

Title: Decrease Scheduling Conflicts: A Planned Time Off Policy leads to Decreased Number of Resident Sick Days

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Introduction: The use of “sick days” at the last minute causes unplanned stress for hospital residency training programs: patients have to be rescheduled, other residents have to provide replacement coverage, thereby increasing their work load and those taking sick days lose learning opportunities.

The Family Medicine program at White Memorial Medical Center sought to decrease last-minute program stressors by allowing residents to plan and schedule “wellness days” in advance.

Hypothesis: Residents will utilize planned “wellness days” in place of unplanned “sick days” when offered the opportunity.

Method: Prior to this intervention, residents were allowed 10 sick days per year, that were not planned in advance. A “Wellness Day” policy was implemented across four residency programs at WMMC (Family Medicine, Internal Medicine, Ob/Gyn, and Podiatry), which allows each resident to request five planned days off throughout the academic year. The wellness days must be approved 90 days in advance and are not to be used more than 2 consecutive days at a time. Residents maintain 5 unplanned “sick days” to be used without prior notice.

In a before-and-after analysis, the use of unplanned sick days by 21 residents in the Family Medicine residency during the July1-December 31 period 2015 (all unplanned sick days) was compared to the same period for 2016 (that now included 5 planned wellness days)

Results. Overall, the total number of absent days generated by the 21 residents was reduced slightly, from 33.5 days in 2015 to 32.5 days in 2016. This is a reduction, but may not be statistically significant due to the small number of residents, and the short time-frames involved.

However, the re-allocation of unplanned versus planned absences is quite noticeable, and calls for further research. In 2015, every sick-day absence was unplanned, creating cascading effects on the rest of the program as mentioned above. In 2016, unplanned sick days were reduced by nearly 70%, to 8.5 days. Residents took 24 planned wellness days off, each one with 90 days of advance notice to plan for the effects of a resident’s absence.

Discussion. Although this pilot project is only a one-time, retrospective analysis of the behaviors of only 21 residents, the implications are huge. While tests of significance are not appropriate for such a small, observational study, the 70% reduction in the use of unplanned sick days, caused by the availability of planned wellness days, calls attention to the potential for a larger, longer term study.

Future studies could quantify the change from unplanned to planned absences, and its effects on patients, residents and other hospital staff. This change from unplanned to planned absences may also be related to resident burnout, possibly not only for the individual resident needing an absence, but also for the others who do not have to suddenly change their schedules at the last minute to provide coverage.