

Supplementary Online Content

Rangel EL, Smink DS, Castillo-Angeles M, et al. Pregnancy and motherhood during surgical training. *JAMA Surg*. Published online March 21, 2018. doi:10.1001/jamasurg.2018.0153

eFigure. Survey Instrument

eTable 1. Leave Policies of Selected Participants of the American Board of Medical Specialties

eTable 2. Abbreviated Absence From Training Policies and Impact on Training Completion Date

This supplementary material has been provided by the authors to give readers additional information about their work.

Pregnancy during surgical residency

Dear fellow surgeon mom,

We are general surgeons who had our children during residency training. We are studying the enormous challenges of being pregnant and raising a young family during general surgical residency and the impact it has on women in our field. We are asking about issues on work-life balance, breastfeeding, childcare, burnout, and emotional health that are important to you. Though there is no direct benefit to you, we hope that this survey will help us learn what changes will best improve the system for future surgeon moms; we want to draw attention to the need for improvements in surgical residency programs and culture. This survey takes less than 10 minutes to complete. It is anonymous and completely voluntary. Please help us make an impact and get our voices heard by filling this out!!

The study is approved by Brigham and Women's Institutional Review Board (Tel. 617-424-4100). This anonymous data will be collected and stored at BWH by Erika Rangel, MD. Thank you for your time!

Did your program have a formal policy for maternity leave? Yes
 No
 I don't know

Did your program give you a lighter work schedule during your pregnancy (before maternity leave)? Yes
 No

How many weeks did you take for maternity leave?
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24

Was your program director: Male
 Female

Was there a female division chief or female chair in your program? Yes
 No
 I don't know

Did you breastfeed/pump? Yes
 No

Did your hospital have designated lactation facilities (not including the bathroom)? Yes
 No
 I don't know

Did your program/hospital provide childcare support?
Check all that apply.

- Monetary support
- Backup child care (resource for childcare if regular childcare service fell through)
- Preferential child care enrollment
- None of the above
- I don't know

Did the childcare service/facility open early enough and/or stay open late enough to work with your schedule?

- Yes
- No

During your residency, did you ever witness a colleague or attending making a negative comment about a resident because of their pregnancy or about residents becoming pregnant in general?

- Yes
- No

During your residency, did you ever witness a colleague or attending making a derogatory comment about breastfeeding/pumping?

- Yes
- No

Did you leave surgery?

- Yes
- No

Did you complete surgical residency before leaving surgery?

- Yes
- No

What did you go into after leaving surgery?

- Non-surgical specialty
- Non-medical career
- Stay-at-home parent

Did you change your choice of subspecialty within surgery after pregnancy?

- Yes
- No

What subspecialty did you go into/are you planning to go into?

- General
- Vascular
- Endocrine
- Breast
- Transplant
- Cardiothoracic
- Cardiac
- Thoracic
- Trauma/Acute Care/Critical Care
- Hepatobiliary
- Colorectal
- Bariatric
- Plastics
- Neurosurgery
- Orthopedics
- ENT
- Urology
- Oncology
- Pediatric
- Minimally Invasive

What subspecialty interest did you switch from?

- General
- Vascular
- Endocrine
- Breast
- Transplant
- Cardiothoracic
- Cardiac
- Thoracic
- Trauma/Acute Care/Critical Care
- Hepatobiliary
- Colorectal
- Bariatric
- Plastics
- Neurosurgery
- Orthopedics
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- Bariatric
- Plastics
- Neurosurgery
- Orthopedics
- ENT
- Urology
- Oncology
- Pediatric
- Minimally Invasive

Working While Pregnant

	Strongly Disagree	Disagree	Agree	Strongly Agree
I felt that there was a negative stigma associated with being pregnant as a resident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt pressured (either personal or from my program) to plan my pregnancy to take place during my lab/research years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that I would be perceived negatively or cause resentment amongst my co-residents if I asked for a lighter work schedule or asked to do shorter/easier cases during my pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that I would be perceived negatively by my attendings if I asked for a lighter work schedule or asked to do shorter/easier cases during my pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that my work schedule/duties compromised my health during my pregnancy or the health of my baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative comments that I witnessed about other pregnant surgical residents or about pregnancy during surgical training made me concerned about how I would be perceived during my own pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Maternity Leave Policies

	Strongly Disagree	Disagree	Agree	Strongly Agree	
I felt that the length of my maternity leave was sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I took less maternity leave than I would have liked because my program did not accommodate a longer leave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
It was easy to discuss my maternity leave wishes with my program director.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I felt that my maternity leave was a burden to my co-residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know the ABS rules
I took less maternity leave than I would have liked because of the American Board of Surgery rules for graduation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Breastfeeding

	Strongly Disagree	Disagree	Agree	Strongly Agree
Breastfeeding/pumping was important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Derogatory comments that I witnessed about breastfeeding or pumping made it uncomfortable for me to pump at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All attendings at my program would not mind if I asked to leave a case to pump.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable asking all of my attendings to scrub out of a case to pump.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The lactation facilities in my hospital were adequate and accessible enough to facilitate pumping during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decided not to breastfeed or stopped breastfeeding/pumping earlier than I would have liked because of lack of accessible lactation areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decided not to breastfeed or stopped breastfeeding/pumping earlier than I would have liked because it was too difficult to balance the time commitment of pumping with my work duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My co-residents were supportive/made accommodations to allow me time to pump during cases or during the workday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have been able to focus on my job duties more if my program/hospital had policies to support case-coverage to permit stepping out to pump during a case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would have been able to focus on my job more if my program/hospital had more accessible lactation facilities.

Childcare and Motherhood

	Strongly Disagree	Disagree	Agree	Strongly Agree
I felt I would have been able to focus on my job duties more if my program/hospital had provided better childcare support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that I would be perceived as "uncommitted" or a "bad resident" if I went home to see my child instead of putting in extra hours doing late cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that I was perceived as "behind" my peers in terms of operative/patient care skills because being a mom meant I had less time to dedicate to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Job Choice

	Strongly Disagree	Disagree	Agree	Strongly Agree
I regret the family sacrifices I made for my surgical residency training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could choose again, I would choose a career more accommodating of parenthood than surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a female medical student came to me for career advice, I would caution her against choosing surgery because of the difficulty of balancing a surgical career with motherhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience of pregnancy/motherhood during residency made me strongly reconsider whether I wanted to stay in surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the amount of mentorship I received during surgical residency regarding the difficulties of motherhood as a surgeon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I left surgery due to difficulty balancing pregnancy/motherhood with the demands of a surgical career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I changed my surgical subspecialty due to difficulty balancing pregnancy/motherhood with the demands of my original choice of subspecialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

How many pregnancies did you have during your surgical residency? (Please include only pregnancies resulting in birth) _____

What was your age during your first/only pregnancy during surgical residency? _____

What was your level of training during your first/only pregnancy during surgical residency?

- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- Lab/Research years

What was your age during your second pregnancy in surgical residency?

What was your level of training during your second pregnancy in surgical residency?

- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- Lab/Research years

What was your age during your third pregnancy in surgical residency?

What was your level of training during your third pregnancy in surgical residency?

- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- Lab/Research years

Type of training program

- Academic
- Independent

Size of training program

- 1-3 chief residents
- 4-6 chief residents
- 7 or more chief residents

Geographic location of training program

- Northeast (CT, ME, MA, NH, RI, VT, NJ, NY, PA)
- Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)
- West (AZ, CO, ID, MT, NV, NM, UT, WY, AK, CA, HI, OR, WA)
- South (DE, FL, GA, MD, NC, SC, VA, DC, WV, AL, KY, MS, TN, AR, LO, OK, TX)
- Canada

Are you currently a:

- Resident
- Fellow
- Attending

Year of graduation or anticipated graduation from surgical residency:

Type of institution where you currently work:

- Private, group or community practice
- Academic practice
- Mixed academic/community practice

Are you planning to go into:

- Private, group or community practice
- Academic practice
- Mixed academic/community practice
- I don't know yet

Anticipated year of graduation had you completed surgical residency:

How did you access this survey?

- PMG (Physicians Moms Group) Facebook group
- SMG (Surgeon Moms Group) Facebook group
- Emailed link from my program director
- Emailed link from other
- Twitter

Please enter the last 5 digits of your cellphone number. We will use these numbers to anonymously link your answers to future survey responses, while keeping your information confidential and anonymous.

OPTIONAL: What is the main change that could have been made in your program that would have made your experience of pregnancy during surgical residency more manageable?

OPTIONAL: Is there anything else you want to share about your experience of pregnancy during your training? Are there any topics we did not address or aspects of residency programs that we should ask about? These responses may guide future studies.

May we contact you about future studies pertaining to parenting as a surgeon? This is entirely voluntary.

- Yes
- No

Great! After submitting this survey, you will taken to another page to enter your contact information. We promise to keep this information in a separate file from your survey answers.

Alternatively, if you would feel more comfortable entering your contact information in a completely separate document, you can cut and paste this link to access the separate document.

<https://redcap.partners.org/redcap/surveys/?s=WKHWM7M8CH>

No problem! Just click 'submit' below and ignore the prompt to enter your contact information and hit 'submit' again.

eTable 1. Leave Policies of Selected Participants of the American Board of Medical Specialties

Specialty Board	Published Leave Policy
Allergy and Immunology ¹	Absences in excess of a total of two months over the 24 month allergy/immunology training program should be made up. If program directors believe that an absence of more than two months is justified, they should send a letter of explanation to the ABAI for review and approval by the Ethics and Professionalism Committee as deemed necessary.
Anesthesiology ²	The total of any and all absences may not exceed 60 working days (12 weeks) during the CA 1-3 years of training. Attendance at scientific meetings, not to exceed five working days per year, shall be considered apart of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence. A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of six months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.
Dermatology ³	An absence exceeding six weeks in any one academic year or a total of 14 weeks over three years, including vacation, should be approved only under truly exceptional circumstances. In addition, any resident approved to sit for the certifying examination despite such an absence should have completed each year of training in an above average or excellent manner as recorded on the annual residency evaluation forms. Any resident who has been absent more than six weeks in one year or 14 weeks over three years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. If the program director anticipates that this additional training will be completed in a satisfactory manner before September 1, a letter may be submitted to the Board requesting approval for the resident to sit for the July Certifying Examination. The letter must indicate the training period's anticipated completion date. The resident will not receive exam results or a certificate until the program director completes the annual evaluation at the conclusion of the extended training period.
Emergency Medicine ⁴	Residents must successfully complete at least 46 weeks of training in each residency level. Vacation time, sick time, leaves of absence, etc., that exceed six weeks in an academic year require an extension of residency training in the program. Leave time cannot be accrued from year to year. If a residency program has a policy in effect for leave time that is less than six weeks, the program may operate under its own policy.
Family Medicine ⁵	Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. Absence from the residency, exclusive of the one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the G-2 and G-3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.
Internal Medicine ⁶	Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training. ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the

