

Examples of Issues with Block Rotation Schedules

This document contains examples of both poorly-designed and well-designed block rotation schedules, with comments on specific issues to address both the issue and how to correct it. This handout can be used as a reference for creating block rotation schedules to ensure all necessary information is effectively included.

Poorly Designed Block Rotation Schedule and Explanations:

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 3	Inst. 1		Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 2	
PGY-1	Rotation Name	CCU	Wards	Wards	Green Team	Specialty	Blue Team	Elective	Med. Outpt	ER	ICU	Wards	Med. Outpt	Elective
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0
	Blook	1	2	3	4	5	6	7	8	9	10	11	12	13
	Block	•		<u> </u>	4	3	•	,	0		10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 2	Inst. 1			Inst. 1	Inst. 1	Inst. 3	Inst. 2	Inst. 1	
PGY-2	Rotation Name	Blue Team	Ward s	Wards	ER	Wards	Electiv e	Electiv e	Med. Outpt	CCU	Special ty	Wards	Med. Outpt	
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0
	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution		Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 1							
PGY-3	Rotation Name	Electiv e	Med. Outpt	Wards	ER	Specialt y	CCU	Electiv e	Resea rch	Rese arch				
101-3	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments: There are several issues that make this block schedule difficult to interpret.

1. Residents in this program (presumably) rotate to only three institutions. However, the institutions appear in each PGY in seemingly random order. It would be much more helpful to the Review Committee reviewing this program if rotations in a given year to a specific institution were batched. In other words, it is better to list all of the rotations to Institution 1, then all the rotations to institution 2, then all of the rotations to institution 3. Furthermore, if there are two rotations to the same assignment in the same year, those should be batched as well. For example, in the PGY-2 year, there are two rotations shown on "Wards" at Institution 2, but they are not shown consecutively. Were they, the Review Committee (and the program) could see at a glance how much time each resident is assigned in each institution during each year of the program.

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 3	Inst. 1		Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 2	
	Rotation Name	CCU	Wards	Wards	Green Team	Specialty	Blue Team	Elective	Med. Outpt	ER	ICU	Wards	Med. Outpt	Elective
PGY-1	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0
	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 2	Inst. 1			Inst. 1	Inst.	Inst. 3	Inst.	2 Inst.	1
PGY-2	Rotation Name	Blue Team	Wards	Wards	ER	Wards	Elective	Elective	Med. Outpt	CCU	Special	ty Ward	ls Med Outp	
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0
	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution		Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 1							
PGY-3	Rotation Name	Electiv e	Med. Outpt	Wards	ER	Specialty	CCU	Electiv e	Resea rch	Rese arch				
101-5	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

2. In this block rotation schedule, little thought appears to have been given to accurately representing the proportion of time a resident on a specific rotation devotes to outpatient experience. The "% outpatient" for every rotation is shown as 20%, including blocks in which no rotation is shown. It is conceivable, though not likely, that a resident on an ICU or CCU rotation would spend

20 percent of his or her time in outpatient experience. It is highly unlikely, however, that a resident on an ER rotation would spend only 20 percent of his or her time devoted to outpatients.

Similarly, there appears to have been little or no thought to accurately representing the proportion of time that a resident spends in research. Note that the percentage of time devoted to research on the research rotations is noted as zero.

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 3	Inst. 1		Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 2	
	Rotation	CCU	Wards	Wards	Green	Specialty	Blue	Elective	Med.	ER	ICU	Wards	Med.	Elective
	Name		vvalus	vvaius	Team	Specialty	Team	Elective	Outpt	EK	100	vvalus	Outpt	Elective
PGY-1	%	20	20	20	20	20	20	20	20	20	20	20	20	20
	outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	%	0	0	0	0	0	0	0	0	0	Ο	0	0	0
	Research	J	U	U	U		U	U	U	U	<u> </u>	U	U	J

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 2	Inst. 1			Inst. 1	Inst. 1	Inst. 3	Inst. 2	Inst. 1	
PGY-2	Rotation Name	Blue Team	Wards	Wards	ER	Wards	Elective	Elective	Med. Outpt	CCU	Specialty	Wards	Med. Outpt	
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution		Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 1							
PGY-3	Rotation Name	Electi ve	Med. Outpt	Wards	ER	Specialt y	CCU	Elective	Resea rch	Rese arch				
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

3. With no explanation provided to supplement the Block Rotation Schedule, the Review Committee would have no way to know what options are available to residents in this program for elective rotations or in what institution those elective rotations could be performed.

Similarly, "Specialty" is not sufficiently descriptive. This could be referring to one of dozens of subspecialties or subspecialties. The subspecialty or subspecialties available on these rotations should be specified in an explanatory note supplementing the Block Rotation Schedule.

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 3	Inst. 1		Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 2	
	Rotation Name	CCU	Wards	Wards	Green Team	Specialty	Blue Team	Elective	Med. Outpt	ER	ICU	Wards	Med. Outpt	Elective
PGY-1	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 2	Inst. 1			Inst. 1	Inst. 1	Inst. 3	Inst. 2	Inst. 1	
PGY-2	Rotation Name	Blue Team	Wards	Wards	ER	Wards	Elective	Elective	Med. Outpt	CCU	Specialty	Wards	Med. Outpt	
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution		Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 1							
PGY-3	Rotation Name	Electiv e	Med. Outpt	Wards	ER	Specialt y	CCU	Electiv e	Resea rch	Resear ch				
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

4. This Block Rotation Schedule uses one of the configurations shown as an option in ADS, which is 13 blocks per year. Thirteen blocks are utilized in the PGY-1 schedule noted. However, only 12 blocks are used in the PGY-2 schedule described, and only nine are used in the PGY-3 schedule.

