

Block Scheduling for a Surgical Residency Program

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UNIVERSITY OF MICHIGAN

Presentation Outline

- Background
- Motivation
- Model Formulation
- Model Implementation
- Conclusions and Future Work



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- **Background**
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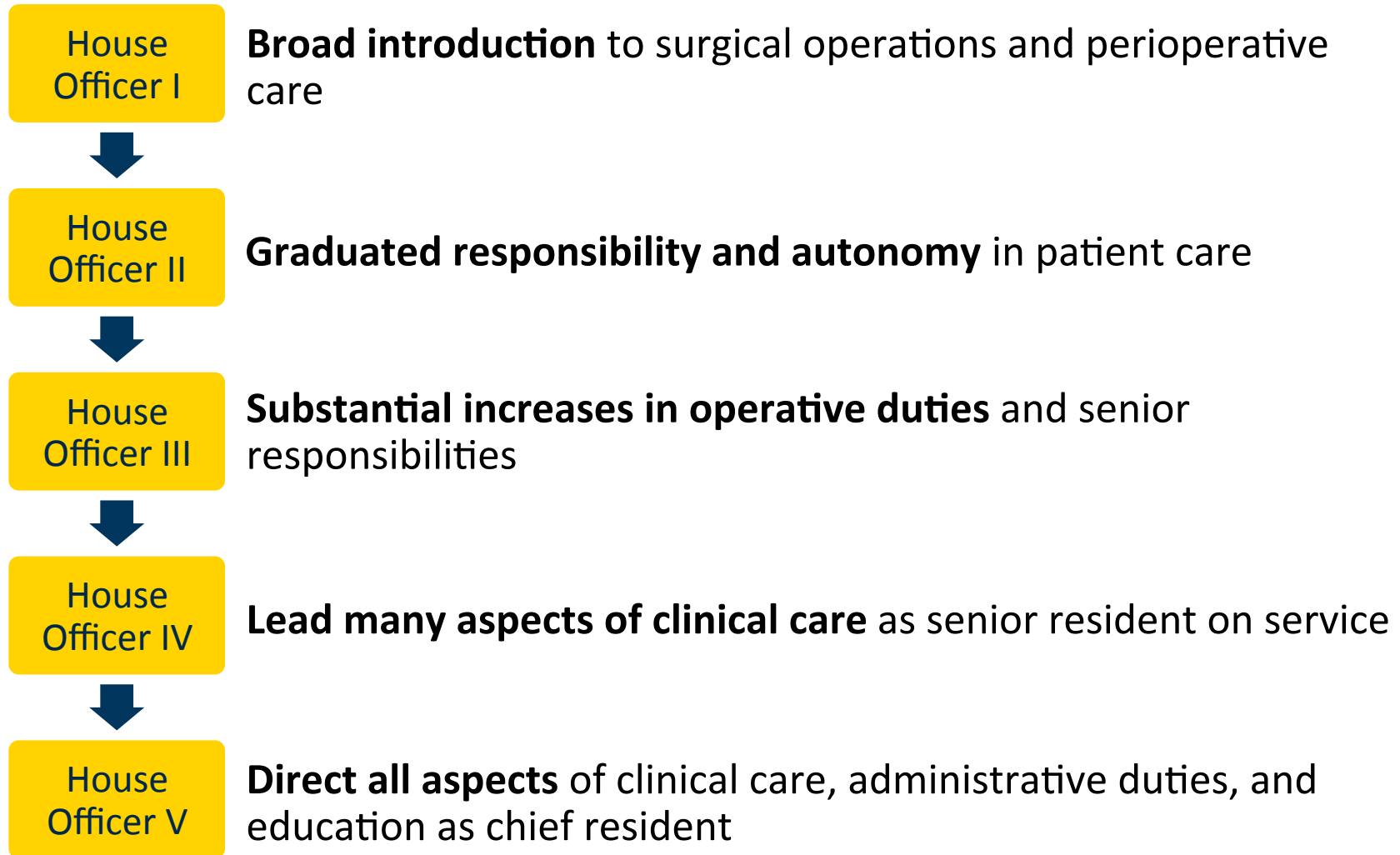


University of Michigan Health System



- 105 training programs (25 residency, 80 fellowships)
- 1,199 residents in training

Residency in General Surgery



Block Scheduling Basics

- Assigning residents to a service each month
- Residents must demonstrate competency in various aspects of clinical care
- Services must provide appropriate clinical care

