**Request for Increase Resident Complement or Funded Positions**

# Date of Submission:

# Part I: General Information

Requesting Academic Department:

Division (If applicable):

Name of Program:

Duration of program:

Current # of trainees per year of training:

Indicate current funding source(s) and number of each (Click as appropriate):

[ ]  Hospital, Name:       [ ]  Department:

[ ]  Grant: PI’s Name:       [ ]  Other (describe)

Total number of increased funded slots requested and proposed source of funding

[ ]  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

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: Increase Training Positions Justification**

Please answer the following questions and submit with Part I. Keep in mind while completing this section, our GME mission; “Improve healthcare by advancing the quality of resident physicians’ education.” Our program justifications should be viewed through the lens as means to achieve the triple aim (patience experience of care, improved health care and reduced per capita cost of health care).

1. What is **the justification for the proposed increase in funded training positions?**

In your justification address the following areas:

* 1. Discuss and document the need for this program to meet our mission:
	+ Need for more of this specialty in Bexar County, South Texas, Texas and Nation
	+ Data to support need such as access challenges, changes in care delivery and patient demographics. The more granular the data the better.

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* 1. Attestation of suitability of current patient population to meet training needs of increased number of trainees:
* Exposure to the full depth and breadth of the specialty, patient-volume
* Expected age range, acuity, gender mix of patients

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* 1. Availability/interest in training in this specialty
* Are there existing training taking place in other institutions in this region or Texas?
* What is the interest level in this training? (current NRMP fill rate in Texas, region, nation)

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* 1. Have alternative means been considered, especially if to address workload and volume concerns if primary rationale for increased positions? (i.e, advanced practice clinicians, less resident/fellow dependent service, scribes, etc.)

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### II. Facilities, Resources and Finances

a. With increased number of residents, will there need to be more on-call rooms, laboratories, offices, program coordinator support or computers? Will the cost of the salary and support be offset by services provided?

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

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

### III. Describe the impact if any, the increased number of trainees will have on other residency or

### fellowship training programs residents’ experience (i.e. will these increased numbers enhance or take away from the education experience of the specialty program residents?)

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### Describe the impact if this request is not approved.

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Please submit your request to the DIO for review before the GME Alignment Committee.