Taking a Leave of Absence from Your Medical Practice

April 03, 2012 | Work/Life Balance [1], Healthcare Careers [2], Managers Administrators [3], Operations [4], Patient Relations [5], Patients [6], Scheduling [7]
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Planning a break from your practice for a while? Here are some tips to help you work with your partners and patients for a meaningful long-term absence.

Whether you're a physician going on maternity leave, volunteering overseas, or taking a vacation, it's important to plan ahead if you need to take an extended leave of absence.

From communicating with colleagues and patients about care protocols to being sure you are easily available for emergency questions or concerns, there are a lot of first steps you need to take before you can walk away from your practice for an extended period of time.

Sue Abkowitz, a hospitalist and veteran volunteer who has volunteered with Washington, D.C.-based Health Volunteers Overseas for nearly 28 years, says, "I joke and say 'I do this part-time hospitalist job to support my volunteer habit.' While volunteering I am very cognizant about how lucky we are in this country with the freedom to choose a profession and access to great medical care. I feel very fortunate that we can volunteer and come back to a really comfortable life."

If you are thinking about taking some time away from your practice, our experts say a little planning and communication can help pave the way.

Dedication produces results

A mother of three, Abkowitz worked part time as a primary-care physician in private practice before transitioning to her current role. How did she take a two-month leave of absence every year while working part time? Year-round dedication to her patients and to her practice meant that when it was time to take leave, her colleagues were happy to cooperate. "I always worked harder than three days a week, and I was always there on my day off either doing paperwork or seeing patients I could not fit into the three days."

This dedication resulted in an easy transition to taking leave. "No one had any bad feelings about my taking off because they knew I was committed to my practice and throughout the year I did not take much in the way of vacation," explains Abkowitz.

Having chosen a practice that was open to her taking leave to volunteer, she chooses to save all of her vacation and use it annually with her family accompanying her. "My [family] didn't take any other vacations; we had fun on these trips... we love what we are doing, and we combine it with educational activities like an African safari," she explains.

The same dedication to her practice that allowed her annual volunteer leave to go smoothly also created a smooth transition to and from maternity leave for the births of her three children. "[Maternity leave] was a similar process... only I wasn't leaving to volunteer I was at home with an infant and later, my other children," she says. "I told specific patients to follow up with specific partners. I wrote long notes explaining where we were in care, and I was accessible by phone for any questions." Both types of leave provided her family with different, yet invaluable, experiences and Abkowitz says she is thankful her practice was amenable to her taking both maternity and volunteer leave.

Creating a smooth transition

Abkowitz says the keys to preparing for a leave of absence include making sure that:
• Everyone knows when you are going to be around;
• You let your patients know there will be cross-coverage;
• You discuss the needs of any particular patients you are worried about with a colleague; and
• The staff knows you are making arrangements as effectively as possible.
"[This includes] seeing patients right up until you (leave) and making sure you have a plan for each person," she emphasizes.

When working in private practice, Abkowitz prepared her staff by choosing colleagues she thought would be a good fit for a particular patient based on personality and style, and by "writing out instructions for particularly vulnerable or complicated patients and making sure I told colleagues about my concerns." Because it was standard practice in her office to cover for each other
frequently, many of the physicians got to know the medical history of some of the more complicated patients. In addition, the nurse practitioners would assist with patients while Abkowitz was on leave, especially if they'd had previous experience with them. Abkowitz also prepared her patients by giving them plenty of notice. She says, "I always got positive reactions from [the patients]. They thought it was really great that we were helping others with our time." Just as important, Abkowitz says these patients didn't feel abandoned. "I don't feel like patients thought their care suffered at all. I would tell them I'm not going to be here for a month and I want you to see doctor so-and-so and they will know all your medical conditions and have your chart."

An unexpected extra benefit was an added dimension to the doctor-patient relationship due to her volunteer work. "When we returned, the patients would spend part of the time in the office visit asking how things went and wanting to see pictures...You would even overhear them in the grocery store sometimes, saying, 'My doctor went to Africa,'" she says.

Planning ahead

For those who are thinking about taking a leave of absence for the first time, there are certain best practices to follow before having a formal discussion with management and/or colleagues says Cheryl Jez, a national practice leader with Philadelphia-based Reliance Standard Life Insurance Company.

In preparation for leave, Jez says, "The [individual] needs to know their entitlements. If your company allows for personal time off, know the rules and guidelines for taking the time off. Personal leaves are often at the employer discretion."

