

Rotation Scheduling

Is there merit in changing:

from 12 x 1 month blocks

to 13 x 4 week blocks



Current Scheduling

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

 - ▣ Etc.....

Internal Medicine Rotations

- 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

- 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

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