

**Charleston Area Medical Center
Office of Graduate Medical Education**

Clinical Experience and Education Hours (CEEH) (formerly Duty Hours Policy)

Purpose:

The resident/fellow CEEH policy is structured to ensure that the resident/fellow's clinical experience and education are providing optimal resident/fellow training and patient care. The overarching goals of the duty hours requirements are to: 1) promote and support the physical and emotional well-being of all residents/fellows in CAMC sponsored residency programs; 2) to promote a strong educational environment for our residency programs; and to 3) ensure a focus on the safety and needs of our patients and the continuity of their care.

Policy:

All CAMC residency training programs must adhere to all applicable accreditation requirements on CEEH regulations as expressed in the Institutional Requirements, Common Program Requirements and/or specialty specific Program Requirements. Program and individual resident/fellow compliance with CEEH requirements will be monitored by the Institution and the Graduate Medical Education Committee (GMEC) with a frequency sufficient to ensure compliance with the requirements. Each program must have written policies and procedures consistent with the Institution's policy and with their respective accreditation requirements for resident/fellow CEEH and the working environment including moonlighting. These policies must be distributed to the residents/fellows and the faculty.

Requirements:

- Maximum hours of clinical work and education per week: CEEH must be limited to 80 hours per week, averaged over a four-week period or the length of the rotation, inclusive of all in-house clinical and education activities, all clinical work done from home and all moonlighting.
 - Mandatory free time of clinical work and education: Program structures must be configured to provide residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Residents/Fellows should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80 hour and one day off in seven requirements.
- Residents/Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Maximum clinical work and education period length: Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to

four hours of additional time may be used for activities related to patient safety such as providing effective transitions of care and/or resident/fellow education. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

- Clinical and educational work hour exceptions: In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.
 - If a resident/fellow elects to stay or to return and it results in a short break violation the resident/fellow must enter a comment and cause for this violation in New Innovations.
- Maximum in house on-call frequency: residents/fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- At-home call/Work from Home: Time spent on patient care activities by residents/fellows on at-home call and time spent on patient care activities while at home must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks. Work from Home time will not impact the Short Break rule but does count toward the 80-hour limit.
 - At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow. Residents/Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum.

Emergency Medicine Rotation Clinical Experience and Education Hour Requirements:

When residents/fellows are on an emergency medicine rotation, the following standards apply:

- While on duty in the emergency department, residents/fellows may not work longer than 12 continuous scheduled hours.
- There must be at least one equivalent period of continuous time off between scheduled work periods.
- A resident/fellow must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week.
- Residents/Fellows must have a minimum of one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period.

Monitoring Requirements:

CEEH policies and procedures must be distributed annually to all program candidates, residents/fellows and faculty. Faculty and residents/fellows must be trained on the CEEH policies. Call schedules for residents/fellows and faculty must be maintained and available at all times.

All CAMC residency programs are required to use New Innovations for the reporting of CEEH. All residents/fellows are required to record CEEH into New Innovations at a minimum of every 72 hours.

Program coordinators will maintain resident/fellow time off due to vacation and leave time as recorded in the program.

The Program must monitor resident/fellow CEEH with a frequency sufficient to ensure compliance with the requirements including attention to scheduling, work intensity, and work compression that impacts resident/fellow well-being. The Program must adjust schedules as necessary to mitigate excessive service demands and/or fatigue and, when applicable, must monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. The Program must monitor the needs for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

Programs must work with residents/fellows to ensure that they are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. There may also be circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident/fellow may be unable to perform their patient care responsibilities. Residents/Fellows faced with an event of this nature should not fear negative consequences when unable to provide clinical work.

The Institution and/or GMEC may implement monitoring mechanisms to assess program and/or resident/fellow compliance to CEEH requirements and program-level oversight. The Institution and/or GMEC may monitor compliance of CEEH requirements through a number of various methods, which may include, but are not limited to, audits, internal reviews, resident/fellow surveys or interviews. The Institution and/or GMEC may, at any time, require enhanced or more frequent monitoring of the CEEH requirements for programs and/or residents/fellows. Individual residents/fellows who fail to maintain compliance with CEEH requirements are subject to disciplinary action.

Signatures:

GMEC Chair:

Arthur B Rubin, DO, FACOP, MHA	Digitally signed by Arthur B Rubin, DO, FACOP, MHA Date: 2024.06.26 10:42:22 -04'00'
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Art Rubin, DO Date

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Dinchen Jardine	Digitally signed by Dinchen Jardine Date: 2024.06.25 08:09:05 -04'00'
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