



Orthopedic Surgery Residency Program

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Medical, Parental, and Caregiver Leave Policy

Goal: Life events and family planning is a highly personal process that may impact orthopedic resident training. In line with the core values of our residency program, we will plan to help trainees navigate these life events with respect, dignity, and with the safety for the trainee in mind, without compromising patient care or education. This document lays out a framework for this process for the University of Colorado Orthopedic Surgery Residency Program.

Outline:

- General Leave Policy and ABOS Requirements
 - [For the pregnant resident](#)
 - [For co-residents/colleagues](#)
 - [For supervising faculty](#)
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General Leave Policy and ABOS Requirements:

Please refer to the [CU GME leave policy](#) for the most up-to-date policy guidelines and programs.

- Program coordinators, the Compliance Assistant Program Director (APD), the Program Director (PD), Department of Orthopedics Human Resources Manager, GME Benefits Program Manager and CU Leave Team professionals are all resources to help guide residents through this process.

Call Coverage:

- For the first 6 weeks of leave, call will be covered without the obligation of “making up call”. Any leave beyond 6 weeks, the resident will need to coordinate with resident colleagues about “make-up call”.
- Float and research residents would be first utilized followed by respective call pools.
 - Interns will cover interns
 - Likely from non-ortho services
 - Juniors will cover Juniors (PGY 2s and 3s)
 - Seniors will cover Seniors (PGY4s and 5s)
- Day coverage needs would be determined if necessary by Compliance APD.
- Final plan of coverage while resident is on leave would be authorized first by Compliance APD followed by final approval of the PD.

American Board of Orthopedic Surgery (ABOS) Requirements:

- The ABOS requires a minimum of 46 weeks per year at all PGY levels.

- If a resident takes over 6 weeks leave in a given academic year this will affect their graduation date.
- Residents are allowed to take more than 6 weeks of leave but must understand that this will delay graduation.
- If graduation is delayed, a resident can still sit with their graduating class for ABOS Part 1, but must complete their ABOS requirements by the end of that calendar year.
- Residents must understand that a delay in graduation may affect their fellowship start date.
- PGY1 year:
 - Current ABOS requirements for training require completion of an intern year with 6 months of orthopedic training along with 6 months of non-orthopedic rotations.
 - Interns must understand that if they are out for a significant period of time for a specific rotation, the Program Director will (1) assess if there was sufficient completion of the rotation or (2) determine if additional time is needed to complete the rotation at a later time in their residency once the resident returns from leave.

For the Pregnant Resident:

Disclosure: Timing of disclosure of pregnancy is the prerogative of the pregnant resident. Pregnant residents are encouraged to notify the staff surgeon they are working with (when comfortable) so that the staff may be able to facilitate discussions regarding scheduling and work adjustments as needed. A faculty member or co-resident should not disclose a resident's pregnancy status unless explicitly given permission from the pregnant resident or unless disclosure is required for a business related purpose.

Early disclosure with the residency program coordinators and program director are also encouraged, to help facilitate scheduling. Staff will treat this information as confidential until informed otherwise

or unless disclosure is required for a business related reason.

Clinical Visits:

- For uncomplicated pregnancies, prenatal clinical visits are typically every 4 weeks until 36 weeks, then again at 38 weeks, and weekly until the baby is born
- Complicated pregnancies may require more frequent visits
- The resident will be provided appropriate time away from clinical duties to attend prenatal clinical visits. If possible, scheduling prenatal visits during protected time every Wednesday or on clinic days would be preferred, but the resident will be given time to attend prenatal visits on operative days if needed.
- Prenatal clinical visits will not be counted as a vacation, but timing and expected duration of prenatal appointments should be communicated by the resident to staff.

