

Leave

Vacation and Other Leave



Introduction and Proposal Summary

Residency is synonymous with punishing work schedules and superhuman demands. This includes 60-80+ hour average work weeks year round, regular 28 hour shifts (36 for home call), and frequent traumatic exposures with real psychosocial consequences.

Despite this reality, the University of Washington and the University of Washington Housestaff Association are mutually dedicated to fostering optimal conditions for resident training. Intuitively, this demands adequate paid leave time to recover and maintain wellbeing.

Unfortunately, UW has fallen behind the vast majority of peer institutions when it comes to leave policy. To bring our institution up to par with peer academic medical institutions and modern best practices, we propose the following updates:

1. Vacation leave be increased to 28 days per appointment period.
2. Separate holiday pay rates for 11 holidays per calendar year.
3. Increase professional leave days to 10 per appointment year with up to 5 rollover unused days, and separate paid leave for licensure exams.
4. Each unused sick, vacation, and personal holiday leave day to be compensated to residents at 1/365th their current annual salary.

As detailed below, these proposals will bring UW up to par with peer institutions, attract and retain top candidates, improve resident wellbeing and productivity, improve patient care and outcomes, and will come at minimal cost.

Vacation Leave

Resident Voices

"I am the Mom of a child with disabilities, and a week extra will give me time to take him for medical appointments and therapy. I recently had to pull risk to take him out of state for his treatment and I had no time to physically or mentally cope with what's happening. The extra week off will give me time to balance my responsibilities as a parent, so that I don't get burned out."

"Since coming to residency I've been separated long distance from my partner of 4 years. This year, she didn't match to her first choice fellowship in Seattle, which means we have another 3 years apart. The number of days we are able to see each other greatly impacts our well being and stress levels, and we aren't guaranteed to have overlapping vacation times. A fourth week of vacation would make a huge difference in our lives as we try to get through medical training together."

"I had every reason in the world to stay at UW for residency. I went to medical school here, I have family connections here, I like the department in my field here. However, when I went on the interview trail for residency and realized that we were poorly compensated by comparison AND had a week less in vacation than many of the programs I interviewed at, I seriously considered going elsewhere. I ultimately landed here for all the reasons described above (mainly family), but I think UW under-estimates how much an extra week of paid vacation would matter to prospective residents. When you're working absurd hours and carrying a heavy load of highly acute patient care, a week of vacation can be a lifeline, a source of rejuvenation, and a sense from the UW that they respect and value your time and effort."

"I have missed weddings, holidays, and family events. I also was required to work a training call night float shift during a vacation week my intern year. It was the vacation week the program scheduled, and they scheduled me to be on call during it. They made me work the call and did not give me a vacation day back as recompense."

"I'm the best man in my friend's wedding and my vacation request was denied, so I was given the option to have "anyone in my program year" cover my shift so I could have a single day off to fly to the east coast. Having limited vacation time makes being present for important life events challenging. I feel like I have to kill myself to just attend my best friend's wedding."

"in my field, and most medical residencies, 4 weeks of vacation is standard. I nearly chose to train elsewhere because we only offer 3 weeks here. So aside from resident wellness and optimizing patient care, offering an additional week of vacation will also allow our program to remain competitive and attract the best residents."

"whenever I did have vacation last year, I would come back refreshed, better able to engage with my patients and able to provide better care to my patients. So not only did I benefit but so did my patients"

"UW is one of the few hospitals in the country that only gives 3 weeks of vacation. All other, competitive, programs that I interviewed at offered 4 weeks of paid vacation--even at high volume programs in places like NYC! [...] Seattle is an isolated place for many of our residents that comes from places outside of the PNW and they often cannot see their support systems during such limited times/vacation weeks--possibly further contributing to burnout."

Where Does UW Stand? Three Weeks Is Substandard

Other programs have recognized the benefits of vacation leave. Virtually all of UW's public and private peer institutions on the west coast offer four or five weeks of vacation annually.

