed materials and reading list
  - Residents will contribute to a residency file of reviews on parenting books and videos with their book and/or video reviews

- **Communication Skills**
  - Residents will communicate as a parent to healthcare providers for the infant. This role reversal will help improve resident communication with parents by better understanding the role of the parent
  - Residents will give a noon conference talk of 25 min duration at the end of the rotation, improving presentation skills
  - Resident will study the nature of maternal infant bonding and communication patterns between a mother and her newborn

- **Professionalism**

- Resident will consider alternative empathic approaches to the parents and their newborn to enhance their professionalism
- Residents will learn more about the balance of parenting in residency and with a career in medicine both through personal experience, and through articles on parenting during residency.

- **Systems-Based Practice**
  - Residents will develop a greater appreciation and understanding for obtaining health care for a new infant while also adjusting to being a new parents.
  - Residents will become more aware of community resources available for parents, such as parenting groups, breastfeeding support, and help with car seat installation
  - Residents may attend a parenting group (hospital based e.g. Boulder, Rose, Clinic based-Stapleton pediatrics; LaLeche or other)

- **Registration**
  - If this elective is to be used as part of maternity/paternity leave, let Dr. Rosenberg and Chief Residents know as early in pregnancy as possible to schedule changes.
  - This can be call free elective.
  - Continuity clinics are optional, but should be done by residents without children at home.
  - If you wish to use this as part of maternity leave, meet with Dr. Rosenberg about making appropriate schedule changes
  - Arrange with Chief residents when you will be giving your noon conference. This is half a noon conference, and can be shared with other residents doing the elective. It needs to be given within 3 months of the elective.

- **Required Activities**
  - Turn in 2 copies of book review form, multiple choice forms, and sheets from any other optional activity
  - Turn in checklist from notebook
  - Turn in copy of noon conference talk if used power-points – once talk given.
  - Fill out evaluation sheet
  - Request evaluation through MedHub; list Adam Rosenberg as your supervisor

Breastfeeding Medicine Elective

- **Overview**: The American Academy of Pediatrics policy statement on breastfeeding places the responsibility of patient education and support of breastfeeding heavily on physicians. Historically, there has been little education of physicians in this area. In 2018, the AAP released a “Physician Education and

Training on Breastfeeding Action Plan" to increase availability and accessibility of medical provider education and training related to breastfeeding. This action plan emphasizes that physician training must include clinical skills training in basic breastfeeding assessment and diagnosis and management of breastfeeding complications for residents in pediatrics through direct patient care and simulation. Additionally, the plan also outlines that programs provide direct, tangible support for adequate parental leave and for breastfeeding support after return to residency as an anchor of physician wellness.

- This elective serves to meet these needs by offering 1) flexibility for continued parental leave with both hands on and structured breastfeeding education and 2) creating opportunities for further breastfeeding medicine education for non-parent residents.

- **Elective Outline and Objectives**

- **Goal:** The purpose of this elective is to help residents gain a better understanding of breastfeeding. For residents with children, the time will allow for intensive time with an infant, to apply the skills of breastfeeding and troubleshooting firsthand, as well as to study in further depth breastfeeding medicine. For residents without children, this elective will allow for in depth study of breastfeeding medicine and application of clinic skills through a variety of clinical experience (breast feeding clinic, lactation support, parent support groups, etc.). This elective is geared for all residents, lactating/non-lactating parents and non-parents.

- **Structure**
  - Duration of elective is flexible, 1-4 weeks
  - Resident Parents:
    - Complete at least 1 educational task per week (including site visits and self-study assignments, see list below)
    - Give a morning report on a topic of your choice
    - Directly manage breastfeeding your own infant multiple times daily
  - Non-Parent Residents:
    - Average of 3 site visits per week (see list below)
    - Give a morning report on a topic of your choice
    - Complete at least 2 self-study assignments per week (see list below)
  - The course advisor is Dr. Honora Burnett, please email her at the start of your rotation and with all completed assignments: honora.burnett@dhha.org, or text 303-261-2353 with questions/concerns

- **Medical Knowledge**
  - Research will be done on residents' choice of a subject related to breastfeeding. This research will be used to give a 25 min talk given as part of Morning Report.
  - Early infant and breastfeeding assessment skills will be obtained by first-hand experience for lactating residents and residents with lactating partners

    - Completing several self-study assignments from provided list, including articles, books, podcasts, documentaries and videos

- **Patient Care**
    - Intensive time with infant at home will replace patient care responsibilities.
    - For non-parent residents, patient care will take place via clinical experiences with lactation consultants and breastfeeding medicine clinic
    - This can be a call free month
    - Continuity clinic is optional. If this elective is taken by a resident without a child at home, continuity clinic should be continued.

