KEY TERMS: Vacation, Medical Education, Residents

I. PURPOSE:

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

II. SCOPE:

This policy applies to all ACGME accredited residency programs sponsored by Carilion Clinic or Carilion Clinic based AOA accredited residency programs sponsored by the Edward Via Virginia College of Osteopathic Medicine.

III. DEFINITIONS:

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

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

Vacation refers to paid time off. In general, each Residency Program will provide residents with three (3) 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 Residency Review Committees or AOA Subspecialty Training Standards guidelines, as applicable.

Continuing Medical Education (CME) time refers to paid time off to allow a resident to attend CME activities. Each Program will determine the amount of paid time off an eligible resident may receive to attend CME activities and the process for eligible residents to request approval for CME time. Each 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 an eligible resident to interview for fellowships, jobs, or other career activities that may occur after the resident completes the Program. Each 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 by the DIO. In order to allow seven days (7) off by each group, the December rotation period may be extended. 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 a 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.

### IV. PROCEDURE:

1. Each 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 ACGME Residency Review Committee or AOA program specific requirements.

2. A Program Director may require a Resident to use vacation days or allotted CME days during a period of Administrative Sanction. Additionally, a Program Director may require a Resident to forfeit eligibility for paid time off for interviewing and other career planning activities as part of an Administrative Sanction.

3. Programs must provide applicants to the Program with access to or a copy of the Program’s vacation policy.

4. Updates or changes in a Program’s vacation policy must be communicated to residents in the Program at the beginning of each new academic year, or in a reasonable time period before the changes take effect. Residents must have access to or be presented with a copy of updated vacation policies.
5. If a Program requires that residents make up call days that are missed while on vacation or CME time, call day make up must conform to the duty hour standards. Specifically, if a resident takes one week of vacation during a 4 week block rotation, the duty hours must be averaged over the remaining 3 weeks. Programs may not use a “rolling” average for duty hours or call frequency.

6. Residents taking unapproved days off will be subject to disciplinary action and possible removal from the Program. Additionally, a resident who is absent for one or more full days without authorization may not be eligible for compensation for the time away.

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

V. OTHER ISSUES / CONCERNS:

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<td>Daniel Harrington, MD</td>
<td>DIO</td>
<td>Graduate Medical Education</td>
<td>March 15, 2011</td>
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