

**Resident Supervision  
Attending Practitioner Responsibilities**  
For all care in which interns, residents or fellows are involved



Documentation of all patient encounters must identify the supervising practitioner and indicate the level of involvement.

**Four types of documentation of resident supervision are allowed:**

- 1. Attending progress note** or other entry into the medical record.
- 2. Attending addendum** to the resident's note.
- 3. Co-signature** by the attending implies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry. Use of CPRS function "Additional Signer" is **not acceptable** for documenting supervision.
- 4. Resident documentation** of attending supervision. [Includes involvement of the attending (e.g., "I have seen and discussed the patient with my supervising practitioner, Dr. X", and Dr. X agrees with my assessment and plan"), at a minimum, the responsible attending should be identified (e.g., "The attending of record for this patient encounter is Dr. X")]

**Inpatient: New Admission**

Attending must see and evaluate the patient within 24 hours.  
Documentation: An attending admission note or addendum documenting findings and recommendations regarding the treatment plan within one calendar day of admission. (No exceptions for weekends or holidays).

**Inpatient: Continuing Care**

Attending must be personally involved in ongoing care.  
Documentation: Any of the 4 types of documentation, at a frequency consistent with the patient's condition and principles of graduated responsibility.

**Inpatient: ICU Care (includes SICU, MICU, CCU, etc.)**

Because of the unstable nature of patients in ICUs, attending involvement is expected on admission and on a daily or more frequent basis.  
Documentation: Admission documentation requirements (see Inpatient: New Admission above) plus any of the 4 types of documentation daily.

**Inpatient: Discharge or Transfer**

Attending must be personally involved in decisions to discharge or transfer the patient to another service or level of care (including outpatient care).  
Documentation: Co-signature of the discharge summary or discharge/transfer note. If patient is transferred from one service to another, the accepting attending should treat the patient as a New Admission – see above.

**Outpatient: New Patient Visit**

Attending must be physically present in the clinic. Every patient who is new to the facility must be seen by or discussed with an attending.  
Documentation: An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

**Outpatient: Return Visit**

Attending must be physically present in the clinic. Patients should be seen by or discussed with an attending at a frequency to ensure effective and appropriate treatment.  
Documentation: Any of the 4 types of documentation. The attending's name must be documented.

**Outpatient: Discharge**

Attending will ensure that discharge from a clinic is appropriate.  
Documentation: Any of the 4 types of documentation.

**THE FAMILY AND MEDICAL LEAVE ACT (FMLA)  
 EMPLOYEE RIGHTS AND RESPONSIBILITIES**

**PART A**

The Family and Medical Leave Act (FMLA) provides employees the opportunity to balance the demands of the workplace and their families by providing reasonable paid or unpaid leave for medical reasons.