She explains that it's important to know job protections under federal and state law as well as company policies. "Being informed upfront will enable the physician/employee to ask clarifying questions should concerns arise," she says.

Jez adds that "with very few exceptions," a leave of absence at a practice is unpaid. Also, unless the physician has a salary continuation program, like short- or long-term disability, the federal Family Medical Leave Act (FMLA) is job-protected, unpaid leave.

She also emphasizes the importance of understanding your rights for job protection and your responsibilities before taking a leave of absence. Jez says it's essential to "determine if your company is required to provide job-protected, unpaid leave under the FMLA or state leave laws. Unless waived by the employer, federal guidelines only apply if the employer has '50 employees in a 75-mile radius' before taking a leave of absence."

She highly recommends doing some homework ahead of time, including:

- Check the practice handbook;
- Investigate practice policies and federal and state laws on how long your job will be protected;
- Tally your paid time off, vacation, and sick days (otherwise, Jez says, your leave may be unpaid);
- Talk to other colleagues who have taken a leave of absence; and
- Take notes or type an outline summary of your time away from the practice.

Jez recommends physicians plan ahead and incorporate the above steps as part of their leave of absence preparation. Checking the practice handbook (if there is one) provides a starting point for discussions with colleagues and ensures all aspects of practice policy are addressed.

Investigating federal and state laws ensures your practice remains compliant. Tallying your vacation and sick days ensures you are prepared to plan the details of your leave of absence while accounting for built-in travel time or time at home before returning to work. Including all these aspects in your discussions with colleagues as you plan your leave helps ensure the process goes smoothly. In addition, taking notes while on leave provides a way for you to share your experience with colleagues when you return.

When it comes to job protection for maternity leave, Jez says it is defined by state and federal FMLA guidelines. In addition to state and federal FMLA job-protected leaves, many employers provide non-protected leaves to their employers. Examples are bereavement and personal leaves, she says. During the discussion with colleagues/management, Jez also suggests you discuss your availability to answer questions during leave. Regardless of the specific approach, "maintaining an ongoing dialogue as you prepare to leave is essential," she says.

Preparing your practice

Maintaining an open discourse has worked well for Abkowitz's husband Glenn Crawford, an orthopedic surgeon with Sports Medicine Atlantic Orthopedics in Portsmouth, N.H. Crawford shares his wife's passion for volunteering and makes time at his practice to join his family, volunteering overseas.

When communicating with his colleagues and staff about taking a leave of absence, Crawford says,
"It was generally perfectly fine; it didn't put any extra onus on them. There were a few patients that needed follow up while we were gone, so before I left I would talk with the physician's assistant or doctors and give them the patient's file." Otherwise, he didn't perform any significant surgeries before he left, which he felt was important.

The first time Crawford took a leave of absence after he joined the practice, he prepared other physicians and the administrative staff in three key ways:

• He talked to patients openly ahead of time "to make sure they are clear about who will take care of them when [he was] gone;"
• For surgeons, he stressed the importance of not scheduling complicated procedures before leaving to ensure that his colleagues didn't have to attend to post-op visits while he was on leave; and
• He maintained an open dialogue with patients who may have needed surgery during his absence.

"If you have patients who need an operation and you don't have time to do it before you go, talk with the patient [to determine] if they want to wait until you come back or have a colleague do [the procedure] while you are gone," he says.

Crawford is often able to time his volunteer leave for the orthopedic "slow seasons" of November and December and March and April. He says, "My colleagues know that in the summer I'll be there all the time. They can actually take more vacation in the summertime, so it actually works out very well that way."

Communication throughout the leave process

Initially, Crawford had concerns about how taking leave might affect his patients. "I thought I might lose patients, but it ended up being the opposite — patients wanted to know where I'd gone recently."

Crawford discovered that while on leave, his office is able to handle most of the questions that come up without incident. This frees him to assist patients who may not otherwise receive medical care.

"It's interesting how unimportant that is. For example, when you are working at your practice and going full speed, you think you are very important. I found that when I go away and when I come back, it's amazing how little I was missed," he says.

"Now, I can communicate via e-mail if I need to. When I first started volunteering, there really wasn't any way to communicate," explains Crawford, who believes that's one of the main reasons why people don't participate in this type of volunteer work. "It's amazing how many really pressing issues [the practice] is able to handle without communicating with you. I find that even when I am available by e-mail, most of the things they ask you really aren't very important," he says.

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