Radiation:

- Pregnant residents may choose to avoid exposure to radiation. The ACOG states that exposure of <5 rads during pregnancy is not harmful to the fetus. Risk is greatest at 3-8 weeks of gestation.
- Strategies to reduce radiation include positioning x-ray source posterior to the patient, limiting distance between the fluoroscope and yourself, and wearing appropriate lead.
- A standard 0.25 mm lead apron blocks 96% of radiation.
- Aprons with 0.5 to 1 mm lead thickness absorb over 99% of radiation.
- To obtain fetal monitoring dosimeters go to the following link:

- [Radiation Safety Web Page](#)
- Under “Radiation Worker” select Fetal Monitoring: Request

Cement/Chemical exposures:

- Pregnant residents may choose to avoid exposure to cement or chemicals. Pregnant residents may choose to avoid close proximity to the patient during anesthetic induction to limit exposure to inhaled anesthetics (i.e., position patient after completion of induction and make sure no air leaks are present).
- Pregnant residents should avoid mixing cement to limit exposure to polymethylmethacrylate (PMMA).
- Pregnant residents should be provided the option to step out of the room during cases in which bone cement (PMMA) is being used.

Call Limitations:

- No pregnant resident that is past 35 weeks will be required to take in-house primary call overnight. This may need to be modified if the resident has a complicated pregnancy.
- Chief call or home call is permitted.
- Previous residents have recommended taking 6 weeks of leave.
 - 5 consecutive weeks followed by saving 1 week to be used anytime throughout the remainder of the academic year.

Postpartum return to work:

- Resources: Residents will be provided with private areas for lactation both in the operating room and clinic settings, as well as appropriate refrigeration for milk storage.
- Lactation locations and refrigeration locations are listed at the bottom of this document.
- Lactation: appropriate breaks will be provided to the resident for lactation and should be worked out between the resident and staff surgeon. Lactation schedules/requirements can vary between pregnancies, and the resident and staff should work to find the best schedule for the workflow and nursing mother. 30 minutes should be allowed for pumping every 3-4 hours.
 - An example of a lactation schedule may be as follows:
 - AM pumping prior to start of clinic/OR (option to pump while virtually joining conference)
 - Late morning/lunch pump between cases, during clinic break, or as a break during long operating cases
 - Mid-afternoon pump between cases, as a break during long cases, or as the staff and APP continue clinic without the resident
 - Late-afternoon/early evening pump
 - Late evening pump
- [Lactation Policy](#)
- [Lactation space booking](#)

[Ruth Jackson Orthopedic Society Position Statement](#)

For Co-residents/Colleagues:

Call Coverage During Leave:

- You may be asked to cover another resident’s call while on leave, including being assigned to cover this resident’s call on weekends.

- The resident on leave is not required to “make up” call for the first 6 weeks of leave.
- Any leave beyond 6 weeks, the resident taking leave will then have to start arranging how the call missed, beyond first six weeks, will be “made up” with their co-residents.
- The Compliance APD and PD will assist and ensure equitable call coverage within call pools during leave.
 - Float and research residents would be first utilized followed by respective call pools.
 - Interns will cover interns
 - Likely from non-ortho services
 - Juniors will cover Juniors (PGY 2s and 3s)
 - Seniors will cover Seniors (PGY4s and 5s)
- Please be mindful, respectful, and willing to help cover a resident on leave. A large part of this residency program’s ability to have flexible vacation and leave is based on co-residents helping to cover any resident who is away.

Decorum:

The Department of Orthopedics strives to promote a culture of support and inclusion for all residents during significant life events. Comments or actions to the contrary are outside the culture of CU Orthopedics and will not be tolerated. Some examples of unacceptable behavior include:

- Disclosing a pregnant resident’s pregnancy without permission
- Questioning a resident’s dedication to orthopedics

For Supervising Faculty:

Staff will be notified when a resident is taking leave as soon as it is appropriate and possible.

- Day coverage needs would be determined if necessary by Compliance APD.
- Final plan of coverage while resident is on leave would be authorized first by Compliance APD followed by final approval of the PD.