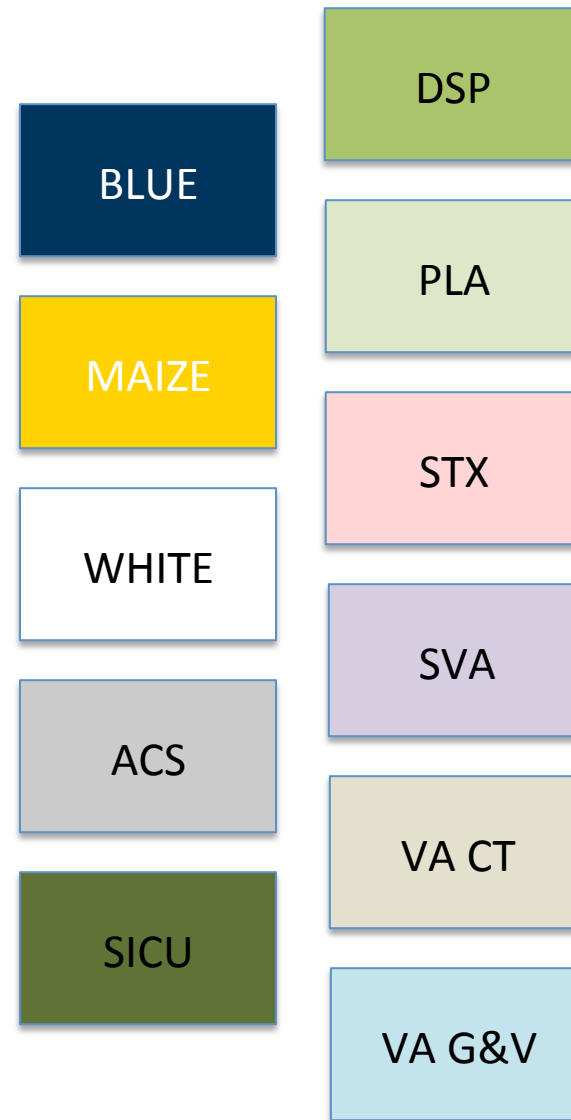


Resident Education Requirements

- Satisfying program-specific competency standards requires sufficient experience in certain service areas
- Residents spend some number of monthly rotations on specific services to demonstrate competencies

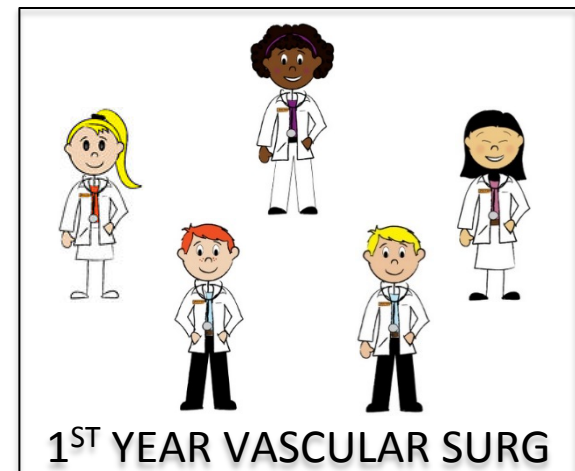


Resident Education Requirements



Service Coverage Requirements

- Each service requires a resident complement comprised of varying skillsets and disciplines



WHITE

SICU

STX



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Traditional Scheduling Approach

1. Build rotation templates

JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX	SVA	VA CT	VA G&V
VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX	SVA	VA CT
VA CT	VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX	SVA
SVA	VA CT	VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX



Traditional Scheduling Approach

1. Build rotation templates
2. Adjust for coverage and educational needs
3. Renegotiate after reaching a dead-end

JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
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VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX	SVA	VA CT
VA CT	VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX	SVA
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VA G&V	PLA	MAIZE	WHITE	ACS	SICU	BLUE	BLUE	PLA	STX	SVA	VA CT
VA CT	PLA	BLUE	DSP	VA G&V	ACS	SICU	BLUE	MAIZE	WHITE	STX	SVA
SVA	VA CT	VA G&V	BLUE	MAIZE	WHITE	ACS	SICU	BLUE	DSP	PLA	STX

Issues with Traditional Approach

- Education Director typically works on building the schedule from January to late April
 - Roughly 80 hours of work
 - Frequent and continuous negotiation with other departments and institutions
- Lingering educational deficiencies for some residents
- Unsatisfactory resident complement on some services

Project Goal

Design a binary integer programming formulation to create a block schedule satisfying the needs of the residents and services.



