

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 provide optimal resident/fellow training and patient care. The overarching goals of the CEEH requirements are to: 1) promote and support the physical and emotional well-being of all residents/fellows in CAMC sponsored residency programs; 2) promote a strong educational environment for CAMC residency programs; and 3) ensure a focus on the safety and needs of CAMC patients and the continuity of their care. This policy establishes guidelines in accordance with ACGME accreditation requirements for monitoring and ensuring compliance with CEEH. Residents in programs accredited by the APA, ASHP or other accrediting bodies should consult their program director and review their program level policy for any differences.

Policy:

All CAMC residency programs must adhere to all applicable accreditation requirements on CEEH as expressed in the Institutional Requirements, Common Program Requirements and/or specialty specific Program Requirements. Program and individual resident/fellow compliance with CEEH requirements is monitored by CAMC and the Graduate Medical Education Committee ("GMEC") with a frequency sufficient to ensure compliance with these requirements. Each program is responsible for implementing written policies and procedures consistent with this 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.

Definitions:

The following terms used in this policy have the meaning provided in this section:

"Clinical experience and education hours," "clinical and educational work hours," and "CEEH" means all clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care (such as completing medical records, ordering and reviewing lab tests, and signing orders); the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home (such as using an electronic health record and taking calls); and other scheduled activities such as conferences. These hours do not include reading, studying, research done from home that is not part of the residency/fellowship, and preparation for future cases. CEEH were formerly known as "duty hours."

"In-house call" means clinical and educational work hours, beyond the scheduled workday, when residents/fellows are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

"At-home call (pager call)" means call taken from outside the assigned site.

“Moonlighting” means voluntary, compensated, medically related work performed beyond a resident/fellow’s clinical experience and education hours and additional to the work required for successful completion of the program except under ASHP requirements where external moonlighting is any voluntary, compensated work. Moonlighting may be “external,” which means moonlighting that is performed outside of CAMC residency programs, including the primary clinical site and any participating sites; or “internal,” which means moonlighting that is performed within CAMC residency programs, including the primary clinical site and any participating sites.

“Night float” means a rotation or other structured educational experience designed either to eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation has an educational focus.

“Short break violation” means a resident/fellow does not have the required time free of clinical work and educational work hours between duties.

Requirements:

- A. Maximum Hours of Clinical and Educational Work Per Week: CEEH must be limited to no more than 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.
- B. Mandatory Time Free 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 (when averaged over four weeks). At-home call cannot be assigned on these free days.
- C. 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.
 - This 24 hours and up to an additional four hours must occur within the context of the 80-hour weekly limit (averaged over four weeks).
- D. 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; to give 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, and in any other circumstance when a short break violation occurs, the resident/fellow must enter a comment and cause for this violation in New Innovations.
- E. 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).
- F. At-Home Call/ Work from Home: Time spent on patient care activities by residents/fellows on at-home call (i.e., taking calls, using an electronic health record) and time spent on clinical work 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.
- Time spent on clinical work at home will not impact the short break violation rule, but does count toward the 80-hour limit.
 - At-home call must not be so 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.
- G. Moonlighting: Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program and must not interfere with the residents/fellows' fitness for work or compromise patient safety.
- Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
 - PGY-1 residents are not permitted to moonlight.
- H. In-House Night Float: Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- I. 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 (i.e. if a resident/fellow worked a 12 hour shift they must have a 12 hour break before the next shift).
 - 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 their CEEH in New Innovations at least every 72 hours.

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


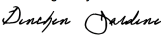
Programs must monitor resident/fellow CEEH with a sufficient frequency to ensure compliance with the requirements, including attention to scheduling, work intensity, and work compression that impacts resident/fellow well-being. Programs must adjust schedules as necessary to mitigate excessive service 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. Programs 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.

CAMC and/or GMEC may implement monitoring mechanisms to assess program and/or resident/fellow compliance with CEEH requirements and program-level oversight. CAMC 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. CAMC and/or GMEC may, at any time, require enhanced or more frequent monitoring of the CEEH requirements for programs and/or residents/fellows.

Concerns regarding work hour violations should be reported to Program Director or DIO. Residents/fellows are required to self-report work hour violations, including an explanation of the circumstances resulting in a violation and plans for preventing reoccurrence. Individual residents/fellows who fail to maintain compliance with CEEH requirements are subject to disciplinary action.

Signatures:

GMEC Chair:	<div><div>DocuSigned by:</div><div></div><div>CE911BE74E2240...</div><div>Arthur Rubin, DO</div></div>	<div>6/19/2025</div> <div>Date</div>
DIO:	<div><div>DocuSigned by:</div><div></div><div>D1119000F15144F...</div><div>Dink Jardine, MD</div></div>	<div>6/19/2025</div> <div>Date</div>