- **Practice-Based Learning and Improvement**
    - Residents will demonstrate self-directed learning through the use of distributed materials and reading list
    - Residents will contribute to a residency file of reviews on breastfeeding resources

- **Communication Skills**
    - Residents will communicate as a parent to healthcare providers for the infant. This role reversal will help improve resident communication with parents by better understanding the role of the parent, particularly in the context of breastfeeding
    - Residents with gain key communication skills and emotional support techniques for breastfeeding mothers through working with lactation consultations
    - Residents will give a morning report talk of 25 min duration at the end of the rotation, improving presentation skills

- **Professionalism**
    - Resident will consider alternative empathic approaches to addressing breastfeeding to enhance their professionalism
    - Residents will learn more about the balance of parenting and breastfeeding in residency and with a career in medicine both through personal experience, and through articles on breastfeeding during residency.

- **Systems-Based Practice**
    - Residents will develop a greater appreciation and understanding for the difficulty of breastfeeding and obtaining support as needed as a new parent.
    - Residents will become more aware of community resources available for breastfeeding support
    - Residents may attend a breastfeeding group as one of their site visits
    - Develop a better understanding of multidisciplinary breastfeeding support (MD, IBCLC, RN, etc)

- **Registration**
    - If this elective is to be used as part of maternity/paternity leave, let Dr. Rosenberg and Chief Residents know as early in pregnancy as possible to schedule changes.

- Arrange with Chief residents when you will be giving your morning report. It needs to be given within 3 months of the elective.

- **Required Activities**
  - Turn in schedule of completed site visits
  - Turn in written assignments for self-study activities
  - Turn in copy of morning report talk if used power-points – once talk given.
  - Fill out evaluation survey here: https://docs.google.com/forms/d/e/1FAIpQLSc2J2oL4ZXqWKgYSETe3a7trEKA9fhp179ltr7X21yt32PyPw/viewform?usp=pp_url
  - Request evaluation through MedHub; list Honora Burnett as your supervisor

- **Site Visits**

- **University of Colorado Hospital**
- Phone: 720-848-6034, Candice Matejka, Susan Ritchie, Kathy Reeves
- Inpatient/newborns/preemies (pager: 303-266-6457)

- **Children's Hospital NICU**
- Phone: (720) 777-6857
- Children's: High risk infants/NICU and CCU

- **Pediatric Faculty Practice @ Children's Hospital Colorado**
- Maya Bunik, MD, MSPH, FABM, IBCLC
- BF Management Course Co-director
- Lactation Clinics (Please contact Dr. Bunik the day before to verify first patient time):
- Children's satellite clinic @ South Campus (c-470 and Lucent): Tues. 8:30-noon
- Children's Hospital Village Pavilion, AMC: Wednesday mornings
- Maya.bunik@childrenscolorado.org
- 720-777-3890 (voice mail); 303-208-6009 (pager)

- **Mother's Milk Bank (now in Arvada)**
- A program of Rocky Mountain Children's Health Foundation
- Direct: 720.507.0909 | Mothers' Milk Bank: 303.869.1888
- New Email: Laraine.LBorman@rmchildren.org
- Website: Rmchildren.org/mothers-milk-bank/
- pager 281-1132, Laraine Borman
- Can schedule to visit usually any day, M-F 9 – 5 PM; Pasteurization of donor milk occurs on Thursday mornings. When you visit you are eligible for free admission to Journal Club!

- **Mother's Milk Bank Lactation Journal Club**
- Website: Rmchildren.org/mothers-milk-bank/ - click on journal club link for complete schedule and details.
- Contact: Haley.Binder@rmchildren.org, 720-507-004

- **Colorado WIC https://www.coloradowic.gov/about**

- Nationwide public health nutrition and breastfeeding program. The program serves women (prenatal, breastfeeding, and post-partum), infants, and children up to the age of 5. The larger counties in the Denver Metro area have breastfeeding specialists that provide outpatient breastfeeding education and support.

- **WIC Breastfeeding Peer Counselor**
- **https://wicbreastfeeding.fns.usda.gov/get-support-wic**
- Michelle Grassia
- Michelle.Grassia@dhha.org
- Michelle has worked as a WIC Breastfeeding Peer Counselor for more than 10 years and also has experience as a La Leche League leader. She is also an IBCLC.

