

Working Hours Logging FAQs

Question	Answer														
Why do residents/fellows need to log duty hours?	Program Directors and the institution have a responsibility to ensure compliance with duty hour limitations. Without a consistent process across programs, it is challenging to do so.														
How often should residents/fellows log hours ?	The recording of hours is more accurate if done daily and no less frequently than weekly. For some rotations with schedules that are far below the ACGME clinical and educational hour maximums, a monthly form is completed instead. This is to reduce the administrative burden on residents/fellows but they are always welcome and expected to log daily if there is a concern about violations.														
Who should I contact if I have more questions about this?	In addition to your program coordinator & program director, Tracy.nguyen@bannerhealth.com														
Which duty types should residents/fellows use for specific assignments?	<p>The following are the general descriptions of the available duty types and general description of work within New Innovations (NI), listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Duty Type</th> <th style="background-color: #d9e1f2;">Description</th> </tr> </thead> <tbody> <tr> <td>Call</td> <td>Only used for scheduled for in-house calls. The ACGME identifies an In House Call as: Duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution</td> </tr> <tr> <td>Called in from Home</td> <td>Applies if scheduled for Pager Call (a.k.a. Home Call). Used for hours that a resident/fellow are actually called into the hospital</td> </tr> <tr> <td>Day Off</td> <td>Used for time away</td> </tr> <tr> <td>Moonlighting</td> <td>Applies for residents/fellows to log their Moonlighting hours</td> </tr> <tr> <td>Shift</td> <td>Used to log scheduled work time/hours</td> </tr> <tr> <td>Patient Care from Home</td> <td>For work-related tasks at home, such as patient care documentation or taking work-related calls.</td> </tr> </tbody> </table>	Duty Type	Description	Call	Only used for scheduled for in-house calls. The ACGME identifies an In House Call as: Duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution	Called in from Home	Applies if scheduled for Pager Call (a.k.a. Home Call). Used for hours that a resident/fellow are actually called into the hospital	Day Off	Used for time away	Moonlighting	Applies for residents/fellows to log their Moonlighting hours	Shift	Used to log scheduled work time/hours	Patient Care from Home	For work-related tasks at home, such as patient care documentation or taking work-related calls.
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How does the GME office calculate the clinical and educational work hour compliance ?	The more days logged per week, the more accurate the totals are. For rotations requiring standard daily logging, a minimum of five (5) days a week (with Monday being the start of the week) must be logged to be considered “compliant” with logging that week.														
Will residents/fellows be penalized for accurately logging clinical and educational work hours, which causes a violation in NI?	<p>No, logging accurate clinical and educational work hours is a responsibility of residents/fellows. The information allows the program and institution to review clinical assignments and adjust as needed for rotation and clinical assignments.</p> <p>Inaccurate reporting by residents is a violation of the ACGME professionalism milestones and the requirement that “residents and faculty members demonstrate an understanding of their personal role in the accurate reporting of educational work hours.”</p>														

