

Guide to Construction of a Block Diagram for the Transitional Year

Transitional Year Review Committee



Block diagrams are intended to provide the Review Committee with a clear visual understanding of the educational experiences provided to each resident during the transitional year program. Specificity is essential. The template that follows outlines the minimum information needed for the Review Committee's consideration.

If a rotation is taken to fulfill the required 24 weeks of fundamental clinical skills experience, the ACGME-accredited categorical program should be noted. For example, if a general surgery rotation occurs in an ACGME-accredited family medicine program, the entry should be designated as "GS/FM." If the rotation occurs in an ACGME-accredited general surgery program, the entry should read, "GS."

Use the following abbreviations: EM = emergency medicine; FM = family medicine; GS = general surgery; IM = general internal medicine; OB/GYN = obstetrics and gynecology; PEDS = pediatrics.

If a rotation is not at a participating site, or is not in an ACGME-accredited categorical program, it should be indicated by an asterisk.

Ambulatory care experiences must be in family medicine, primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics. Only ambulatory clinical experiences delivered as a single block should be documented in the block diagram. If the ambulatory requirement is conducted as a longitudinal block, this should be indicated and explained below the diagram.

- Two common models of the rotation blocks exist: the first is organized by month; the second divides the year into 13 four-week blocks. Programs are not limited to these models.
- 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 or elsewhere in the document.
- **Group rotations by site**. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram under "Additional Information." Elective rotations do not require a participating site.
- Clinical rotations may also include structured ambulatory care time. For each rotation, note the number of hours a resident spends in ambulatory care activities.
- If a block is purely research, it should be labeled as such, and should *not* be associated with a participating site.

Create and upload a PDF of the program's block diagram using the Template-Block Diagram that follows as a guide. Direct any questions about your block diagram to Transitional Year Review Committee staff members.

TEMPLATE – BLOCK DIAGRAM

Include Program Name and ACGME Program ID

Please reference the [Program Requirements for Transitional Year](#)

Block	1	2	3	Etc.
Site				
Rotation Name				
Fundamental Clinical Skills Rotation (Y/N)				
Elective or Required				
Weeks of Inpatient Care (Not including Critical Care)				
Hours of Ambulatory/Outpatient				
Vacation Permitted (Y/N)				

Additional Information:

Electives (list all available)	
Maximum number of vacation days permitted for the training year	
List all sites corresponding to the sites listed in the diagram above (<i>site numbers should correspond with sites listed in ADS</i>)	1. 2. 3. Etc.
If the ambulatory requirement is met by a longitudinal experience, explain how & where this occurs	
Explain any abbreviations used above	
If applicable, describe any innovative schedules used to meet requirements	

Contact Transitional Year Review Committee staff members with any questions, or to ask one of them to review your program's block diagram.