<p><i>What events qualify for FMLA leave?</i></p>	<p>FMLA leave may be requested for:</p> <ul style="list-style-type: none"> <li>• <i>Incapacity due to pregnancy, prenatal medical care or child birth;</i></li> <li>• <i>Care of employee's child after birth, or placement for adoption or foster care;</i></li> <li>• <i>Care of employee's spouse, son or daughter, or parent, who has a serious health condition</i></li> <li>• <i>A serious health condition that makes the employee unable to perform their job duties</i></li> <li>• <i>Response to active duty notification for a military contingency operation (see below)</i></li> </ul>
<p><i>Who's eligible?</i></p>	<p>To be eligible for FMLA leave, you must have been employed by VCU Health System for at least 12 months and must have worked at least 1,250 hours during the 12-month period immediately before requesting the FMLA leave. The 12-months need not be consecutive; however, any service occurring prior to a seven year break in service will not be counted.</p>
<p><i>How may FMLA leave be taken?</i></p>	<p>An eligible employee may take up to 12 workweeks (480 hours) of unpaid leave during a continuous 365-day period. The 12 weeks are prorated for eligible employees working less than full time. Leave may be taken all at once, on an intermittent basis, or a reduced schedule if medically necessary. If an intermittent or reduced schedule is needed, you are required to plan your leave with the least disruption as possible to department operations. Only a total of 12 weeks of leave is available even if you experience more than one of the qualifying events per 365-day period. Leave due to qualifying exigencies may also be taken on an intermittent basis. Your first absence in a new 365-cycle is your first day of FMLA.</p>
<p><i>Special provisions for military family leave</i></p>	<p>Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.</p> <p>FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy or is in outpatient status, or is on the temporary disability retired list.</p>
<p><i>Is FMLA leave paid or unpaid?</i></p>	<p>You are required to use accrued leave to provide for pay during the time you are away from work on FMLA leave unless being paid by workers compensation or disability. However, if you have exhausted your accrued leave balances, you may also take Family and Medical Leave as unpaid time. Existing policies covering leave usage and notification requirement for absences or tardiness still apply:</p> <ul style="list-style-type: none"> <li>• <i>Personal illness - paid time off (PTO) leave may be used to provide pay for absences related to your own serious health condition. A health care provider's certification would be necessary for absences exceeding 24 work hours allowing use of your sick time bank (STB).</i></li> <li>• <i>Family illness or maternity/paternity leave, adoption, foster placement- paid time off (PTO) leave may be used to provide pay for absences related to all types of FMLA conditions. A minimum of 24-hours of PTO must be used prior to accessing the STB for the birth or placement of a child. A minimum of 24-hours of PTO but no more than the amount necessary to reduce the PTO balance to 40 hours must be used before you may access the STB account for non-employee, non-birth/child placement FMLA absences. A health care provider's certification is necessary. STB use for non-birth/child placement family illnesses is limited to 25% of the STB balance (not to exceed 180-hours) or 40 hours whichever is greater.</i></li> <li>• <i>Workers' compensation - Workers' Compensation absences that meet FMLA criteria are considered FMLA for eligible employees. STB may be accessed immediately for work related illnesses or injuries pending the determination of the Workers' Compensation claim status. After that the employee is paid directly by the Workers' Compensation Office.</i></li> </ul>

<i>How do I notify my manager of the need for FMLA leave?</i>	If foreseeable, you must give your manager 30 days' advance notice that FMLA leave is needed. In all cases, you should notify your manager that the leave being used is for FMLA purposes as soon as possible after becoming aware of the need for leave but no later than two work days after becoming aware of the need for the leave. Failure to do so will mean a loss of FMLA protections for that absence. Department "call in" requirements must still be followed whenever you are absent from work. Managers are required to designate an absence as FMLA if it meets the criteria specified by law.
<i>Do I need to provide medical documentation to my manager if I want to use FMLA?</i>	The manager may require written certification from a health care provider to verify the need for FMLA whether you are requesting FMLA for your own serious medical condition or that of your covered family member. <b>You must use the form provided by VCU Health System or one that contains the same information requested.</b> Medical certification must be provided within 15 calendar days of the manager's request. If medical certification is not provided when requested or required by department policy, your FMLA leave may be denied. A medical certification is required for all absences of three workdays or longer. Your manager may require a "fitness for return to work" report from your physician for other absences as well.
<i>Definition of serious health condition</i>	A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a healthcare provider for a duration that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirements may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits of a health care provider or one visit and a regime of continuing treatment, or incapacity due to pregnancy or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment. If you have questions whether a condition falls under the FMLA protections, contact Human Resources.
<i>What happens to my health insurance while I am on FMLA leave?</i>	You must continue to pay your portion of health insurance while on FMLA. If on unpaid leave, you must make arrangements to pay premiums directly to the Payroll Office by the 25th of each month for the following month's premium. Contact Human Resources Benefits Office at 628-9424 for more detailed information on the payment process.
<i>What if I don't pay all of my health premiums or if I'm late with a payment?</i>	Your health care coverage will be maintained while on leave as long as you continue to pay your portion of the premium. If you fail to make a payment or if the payment is more than 30 days overdue, your health coverage may be discontinued while you are on leave. If your coverage lapses, you're health care benefits can be restored only when you return to work.
<i>What are my responsibilities while out on FMLA?</i>	You must continue to notify your department of your absence as required by your department call in procedures. You must also state you are out related to FMLA or state the FMLA reason at the time of your call. If you are on an extended absence, you must provide a medical certification update to Human Resources after each medical appointment and contact your department manager/designee directly to notify them of your expected return to work date or that you continue to need to be out of work. A minimum of a two day notice of your intent to return to work is expected.
<i>What happens when I return to work?</i>	At the conclusion of FMLA leave, you should be returned to the same or similar job with equivalent pay, benefits, and working conditions as when your leave began. If you are unable to perform essential job functions upon your return or if the work schedule needs to be reduced, your manager will work with you and your physician to attempt to find appropriate accommodations. If you are unable to return to work, you may be eligible for a medical conditional leave of absence however, it may be necessary to fill your position while you are absent. If that occurs, you will need to apply for an alternate position when you are able to return to work. Consult your manager for details of this option.
<i>Supervisor Responsibilities</i>	Your supervisor must inform you whether or not you are eligible for FMLA. If you are not eligible, the reason must be provided.
<i>Unlawful Acts</i>	Your supervisor cannot interfere with, restrain, or deny the exercise of any right provided under FMLA; nor may he/she discharge or discriminate against you for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA. An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against his/her employer for violation of FMLA protected rights.