<p>Will programs be penalized for accurately logging clinical and educational work hours, which causes a violation in NI?</p>	<p>No, logging accurate clinical and educational work hours helps programs know what areas need attention. The GME office helps to oversee the process and support programs in obtaining resources to address the workload and administrative burden when repeated areas of concern arise. If there were on-going, uncorrected issues with duty hours, it could eventually lead to an ACGME citation.</p>
<p>Can the red flag be removed, indicating a violation occurred in NI?</p>	<p>The red flag is a standard feature within NI and cannot be removed. The purpose of the notification is to inform the program and the GME office of a potential concerns.</p>
<p>I arrive at 5 am even though my shift doesn't start until 6 am because I must spend time reviewing charts to get the work done in the day. How should the resident/fellow log this?</p>	<p>You should log the time you arrived to begin work within NI, 5 am.</p>
<p>Does patient charting count towards the clinical and educational work hours?</p>	<p>Yes, all time spent on patient charting needs to be logged in NI because it is part of clinical work hours to ensure proper continuing of care, treatment, or services of patients.</p> <p>There are two options for logging this</p> <ol style="list-style-type: none"> 1. The total time spent on patient charting at home on any given day should be added to the time that the resident/fellow left the clinical site so that the "end time" of your shift is adjusted. 2. Have a separate entry for "Patient care at home" to document the total time spent that night.
<p>Do I need to log the hours I spend moonlighting?</p>	<p>Yes, clinical and educational hours include those spent moonlighting. The hours should be logged as "moonlighting."</p>
<p>What types of work done from home count toward clinical and educational work hours?</p>	<p>Patient charting in the electronic health records and taking calls from home(when applicable). The hours should be logged as "Patient care from home" as above.</p>
<p>Do residents/fellows need to record minute by minute when taking calls from home within NI?</p>	<p>No, it is suggested that residents and fellows document the total time spent within NI to allow the programs and the GME office to ensure residents/fellows are not working in excess of 80 hours per week, averaged over four weeks.</p> <p>There are two options for logging this:</p> <ol style="list-style-type: none"> 1. The total time spent on patient charting at home on any given day should be added to the time that the resident/fellow left the clinical site so that the "end time" of your shift is adjusted. 2. Have a separate entry for "Patient care at home" to document the total time spent that night. <p>IF you get called in and need to return to the hospital, that must be logged separately as "called in from home."</p>
<p>How should the residents/fellows days off be scheduled?</p>	<p>Residents should log the day that they were off with the duty type of "day off." If it is left blank, it is unclear if it was a day off or a day that you skipped logging.</p> <p>During that day off, there should be no at-home call assigned. If there was, it should be logged as "at-home" call. "</p>

Do residents/fellows need to log hours within NI if they have a day off or vacation ?	Yes, days off, including vacation, should be logged as time as “day off” within NI.
Why do I have to log my days off ?	This is how we monitor compliance with the requirement to have a minimum of one day in seven free of clinical work and required educational activities (when averaged over four weeks).
Does reading done in preparation for the following day’s cases, studying, and research done from home count towards the 80 hours?	No
If I go home for a nap or break prior to returning to complete my shift, how should I log it?	The entire time, when you arrived until when you go home at the end of the shift should be logged as “shift”. If you log it as 2 separate shifts, you will get a red flag for not having the required 8 hours between shifts.
I arrived at 5 am for a 24-hour shift that began at 6 am, what is needed to comply with the 24 + 4 requirement ?	The shift began at 5 am and so the max time for leaving is 9 am. Only 24 of those hours can be for caring for new patients, the final hours can only be used for handoff and documentation.
Can I be assigned home call on my day off ?	There may be some days when your only clinical/educational activity assigned is home call or back up call. However, you must have a minimum of one day in seven (when averaged over four weeks) free of clinical work and required educational activities including home or back-up call.
Is it allowable for programs to adjust schedules to allow for a golden weekend if it means having a stretch of more than 7 days without a day off ?	Yes, the intent of the 1 in 7 day off ACGME requirement provides flexibility for programs to distribute days off in a manner that meets program and resident needs.
My program director, chief or program admin called me to clarify my duty hours entry, how should I respond?	<p>This FAQ document was developed to help facilitate residents, fellows, and programs understanding the complexities of duty hour reporting in new innovations and the ACGME requirements. However, we know that some situations are confusing with logging and that not all will have reviewed the FAQ document.</p> <p>Contact from your program is for the purpose of clarifying the circumstances and issue that might have been a violation. Answer honestly to allow the program to learn and improve and to correct any logging that might have inadvertently been in error.</p>
Why do some rotations have me use a retrospective attestation form rather than logging daily?	In 2023 we piloted this in some programs for rotations that hadn’t had any duty hour violations as a way to reduce the burden of logging. It was valued by residents and fellows who participated and it was expanded to rotations all programs.
What if I am concerned about duty hours on a rotation that is using the retrospective attestation form?	<p>You always have the option of logging duty hours in the traditional way. Another option is using the GME feedback form (link here)</p> <p>Additionally, it is expected that if there is a concern about excessive workload and possible violations, residents/fellows should log to track and quantify. If rotation schedules change or the PD has concerns, that is another reason that the method of duty hour tracking may change.</p>