- **Boulder Community Hospital**
- Phone: 720-854-7230, Andrea
- High volume, high breastfeeding rate, inpatient/newborns

- **Rose Hospital**
- Phone: 303-320-2072, Carol Anderson (M-Th)
- Inpatient/newborns.

- **Breastfeeding Coordinators in the Denver Metro Area:** contact information below
    - **Denver County Breastfeeding Coordinator:**
    - Amy Kaplan, RD, IBCLC
    - amy.kaplan@dhha.org (preferred method of contact)
    - 303-602-6434
    - **Tri-County Health Department Breastfeeding Coordinator:**
    - Heidi Williams, MPH, RD:
    - hwilliams@tchd.org
    - (720) 200-1573
    - Current options include:
    - Contact Heidi Williams (above) to set up a 30-60 minute Zoom call with a WIC RD to discuss a breastfeeding case study.
    - Join us LIVE every Tuesday at 10 am on the Tri-County Breastfeeding Support Facebook Page to join in the conversation. Bring your questions and chat live with breastfeeding experts. To access pre-recorded Facebook Live sessions click on videos.
    - **Baby Café**: Baby Cafe USA is a national network of free breastfeeding drop-ins, combining information with a relaxed, fun environment for moms to chat and learn from experts and each other. Join us through Zoom every Thursday, 10 – 11:15 am. If you would like to attend as a student please reach out to Jennifer Schneider at jschneider@tchd.orgor by phone: 720-266-2951
    - **Coming in January 2021 WIC Virtual Breastfeeding Classes:** 2nd and 4th Wednesday at 3:00 pm registration link will be shared when available.
    - **Jefferson County Breastfeeding Coordinator:**
    - Kelsey Rivera, RD, IBCLC
    - krivera@co.jefferson.co.us

- 303-239-7139

- **Practice Lactation Consultants**
  - **Marianne Kmak,** RN, BSN, IBCLC
    kmakbreastfeeding@gmail.com
- Website: www.kmakbreastfeeding.com

  - **Dana DeFreece** RN, BSN, IBCLC
- (303) 902-9025
- dana@morningstarmoms.com
- Website: https://www.morningstarmoms.com/

  - **Sonal Patel,** MD
- Postpartum home care practice
- https://nayacare.org/
- (303) 748-3800
- sonalpatel@nayacare.org

- **Other Activities:**
- **NayaCare: Newborn Specialty Clinic at Your Doorstep**
- Sonal Patel, MD - Neonatologist from Denver Health now doing home consults for breastfeeding dyads
- Email sonalpatel@nayacare.org to contact

- **Colorado Breastfeeding Coalition Meetings**
- Meets every other month. Information: Phone: 692-2462 (Jennifer Dellaport at WIC)
- Volunteer organization with a mission of breastfeeding promotion.
- Committees include Promotions, Support/Resources, Professional Education, Legislative, and Newsletter.

- **Mamahood**
- Please note that this site may give non-evidence-based advice and recommendations. However, it is good to know what is going on at places like this.
- Website: themamahood.com
- Mothers' Groups. Tues 10am/Thurs 1pm. 2902 Zuni Street
- Amanda Ogden, BSN, RN, IBCLC – Director of Lactation Services: amandaogden67@gmail.com

- **Breastfeeding Support Groups - Regular Meetings**
  - Mother to Mother support Group La Leche League 10am in Lakewood Bear Valley Church 10001 W. Jewell Ave Lakewood 80232 (720-987-5567)
  - Kith Breastfeeding Group 10am at 1073 S Pearl St. Suite 101 Denver, CO 80209 (Pearl Street Chiropractic)
  - Karen Cloud's group at 130pm 3rd floor 3326 Center of Midwifery Anschutz Outpatient Pavilion.

- **Attend a La Leche Meeting** www.lllusa.org/COWY/CO.html Note: Men may not be able to attend a meeting. Ask if there is a father's meeting that you could attend.

- **Scheduling Hints:**
- When trying to reach the lactation consultants to schedule a time to work with them, keep in mind the following:
    - The in-patient consultants spend most of the day in patient rooms. They may not be able to respond to a message immediately or even that day. Paging them may not be helpful if they are in the middle of a consult and don't have their schedules with them. Be patient.
    - Try calling early in the morning (7-8 am) or later in the afternoon. When leaving a message, leave details as to when is a good time for your schedule. That way you can schedule meeting times even if you don't actually talk to each other.
    - If you have trouble scheduling the recommended number of sites, please contact Laura Primak and plan to complete extra self-directed learning activities.