Here are some numbers:

Evaluating 59 peer institutions, about 75% have at least 4 weeks of vacation, and 10% have 5 weeks of vacation annually. These numbers include virtually all top tier residency and fellowship programs that compete with UW for applicants. **By these numbers, it is now substandard to have 3 weeks of vacation leave annually during training.**

Increasing to at least 4 weeks of vacation annually will make UW more competitive with these institutions. We can expect more applications from quality applicants, and that UW will be ranked

higher on average, thus increasing the number and diversity of highly desired candidates that match to UW for residency and fellowship. We can also expect to retain more high quality UW residents for fellowship rather than losing them to programs with more leave time. Overall, this is a good investment.

By the Numbers

Number of peer institutions with 4 weeks of vacation: 38

Includes UCLA, UCSF, UCSD, Brigham & Women's, Mass Gen, Boston Medical Center, Boston Children's, Michigan, University of Chicago, U of Illinois Chicago, Northwestern, U of Arizona, NYU, Columbia, Cornell, Johns Hopkins, Baylor, Vanderbilt, Duke, U Penn, U Pittsburgh, Yale, OHSU

Number of peer institutions with 5 weeks of vacation: 6

Includes USC, Tulane, Beth Israel Deaconess

Scientific Evidence for Vacation

Vacation Has Protective Health Effects

One study showed that paid vacation leave significantly decreased depression in women by 29% (1). Less vacation is associated with work-related fatigue, psychosomatic complaints, emotional exhaustion, and sleep problems (2). Paid leave time in general has also been associated a lower rate of all-cause mortality in a US population of workers (3).

Resident Burnout is Highly Prevalent

Resident burnout is an epidemic. A meta-analyses of 19 studies reported prevalence of burnout as high as 73% (4). Almost three-quarters of neurology residents show at least one sign of burnout in one study (5), and similar results are seen for specific studies of other specialties.

UW Suffers Financially from Burnout

Burnout leads to **lower productivity, decreased job satisfaction, job withdrawal, absenteeism, sick leave, and job turnover** (6). Burnout is a strong predictor of increased absenteeism (7,8), and physician burnout specifically is strongly associated with subsequent reduction in professional effort (9,10). Burned-out physicians are liabilities to themselves, their employer, and their patients.

Burnout Harms UW Patients

Physician burnout was associated with an increased risk of patient safety incidents, poorer quality of care, and reduced patient satisfaction (11). Burnout among UW Internal Medicine residents leads to sub-optimal patient care on a monthly basis (12).

1) Does paid vacation leave protect against depression among working Americans? A national longitudinal fixed effects analysis. Scand J Work Environ Health. 2019 Jan 1;45(1):22-32. doi: 10.5271/ scjweh.3751. Epub 2018 Nov 7.

2) Need for recovery from work related fatigue and its role in the development and prediction of subjective health complaints. Occup Environ Med. 2003 Jun;60 Suppl 1:i62-70.

3) Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality among Adult Workers in the USA. Int J Environ Res Public Health. 2017 Oct 19;14(10). pii: E1247. doi: 10.3390/ijerph14101247.

4) Burnout syndrome among medical residents: A systematic review and meta-analysis. PLoS One. 2018 Nov 12;13(11):e0206840. doi: 10.1371/journal.pone.0206840. eCollection 2018.

5) Neurology. 2017 Aug 1;89(5):492-501. doi: 10.1212/WNL.0000000000004135. Epub 2017 Jun 30.

6) Annu Rev Psychol. 2001;52:397-422.

7) A meta-analysis of observational studies identifies predictors of sickness absence. J Clin Epidemiol. 2007 Nov;60(11):1105-15. Epub 2007 Aug 23.

8) Need for recovery after work predicts sickness absence: a 2-year prospective cohort study in truck drivers. J Psychosom Res. 2003 Oct;55(4):331-9.