When informed of parental leave, staff are encouraged to initiate a conversation early regarding prenatal visits and workplace precautions with pregnant residents.

- Prenatal clinical visits:
 - For uncomplicated pregnancies, prenatal clinical visits are typically every 4 weeks until 36 weeks, then again at 38 weeks, and weekly until the baby is born.
 - Complicated pregnancies may require more frequent visits.
 - The resident will be provided appropriate time away from clinical duties without repercussion to attend prenatal clinical visits. If possible, scheduling prenatal visits on clinical days would be preferred, but the resident will be given time to attend prenatal visits on operative days if needed.
 - Prenatal clinical visits will not be counted as a vacation leave but timing and expected duration of prenatal appointments should be communicated by the resident to staff.
- Radiation:

- Pregnant residents may choose to avoid exposure to radiation. ACOG states that exposure of <5 rads during pregnancy is not harmful to the fetus. Risk is greatest at 3-8 weeks of gestation.
- Strategies to reduce radiation include positioning x-ray source posterior to the patient, limiting distance between the fluoroscope and the resident, limiting unnecessary exposure to radiation (i.e., stepping out of room during OR C arm spins, stepping out of the OR during intra-operative DR x-rays, etc.), and providing appropriate lead to the resident.
- Cement/Chemical exposures:
 - Pregnant residents may choose to avoid exposure to cement or chemicals. Pregnant residents may choose to avoid close proximity to patients during anesthetic induction to limit exposure to inhaled anesthetics (i.e., position patient after completion of induction and make sure no air leaks are present).
 - Pregnant residents should not be the one to mix cement to limit exposure to polymethylmethacrylate (PMMA).
 - Pregnant residents should be provided the option to step out of the room during cases in which bone cement (PMMA) is being used.
- Postpartum return to work:
 - Residents will be provided private areas for lactation in the operating room and clinical settings, and appropriate refrigeration for milk storage.
 - Lactation: appropriate breaks will be provided to the resident for lactation and should be worked out between the resident and staff surgeon. Lactation schedules/requirements can vary between pregnancies, and the resident and staff should work to find the best schedule for the workflow and resident. Generally, 30 minutes should be allowed for pumping every 3-4 hours.
 - An example of a lactation schedule may be as follows:
 - AM pumping prior to start of clinic/OR (option to pump while virtually joining conference)
 - Late morning/lunch pump between cases, during clinic break, or as a break during long operating cases
 - Mid-afternoon pump between cases, as a break during long cases, or as the staff and APP continue clinic without the resident
 - Late-afternoon/early evening pump
 - Late evening pump
 - [Lactation Policy](#)

Decorum:

The Department of Orthopedics strives to promote a culture of support and inclusion for residents during significant life events. Comments or actions to the contrary are outside the culture of CU Orthopedics and will not be tolerated. Some examples of unacceptable behavior include:

- Disclosing a resident's pregnancy without permission
 - This will be considered protected patient health information. Faculty are not to disclose a resident's pregnancy status unless explicitly given permission from the pregnant resident. In doing so, we hope to empower residents to be able to disclose early pregnancies to staff and facilitate discussions on how to optimize care for the resident/fetus.
- Questioning a resident's dedication to orthopedics
- Judging a resident's choice during operating room cases for pregnancy safety (i.e., leaving the room for cement/radiation), etc.

[CU Parenting and Pregnancy resources and lactation stations](#)



[Denver Health lactation stations](#)

CU Anschutz Medical Campus

Office of Equity at CU Denver AMC: (303) 315-2567, equity@ucdenver.edu				
To RESERVE space on EMS, and to gain BADGE ACCESS complete the OE's Pregnancy and Parenting Form.				
Building	Room	Access	Reservation Required	Amenities
Academic Office 1 (L15)	1401		EMS Reservation	Single user room, has a sink.
Anschutz Health Sciences Building (P12)	1208			Single user room with deadbolt.
Anschutz Health Sciences Building (P12)	2028-A			Single user room with deadbolt. Located in the Women's restroom.