	<p>training type. In such circumstances, if the trainee's program director <i>and</i> clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than one month, extended training may not be required. Only program directors may request that ABIM apply the Deficits in Required Training Time policy on a trainee's behalf, and such a request may only be made during the trainee's final year of training. Program directors may request a deficit in training time when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.</p>
Neurosurgery ⁷	<p>For residents who desire to take time away from training for legitimate family or medical reasons (e.g., the birth or adoption of a child; extended illness), the Program Director should follow the Human Resources policies of his/her institution and applicable law when determining whether to approve such leave requests, in whole or in part, and whether any time away from training needs to be made up at the back end of the resident's training. It is the Program Director's responsibility to ensure that residents who receive less than 84 months of training nevertheless successfully complete the program, receive the full range of neurosurgical training and are able to practice as safe neurosurgeons following their residency. If any such leave results in a resident receiving less than 84 total months of training in residency, the following will apply:</p> <p>Under no circumstances may a resident receive less than 54 months of core training (i.e., any reduction from the standard 84 months of training must come from the resident's 30 months of elective time).</p> <p>In connection with the resident's future application for Certification, the resident's Program Director must submit a letter to the ABNS indicating: (a) that the Program Director approved any leave that resulted in less than 84 months of training; and (b) that the Program Director determined that the resident at issue received full training and was able to successfully complete residency in less than 84 months.</p>
Obstetrics and Gynecology ⁸	<p>Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the four years of residency training. If any of these maximum per year weeks are exceeded, the residency must be extended for the duration of time the individual was absent in excess of 8 weeks in years one, two, three, or four. In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks. The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training or to “make-up” for time lost due to sickness or other leave. Residents who have their residency extended to complete the required 48 months, may sit for the basic Qualifying Examination in June if they will have completed all 48 months by September 30 of the same year.</p>
Otolaryngology ⁹	<p>Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a circumstance occurs in which a resident absence exceeds the six weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.</p>
Pathology ¹⁰	<p>Each institution sponsoring a pathology training program should develop their own sick, vacation, parental, and other leave policies for the resident. Regardless of institutional policies, the ABP defines 1 year of training to meet ABP certification requirements to be 52 weeks in duration, and the applicant must document an average of 48 weeks per year of full-time pathology training over the course of the training program. Any training less than 48 weeks must be made up. The ABP does not allow part-time training for primary certification</p>
Pediatrics ¹¹	<p>The duration of general pediatrics training is 36 months. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (eg, vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up with additional periods of training. If the program director believes that the</p>

	<p>candidate is well qualified and has met all the training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training or special training pathways may not take more than 1 month of leave per year.</p>
Plastic Surgery ¹²	<p>The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year. The 48 weeks per year may be averaged over the length of the training program to accommodate extended leaves of absence. To accommodate extended leaves of absence near the end of training, the Board will accept 94 weeks of training averaged over the final two years of training in both the Integrated and Independent training pathways. The Board does not define the remaining four weeks per year and therefore those weeks may be used for vacation, meeting attendance or medical leave as determined by the local institution and/or program. Plastic Surgery Program Directors must contact the Board in writing, for approval of any leave of absence that extends beyond 4 weeks per year and the additional 2 weeks in the final two years of training. Written requests must include details on the total leave of absence expected and the program's plan to make up the deficit.</p>
Psychiatry and Neurology ^{13,14}	<p>Training may be completed on a part-time basis, provided that it is no less than half time. The ABPN recommends that all programs allow a minimum of four weeks of leave time (including vacation, sick time, maternity/paternity leave, etc.) during training per year. These four weeks should be averaged over the four-year training period. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training. Certification exam may be taken if the resident finishes training before September 30th of the exam year, with confirmation from program director for extension of training beyond July 31.</p>
Radiology ¹⁵	<p>For Diagnostic Radiology Trainees: Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with the institution's rules. Depending on the length of absence granted by your program, the required period of graduate medical education may be extended accordingly. Residency program directors and their institutional GME offices determine the need for extension of residency training. Therefore, it is not up to the ABR to determine graduation dates for individual residents.</p>
Surgery ¹⁶	<p>The ABS requires 48 weeks of full-time clinical activity in each of the five years of residency, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose. Options are available to provide programs and residents with some flexibility. The 48 weeks may be averaged over the first 3 years of residency, for a total of 144 weeks required in the first 3 years, and over the last 2 years, for a total of 96 weeks required in the last 2 years. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year. The ABS will permit, with advance approval, applicants to extend their final year of training through the end of August and still take that year's QE. Upon completion of training, a letter of attestation will be required from the program director stating that the individual has met ABS requirements. The attestation letter must be received before QE results will be made available and selection of a CE site permitted. In addition, prior approval from the RC-Surgery will be needed for the increase in complement. The ABS also permits, with advance approval, the five clinical years of residency to be completed over a six-year period ("Six-Year Option"). For documented medical conditions, including pregnancy and delivery, that directly affect the individual (i.e., not family leave), residents may take an additional 2 weeks off during the first 3 years of residency, for a total of 142 weeks required, and an additional 2 weeks off during the last 2 years of residency, for a total of 94 weeks required. No approval is needed for this option if taken as outlined. The ABS will also consider other arrangements beyond what is noted above on a case-by-case basis. These will also require advance approval.</p>
Urology ¹⁷	<p>Each residency program may provide sick leave and vacation leave for the resident, in accordance with institutional policy. However, a resident must work at least forty-six (46) weeks during each year of residency. In other words, each year of credit must include forty-six weeks of full-time urologic education. Vacation or various other leave may not be accumulated to reduce the total training requirement. Should circumstances occur which</p>