Please contact Employee Relations at 628-9433 if you have specific questions regarding the Family and Medical Leave Act. For additional information refer to VCUHS Policy 2176. This fact sheet serves as your notice of your rights and responsibilities under FMLA.

**NOTICE OF ELIGIBILITY, RIGHTS & RESPONSIBILITIES  
FAMILY MEDICAL LEAVE ACT (FMLA)**

**PART B**

\*Contact regarding your request will be made by email unless you note below that you do not have access to email.

**Section 1: Employee's Request for FMLA:**

**Employee to Complete this section**

To be eligible you must have been employed for at least 12-months and have worked at least 1,250 hours in the 12-months preceding the leave request. If you feel your health condition qualifies for FMLA leave, please return this form to your manager for approval. Your request must be submitted as soon as possible but no later than two working days after becoming aware of the need for leave if unexpected and 30 days in advance for planned absences. Questions related to FMLA should be directed to the Employee Relations Office at 804-628-9433.

Employee Name: \_\_\_\_\_ Employee number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

I do not have access to email: \_\_\_\_\_, contact me at: \_\_\_\_\_

Use of FMLA requested for (check one)

- The birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition;
- Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to their serous health condition
- Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- Because you are the \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness acquired in the line of active duty.

Dates leave is needed: Anticipated Begin: \_\_\_\_\_ Anticipated End: \_\_\_\_\_  
I will need intermittent leave. Describe how often you think you will need to miss work: \_\_\_\_\_

My signature below acknowledges that the information provided above is true and accurate to be best of my knowledge at this time and that I have received a copy of the FMLA Rights and Responsibilities Fact sheet (pages 1 & 2 of this form). I understand that my failure to follow the directions provided on the fact sheet or to provide the additional information requested below could negatively affect FMLA approval.

Employee's Signature: \_\_\_\_\_ Date of FMLA Request: \_\_\_\_\_

**Section 2: Manager's Disposition of FMLA Request:**

**Manager to Complete this Section**

The manager must determine FMLA eligibility, complete this section and return a copy of the entire form to the employee within five working days of receiving the request (verbal or written) for FMLA. The original form should be sent to Human Resources and a copy kept in the department but separate from the employee's department personnel file. Human Resources will make the final determination as to whether the medical or military certification supports the FMLA criteria.

