Medical Education Policy: Vacation – Residents and Fellows

Facility: CMC
Origin Date: 
Revision Date: June 2014
Sponsor: GMEC

1. PURPOSE:
The Institution has a responsibility to assure that residents and fellows are provided with vacation time and that vacations minimize the impact on continuity of patient care and patient care services.

2. SCOPE:
This Policy applies to all ACGME, Council on Podiatric Medical Education (CPME), Commission on Dental Accreditation (CODA) accredited post-graduate training programs sponsored by Carilion Clinic (CC) and AOA accredited Carilion Clinic based programs sponsored by the Edward Via Virginia College of Osteopathic Medicine.

3. DEFINITIONS:

   Resident – refers to all interns, residents, and fellows participating in CC post graduate training programs.

   Residency Program refers to a post-graduate medical education program approved by the Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), Commission on Dental Accreditation (CODA), or the American Osteopathic Association (AOA)

   Vacation refers to paid time off. In general, each residency program will provide residents with three to four (4) weeks of vacation per contract year, depending on year of training and program specific policies. The amount of vacation time provided in each program must conform to ACGME, CPME, or CODA Residency Review Committees or AOA Subspecialty Training Standards guidelines, as applicable.

   Continuing Medical Education (CME) time refers to paid time off for a resident to attend CME activities. Each program will determine the amount of paid time off residents may receive to attend CME activities and process for residents to request approval for CME time. The program policy must identify if CME time is counted in the total allotted vacation time per academic year or if CME is separate from vacation time.
Interviewing and other Career Planning Activities refers to paid time off that may be granted to allow residents to interview for fellowships, jobs, or other career activities that may occur after the resident completes the residency program. Each residency program should identify the amount of paid time that may be allowed, when in the training program this time may occur, and the process to request and receive approval for the paid time off.

Early-Winter Break refers to a designated period of time usually occurring within the last week of December and the first week of January. Programs may encourage or require that residents take one week of vacation time during the two week period of Early-Winter Break. The designated two week period will be determined each year. In order to allow seven days off by each group, the December rotation period may be extended. The Carilion-based programs and the VAMC will collaborate to agree on the same dates. Program specific vacation policies should address the assignment of Early-Winter Break vacation.

Terminal vacations refer to paid time off taken during the last two weeks of the academic year. Terminal vacations are usually reserved for residents completing one-year preliminary or transitional programs who are required to report to other residencies by or before July 1 of new academic year. Programs may disallow vacations during this time period. Residents are not allowed to take time off to complete the USMLE Step 3 or COMLEX level 3 exams during the last two weeks of June.

4. PROCEDURE:
1. Each residency program must develop a vacation policy that clearly identifies the number of vacation days allowed per academic year, the process of requesting and receiving approval for vacation time, and limitations on vacation requests. The vacation policy should also include the process for requesting CME time, time for interviewing and other career planning activities, and terminal vacations. The program specific vacation policy must address Early-winter break vacation. Program specific vacation policies must conform to any and all RRC, CODA, CPME or AOA program specific requirements.
2. Each program must provide its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s/fellow’s eligibility to participate in examinations by the relevant certifying board(s).
3. Programs must provide applicants to the residency program access to or a copy of the program’s vacation policy,
4. Updates or changes in the program’s vacation policy must be communicated to residents in the program at the beginning of each new academic year, or at
sometime before the changes take effect. Residents must have access to or be presented with a copy of updated vacation policies.

5. If the program requires that residents make up call days that are missed while on vacation, call day make up must conform to the duty hour policy.

6. Residents taking unapproved days off may have their pay checks docked for days missed and will be subject to disciplinary action and possible removal from the program.

7. Residents taking unapproved terminal vacation will be subject to disciplinary action and may not be granted a certificate of completion of the program.

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<tr>
<th>Name</th>
<th>Title</th>
<th>Dept./Committee</th>
<th>Date</th>
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<tbody>
<tr>
<td>Daniel Harrington, MD</td>
<td>DIO</td>
<td>GMEC</td>
<td>March 11, 2007</td>
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<td>Daniel Harrington, MD</td>
<td>DIO</td>
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<td>Donald Kees, MD</td>
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<td>June 10, 2014</td>
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