

MMCGME Block Schedules Supplemental Information

Introduction

All Graduate Medical Education (GME) programs must enter their academic year block schedule into the Residency Management System (RMS). The RMS is used across all of the MMCGME participating sponsoring institutions to manage GME resident and fellow data and required documentation, record block schedules and manage the reimbursement billing process, among other key features. A block schedule displays information (including rotation start date, rotation end date, and scheduled rotation location) about residents/fellows rotating to different hospitals and clinics and their respective services throughout the academic year. It's very important that block schedules are accurate. Hospital and clinic sites rely on block schedules to prepare for a resident/fellow rotation. Resident/Fellow evaluations and calculations for government reimbursement are based on block schedules as well.

Responsible Parties

Designated program administrators are responsible for managing block schedules for residents/fellows within their program. It is ultimately the responsibility of each program coordinator to ensure that all block schedules for residents/fellows within their program are accurately entered in RMS within the designated timelines and are maintained for accuracy. Program coordinators must also ensure that any program block schedule changes are reported to the sites affected.

Site coordinators are responsible for running reports in RMS after their site's respective block schedule entry deadline to inform them of which residents/fellows will rotate to their sites, and for preparing for all resident/fellow rotations at their site. MMCGME Services can work with sites to create custom reports that pull necessary resident/fellow onboarding data from RMS. Site Coordinators are also responsible for reviewing and responding to block schedule change requests and reporting block schedule errors to MMCGME Services (MMCGMEhelp@umn.edu).

Comprehensive Block Schedule

A comprehensive block schedule consists of:

- Every day of the academic year must be accounted for with a Primary Rotation
- Rotation Naming Standards are as follows:
 - Example: UMN-PEDS-CARDIOLOGY-ECHO-UMMC
 - UMN = institution/site which sponsors the training program
 - PEDS = abbreviated name of the department (Pediatrics) that "owns" the program (aka 'division' – which is New Innovation's term)
 - CARDIOLOGY = name of the training program (note: many of the training program names are long, so they may be abbreviated)
 - ECHO = rotation name

- UMMC = site where rotation occurs (note: a rotation may occur at more than one site, so all sites may be listed or “Multi” may be used to indicate multiple sites – it is important to include the abbreviations of those multiple sites in the rotation names)

Block Scheduling Create/Edit

Create/Edit Rotations

Person: Baker, Thomas Eugene Academic Year: 2016-2017

[Access All Faculty](#)

Include Archived People Include Archived Rotations in the List Below

Create rotation intervals using one of these options:

[Option One:](#) Add default intervals for the selected academic year.

or

[Option Two:](#) Add default intervals for the selected academic year one interval at a time.

or

[Option Three:](#) Add a new interval.

[Deleted Rotation History](#) | [Delete All](#)

| Rotations | Edit | Start Date | End Date | Rotation | Department | Division | Status | PGY | Program | Rotation Pager | Personal Pager | Primary | Compensation Status | Notes | History |
|------------------------|--------------------------|------------|------------|--------------------|-------------------------------|----------------------|--------|-----|-----------------|----------------|----------------|----------------------------------|---------------------|-------|-------------------------|
| Delete | <input type="checkbox"/> | 7/1/2016 | 7/31/2016 | FM-SportsMed-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 8/1/2016 | 8/31/2016 | FM-MedA-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 9/1/2016 | 9/30/2016 | FM-MedB-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 10/1/2016 | 10/31/2016 | FM-MedC-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 11/1/2016 | 11/30/2016 | FM-AmbGyn-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 12/1/2016 | 12/31/2016 | FM-Card-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 1/1/2017 | 1/31/2017 | FM-Card-VA | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 2/1/2017 | 2/28/2017 | FM-ComMed-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 3/1/2017 | 3/31/2017 | FM-ComMed-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 4/1/2017 | 4/30/2017 | FM-ComMed-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 5/1/2017 | 5/31/2017 | DMIM-WOMENS HEALTH | Department of Medicine | DM-Internal Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |
| Delete | <input type="checkbox"/> | 6/1/2017 | 6/30/2017 | FM-ComMed-SC | Department of Family Medicine | FM-Family Medicine | PRG 3 | 3 | Family Medicine | --- | --- | <input checked="" type="radio"/> | C3 | | History |

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Block Schedule Entry Deadlines

Each academic year, the designated program administrator must enter complete academic year block schedules into RMS by the appropriate deadline. There is a deadline for the first quarter block schedule entry and a deadline for the whole academic year block schedule entry. MMCGME Services will send deadline reminders via email each year. *See [deadline information here](#).*

Generic placeholders may be used for rotations that are unknown prior to the academic year block schedule entry deadline; however, all placeholders must be updated at least 6 weeks in advance of the resident/fellow’s rotation start date. The [Block Schedule Training Manual](#) includes instructions for block schedule entry.

Block Schedule Changes

Any block schedule changes made after the academic year block schedule entry deadline must be communicated to the appropriate site coordinator 60 days or more in advance of the rotation start date. As outlined in the Block Schedule Changes procedure, changes within 6 weeks of the rotation start date must result in a change request. All change requests must follow the Change Request Procedure unless an exception is granted by MMCGME services. Change requests will be reviewed by the appropriate site coordinator who has the authority to approve or deny change requests. It is the responsibility of the site coordinator to review and respond to all change requests as outlined in the Block Schedule Change Request Procedure.

Vacation and Leave Entry

Vacation time can be recorded on the block schedule as a non-primary rotation.

Extends training:

If a trainee is on a Leave of Absence and their training will extend because of it, then the MMCGME-TIME AWAY EXTENDS rotation should be entered in the block schedule for the duration of the leave. This rotation should appear in the block schedule without any other rotations appearing in the block schedule for that time period and be marked as **Primary**.

