

**Stony Brook Medicine**  
**Application for an Increase in**  
**Residency/Fellowship Complement**

**I. Needs Analysis** (one or two paragraphs—please address the following issues)

- How many positions are being requested in total? How many per PGY year?
- What educational purpose is met by having an additional resident/fellow? (You should address clinical education, research opportunities, and/or new rotation experiences not currently offered by program)
- Why is a new resident/fellow needed?
- How will it affect the education of current residents/fellows in the programs, and other related training program(s)?
- Are there sufficient faculty?
- Is there sufficient clinical volume/resources/space for the additional resident(s)? *i.e.*, clinical volume, case volume, research mentors/facilities, computer resources.
- Include description of how line(s) will be funded. If funding is to be from SBUH, please describe any costs offset by having the additional resident/fellow.

**\*\* PLEASE NOTE: Any increase in SBUH budget must be approved by the SBUH CMO.**

**II. Attach *current* and *proposed* block diagram.**

**III. Existing Program**

**Description Quality**

**Indicators**

- What is the accreditation status of your program?
- List any ACGME citations or concerns from the last letter of notification of status and any responses
- Provide results of in-service exam scores and board pass rates for last 3 years; please include national comparison.
- CLER participation: Please address current program/resident participation in
  - Patient safety activities
  - Quality Improvement activities
  - Well-being activities
  - Current supervision policies and adherence
  - Current teaming initiatives?
  - Professionalism education and monitoring? within program
- Please append a list of publications of the residents/ fellows for the last 3 years.
- Is there program attrition over the past 5 years? Please describe.

Number of Residents/Fellows in program (current):

PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6	PGY-7	Accredited Positions	UH Paid	Other Pay source

**IV. Faculty:**

- What is the required faculty to resident/fellow ratio for the proposed complement size? What is the faculty to resident/fellow ratio?
- What is the required Program Director and Associate Program Director dedicated time and support for administration of the program's proposed complement size? Does this require an increase in APDs or PD time, if so how will this be addressed? Please include the number (if any) of APDs and their time dedicated as well as PD dedicated time in the response.
- Describe the faculty participation in resident/fellow education: didactics, bedside teaching, mentorship, and scholarly activities. Include the composite scores of faculty performance from the trainee evaluation forms for last 3 years.

**V. Curriculum**

- Will having the additional resident/fellow change the curriculum?
- If increasing the complement will include a new rotational experience, please attach the curriculum with goals and objectives of the new rotation.

**VI. Evaluation**

- Describe any changes, if any, in evaluation process due to this increase. Please describe current evaluations of residents and completion rate

**VII. Describe any effect on compliance with the work hours rules (NYS and ACGME), and/or work compression.**

**VIII. Describe how the program ensures that all residents/fellows participate and will continue to participate in educational conferences.**

**IX. Are the current residents/fellows compliant with:**

- Medical records
- Credentialing/case log (New Innovations and ACGME)
- Annual training & health assessment

**x. Please describe any changes resulting from the proposed increase in the following CLER areas:**

- Patient Safety
- Quality Improvement/Health Care Disparities
- Well-being
- Teaming
- Supervision of residents
- Professionalism

**xi. Facilities Impact**

Indicate whether there are any needs with this proposal for:

- Additional office space for resident/fellow
- Additional clerical needs for resident/fellow
- Other needs not addressed above

**xii. Affiliation**

Will this increase require a new Program Letter of Affiliation (PLA)?

**Signatures:**

Program Director, Core Program \_\_\_\_\_ Date\_\_\_\_\_

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

(if applicable)

Department Chair \_\_\_\_\_ Date\_\_\_\_\_

Chief Medical Officer \_\_\_\_\_ Date\_\_\_\_\_

(Financial approval for Hospital support)

Vice Dean for GME/ DIO \_\_\_\_\_ Date\_\_\_\_\_

(Chair of GMEC/ Final Approval)