

Guide for Construction of a Block Diagram Review Committee for Internal Medicine

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram displays the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of the program’s block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the participating site in which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, provide clarifying information as a footnote to the block diagram.
- The site numbers listed in the ACGME’s Accreditation Data System (ADS) should be used to create the block diagram.
- When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time a resident spends in outpatient activities should be noted.
- If the block diagram does not clearly depict 10 months of outpatient (Program Requirement IV.C.3.c).(1)), provide an explanation directly below the block diagram and label it “Clarifying Notes.” Additional information to aid in understanding your program’s block diagram may be included in this section as well.
 - Clinical experiences in the following settings may be used to fulfill the outpatient requirement: general internal medicine continuity clinics; internal medicine subspecialty clinics (e.g., HIV clinic); non-medicine clinics (e.g., dermatology or physical medicine and rehabilitation clinic); walk-in clinics; neighborhood health clinics; home care visit programs; urgent care clinics; and ambulatory block rotations. In short, all things listed except emergency medicine can be used to fulfill the outpatient requirement.

- Time devoted to the longitudinal continuity experience can count towards the minimum required 10 months of foundational experiences in the outpatient setting. For the purposes of this calculation, a month is equivalent to four weeks, 20 days, or 40 half-days. For example, 40 half-day continuity clinic sessions would equal one month of outpatient experience.
 - Regarding the outpatient and continuity program requirements, programs should keep in mind that continuity clinic activities count towards the outpatient minimum time requirement but are not anticipated to be the sole component of a resident's time spent in outpatient activities. Some examples are:
 - A program that has residents spending two weeks on a rheumatology office/outpatient rotation would have those two weeks counted toward the minimum outpatient requirement.
 - A program that has residents on rotations that involve both inpatient and outpatient experiences will need to make an assessment of what portion of the residents' time is spent in each of these areas, much like they do currently in completing the block diagram.
 - A program that has residents performing subspecialty or continuity or non-continuity clinic visits using telemedicine can count that time toward the minimum outpatient requirement.
 - For a program using X + Y scheduling, if the residents' activities during the Y weeks ("ambulatory block rotations") are outpatient-related, the entire time should count toward the outpatient requirement. Specifically, all patient management activities and didactics related to outpatient topics during such ambulatory block rotations count toward the minimum.
 - Program directors do not need to parse out and count only continuity clinic time toward meeting the minimum in this area.
- The block diagram should clearly identify at least six months of individualized learning. (Program Requirement IV.C.3.d))
 - Clinical rotations for some specialties may also include structured research time. The fifth row of the block diagram should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should not be associated with a participating site.
 - Provide a key or legend for all abbreviations included in the block diagram.

Sample Block Diagrams

Sample Block Diagram 1

In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3					
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	0	0	0	40	0	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Sample Block Diagram 2

In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3					
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	0	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

X + Y Sample Block Diagrams

Refer to the following examples as a guide for translating an X + Y schedule into the model of a block diagram.

Note: These examples allow for a “waiver” of the expectations that experiences should be grouped by site and that the diagram should not necessarily represent the order of experiences. If the program uses an X + Y schedule, the Review Committee for Internal Medicine would prefer to see the block diagram in the X... Y... X... Y... format, as shown in the examples below.

Sample 1: 4+1

Block	1-4	5	6-9	10	11-14	15	16-19	20	21-24	25	26-29	30	31-34	35	36-39	40	41-44	45	46-49	50	51-52
Site	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Rotation Name	Wards	Clinic	Pulm	Clinic	Cards	Clinic	Wards	Clinic	HemOnc	Clinic	Neuro	Clinic	Wards	Clinic	MICU	Clinic	NF	Clinic	Elec	Clinic	VAC
% Outpatient	0	90	30	90	30	90	0	90	30	90	30	90	0	90	0	90	0	90	30	90	
% Research	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	5	10	

Sample 2: 4+2

Block	1-4	5-6	7-10	11-12	13-16	17-18	19-22	23-24	25-28	29-30	31-34	35-36	37-40	41-42	43-46	47-48	49-52
Site	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rotation Name	Wards	Clinic	Consults /MICU	Geri	Wards	Clinic	HemOnc /Consults	Clinic	CCU /NF	Clinic	Cards	ER	MICU /Consults	Clinic	Wards	Clinic	VAC
% Outpatient	0	90	0	20	0	90	20	90	0	90	0	0	0	90	0	90	
% Research	0	10	0	0	0	10	0	10	0	10	0	0	0	10	0	10	

Sample 3: 3+1

Block	1-3	4	5-7	8	9-11	12	13-15	16	17-19	20	21-23	24	25-27	28	29-31	32	33-35	36	37-39	40	41-43	44	45-47	48	49-51	52
Site	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Rotation Name	Wards	Clinic	ED	Clinic	NF	Clinic	Renal Cons	Clinic	Hem Onc	Clinic	CCU	Clinic	Geri	Clinic	Wards	Clinic	NF	Clinic	Pulm	Clinic	Wards	Clinic	Elec	Clinic	Wards	VAC
% Outpatient	0	90	0	90	0	90	0	90	30	90	0	90	30	90	0	90	0	90	30	90	0	90	30	90	0	
% Research	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	

In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken.