

# Rotation Scheduling

Is there merit in changing:

from 12 x 1 month blocks

to 13 x 4 week blocks

# Current Scheduling

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- Adult Medicine programs
  - ▣ 12 x 1 month
- Paeds programs
  - ▣ 13 x 4 weeks
- Surgical Programs
  - ▣ 1<sup>st</sup> year – 12 x 1 month blocks
  - ▣ 2-5<sup>th</sup> years – change 1<sup>st</sup> of the month
  
  - ▣ Etc.....

# Internal Medicine Rotations

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- Scheduling for

- 200 Int med residents / month

- 100 “off service” residents/month

- Anaesthesia - 18 residents/month

- Family medicine – 12 residents/month

- OB/Gyne - 1-2 residents/month

- Psych – 6-8 residents/month

- Gen Surg – 8-10 residents/month

- Paeds - 1.5 residents/month

- PGY 1 entry medicine type programs – 17 residents/month

# Reasons to consider 13 blocks

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- Royal College is flexible
- Scheduling around 16 hr max work day
  - ▣ 2 week blocks of night float
- More core requirements
  - ▣ 13 blocks allows optimum resident choice
- Aligns us with all other IM programs

# Questions

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- Is this feasible for programs that interface with medicine?
- What are the down sides?