It is perfectly acceptable to have rotations of varying lengths in different post-graduate years; in other words, four-week blocks (as seem to be presented for the PGY-1), calendar month blocks (as seem to be presented for the PGY-2), and 40.5-day blocks (as seem to be presented for the PGY-3). However, *the rotation block length should always be specified so that the Review Committee can have a clear understanding of the program*. This is particularly true if there are different rotation lengths in different post-graduate years. Looking at this Block Rotation Schedule as presented, the Review Committee would not be able to determine whether these rotation lengths provide an accurate description of a resident's clinical experience for each year.

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 3	Inst. 1		Inst. 1	Inst. 3	Inst. 2	Inst. 1	Inst. 2	
	Rotation Name	CCU	Wards	Wards	Green Team	Specialty	Blue Team	Elective	Med. Outpt	ER	ICU	Wards	Med. Outpt	Elective
PGY-1	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution	Inst. 1	Inst. 3	Inst. 2	Inst. 2	Inst. 1			Inst. 1	Inst. 1	Inst. 3	Inst. 2	Inst. 1	
PGY-2	Rotation Name	Blue Team	Wards	Wards	ER	Wards	Elective	Elective	Med. Outpt	CCU	Specialty	Wards	Med. Outpt	
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
	Institution		Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 1							
PGY-3	Rotation Name	Electi ve	Med. Outpt	Wards	ER	Specialt y	CCU	Electiv e	Resear ch	Rese arch				
	% outpatient	20	20	20	20	20	20	20	20	20	20	20	20	20
	% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

5. In addition to "Wards," rotations on "Green Team" and "Blue Team" are listed in Institution 1. While the nature, objectives, and personnel associated with the "Wards," "Green Team," and "Blue Team" rotations are likely to be well understood locally, those would not be at all clear to the Review Committee.

Rotations can be called by any name that a program wishes. And given limited space, abbreviations can be used in the Block Rotation Schedule. However, in order for the Review Committee to understand a program's block rotation schedule, a supplemental note in the schedule key should explain any abbreviations or local jargon used.

Effectively Designed Block Rotation Schedule

	Block	1	2	3	4	5	6	7	8	9	10	11	12	13*
	Institution	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1 ⁴	Inst. 1 ⁴	Inst. 2	Inst. 2	Inst. 2	Inst. 3	Inst. 3	Inst. 3
PGY-1	Rotation Name	CCU	Blue Team ¹	Wards	Green Team ²	Med. Outpt	Elective ⁴	Elective ⁴	ICU	Med. Outpt	Wards	ER	Specialty ³	Wards
	% outpatient	0	0	0	0	100	Variable	Variable	0	100	0	100	Variable	0
	% Research	0	0	0	0	0	Variable	Variable	0	0	0	0	0	0

PGY-2	Block	1	2	3	4	5	6	7	8	9	10	11	12**
	Institution	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1 ⁴	Inst. 1 ⁴	Inst. 2	Inst. 2	Inst. 2	Inst. 3	Inst. 3
	Rotation Name	Blue Team¹	CCU	Wards	Med. Outpt	Med. Outpt	Elective ⁴	Elective ⁴	ER	Wards	Wards	Wards	Specialty ³
	% outpatient	0	0	0	100	100	Variable	Variable	100	0	0	0	Variable
	% Research	0	0	0	0	0	Variable	Variable	0	0	0	0	0

	Block	1	2	3	4	5	6	7	8	9***
	Institution	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1 ⁴	Inst. 1 ⁴	Inst. 2	Inst. 2	Inst. 3
PGY-3	Rotation Name	Med. Outpt	CCU	Resea rch ⁵	Resea rch ⁵	Electiv e ⁴	Elective ⁴	Wards	ER	Speci alty ³
	% outpatient	100	0	0	0	Variab le	Variable	0	100	Variab le
	% Research	0	0	100	100	Variab le	Variable	0	0	0

See KEY (below)

Block Rotation Schedule KEY:

- *The PGY-1 year consists of 13 four-week blocks.
- **The PGY-2 year consists of 12 blocks comprised of one calendar month each.
- ***The PGY-3 year consists of nine rotations, each lasting 40 or 41 days.
- ¹ "Blue Team" at Institution 1 consists of inpatient (non-CCU, non-ICU) cardiology and pulmonary services, including in-patient consults.
- ² "Green Team" at Institution 1 consists of inpatient (non-ICU) endocrine and GI services, including in-patient consults.
- ³ "Specialty" rotations can consist of one of the areas listed below, depending on the interest or perceived need of the resident. The percentage of time devoted to outpatient activities in these specialties varies from zero (in clinical informatics) to 40 percent in most others. These rotations are clinical in nature. Therefore, there is no scheduled research time.
 - Cardiology
 - o Clinical Informatics
 - o Endocrinology
 - Gastroenterology
 - o Hematology/Oncology
 - Nephrology
 - o Pulmonary Medicine
 - o Rheumatology
- ⁴ "Elective" rotations can consist of any of the "Specialty" rotations (listed above) <u>or</u> of clinical quality improvement projects. Those residents electing to do clinical quality improvement projects during elective time spend 100 percent of their time in research and 0 percent if their time in outpatient activities. With rare exceptions for special circumstances, elective rotations occur at Site 1.
- ⁵ "Research" rotations entail no inpatient or outpatient responsibilities. Most residents do research in the form of QI projects. Some focus on case reports or clinical series.