**Resident Schedules**

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*General Considerations (Note: using data from ACGME guidelines that were released in February 2024 for implementation in July 2025. This chapter may need adjustment.)*

Introduction

Effective scheduling is not merely a logistical puzzle but a key determinant of a thriving educational environment. It is incumbent upon program leadership to craft schedules that balance clinical exposure, individualized training, academic pursuits, and resident well-being. In this chapter we delve into the overarching requirements, as well as the intricacies involved in resident schedules.

Overall Structure

While the ACGME guidelines dictate the general structure of the residency program, they provide some flexibility to accommodate program specific needs. When making a schedule, the following considerations must be considered.

* The schedule may be structured as either a block system, a longitudinal system, or a combination of the two.
* Amounts of time are designated as “weeks”, and the definition of a “week” is a minimum of eight half days, allowing time for scheduled didactics or longitudinal experiences.
* In a three-year residency program, the curriculum must include:
  + A minimum of 40 weeks of ambulatory care experiences, including community pediatrics and child advocacy
    - 8 weeks general ambulatory care
    - 4 weeks ambulatory subspecialty experience (must be in first 18 months of residency)
    - 4 weeks adolescent medicine
    - 4 weeks mental health
    - 4 weeks developmental-behavioral pediatrics
    - 12 weeks emergency medicine and acute illness (8 weeks must be in the ED)
  + A minimum of 40 weeks of inpatient care experiences
    - 24 weeks inpatient medicine, with a minimum of 16 weeks on a hospitalist or general pediatrics service
      * Remaining time must be on general/hospitalist service, or other subspecialty services, with no more than 4 weeks spent on a single non-pediatric hospital medicine service
    - 12 weeks intensive care
      * 4 weeks PICU
      * 4 weeks NICU
      * 4 additional weeks of ICU experience, either PICU, NICU, or a combination of the two
    - 4 weeks newborn nursery
  + A minimum of 40 weeks of individualized curriculum
    - 20 weeks of at least 5 additional subspecialties beyond those used to meet inpatient and outpatient requirements (minimum of 1 week, maximum of 4 weeks)
    - 20 weeks of elective experiences
  + 24 weeks left to the discretion of the program
* There must be 36 half-day clinic sessions per year, and interval between sessions should not exceed 8 weeks.
* We encourage all program directors to thoroughly review the full ACGME requirements document listed in the Resources section.

Block Schedules vs. X+Y

Two common models for resident scheduling are block and X+Y. Determining the schedule system that works best for your program is one way to highlight the strengths of your program.

* Block system: This model has a consistent duration of blocks throughout the year (e.g., 13 four-week blocks or 26 two-week blocks). In this system, it is common for residents to attend continuity clinic sessions one half day/week, regardless of the rotation.
* X+Y system: This model has various rotations during the “X” block with no scheduled continuity clinics. The “Y” block has several scheduled continuity clinics that may or may not be paired with another type of longitudinal ambulatory experience.
  + Longitudinal experiences often include continuity clinic, community rotations, and ambulatory rotations, but there are also opportunities to get creative in the scheduling. Additional possibilities include longitudinal:
* Scholarly activity
* Advocacy
* Career exploration electives
* Outpatient subspecialty experiences
* Mental health experiences
* Adolescent medicine
* Many programs include academic half days or wellness days into the “Y” block
* Some of the traditional X+Y formats are 3+1, 4+2, 4+1, 4+4, 6+2, but other formats can be used based on your specific needs for your program

Backup Call Systems

Backup call, also known as sick call or jeopardy call, can be individualized by the program.

Possible backup call systems include:

* A “payback model”- when one resident calls out, they then “owe” a shift to the other resident or to the residency program.
* A “points” method, where calling out from a day shift is deemed separate than calling out from a 24-hour shift, and points are assigned accordingly. Residents are then required to do additional shifts when their “points” reach a certain threshold.
* A Jeopardy rotation, where residents are on a designated period to cover back up call, and if they get called in for that no additional payback is required.