9) Longitudinal Study Evaluating the Association Between Physician Burnout and Changes in Professional Work Effort. Mayo Clin Proc. 2016 Apr;91(4):422-31. doi: 10.1016/j.mayocp.2016.02.001.

10) How does burnout affect physician productivity? A systematic literature review. BMC Health Serv Res. 2014 Jul 28;14:325. doi: 10.1186/1472-6963-14-325.

11) Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. JAMA Intern Med. 2018 Oct 1;178(10):1317-1330. doi: 10.1001/jamainternmed.2018.3713.

12) Burnout and self-reported patient care in an internal medicine residency program. Ann Intern Med. 2002 Mar 5;136(5):358-67.

Organizational Interventions Can Decrease Burnout

Burnout is not inevitable. Reasonable and achievable interventions can significantly decrease resident and physician burnout. Decreasing resident workload is associated with decreased burnout (13,14). Organization-level interventions have been shown to be the most effective (as opposed to individual-level interventions) (15), the most important of these being reduced workload and increasing rewards (16).

Holiday Pay

Residents work 60-90 hours per week on average year round with little regard for holidays. **The standard is to not spend time with loved ones during holidays.**

Additionally, some residents are more likely to work numerous holidays based on their program requirements. There is currently no recognition or additional benefit for this. This comes in contrast to most public employees, who are either likely to receive holidays off, or at least receive increased pay in recognition of their essential work.

To solve this problem, programs such as the University of Michigan have adopted a holiday pay rate policy. Although Residents can't expect to have many holidays off or to spend time with loved ones, **they can at least be reimbursed for their sacrifice.**

Specifically UWHA proposes to recognize 11 paid holidays per year: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, and the Resident's Birthday.

For each holiday as defined above that a resident is assigned any work responsibilities, they will be compensated an additional 1/365th of the resident's annual salary.

Professional and Licensure Leave

A significant part of residency and fellowship training consists of participation in a variety of scholarly events, professional organizations, and other professional and scientific activities. UW benefits when residents are leaders in their specialties and are presenting UW science on the national stage. Thus, it is mutually beneficial to residents and UW to have adequate professional leave time.

Furthermore, ample professional leave days to travel for fellowship interviews is essential for a successful fellowship match. UW is promoted by empowering its residents to match to competitive fellowships at prestigious programs.

NRMP fellowship match data supports these notions. Compared to candidates who did not match into their fellowship specialty of choice, matched candidates had higher rates of research presentations and leadership roles. Furthermore, a survey of fellowship program directors revealed that extracurricular research and leadership factors were highly important with respect to selecting candidates.

Participation in these activities requires protected time, and the professional leave allocated to residents currently is wholly inadequate.

13) Burnout and internal medicine resident work-hour restrictions. Arch Intern Med. 2005 Dec 12-26;165(22):2595-600.

14) Efficacy of Interventions to Reduce Resident Physician Burnout: A Systematic Review. J Grad Med Educ. 2017 Jun;9(3):294-301. doi: 10.4300/JGME-D-16-00372.1.

15) Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. JAMA Intern Med. 2017 Feb 1;177(2):195-205. doi: 10.1001/jamainternmed.2016.7674.

16) Intervention for Physician Burnout: A Systematic Review. Open Med (Wars). 2018; 13: 253-263.

17) <http://www.nrmp.org/fellowship-match-data/>

Toward these goals, we propose the following changes:

1. Residents will receive 10 days minimum of paid Professional Leave per academic year.
2. Residents may elect to utilize unused professional leave days from prior appointment years, up to a maximum of 15 Professional Leave days in a single academic year.

To protect Professional Leave days for the purposes above, we also propose that a separate category of Licensing Leave days be established. These paid leave days will be used to take required licensing or certification exams.

Compensation for Unused Leave Days

To prevent programs from discouraging use of vacation, paid personal holiday, or sick leave days, we propose that each unused leave day will be compensated as 1/365th of the annual salary to residents according to a defined schedule.

