

A large red square with a white border is centered on the page. Inside the square, the text "Block Schedules - Tips, Tricks, and Solutions" is written in a white, serif font.

**Block Schedules - Tips,
Tricks, and Solutions**

Why are we here?

Who we are:

- Members of the Block Schedule Committee, a sub-committee of the MMCGME Operations Committee

Goals for the day:

1. Review what a block schedule is and how it impacts you, your trainees, and the program as a whole.
2. Demonstrate a few tips, tricks and solutions for common barriers and ways to streamline your work using RMS.
3. Learn more about your specific needs and concerns

Note - Some of this may be a review for seasoned coordinators. The goal is to (hopefully) bring a few new items or perspectives to the table and to hear from you about what else might be helpful!

Background Information

- One of the main benefits of RMS is the potential that it holds to make sure everyone is on the same page. The goal is that it can be a common source of truth that provides us an opportunity to streamline our work, house accurate information, and make the lives of our trainees a bit easier.
 - Now that programs are moving to rotation protocol, accurate, up-to-date block schedules are extremely important. Your program's FTE's are based on what is in the block schedule. Inaccurate schedules will result in inaccurate billing/funding.
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What is a block schedule?

Block schedules are a picture of a trainee’s annual schedule, broken down into intervals, to designate each specific rotation experience and training location throughout the entire academic year. The block schedules impact a variety of areas in RMS.

Block Schedules impact the following areas of RMS:

- Evaluations
- Curriculum
- Duty Hours
- Conferences
- Assignment Schedules
- Finance / IRIS

PRG 1 (Emergency Medicine)													
Baron, S	EM:BURN	TOX	EM:TRAUMA	Emergency	EM: COMMUNITY MEDICINE	VA TOX	DM:ID:ID	Women	CCU	OB:OB & GYN	TOX	EM:TRAUMA	
Bashir, M	ANES	Gastro	PEDS	Endo Consults	DM:ENDO-Green/Union (Monthly)	EM: COMMUNITY MEDICINE	Emergency	EM VA	Patho Phys	PEDS	TOX	EM:TRAUMA	
Caputo, E	EM:BURN	EM:BURN	EM:BURN	Patho Phys (10/1 - 10/15) PEDS (10/16 - 10/31)	EM:TRAUMA	PEDS	EM:BURN	Emergency	Patho Phys	EM: COMMUNITY MEDICINE	EM:TRAUMA	Women	
Collins, M	DM:ENDO-Green/Union (25%/50%)	EM: COMMUNITY MEDICINE	EM:BURN	Emergency	Patho Phys	EM VA	PEDS	TOX	VA TOX	EM:TRAUMA	EM: COMMUNITY MEDICINE	EM:BURN	
Craft, S	EM:BURN	EM:TRAUMA	VA TOX	EM:BURN	DM:ID:ID	Amb	EM: COMMUNITY MEDICINE	EM:TRAUMA	TOX	PEDS	VICU	EM:TRAUMA	
Fawcett, A	EM VA	Shallward	EM:BURN	EM:TRAUMA	SURG	Amb	PEDS	Shallward	DM-ENDO-OUTPATIENT	Emergency	VICU	EM:BURN	

Block Schedules Explained



Why do block schedules matter to me?

If you want your trainees' schedules to proceed as planned, affiliate site staff need to know they are coming.

- Parking, meal cards, EMR access, and onboarding requirements are all tied to affiliate staff being aware that a trainee will be rotating with them.
- If site staff aren't ready for a trainee, it can delay their start date and trainees could miss out on valuable learning experiences.

Relationships matter

- If a trainee is expected and site staff are ready, everyone's experience is much smoother and more positive.

Block schedules impact billing

- With rotation protocol in full swing, block schedules are tied to FTE's. Accurate block schedules mean that your programs have an accurate representation of where people train and that is tied to available funding. Block schedules need to be updated as soon as there are any changes.
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Why do block schedules matter to me?

Accreditation Requirements

- Accurate block schedules can be a source of truth to both ensure accreditation requirements are met and to demonstrate that they are met when self studies or site visits are scheduled.
- Block schedules are tied to evaluations - another important component of maintaining accreditation. Even if your program does not use evaluations, other programs/sites may rely on your rotations to evaluate trainees on their experience.

Access

- Every necessary player has access to RMS and the same information can be seen by all. This is especially helpful if someone is sick or leaves their role.
 - Information is organized the same from program to program in RMS. This makes it easier to access and find pertinent information.
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May 1st Deadline

- At least the first quarter of the academic year should be in the block schedule by May 1st for sites training at the VA.
- This allows ample time for the extensive onboarding required by federal law at the VA as well as prepare checklists and process onboarding documents and questions with enough time to get trainees up and running on their first day.
- As trainees are often in the process of moving and starting new programs, this gives time for questions and issues to be resolved without impacting their start dates.



June 1st Deadline

- At least the first quarter of the academic year should be in the block schedule by June 1st for sites other than the VA.
- This allows time for sites to prepare checklists and process onboarding documents and questions with enough time to get trainees up and running on their first day.
- As trainees are often in the process of moving and starting new programs, this gives time for questions and issues to be resolved without impacting their start dates.



Common Barriers and Possible Solutions

Barrier: We haven't heard final FTE numbers for the upcoming academic year.

Possible Solution:

- Rely on last academic year's information and build the block schedule based on that. Historically, there is not a drastic shift from one year to the next.
- Take into account changes you know will be coming - such as a site verbally agreeing to fund more time for a given program.