- **Self-Study Assignments**

    - **Complete online course**:
- http://www.northeastern.edu/breastfeedingcme/home.html and write a 1-2 page summary of what you learned. **Many students find this a great place to start for the first few days while you are waiting to hear back from potential sites and information in this module provides** valuable background material.
    - **View the 11-minute educational video: Breastfeeding in the First Hour** by Stanford Medicine. https://med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour.html. Please write a brief summary highlighting the main learning points.
    - **Listen to the audio podcast by Dr. Bunik on breastfeeding management.** Online Podcast/Children's Hospital "Charting Pediatrics":
- https://www.childrenscolorado.org/health-professionals/stay-informed/charting-pediatrics/
- Choose Episode 10: Breastfeeding Management by Dr. Maya Bunik
- Please write a concise paragraph highlighting the main learning points.
    - **Complete any of the following readings and write a concise paragraph highlighting learning points, what you will incorporate into your practice, or a reflection (PDFs will be available**[BHM1] **in OneNote). The highlighted resources focus on DEI and breastfeeding.**
        - Debunking Breastfeeding myths for new mothers by Maya Bunik, MD https://www.aap.org/en-us/aap-voices/Pages/Debunking-Breastfeeding-Myths-for-New-Mothers.aspx
        - AAP Policy Statement on Breastfeeding and the Use of Human Milk
        - The Breastfeeding- Friendly Pediatric Office Practice by Dr. Meek and Dr. Hatcher
        - The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics by Dr. Sachs

        - The Pediatrician's Role in Encouraging Exclusive Breastfeeding by Dr. Bunik
        - A Review of Herbal and Pharmaceutical Galactagogues for Breastfeeding by Dr. Bazzano et al
        - Infant Feeding Matters by Dr. Krebs
        - Early Solid Food Introduction: Role in Food Allergy Prevention and Implications for Breastfeeding by Dr. Abrams et al
        - Cochrane Review of Support for health breastfeeding mothers with healthy term babies
        - Infants' Dietary Diversity Scores: United States Breastfed Infants Fall Short by Dr. Krebs and Dr. Young
        - Early Weight Loss Nomograms for Exclusively Breastfed Newborns by Dr. Flaherman et al
        - Addressing Racial Inequities in Breastfeeding in the Southern United States. Pediatrics February 2019, 143 (2) e20181897; DOI: https://doi.org/10.1542/peds.2018-1897
        - Jones, Katherine M et al. "Racial and ethnic disparities in breastfeeding." Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine vol. 10,4 (2015): 186-96. doi:10.1089/bfm.2014.0152
    - **Listen/watch to any of the following documentaries, ted talk/podcasts and write a concise paragraph highlighting learning points, what you will incorporate into your practice, or a reflection**
        - https://www.ted.com/talks/katie_hinde_what_we_don_t_know_about_mother_s_milk/transcript?language=en
        - https://www.youtube.com/watch?v=4g-ov94ZWOo
        - https://www.youtube.com/watch?v=o2XjA4wA4TI
        - https://www.youtube.com/watch?v=_GOCoWrGNB0
        - Breastfeeding Medicine Post by Dr. Anne Eglash
        - Badass Breastfeeding Podcast
        - All About Breastfeeding
        - CHOCOLATE MILK: THE DOCUMENTARY http://www.chocolatemilkdoc.com/film
        - The Milky Way http://milkywayfoundation.org/
        - The Business of Being Born
    - **Books about breastfeeding:**
        - The Big Letdown: How Medicine, Big Business, and Feminism Undermine Breastfeeding by Kimberly Seals Allers
        - Don't Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth an Twentieth Centuries by Jacqueline H. Wolf
        - Breastfeeding Uncovered: Who Really Decides How We Feed Our Babies by Amy Benson Brown
        - Why Breastfeeding Grief and Trauma Matter by Amy Benson Brown

- **Interested in expanding your clinical breastfeeding knowledge to become a Certified Lactation Counselor? Find info here:**
- https://centerforbreastfeeding.org/lactation-counselor-training-course/lactation-counselor-training-course/

- This includes a 52-hour course to help you be eligible for the certification exam by The Academy of Lactation Policy and Practice (ALPP). Education funds would be allowed for this and the chiefs may be able to help find additional scholarship if this is of interest to you.

Supplemental References to Scientific Literature

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- Corbisiero MF, Acker SN, Bothwell S, Christian N. Transforming Perceptions: The Impact of a Formal Parental Leave Policy on Surgical Trainees. J Surg

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