Does not extend training:

If a trainee's leave of absence does NOT extend training, a Primary rotation should be listed in the block schedule for where the program expected the trainee to be if they were not on leave. A **secondary** rotation should be entered as non-primary to indicate the leave of absence.

MMCGME has the following Non-Primary Rotations that can be used:

These rotations must have a primary rotation that covers the time. When using these rotations, the primary checkbox must be unchecked. They can be used for tracking time away for the programs.

| Rotation Name |
|---|
| MMCGME-MEDICAL, CAREGIVER OR PARENTAL LEAVE (NON-PRIMARY ROTATION ONLY) |
| MMCGME-PERSONAL LEAVE (NON PRIMARY ONLY) |
| MMCGME-PROFESSIONAL CONFERENCE (NON-PRIMARY ROTATION ONLY) |
| MMCGME-SICK (NON-PRIMARY ROTATION ONLY) |
| MMCGME-SICK HALF DAY (NON-PRIMARY ROTATION ONLY) |
| MMCGME-VACATION (NON-PRIMARY ROTATION ONLY) |
| MMCGME-VACATION HALF DAY (NON-PRIMARY ROTATION ONLY) |
| MMCGME-TIME AWAY-DOES NOT EXTEND (NON-PRIMARY ROTATION ONLY) |

Block Schedule Compliance

MMCGME Services will monitor block schedule gap reports monthly and notify program administrators via email of any gaps that exist for their program. Gaps must be corrected as soon as possible. MMCGME Services will provide guidance to programs on correcting gaps. MMCGME Services will also review reported block schedule errors, notify the program administrator, and work with them to correct the error. MMCGME Services will monitor gap and error reports and can escalate repeated errors and gaps to Program Leadership and GME Leadership.

Block Schedule Error Reporting

All block schedule errors must be reported to MMCGME as soon as possible via email (mmcgmehelp@umn.edu). It's important that MMCGME is notified of all errors, as there could be CMS/CHGME reporting corrections and financial implications to errant data entry.

Block Schedule Training

All new program directors and administrators are required to complete block schedules training through MMCGME Services as part of their onboarding process. Central GME Offices at each of the sponsoring institutions are required to report to MMCGME Services when there are new Program Administrators or Directors so that they know when and with whom to schedule training. MMCGME Services will schedule training with all new Program Administrators and Directors. Training completion will be tracked by MMCGME Services. Additional block schedule training may be required on an as-needed basis.

Non-Compliance

If a program or site does not meet the requirements embedded in this policy (and listed below), Program Leadership and the relevant central education office may be notified. This includes not:

- Meeting the academic year block schedule entry deadlines
- Eliminating block schedule gaps
- Correcting block schedule gaps in a timely manner
- Updating placeholders 60 days or more prior to the resident/fellow rotation start date
- Communicating changes made to block schedules after the academic year block schedule entry deadline
- Responding to block schedule change requests promptly
- As well as repeated requests to change block schedules within 60 days of the rotation start date
- Using RMS to pull reports on which residents/fellows will be rotating through

It is the responsibility of each individual involved in block schedule processes to communicate any concerns in the ability to adhere to this policy to MMCGMEhelp@umn.edu.

Impacts of Incorrect Block Schedules:

The impacts of incorrect block schedules could include but are not limited to:

- Delays in starting resident/fellow rotations
- Delays in systems access

- Lack of faculty/provider availability for rotating residents/fellows
- Billing errors/incorrect reporting to CMS
- Loss of funding for the clinical sites
- Loss of funding for the program
- Lack of resident/fellow doesn't get evaluated (for those programs using RMS for evaluations since they are directly tied to the block schedules)
- Poor resident/fellow experience
- Patient safety concerns
- Increased administrative burden

Related Resources:

- [Block Schedule Deadlines](#)
- [Block Schedule Training Manual](#)
- [MMCGME Services Website](#)

Definitions:

- **MMCGME Services** - The Metro Minnesota Council on Graduate Medical Education (MMCGME) develops communities within graduate medical education in the Minneapolis and St. Paul metro area. Our mission is to strengthen collaboration with GME through centralized state-of-the-art information systems, critical administrative processes, core curricula, and universal policies that promote member organization's teaching programs.
- **Generic Placeholders**
- **Academic year block schedule entry deadlines** - More information is available on the [MMCGME Services website](#).
- **Gaps** - date range within a Block Schedule with no rotation entered; no primary rotation listed or an "unspecified" rotation (one with no configuration of rotation sites)
- **Gap Report** - a report run in the Residency Management Suite (RMS) software that indicates date ranges where either: no rotation is entered, the rotation entered is not marked as "primary" or an "unspecified" rotation (one with no configuration of rotation sites) is entered.
- **Designated Program Administrator** - The individual within each GME program responsible for entering/updating accurate and timely block schedules in RMS.
- **CMS/CHGME Reporting** - The process of submitting block schedule data to the Centers for Medicare & Medicaid Services (CMS) and Children's Hospitals Graduate Medical Education Payment programs. These programs provide federal funding to support eligible GME training. This process is managed by MMCGME Services on behalf of its member institutions.
- **Complete academic year block schedule** - The block schedule that spans the entire duration of the academic year.
- **Program Leadership** - Program Leadership may include the Program Director, Associate Program Director, Education Manager, Department Chair.
- **GME Leadership** - GME Leadership may include the Designated Institutional Official (DIO)/Associate Dean of Graduate Medical Education, the Director of Graduate Medical Education, and any of their direct reports.