It is important to keep track absences to make sure they do not exceed the ABP limit for time away from training. This should be different from the system for parental, medical or caregiver leave. The ABP allows up to eight weeks of elective time to be waived for a qualifying act. Six weeks can be waived for residents on non-standard pathways. (<https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf>).

Schedule Considerations for Combined and Non-Standard Pathways

Special consideration may be needed for residents who are in combined programs or non-standard pathways. These nclude Pediatrics-Neurology, Pediatrics-Neurodevelopmental Disabilities (NDD), Allergy-Immunology, Accelerated Research Pathway (ARP), and Integrated Research Pathway (IRP).

* Pediatrics-Neurology
  + Trainees in this program complete two years of pediatric residency followed by three years of neurology/child neurology and are then board-eligible in both pediatrics and child neurology
  + The ABP requirements list the rotations that must be completed during the two years of pediatric training (<https://www.abp.org/content/pediatrics-neurology>)
  + Candidates for this pathway must be identified early, preferably early in R1, but no later than the end of the R1 year
  + To meet eligibility, residents must satisfactorily complete two years of pediatric residency with verification by the program director and take no more than two months of vacation in two years. Residents on this pathway are not eligible to sit for the pediatric boards until all training in general pediatrics and child neurology are complete.
* Pediatrics-Neurodevelopmental Disabilities (NDD)
  + Trainees in this program complete two years of pediatric residency followed by four years of child neurology/neurodevelopmental disabilities and can then be board certified in pediatrics and NDD
  + The ABP lists the rotations that must be completed during the two years of pediatric training (<https://www.abp.org/content/pediatrics-neurodevelopmental-disabilities-pathway>)
  + Candidates for this pathway must be identified early, preferably early in R1, but no later than the end of the R1 year
  + To meet eligibility, residents must satisfactorily complete two years of pediatric residency with verification by the program director and take no more than two months of vacation in two years. Residents on this pathway may sit for pediatric boards after the two years of pediatric residency and three years of neurodevelopmental disability training are complete
* Accelerated Research Pathway (ARP)
  + The ARP is designed to accommodate and encourage candidates who are committed to an academic career as physician scientists with a strong research emphasis in a pediatric subspecialty.
  + Candidates will spend two years completing general pediatric residency training before going into a minimum of four years of fellowship
  + It is not a requirement that residency and fellowship take place at the same institution, but it may be advantageous to do so
  + The ABP lists the rotations that must be completed during the two years of pediatric training. <https://www.abp.org/content/accelerated-research-pathway-arp-details>
  + Candidates should be identified early, but no later than 9 months into the R1 year
  + The program director and candidate are not required to receive approval from the ABP, but must notify them by May of the R1 year through the Program Portal
  + Residents are eligible to take the pediatric boards after successful completion of their two years of pediatric residency and the first year of clinical fellowship, and competency must be verified by the pediatric residency program director as well as the program director of the subspecialty fellowship
* Integrated Research Pathway (IRP)
  + The objectives of the IRP are to attract committed young physician-scientists to pediatrics, provide mechanisms to sustain research, offer a means for fostering transition to a physician scientist career, and ensure that trainees accomplish requisite training needed to function as competent pediatricians
  + Individuals may apply for this pathway through the ABP Program Portal either before starting residency or within the first nine months of the R1 year. Petitions from program directors will provide an outline of the proposed training to be reviewed. The pathway is open to individuals with MD/PhD degrees or others who can demonstrate equivalent evidence of research experience and commitment.
  + The ABP lists the rotations that must be completed during the two years of pediatric training. <https://www.abp.org/content/integrated-research-pathway-irp>
  + Residents are eligible to take the pediatric boards after successful completion of three years of residency and one year of pediatric clinical experience in either an ACGME-accredited specialty residency or subspecialty fellowship related to the care of children and approved by the ABP.

References

* ACGME Pediatric Requirements (<https://www.acgme.org/globalassets/pfassets/programrequirements/2025-prs/320_pediatrics_2025.pdf>)
* ABP: Non-Standard Pathways and Combined Programs <https://www.abp.org/content/non-standard-pathways-and-combined-programs>
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