

## **University of Michigan General Surgery Residency** **Guidelines and Policies for the Well-being of Surgical Resident Parents**

### 1. Introduction and Intent

These guidelines have been developed with the goal of improving and maintaining the well-being of general surgery resident parents within the General Surgery Residency program at the University of Michigan, with a specific focus on protecting the health and wellness of pregnant trainees. Pregnancy is a normal physiological process, and pregnant women may require additional considerations in order to maintain homeostasis (e.g., regular hydration to prevent oligohydramnios). There is wide variation in the experience of pregnancy across individuals, such that some women may require different health-related accommodations than others. These guidelines describe accommodations available to residents, with the recognition that residents may vary in their utilization depending on personal circumstances and as a Department of Surgery we are supportive of any and all levels of utilization.

Pregnancy and the first months with a new child are important for non-birthing parents as well. With this in mind, these guidelines also offer accommodations for non-birthing resident parents as they transition back to work after parental leave.

To the extent that any of the policies or benefits described below exceed what is required by the HOA CBA, these additional benefits are being offered at the complete discretion of the program. These benefits are offered only within the general surgery residency program. The program reserves the right to modify or withdraw them at any time.

### 2. Prenatal Health Maintenance

Pregnant residents must be allowed to freely attend prenatal visits, which may differ in frequency and length depending on individual needs.

- Pregnant residents will try to schedule routine prenatal visits well in advance, to the best of their ability, in order to facilitate coverage. When possible, the service chief resident should be notified of appointments that require coverage prior to the start of the rotation.
- The service chief resident is responsible for arranging and assigning coverage for gaps created by prenatal visits
- For unscheduled or urgent needs, the service chief resident, administrative chief resident(s) and Program Director will be notified as soon as possible to assist in finding coverage. If clinic or case coverage is affected, then the involved attending(s) will be notified as soon as possible, to assess coverage needs.
- Members of this department (residents, faculty, and non-physician staff) who learn of a resident's pregnancy before it is public knowledge should respect their privacy.

### 3. Maintaining Health and Wellness While Operating

Due to the unique physiological demands in maintaining maternal and fetal health, it may be unsafe for pregnant residents to operate for long periods of time without an opportunity to eat, drink, use the bathroom, or rest.

- Residents may exercise the option to leave the operating room during non-critical portions of the case in order to eat, drink, rest or address bodily needs.
  - o The pregnant resident will determine the need, frequency, and duration of these needs.
- Residents who plan to exercise this option will notify attending surgeons before the start of each rotation and on the day of operating.
- Pregnant residents will minimize their time out of the operating room and assist in finding needed operative assistance if patient care requires this.

#### 4. Work Hour Restrictions and Rotations: Special Considerations

The House Officer Association (HOA) Contract (Article XIV, Section G, 113) details work-hour restrictions for pregnant residents in their third trimester and the Department of Surgery is committed to these work-hour modifications which include:

- Shift duration limited to 12 hours
- No overnight call

In addition to these work-hour restrictions for pregnant residents during their third trimester, the Department of Surgery additionally offers the following schedule changes, at the discretion of the resident and after approval by the Program director:

- No overnight shift work duties (e.g., 12-hour night shift as Emergency Consult Resident)
- Modified home call, which may include: a) no home call, b) home call with back-up resident available if needed (e.g., for overnight operations or in-person patient assessment), or c) reduced frequency of home call.
  - o Desired modifications may change depending on rotation or personal need
  - o Prior to modifications the resident will need to communicate the desire to make modifications with the Program Director and clinical team members. This communication should occur as early as possible to allow for schedule changes. The final decision about modifications resides with the Program Director.

Pregnant residents may therefore require significant alterations to their rotation schedule. The Program Director will work closely with the Office of Surgical Education in order to arrange for these changes and it may require a change in the resident's rotation schedule to accommodate for patient care. If a resident is requesting a change to their rotation schedule, this request should be made to the Program Director at least 6 weeks prior to the start of the rotation in question, and the final decision about rotation schedule changes will be made by the Program Director.

#### 5. Support for Non-Birthing Parents

In recognition that pregnancy and the postpartum period are critical times for involvement of both parents, non-birthing resident parents may utilize unique schedule accommodations.

- Non-birthing resident parents may request coverage of clinical duties in order to attend milestone prenatal appointments (e.g., first ultrasound, anatomy survey), delivery, and pediatric care appointments one year from the birth, fostering or adoption of a child. Service chief residents will be responsible for assigning coverage of gaps created in clinical care. The resident will submit schedule requests to the service chief resident as soon as the appointment time is known and at least 2 weeks in advance. In the case of emergent prenatal appointments, the resident's team will make every effort to accommodate this need, while continuing to provide usual levels of patient care.
- Upon return to work from parental leave, non-birthing resident parents may choose to plan a 2-week Transition Period with the assistance of their Program Director and fellow residents. The requesting resident must notify the Program Director in writing of their intention to use this optional transition period at least 2 weeks in advance to allow for adjustments in the residents' schedule. The resident will request in writing what modifications outlined below are being requested. The final decision about which modifications can be accommodated will be made by the Program Director. As each family arrangement is different, the goal of this Transition Period is to maintain the health and well-being of the resident and their family as they return to clinical work. Options for accommodations during this period can include: a) no 24-hour call, b) assignment to clinic instead of operative duties, c) shift or daily assignment adjustments to support family needs (e.g., predictable work hours).

In recognition that the arrival of a child can be unpredictable, the Program Director will work directly with residents expecting new children to create plans for handing off service coverage prior to the start of

maternity or parental leave.

6. Culture of Support and Equity

The Department of Surgery is committed to creating an equitable and supportive environment for all of its members and will be supportive any resident's utilization of these accommodations. If issues or concerns arise regarding the application of these guidelines, conflict resolution will be led by the Program Director and the Chair or Vice Chair of Resident Professional Development.

The Department of Surgery does not tolerate bullying or discriminatory language, including derisive comments about family planning or parental status. Residents and faculty members who engage in this kind of behavior will be required to meet with the Program Director.

Some residents may require schedule, shift, or rotation accommodations not mentioned in this document; to discuss those further, the resident should meet with their Program Director.

*University of Michigan Department of Surgery Guidelines and Policies for the Well-being of Surgical Resident Parents*

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