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Model Overview

Sets

R : residents

C : resident categories

S : services

M : months

$a_{rc} \in \{0, 1\}$: whether resident r fits category c

L_{csm}, U_{csm} : lower, upper bounds on staffing of residents fitting category c in service s during month m

λ_{rs}, μ_{rs} : lower, upper bounds on months resident r must spend on service s

Decision Variables

$x_{rsm} \in \{0, 1\}$: whether resident r is assigned to service s in month m

Objective Function

$\min \sum_{r \in R, s \in S, m \in M} x_{rsm}$

Constraints

$$\sum_{s \in S} x_{rsm} = 1, \quad \forall r \in R, m \in M$$

$$\lambda_{rs} \leq \sum_{m \in M} x_{rsm} \leq \mu_{rs}, \quad \forall r \in R, s \in S$$

$$L_{csm} \leq \sum_{r \in R} a_{rc} x_{rsm} \leq U_{csm}, \quad \forall c \in C, s \in S, m \in M$$



Sets

R : residents

\mathcal{C} : resident categories

\mathcal{S} : services

M : months



Parameters

$a \downarrow rc \in \{0, 1\}$: whether resident \mathbf{r} fits category \mathbf{c}

$\mathcal{L} \downarrow csm$: lower bound on staffing of residents fitting

category \mathbf{c} in service \mathbf{s} during month \mathbf{m}

$\mathcal{U} \downarrow csm$: upper bound on staffing of residents fitting

category \mathbf{c} in service \mathbf{s} during month \mathbf{m}

$\lambda \downarrow rs$: lower bound on months resident \mathbf{r} must spend on service \mathbf{s}

$\mu \downarrow rs$: upper bound on months resident \mathbf{r} must spend on service \mathbf{s}



Decision Variables

$x_{rsm} \in \{0, 1\}$: whether resident \mathbf{r} is
assigned to service \mathbf{s} in month \mathbf{m}
 $\forall r \in R, s \in S, m \in M$

The base model does not have an objective function.



Constraints

1. Every resident gets assigned to one service every month

$$\sum_{s \in S} x_{rsm} = 1, \quad \forall r \in R, m \in M$$

2. Every resident satisfies their educational requirements

$$\lambda_{rs} \leq \sum_{m \in M} x_{rsm} \leq \mu_{rs}, \quad \forall r \in R, s \in S$$

3. Every service satisfies their service coverage needs

$$L_{csm} \leq \sum_{r \in R} a_{rc} x_{rsm} \leq U_{csm}, \quad \forall c \in C, s \in S, m \in M$$

Expanded Model

- Service-Distributed Educational Requirements
- Service-Distributed Coverage Needs
- Extended Rotations
- Service Sequencing
- Service Spacing
- Resident Pairing



Model Overview

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Decision Variables

$x_{rsm} \in \{0, 1\}$: whether resident r is assigned to service s in month m

Objective Function

\min

Constraints

$$\sum_{s \in S} x_{rsm} = 1, \quad \forall r \in R, m \in M$$

$$\lambda_{rs} \leq \sum_{m \in M} x_{rsm} \leq \mu_{rs}, \quad \forall r \in R, s \in S$$

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Model Testing

- Encoded in C++ using the Cplex 12.6 Optimization Studio
- Tested on AY 2014-15 after schedule was finalized
 - 75 residents
 - 6 residency programs
 - 17 resident categories
 - 41 services
- Feasible solve time: 4 seconds
 - Windows 7 PC
 - i7 @ 2.8 GHz CPU
 - 8 GB RAM



Plans for Enactment

- Currently collecting input data for AY 2015-16
- Preliminary parameters
 - 103 residents
 - 7 residency programs
 - 24 resident categories
 - 45 services
- Aim to finalize schedule by February 1



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Conclusions

- Scheduling surgical residency programs at UMHS is highly interdependent but poorly executed
- The block schedule must satisfy both resident educational and service coverage needs
- A binary integer programming formulation describes the scheduling needs well and may be solved quickly

Future Work

- Generalize constraints for expanded model
- Define metrics for schedule optimality
 - Minimize deviation from desired resident complement by service
 - Maximize satisfied requests for educational customization
- Create tools to facilitate interdepartmental communication and negotiation



Acknowledgements

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CHEPS and the HEPS Master's Program

- CHEPS: The Center for Healthcare Engineering and Patient Safety
- HEPS: Industrial and Operations Engineering (IOE) Master's Concentration in Healthcare Engineering and Patient Safety offered by CHEPS
- CHEPS and HEPS offer unique multidisciplinary teams from engineering, medicine, public health, nursing, and more collaborating with healthcare professionals to better provide and care for patients
- For more information, contact Amy Cohn at amycohn@umich.edu or visit the CHEPS website at: <https://www.cheps.engin.umich.edu>



Feedback and Questions

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