

# STONY BROOK UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

## **POLICY: OBTAIN SPONSORSHIP FOR A NEW RESIDENCY**

### **PURPOSE**

To define the procedure for obtaining sponsorship by the SUNY Stony Brook University Medical Center for a new residency or fellowship training 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 GME for sponsorship, **prior** to the implementation of the program. The application for a new program may be submitted by a faculty member with the signature of the department chair according to the procedure specified below. ***Failure to obtain approval for sponsorship prior to the start date of the program will result in the department incurring all costs of the program, including the ACGME application and site visit fees, resident stipends and benefits.***

All new training programs that can be accredited by the ACGME must seek ACGME accreditation within two years following approval for sponsorship. All new training programs operate under the auspices of the GMEC according to the GMEC Policy on Graduate Medical Education Responsibilities.

### **PROCEDURE**

A faculty member requests an application form, New (Residency/Fellowship) Training Program, from the Associate Dean for GME.

2. The faculty member returns the completed proposal to the Associate Dean for GME (DIO). Proposals should be submitted **6 months prior** to the expected start of the new program. If this requires 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.

4. Based on this review, the Associate Dean for GME submits a recommendation for sponsorship to the Dean.

5. The budget proposal must be approved by CEO.

6. The Dean makes the final decision regarding approval for sponsorship of a new training program. This decision is returned to the Program Director with a copy to the Department Chair.

7. The Training Program Director completes the ACGME application for accreditation (Program Information Form) and must submit it to the Associate Dean for GME for review **prior to sending it to the ACGME.**

Reviewed: November 2003

Revised: March 10, 2004

Reviewed and Accepted: March 22, 2004

Reviewed and Approved: March 23, 2009

**SUNY Stony Brook**

**Graduate Medical Education Committee**

**Application**

**New or Changes to (Residency/Fellowship) Training Programs**

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

**I. Summary**

A. Overview of the program (one or two paragraphs)

**II. Needs Analysis** (one or two paragraphs)

A. Why is this new program needed at SUNYSB?

B. Whom does it benefit?

C. How does it support the strategic plan of SUNYSB?

D. How will it effect the education of residents in the core and other training program(s)?

**III. Program Organization**

A. Discipline Defined

1. Define the clinical discipline covered in the program

B. Organizational Authority/Responsibilities

1. Who will be responsible for program?

2. To whom will the program director report?

3. Which hospitals will supply training opportunities?

4. Provide a letter from each hospital official (medical director or CEO) where the trainee will rotate regarding the educational and financial support (including University Hospital).

C. Program Parameters- describe each of the following:

1. Length (number of months) of training

2. Number of trainees

3. Eligibility of trainees (training prerequisites)

4. How will trainees be selected (NRMP, or other specialty Match)?

#### D. Program Director

1. Program Director- describe the qualifications and the protected time that are needed
2. Program Director must submit a CV with this application

#### E. Faculty

1. Faculty- describe the number and type of key faculty members for the training program
2. A 1-page bio must be submitted with this application

### IV. Education Program

#### A. Accreditation

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

#### B. Curriculum

1. Learning Objectives- what are the educational goals/objectives of the training program?

#### **Attach the written Program Goals/Objectives**

##### 2. Formal Curriculum

- a. Didactic Sessions- describe or attach a schedule of proposed lectures/rounds, etc.
- b. Clinical Experience- describe each of the following:
  1. Patient population
  2. Time for and location of in-patient experiences
  3. Time for and location of out-patient experiences
  4. Patient load requirements (include overall case load goals for duration of training period)
  5. Supervision during clinical activities
- c. Research Activities- define goals of academic development in terms of the research/clinical investigation for the trainee

##### 3. Evaluation

- a. How will the trainees be evaluated?
- b. Attach sample evaluation forms

4. Outside-of-core Hospital Rotations

- a. External- describe any planned rotations outside of the participating institution

**V. Financial Impact**

Describe each of the following:

A. Full Costs of Program- proposed budget for first 3 years of program, including costs of resident/fellow stipend (include 26% of stipend for benefits and liability insurance), faculty salary, outside speakers, research costs, recruitment costs, etc. This budget must be approved by the CEO

B. Source of trainees' stipends and benefits

C. Revenues- describe any proposed revenue for offsetting the above costs (grants, clinical revenues, etc).

**VI. Facilities Impact**

Discuss each of the following:

A. Office space for resident

B. Clerical needs for resident

C. Need for computer, and call-room

D. Other needs not addressed above

Signatures:

Program Director, Fellowship Program \_\_\_\_\_ Date \_\_\_\_\_

Program Director, Core Program \_\_\_\_\_ 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)