1. You are  eligible  not eligible for FMLA for the following reason:  
\_\_\_\_\_ you have not met the 12-month length of service requirement (# months met \_\_\_\_\_)  
\_\_\_\_\_ You have not met the 1,250 hours-worked requirement (# hours met \_\_\_\_\_)
2. Your first day of FMLA for the current 365-day cycle: \_\_\_\_\_
3. Your FMLA Allotment is: \_\_\_\_\_ You have approximately \_\_\_\_\_ hours remaining as of date below.
4. The requested leave  will/  will not be counted toward your annual FMLA leave allotment pending receipt of medical/military certification.
5. Documentation  will/  will not be required to establish the required relationship between you and your family member.
- \*6. You  will/  will not be required to furnish medical certification of a serious health condition or confirmation of family member military service. Please provide the requested certification within 15 calendar days or by (Date) \_\_\_\_\_ to Human Resources, Employee Relations Office, PO Box 980066 or FAX 804-628-8961. Failure to do so may result in denial of your FMLA leave.
7. You will be required to furnish a "fitness for return to work" report from your health care provider when you are ready to return to work if you have been out of work three days or longer.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\*If the employee is required to provide medical certification, give the employee a copy of their job description and the medical certification form to give to their health care provider. If family medical documentation is required, only the medical certification form needs to be given.

**NOTICE OF DETERMINATION  
FAMILY MEDICAL LEAVE ACT (FMLA)**

Employee Name \_\_\_\_\_ Employee number \_\_\_\_\_

**Human Resource's Disposition of FMLA Request:** As stated in Part B, you meet the eligibility requirements for FMLA leave. The determination as to whether your absence qualifies for FMLA is made based on the information provided by your healthcare provider or by the military and a review of your FMLA use to date.

Requested materials used to make this determination received on (date) \_\_\_\_\_

Based on materials received:

- \_\_\_\_\_ Sufficient certification to support your FMLA leave has been provided.
- \_\_\_\_\_ Additional information related to your reason for FMLA is required.
- \_\_\_\_\_ Additional information required to support military contingency operation or qualifying exigency.
- \_\_\_\_\_ Additional information required to support Immediate family member or next-of-kin designation.

The following additional information is required: \_\_\_\_\_  
\_\_\_\_\_

The above requested information must be provided within seven calendar days or your request for FMLA will be denied.  
Information requested is due by (date): \_\_\_\_\_

Return information to VCU Health System, Department of Human Resources, Employee Relations Office, PO Box 980066, Richmond, VA 23298 or fax to 804-628-8961 or Email: [FMLA\\_Requests@mcvh-vcu.edu](mailto:FMLA_Requests@mcvh-vcu.edu).

**DETERMINATION DESIGNATION**  
To be completed by Human Resources

Check all that apply:

- \_\_\_\_\_ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave until your allotment of FMLA for this 365-cycle has been exhausted.
- \_\_\_\_\_ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement \_\_\_\_\_
- \_\_\_\_\_ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You may request this information once in a 30-day period if leave is taken during that 30-day period. Contact your department manager for assistance in making this determination.
- \_\_\_\_\_ A return-to-work medical release/fitness for duty designation is required upon your return to work. Your request to return to work will be delayed until this information is received. Your medical note **must** address your ability to perform the essential functions of your position.

Your FMLA leave request is not approved for the following reason:

- \_\_\_\_\_ You have exhausted your allotment for FMLA for the current 365-day cycle. You may be eligible for FMLA again after on or after (date) \_\_\_\_\_
- \_\_\_\_\_ The reason stated for the need for leave is not an FMLA qualifying reason.
- \_\_\_\_\_ The medical certification does not support that your absence was related to a FMLA qualifying reason
- \_\_\_\_\_ The medical certification was incomplete or not provided.
- \_\_\_\_\_ The family relationship identified does not qualify as immediate family or next-of-kin according to FMLA
- \_\_\_\_\_ Your request for FMLA was not received in a timely manner (either 30 days before a foreseen event or as soon as possible after becoming aware of the need for FMLA.) FMLA designation therefore delayed until (date) \_\_\_\_\_
- \_\_\_\_\_ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Signature \_\_\_\_\_

Date \_\_\_\_\_