

Taking an extended leave: What to do before you go

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Disclosure

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Arranging coverage and adjusting workload duties before taking an extended leave of absence from clinical practice—eg, for vacation, family leave, medical illness—can be challenging. During extended absences, clinicians depend on colleagues for assistance. In clinical settings such as residency training programs, arranging coverage for a maternity leave could be complicated by differences in attitudes toward pregnancy.¹ However, an anticipated leave allows for advanced planning that can help ease transfer of care.

A smooth transition

Begin planning far in advance of your leave date because complications may necessitate a sudden, early departure. All clinical documentation, such as progress notes, should be completed so that a covering colleague can seamlessly assume patient care. It may be helpful to create a spreadsheet of all patients' information, including name, contact number, diagnoses, medications, and a risk category (eg, low to high), along with notes—eg, lab results that need to be followed up on or labs to be ordered. This spreadsheet can be updated weekly and kept in a secure location so colleagues can access it in case your leave begins earlier than anticipated. To reduce workload burden on covering colleagues, it may be

helpful to see as many stable, medication-only patients as possible before you leave to ensure that you have provided enough refills to cover the duration of your leave, assuming these patients typically are seen every other month or less.

It may be helpful to arrange for colleagues to take on a greater proportion of new consultations within the practice as the leave draws closer, because usually this is not a good time to begin treating new patients. However, it may be desirable for you to see a greater proportion of 1-time consultations, such as pre-surgical evaluations and second-opinion consultations. If time allows, arrange meetings among yourself, the colleague who will be covering for you, and high-risk patients before your leave. This can help promote familiarity and comfort between patients and the covering physician and increase the likelihood that patients in crisis will reach out to the covering physician. In some cases it may be advisable to consider a patient's diagnosis, treatment history, and past experiences when selecting which colleague will provide care, assuming a choice is available—ie, female patients with a history of sexual trauma may feel more comfortable with a female physician.

Although taking an extended leave of absence from clinical practice can present many practical challenges, working with colleagues in advance can help promote a smoother transition of care and decrease workload burden.

Reference

1. Tamburrino MB, Evans CL, Campbell NB, et al. Physician pregnancy: male and female colleagues' attitudes. *J Am Med Womens Assoc.* 1992;47(3):82-84.



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Troy, maternity leave

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