	keep a resident from working the required forty-six weeks in one year, the program director must submit a plan to the ABU for approval on how the training time will be made up, and an extension of the residency may be required.
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eTable 2. Abbreviated Absence From Training Policies and Impact on Training Completion Date

Specialty Board	Absence from training policies	Can leave time be accrued from year to year	Impact on training completion
Allergy and Immunology	8 weeks in 2 years	yes	Absences over 8 weeks must be made up and board must review and approve
Anesthesiology	12 weeks in 3 years	yes	Absences over 12 weeks must be made up Absences over 6 months may require additional training to reenter residency
Dermatology	6 weeks in 1 year and 14 weeks in 3 years	yes	Absences over 6 weeks in a year and 14 weeks in 3 years must be made up. Program director may request approval for resident to take CE ^a before anticipated completion date but results and certificate held until extended training complete
Emergency Medicine	6 weeks in 1 year	no	Absences over 6 weeks in a year must be made up
Family Medicine	3 months in 3 years	yes	Absences over 3 months in 3 years must be made up
Internal Medicine	1 month per year	yes	Certain absences over 3 months may not require makeup if the program director requests a "Deficit in Training Time" and attests to the trainees competence. This must be approved by the board
Neurosurgery	Program director discretion	Program director discretion	Program director discretion
Obstetrics and Gynecology	8 weeks in 1 year and 20 weeks in 4 years	yes	Absences over 8 weeks per year, or over 20 weeks over the 4 years, must be made up. QE ^b may be taken in June if the resident completes all 48 months required training by September 30 of that same year.
Otolaryngology	6 weeks in 1 year	no	Absences over 6 weeks per year require the program director to apply for approval on method of making up training. Extension of residency may be required
Pathology	4 weeks in 1 year	no	Absences over 4 weeks per year must be made up
Pediatrics	3 months in 3 years	yes	Absences over 3 months in 3 years must be made up. Exceptions to extension of training can be made for "well qualified" residents by the program director petitioning the board.
Plastic Surgery	4 weeks in 1 year, with an additional 2 weeks in final 2 years	yes	Absences over 4 weeks per year or over 10 weeks total in the final two years require written requests to the board
Psychiatry and Neurology	4 weeks in 1 year	yes	Program director discretion in conjunction with institutional policy. The CE may be taken if the resident finished training before September 30 th of the same year, and program director confirms extension of training.
Radiology	Program director discretion	Program director discretion	Program director discretion
Surgery	4 weeks in 1 year, with additional 2 weeks for medical leave during PGY 1-3 years and during PGY 4-5 years	yes, time can be accrued during PGY 1-3 years (up to 14 weeks) and during PGY 4-5 years (up to 10 weeks)	Absences exceeding 14 weeks during PGY 1-3 years or 10 weeks during PGY 4-5 year must be made up. The program director must request approval from the board for extension of training and ACGME/RRC for temporary increase in resident complement. The QE may be taken in July if the resident completed required training by August 31 of that same year.

Urology	6 weeks in 1 year	no	Absences exceeding 6 weeks per year may require extension of training. The program director must submit plan to the board for approval on how training time will be made up.
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^a CE: Certifying Exam

^b QE: Qualifying Exam