

**STONY BROOK UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES**

POLICY: OBTAIN SPONSORSHIP TO INCREASE PROGRAM COMPLEMENT

PURPOSE

To define the procedure for obtaining sponsorship by the SUNY Stony Brook University Medical Center to increase the resident or fellow complement to an already approved program.

POLICY

SUNY @ Stony Brook University Hospital sponsors only residency and fellowship training programs that are approved by the American Medical Association, recognized by the American Board of Medical Specialties, and can be accredited by the Accreditation Council of Graduate Medical Education (ACGME) or any subspecialty certificate program. All residency training programs must be approved by the Graduate Medical Education Committee (GMEC) and the Dean of the GME for sponsorship. The application for increasing their resident or fellow complement must be submitted by the program director of the program with the signature of the department chair according to the procedure specified below. ***Failure to obtain written approval for sponsorship of any additional lines prior to the start date of the program will result in the department incurring all costs of the resident/fellow stipends and benefits.*** All training programs operate under the auspices of the GMEC according to the GMEC Policy on Graduate Medical Education Responsibilities.

PROCEDURE

1. A program director requests an **Application for an Increase in Residency/Fellowship Complement** application form, from the Associate Dean for GME or the Institutional Coordinator.
2. The program director returns the completed proposal to the Associate Dean for GME (DIO). This is signed by the Chair of the Department. If this request is from a subspecialty, then the core residency program director must also sign the request. Proposals should be submitted 6 months prior to the expected need of the program. If you need RRC approval, it may take longer than 6 months.
3. The Chair of the GMEC (the Associate Dean for GME) reviews the application and may request further information or clarification as necessary.

Based on this review, the Associate Dean for GME submits a recommendation for sponsorship to the Dean. The Dean makes the final decision regarding approval for an increase in the resident/fellow complement. This decision is returned to the Program Director with a copy to the Department Chair.

Revised: March 10, 2004

Reviewed and Accepted: March 22, 2004

Reviewed and Approved: March 23, 2009

SUNY Stony Brook

Application for an Increase in Residency/Fellowship Complement

Instructions: Provide information to each section; number your information as per the outline.

I. Summary

- Overview of the program (one or two paragraphs)

II. Needs Analysis (one or two paragraphs)

- Why is a new resident/fellow needed at SUNYSB?
- Whom does it benefit?
- How does it support the strategic plan of SUNYSB?
- How will it effect the education of residents/fellows in the core and other training program(s)?
- Are there sufficient faculty
- Is there sufficient space to house the additional candidate? ie, clinical load, patient care, research mentors/facilities, computer resources.

Existing Program Quality

- What is the accreditation status of your program?
- List any ACGME citations from the last letter of notification of status and responses, if applicable
- Give results of in-service exam scores and board pass rates for last 5 years.
- Please describe the current residents /fellows performance on the in-service exam and how they compared nationally for the last 5 years.
- Give percent of MD, DO, FMG residents in program
- What are current graduates doing (fellowship, private practice, etc.)?

Number of Residents/Fellows in program:

PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	Fellow	Accredited Positions	Unaccredited Positions	UH Paid	Other Pay source

Faculty:

- What is the faculty to resident/fellow ratio? _____
- Describe the Faculty participation in resident/fellow education. Please include the composite scores of the faculty performance as per the resident/fellow evaluation forms for last 5 years naming each participating attending.
- Describe the faculty participation in scholarly activities. Please list each publication of each resident/fellow in last 5 years.

• Education Program Accreditation

- Official recognition- how is program recognized? ACGME, ABMS, Certificate, etc
- Board Certification- does training lead to ABMS Board Certification and how will the program meet the requirements?

• Curriculum

- How will the additional candidate(s) affect the goals and objectives of the training program?
- Clinical Experience- describe each of the following:
 - Patient population
 - Time for and location of in-patient experiences
 - Time for and location of out-patient experiences
 - Patient load requirements (include overall case load goals for duration of training period)
 - Supervision during clinical activities

- Research Activities- define goals of academic development in terms of the research/clinical investigation for the trainee
- **Evaluation**
 - How will the trainee(s) be evaluated?
 - Attach sample evaluation forms
 - Describe any changes, if any, in evaluation process due to this increase.
- **Describe how you will maintain the duty hours within the standards.**
- **Describe how the program assures that all residents/fellows participate in all educational conferences.**
- **Are the current residents/fellows compliant with**
 - Completing their medical records.
 - Compliant with credentialing/case log.
- **Is there evidence of on-going resident/fellow supervision by attending notation on medical records?**
- **Are the residents/fellows hired within the match?**

V. Financial Impact

Describe each of the following:

- A. Source of trainees' stipends and benefits
- B. Describe any financial off set to the addition of a resident/fellow line. Ie .decreasing PA or NP utilization, cost offsets by affiliate hospital etc.
- C. Revenues- describe any proposed revenue for offsetting the above costs (grants, clinical revenues, etc).
- D. Any increase in budget must by approved by the CEO.

VI. Facilities Impact

Discuss each of the following:

- A. Additional office space for resident/fellow
- B. Additional clerical needs for resident/fellow
- C. Other needs not addressed above

Signatures:

Program Director, Core Program _____ Date _____

Program Director, Fellowship _____ Date _____

Department Chair _____ Date _____

Chief Medical Officer /CMO _____ Date _____
(Financial approval for Hospital support)

Vice Dean for GME/ DIO _____ Date _____
(Chair of GMEC/ Final Approval)