

2.16.1. Request for Establishing a New GME Program

Date of Submission: _____

Part I: General Information

Requesting Academic Department: _____

Division (If applicable): _____

Name of Program: _____

Duration of program: _____

Proposed # of trainees per year of training: _____

If applicable, current # of residents in the program per year of training: _____

PGY starting level: PGY1 PGY2 PGY3 PGY4 PGY5 PGY6

Proposed Start Date: _____

Indicate funding source (Click as appropriate):

Hospital, Name: _____ Department: _____

Grant: PI's Name: _____ Other (describe) _____

Will resident salaries differ from those provided in the other programs for each PGY level?
 No Yes
(If the answer is yes include an explanation as Item X in Part II)

Please attach copy of letter(s) or notice of awards that verify funding source and its duration.

Does this program have any graduates? Yes No

Are there ACGME requirements for this program? Yes No

Indicate the total number of faculty available for teaching _____

Submitted by:

Name: _____ Date: _____

Telephone: _____ Email: _____

Approved by:

Name of Department Chair: _____

Signature of Department Chair: _____
If fellowship:
Name and signature of Division Chief: _____
Name of Program Director of core program: _____
Signature of Program Director of core program: _____

Part II: Narrative: Program Summary/Curriculum Outline

Please answer the following questions on a separate sheet and submit with Part I.

I. Program Description

Please describe the following:

- Proposed program design
- Total duration
- Total number of trainees,
- General training goals
- Pre-requisites for admission (Before entering the program what should the person have completed or know?)

II. Program Administration

Describe the administrative structure of the program including a list of names of the following:

- a. Program Director
- b. Section/Division Chief
- c. Key Faculty – identify site supervisors at each training site
- d. Program Coordinator

III. Facilities and Resources

Describe the facilities and resources available to residents including faculty to resident ratio, availability and diversity of patient population, library facilities, on-call rooms, laboratories, offices, computers, etc.

IV. Educational Program

Describe the following:

1. Overall Program Goals:

What kind of trainees do you wish to train?

What do you hope they have learned by the completion of your program?

2. Clinical Education

- A. General goals and learning objectives of the clinical experience for each year of training. These must include the 6 general competencies as directed by ACGME. For additional information consult the GME website (www.uthscsa.edu/gme) or the ACGME website (www.acgme.org).

B. List each major rotation(s) including:

- Objectives for each major rotation or level of training with respect to knowledge, skills, and other attributes required of residents and the method of evaluation for each objective.

- Methodology for teaching

C. Supervisory Guidelines: Describe how supervision will be provided during clinical component.

D. Rotation Schedule: Complete a block rotation diagram for the typical trainee's schedule per year of training. See Example Below.

Year-1	Month	3 months	3 months	3 months	3 months
	Name of Experience	<i>In-patient Service- Red Team</i>	<i>ER</i>	<i>Consults</i>	<i>Research</i>
		<i>½ day Continuity Clinic (VA)</i>			
	Name Institution	<i>UHS</i>	<i>DH</i>	<i>VA</i>	<i>UHS</i>

3. Didactic Education

- A. Goals of the Didactic Education- What is their purpose? What material will cover?
- B. List name of conferences, rounds, etc available including its frequency

4. Research/Scholarly Activities

- A. Goals of research program/scholarly activities
- B. Process for selection of topic and mentor
- C. Process for presentation

V. Evaluation

Describe the evaluation method for the following and attach evaluation forms to be used:

- A. Resident evaluation by faculty
- B. Faculty evaluation by residents
- C. Program evaluation by residents and faculty

VI. Duty Hours/Moonlighting Compliance

(Please review the institutional policies on duty hours and moonlighting before answering the following.)

1. Describe the process by which duty hours will be monitored.
2. Describe the process by which moonlighting will be approved and monitored.
3. Describe the process by which fatigue will be monitored.

VII. Participating Institutions

List the following for each institution where the trainees will obtain any training.

Institution Name	Service/Clinic Name	Duration of Rotation (weeks)	Supervising Faculty Name

VIII. Describe the impact if any, this new program may have on other residency or fellowship training programs residents' experience (i.e. will this fellowship program enhance or take away from the education experience of the specialty program residents?)

IX. Describe the impact if this request is not approved by the GMEC.

X. Explain the reason for deviating from the current GMEC salary structure for residents. (If applicable)

Please submit your request to the DIO for review and scheduling of an internal review.