Speaker 1: ([00:07](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=7.32))  
One tool vital to any graduate medical education training program is the block rotation schedule, also known as a block diagram. This block schedule or diagram is so-called because the structure of most ACGME accredited residency and fellowship specialty training experiences are usually scheduled in blocks of time each year. Every ACGM accredited program must provide an updated version of its block schedule to its specialty review committee. The purpose of a program's block rotation schedule is to describe the standard training experiences that every program trainee must complete in order to graduate. These standard experiences are defined by each of the ACGME specialty review committees and are detailed in each specialties program requirements. A well done block rotation schedule is extremely helpful to the review committee and understanding the structure of a program. The block rotation schedule summarizes in a concise format how much time a resident in a given program spends in each of the programs clinical sites, and clearly illustrates what specific experiences are gained at each of those sites.   
  
Speaker 1: ([01:13](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=73.32))  
Block diagrams are important to a program for a variety of reasons. First, the block rotation schedule helps the program ensure that each of the program requirements are being met. For example, the anesthesiology RC requires that all residents have a minimum of two months of experience in emergency medicine some time during their four years of training. This means that the block diagram is important not just to RCS as part of their annual program review, but to other people such as field staff when the program is scheduled for a site visit. The block rotation schedule is also useful when a program is contemplating or requesting a permanent increase in its resident compliment submission of sequential block rotation schedules for every year included in a program complement increase request helps the RC and the institution's graduate medical education committee understand the local implications of the requested increase. Equally importantly, it demonstrates to these committees that the program has thought through these implications in detail.   
  
Speaker 1: ([02:12](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=132.21))  
Finally, the information and best practices shared in this video are designed to help you create an effective high quality block diagram for submission to the specialty RC as part of your program's annual update. In addition, many certifying boards require that candidates have fulfilled certain educational requirements within a specific timeframe. Board requirements for aggregate clinical months differ across all specialties. It is important that block diagrams reflect specific timelines and the cumulative types of clinical experience according to their specialty needs. A program should structure its block rotation schedule to ensure that individuals completing that program have fulfilled any such requirements by the certification board. Finally, a well done block rotation schedule is also useful to the program when recruiting trainees. It gives a quick but detailed snapshot of what they could expect throughout the years of their training if they entered that particular program. A program's block rotation schedule shows each of the rotations that are resident will typically be assigned in each program year as she or he passes through a program. It thus shows the amount of time that the resident will spend on each of those rotations and the clinical sites in which those rotations will occur. A block rotation schedule is flexible in that it may show rotations as short as one week or as long as several months.   
  
Speaker 1: ([03:35](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=215.25))  
This is an example of an accurate and complete typical block rotation schedule. Let's highlight the important essential features by including these features. You should have a well-designed block rotation schedule to submit to the review committee. The name of the program and the 10 digit ACGME program number should be clearly indicated on the schedule. If the block rotation schedule spans to more than one page, the program name and numbers should appear on every page. Clearly identify the clinical sites in which the rotations occur. Either enter the name of the clinical site in each of the schedule blocks or identify each clinical site by a number. In this example, the clinical sites are identified by number. If you choose this option, be sure to provide a key listing, the name of the clinical site represented by each number. When numbers are used to identify the clinical sites, those numbers should be consistent with the numbers listed in the ACG MES ADSL participating site information.   
  
Speaker 1: ([04:31](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=271.47))  
The way in which each rotation is titled in the diagrams key makes a big difference to someone attempting to interpret the block rotation schedule. In some programs. Rotation names are those of colors or hospital wards or even individuals important to the institution. Alternatively, the name of a given rotation may not fit well in the block rotation schedule and is therefore abbreviated or made into an acronym. Shortened rotation names or names that have local significance should be clearly identified in the key accompanying the block rotation schedule. Another common issue that needs clarification in the rotation key are rotations that share the same name on the block diagram. In this example, the general surgery rotation at site two is described in the key as a general surgery service focusing on acute care surgery. In addition to providing community general surgery, the general surgery service at site three provides an emphasis on GI endoscopy as well as community general surgery.   
  
Speaker 1: ([05:31](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=331.82))  
In addition, the description in the diagram key should be descriptive enough for a reviewer or site visitor to identify which kind of experience required by the specialty program. Requirements are being fulfilled on which rotations. For example, GI endoscopy is required in all general surgery programs. Since there is not a rotation within this program that is exclusively devoted to GI endoscopy. It is very important for the review committee, a site visitor, and for potential residents to identify where this experience is available in the program. In this example, GI endoscopy is available during the general surgery rotation at site three when an elective or selective rotation is shown in the block rotation schedule, provide a list of all the alternative possibilities that may be pursued during those rotations and at what sites. Make sure each of the listed options are descriptive enough for a reviewer or site visitor to clearly identify the clinical experiences available during those elective or selective rotations.   
  
Speaker 1: ([06:32](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=392.25))  
A block rotation schedule is also used to convey other important information about the structure of the program. For instance, it shows the approximate amount of time that a resident will spend during any given rotation on the inpatient service in the outpatient arena or doing research on any given rotation indicating the presence of other learners who have the potential to interfere with the learning opportunities for residents is sometimes important to a specific review committee and may be incorporated into the block rotation schedule. There are a few common errors people make in designing their block rotation schedules. By far the most common mistake is to submit the program's resident's schedule, which shows which resident is scheduled on which program rotation during a given period of time. Trainees specific rotation schedules are commonly used by programs as a tool for residents, faculty, and others, but local rotation schedules are not blocked rotation schedules and are not what is requested by the ACGME.   
  
Speaker 1: ([07:28](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=448.55))  
An effective block rotation schedule never shows individual resident names and does not depict the individual rotations or clinical experiences that will be followed by the program's trainees. With these guiding principles in mind, take a fresh look at your program's block rotation schedule. Does it have all the information needed to clearly convey the nature and scope of all the clinical experiences a program offers its trainees. In summary, your program's block rotation schedule should show the ACGME program name and number. It should clearly identify each and all clinical sites either by name or its ADS participating site number. The directors for each site should be listed clearly. Explain any abbreviations, local names or jargon used in the diagram and be sure to differentiate between the clinical experiences or site of rotations with the same name. Finally, your key should identify the clinical experiences on each rotation.   
  
Speaker 1: ([08:24](https://www.temi.com/editor/t/vDTQF3_B9nB7pxhfFzq5eSKe4xMMRHVkagb7YHk5_BdMq1Q3sjh9g_VhwEoABtub59IujoLBYd0zsTPitJAEpsAKdKw?loadFrom=PastedDeeplink&ts=504.2))  
If competition with other learners is an issue for your program, taking the time to list and identify the other residents, fellows and medical students on a rotation can be a big help as a final piece of information to include. It's a best practice to treat the block rotation schedule as a living document. Things inevitably change over time and programs and it is a good idea to review your block rotation schedule at least annually and update it as necessary. This practice makes it easier for you and your sponsoring institution. When it comes to a variety of administrative decisions. Finally, whenever you have any questions about the design of your programs, block rotation schedule, or other required clinical experiences for your specialty, contact your executive director, associate executive director or accreditation administrator, they're always happy to provide additional guidance on how to create an effective block rotation schedule. Thank you for joining us and for your commitment and contribution to graduate medical education.