Anschutz Health Sciences Building (P12)	3281	Badge access required	EMS Reservation	
Anschutz Health Sciences Building (P12)	4281	Badge access required	EMS Reservation	
Anschutz Health Sciences Building (P12)	5005	Patient use only		Single user room with sink and deadbolt.
Anschutz Health Sciences Building (P12)	5281	Badge access required	EMS Reservation	
Anschutz Health Sciences Building (P12)	6281	Badge access required	EMS Reservation	
Anschutz Health Sciences Building (P12)	7241	Badge access required	EMS Reservation	
Anschutz Health and Wellness Center (V08)	Mamava Pod, 2nd floor in the clinic lobby.	Code Access		Single user room that locks from within.
Barbara Davis Center (M20)	Mamava Pod, 2nd floor on the South side	Code Access	Google Calendar Reservation	Single user room, locks from within. For access to the Google Calendar for reservations, please contact Christy Vasey via email at christy.vasey@cuanschutz.edu
Bioscience 2 (Y18)	1002B	Badge access required	EMS Reservation	Single user room, located in the women's restroom.
Bioscience 2 (Y18)	4010E	Badge access required		Single user room, located in the women's restroom.
Campus Services Building (T36)	265	Badge access required	EMS Reservation	Single user room, refrigerator.
Dental Medicine Building (L26)	010A2	Badge access required	EMS Reservation	Room with computer, refrigerator.

Education 1 (P26)	Mamava Pod, 2nd floor on the South end	Code Access		Single user room, near restrooms.
Education 2 North (P28)	3327	Badge access required	EMS Reservation	2-user space with privacy screens, cubbies, and refrigerator
Education 2 North (P28)	5244	Badge access required		Multi-user lounge. Has refrigerator.
Education 2 South (L28)	Mamava Pod, 3rd floor on the South end	Code Access		Single user room on the South end in the main cooridor between rooms L28-3104 and L28- 3201. Schedule using the Mamava Mobile App.
Fitzsimons Building (Q20)	NG019A	Badge access required	EMS Reservation	Single user room, located in the women's restroom.
Fitzsimons Building (Q20)	W1138A2			Single user room, has a sink and a refrigerator. Locks from within.
Fitzsimons Building (Q20)	N2201	Badge access required		Multi-user lounge.
Fulginiti Pavilion (R27)	007 (basement)	Badge access required	EMS Reservation	Single user room, refrigerator. Lockers available, locks are not provided.
Pharmacy Building (V20)	4122	Badge access required	EMS Reservation	Single user room, refrigerator.
Research 1 North (P18)	Mamava Pod, 2nd floor by the elevators	Code Access		Single user room, near restrooms
Research 1 South (L18)	2105	Badge access required		Multi-user lounge. Has refrigerator and sink.
Research 1 South (L18)	10117		EMS Reservation	Single user room, refrigerator.
Research 2 (P15)	3114	Badge access required		2-user space with privacy screens and refrigerator. Lockers available, locks not provided.
Research 2 (P15)	4114	Badge access required		2-user room with privacy screens, refrigerator. Lockers available, locks are not provided.

Research 2 (P15)	7114		EMS Reservation	Single user room, refrigerator. Lockers available, locks are not provided.
Research 2 (P15)	10114		EMS Reservation	Single user room, refrigerator. Lockers available, locks are not provided.
Strauss Health Sciences Library (V23)	1100B			Single user room, locks from within.

