

Stony Brook Medicine

Application to obtain sponsorship for a new residency or fellowship program

Program Name:

Program Director:

Associate Program Director (if any):

Program Coordinator:

Department:

Department Chair:

Division:

Division Chief:

Is ACGME accreditation currently available for this (sub) specialty?

of residents/fellows you propose to be in the program (all years):

What is the length of time of the proposed program?

Prerequisite residency training (if applicable):

Please outline the rationale and goals for starting a training program in this area (Educational need, clinical need, societal need, benefit to institution)

Is there sufficient clinical volume, faculty, and department resources to support the program? Please describe.

Please describe how the program will be funded. If funding is from SBUH, please describe any costs offset by having trainees.

Please describe how the trainees in this program will participate in institutional CLER aims:

- Patient safety activities
- Quality Improvement activities
- Well-being activities
- Professionalism

Please indicate how:

- Trainees will be supervised (include proposed supervision policy, include list of clinical scenarios which would require immediate notification of attendings)
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- Transitions of care will occur (trainee to trainee, trainee to attending). Include method of supervising transitions of care, and standardized protocol for transition of care

Please attach a proposed block diagram:

Will there be other training sites?

What will be the faculty to resident/fellow ratio?

Please outline the following:

Faculty Scholarly Activity in the last 3 years

Didactic curriculum

Are all faculty board-certified in this specialty? If not, please explain why:

Please attach a statement of Goals and Objectives for the training program:

How will Duty hours adherence be assessed and enforced?

Signatures:

Program Director, Core Program _____ Date _____

Program Director, Fellowship (if applicable) _____ Date _____

Department Chair _____ Date _____

Chief Medical Officer _____ Date _____

(Financial approval for hospital support)

Vice Dean for GME/DIO _____ Date _____

(Chair of GMEC/final approval)

June 2020