Common Barriers and Possible Solutions

Barrier: We won't know the final block schedule until after the deadline.

Possible Solution:

- Enter as much as you know.
- Connect with individuals building the schedule to see if they have a tentative schedule in place.
- When necessary, add a placeholder that will at the minimum tie the trainee to the location and spur the onboarding process (if site approves of this method).
- Connect with team to talk about moving up the process of building the block schedule to an earlier point in the year in an effort to meet the deadline.

Caveat - Communication between sites and UMN programs is key!

Common Barriers and Possible Solutions

Barrier: Staff member (site or UMN) does not utilize the RMS block schedule to see who is rotating at their site or to show who they are sending, respectively.

Possible Solution:

- If they do not have access to RMS, email rmshelp@umn.edu to request access for them. We are happy to help train them to use the software.
- If they have access but do not want to use the system, please contact MMCGME and let us know. We will work with the leaders to create a resolution.



Sending your trainee to another location?

Abbott Northwestern:

- ABNW must appear in the rotation name.
- RMS rotation reports ran quarterly, but monthly checks are done to make sure no one gets missed
- Checklists not currently used, but no one can start until they are onboarded and have had Excellian (EMR) training, which could take 2-3 days.
- Schedule changes should be communicated via phone or email.

Children's Minnesota:

- CHSP, CHMS, or CHCM MUST appear in the rotation name, even if they are rotating at Children's for a day. Check with your trainees to make sure you know every rotation that has time spent at Children's.
 - 2-3 months notice of a rotating trainee is preferred in order to complete the onboarding process.
 - Please be sure your trainee has their checklist complete BEFORE their rotation starts!! This helps ensure a smooth process for the trainee and hospital staff.
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Sending your trainee to another location?

Children's Hospital, continued:

- For schedule changes please email medical.education@childrensmn.org.
- Trainees come from over 50 programs every year, so meeting the June 1st deadline is extremely helpful. If the block schedule is entered for the entire year only one report would need to be run on June 2nd. Staff would know exactly who is coming and when at the beginning of the year and onboarding could be completed on time.

Hennepin Healthcare:

- Include HCMC in the rotation name. Staff rely on RMS for rotation reports.
 - A trainee's onboarding is delayed if they show up unexpectedly. They need to receive clearance and complete yearly mandatory compliance training if this is their first time at HCMC.
 - Food money is based on a RMS rotation report, so HCMC needs to be in the rotation name (be sure to have call as a secondary rotation included in the block schedule, even if it's for one day!).
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Sending your trainee to another location?

Regions Hospital:

- If possible, only use RGHP rotations for the exact dates a trainee will be there (for example, if a rotation name has multiple locations listed, Regions does not know exactly when the trainee is going to be there, so if possible please use a Regions only rotation for the dates they will be there).
- RMS reports are run to pull pager numbers and other information.
- One month's notice is needed prior to trainee start. If enough notice is not given, EMR access is delayed. Trainees can start, but they are mostly waiting around and are not able to be actively learning.
- Email or call when there are schedule changes - personal communication is appreciated to ensure changes are dealt with as needed.

United Hospital:

- Be sure UNTD is in the rotation name. A rotation report is ran monthly to see who will be rotating there. If a rotation is added late and will not get picked up in the report please contact the site.
 - Need 3-4 weeks notice to make sure there is enough time to schedule Epic training and other onboarding items.
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Sending your trainee to another location?

United Hospital, continued:

- Preference to do all onboarding at the beginning of the academic year, so meeting the June 1st block schedule deadline is helpful.

VAMC:

- VAMC must be in the rotation name.
 - Pager numbers must also be entered in RMS.
 - Rotation reports are run every other week.
 - Unexpected trainees (depending on whether or not they have been to the VA before) can experience as much as 3-4 week delay with the new processes in place. A 6 week advanced notice is preferred. If a rotation will be happening sooner please email your site contact. All requirements must be completed in a timely manner or they trainees cannot be on site.
 - Many services at the VA prefer to onboard trainees at the beginning of the year, with the first to rotate having higher priority. If block schedules are released mid to late June it will lengthen the time frame for processing.
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Sending your trainee to another location?

VAMC, continued:

- Depending on the service, meal stipends are tied to the block schedule. A report is ran every two weeks and stipends will be amended.

Common Threads:

- Use location code in the rotation name.
 - Call or email site contact with changes that occur on short notice to ensure they are aware.
 - Enter pager numbers into RMS.
 - Give everyone enough time to complete onboarding requirements
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Problems? Comments?

What barriers, problems, or concerns haven't we covered?

What did you see in this presentation that just won't work for you and your program or role?

Anything in RMS you'd like to learn more about that could help streamline your work?

Any RMS tips you've learned that you think might help others?

What systems are you using outside of RMS? Can they be integrated?

Do you use custom reports?

Resources

[Introduction to RMS Handbook](#) (see pages 27-36 for information on the importance of the block schedule and how to create/edit schedules)

[Block Gaps in RMS](#) (PowerPoint)

[RMS Training](#) (sign up for ad hoc training, access training guides)

[Pingboard](#) (MMCGME community directory. Username: mmcgm@umn.edu; Password: mmcgm2017)

[MMCGME Block Schedule Subcommittee Charter](#)

Thank you!

MMCGME Services

- RMShelp@umn.edu
- 612-624-0750
- www.mmcgmeservices.org

Block Schedule Committee Chair:

- Carly Anderson - ande3102@umn.edu or 612-626-4913
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