University of Colorado Hospital

Please contact UCHHealth's Lactation Support Services with any questions: (720) 848-1741

Unit	Building	Floor	Room	Access Method	Keypad Code
CTICU	AIP	2	2.2341.5	Keypad	2341# or 2234#
Burn	AIP	3	3.2210.7	Keypad inside gym	2210# or 3321#
Birth Center and WCC	AIP	4	4.124	No Key or Pad	No Code (3 bays w/ curtains)
Neurosciences	AIP	7	7.065	Keypad	2017#
Cards 8W	AIP	8	8.1	Keypad	3900#
Pulmonary	AIP	9	9.137B		
MSPCU	AIP	10	10.079	Keypad	3757#
Emergency	AIPII	1	1.386	Keypad	1386#
NeuroICU	AIPII	2	2.510A	Keypad	2016#
Perioperative	AIPII	2	2.384	Keypad	2384#
CPCU/CICU/Tele	AIPII	3	3.615	Keypad	3615#
STICU	AIPII	5	5.518C	Keypad	3030#
Surgical Specialties	AIPII	6	6.760A	Keypad	No Lock
MHSU	AIPII	7	7.511A	Keypad	7511#
Orthopedics	AIPII	8	8.762A	Keypad	8080# or 8762#
MDSS	AIPII	9	9.761A	Keypad	1280#
MICU	AIPII	10	10.517A	Keypad	5492#
Consultation Room	AIPII	B	B.606	Keypad	6060
Day Surgery	AOP	2	2114.16	Badge into periop unit	Located in unlocked breakroom
Women's Health OP	AOP	3	3459	No Key or Pad	No Code, just enter
n/a	Catalyst Bldg.	7	n/a	No Key or Pad	No Code, just enter
RMLEI	Eye Center	2	EI-2078	Keypad	2078#
RMLEI	Eye Center	2	EI-2079	Keypad	2079#
Professional Development	Leprino	6	609	Keypad	0609#
n/a	Peoria- 2400	2	214	No Key or Pad	No Code, just enter
n/a	Peoria- 2450	4	401	No Key or Pad	No Code, just enter

Children's Hospital of Colorado Anschutz Campus

For information about CHCO's lactation spaces and support services please contact (720) 777-3524.

For a complimentary breastfeeding assessment with a lactation nurse call (720) 777-6548.				
To arrange a lactation pump rental or if you would like to learn more about donating milk, contact the Milk Lab at (720) 777-3524.				
Building	Floor	Access	Amenities	
Across from the employee elevators	7	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
Administrative Pavilion	1	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
Between the Outpatient Pavilion & Boettcher Atrium	1	Employee only room combination is: 13579*.	2 rooms available; one room is for employees only, the other set up with two privacy curtains allowing two people to use the space at the same time.	
CPCU Bridge	3	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
East Tower CICU (Cardiac Intensive Care Unit)	3	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
Gary Pavilion (former CDU exam room)	4	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
NICU	4	Privacy locks in available rooms.	3 rooms available to staff members and as availability permits.	
ORWaitingArea	2	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
Village Pavilion	5	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
Village Pavilion	6	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
West Side	6	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
West Side	8	Privacy locks in available rooms.	1 room available to staff members and as availability permits.	
CU System				
To gain access to this space, please contact systemhr@cu.edu or call (303) 860-4200				
Building	Room	Address	Access	Notes
CU System	106	1800 Grant Street Denver, CO	A code is required, for access email systemhr@cu.edu	There is a lactation room on the southeast corner of the first floor, near the break room and showers. You can book the room by sending an Outlook request; just search for RM-Lactation Room-106 when creating a meeting invitation.
Rocky Mountain Regional VA Medical Center				
For more information about RMR VAC and ECHCS lactation support contact the ECHCS Women Veteran Health Program: 720-857-5372				
Location		Amenities		Code
K2-104		No Fridge		3256

K3-104	Fridge	
DS-144	Fridge	
Community Based Outpatient Clinic		
For more information about RMR VAC and ECHCS lactation support contact the ECHCS Women Veteran Health Program: 720-857-5372		
Name of Room		Room Number
Golden Room		#1011
Colorado Springs Room		#1001
Pueblo Room		#1013

EXCELLENCE IN ORTHOPEDIC EDUCATION