

# GME Program Expansion/Funding

## Intro

Please READ carefully before you start filling out the Program Expansion and Funding application.

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If you are requesting a **Temporary Expansion/Funding of 1 FTE for Less than 1 Year**, please skip this application and send Ann Dohn (Designated Institutional Officer/GME Director) an e-mail (adohn1@stanford.edu), outlining the reason for temporary expansion (Subject: Temporary Expansion: PROGRAM NAME).

If you are requesting a **Military Position Fully Funded by the Army Force**, please skip this application and send the Memorandum of Understanding (MOU) to Ann Dohn (Designated Institutional Officer/GME Director) (Subject: Military Expansion: PROGRAM NAME). Ann can be reach at: adohn1@stanford.edu.

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## To complete this application, you will need:

1. Basic information about the program (accreditation agency, length, etc.)
2. Specific request information (request type and number of requests)
3. Answers to the following questions:
  - 4.1. Define the educational purpose of the training program and intended goals of the program.
  - 4.2. Define the Clinical Programmatic Need and/or National/Regional need for the expansion.
  - 4.3. Describe the potential impact on other programs (e.g. potential competition for cases).
  - 4.4. Describe the impact on your existing program/trainees.
  - 4.5. Describe the qualifications of the program leadership and adequacy of current infrastructure to support the expansion.

4. Attachments:

- 5.1. A current and proposed rotation schedule.
- 5.2. Competency based goals and objectives for your program (if new) or rotations (if new).
- 5.3. Documentation of case logs and the RRC/Board requirements for case numbers.

5. E-signature from the Program Director.

6. After the application is completed and submitted, an email will be triggered and sent to the Core Program Director and the Department Chair respectively requesting their approval.

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**You do not have to complete this application at one time. The information will be saved for a month after your first entries. You may return to the application to finish.**

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For any questions you may have, please feel free to contact Taylor Nguyen <TaylorNguyen@stanfordhealthcare.org>

Is your program listed here:

|   |
|---|
| Addiction Medicine                          |
| Anesthesia Critical Care Medicine           |
| Behavioral Neurology                        |
| Cardiac Electrophysiology                   |
| Cardiology                                  |
| Cardiothoracic                              |
| Cariogenomics                               |
| Clinical Neuroimmunology/Multiple Sclerosis |
| Consultation-Liaison                        |
| Consultation-Liaison Psychiatry             |
| Diagnostic Neuroradiology                   |
| EEG   |
|   |

|   |
|---|
| Emergency Medicine                          |
| Headache Medicine                           |
| Hypertension Medicine                       |
| Interventional Psychiatry                   |
| Movement Disorders                          |
| Neuromuscular Medicine                      |
| Neuropsychiatry                             |
| Neurotology                                 |
| Obstetric Anesthesia                        |
| Obstetric Anesthesiology                    |
| Oncology                                    |
| Ophthalmology                               |
| Pediatric Emergency Medicine                |
| PM&R  |
| Pulmonary & Critical Care                   |
| Pulmonary and Critical Care Medicine        |
| Pulmonary Vascular Disease                  |
| Regional Anesthesia and Acute Pain Medicine |
| Rheumatology                                |
| Transplant Nephrology                       |

Yes

No

**Request Information**

Are you submitting a revision of a previously submitted application or a new application?

I am submitting a new application

I am revising a submitted application

Name of the program

Is the program currently under Stanford Health Care GME?

Yes

No, I am applying to establish a new program

Type of the program

Accredited by ACGME

Accredited by a non-ACGME Agency (please specify)

Non accredited program

Plan to apply for ACGME accreditation

Not Sure

Name of the department that the program is under

Name of the core residency program that the program is under

Is the request for permanent expansion or funding?

Yes

No

The duration of the temporary expansion or funding

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

The request is for:

Expansion without funding from SHC, LPCH, Kaiser, VA, SCVMC, or other

Funding for current position(s)

Expansion and funding

**Expansion Only 1**

How long is the program?

1 Year

2 Years

3 Years

4 Years

5 Years

6 Years

7 Years

Other

How many trainee(s) are you requesting to expand by per class?

1

2

3

4

Other

**Expansion Only 2**

You requested to expand  $\{q://QID36/ChoiceGroup/SelectedChoices\}$  trainee(s) per class, based on the length of the program, the TOTAL FTE (Full Time Equivalent) will in fact increase by  $\{e://Field/totalFTEs-e\}$ :

The length of the program  $\{q://QID35/SelectedChoicesRecode\} \times$  The number of trainee(s) increased by per class ( $\{q://QID36/SelectedChoicesRecode\}$ ) =  $\{e://Field/totalFTEs-e\}$

Below is a chart to explain the total FTE(s) using an example of a 3-year program requesting to expand by 2 trainees per class.

| AY        | 1st Year | 2nd Year | 3rd Year |               |
|-----------|----------|----------|----------|---------------|
| 2021-2022 | 1 FTE    |          |          |               |
|           | 1 FTE    |          |          |               |
| 2022-2023 | 1 FTE    | 1 FTE    |          |               |
|           | 1 FTE    | 1 FTE    |          |               |
| 2023-2024 | 1 FTE    | 1 FTE    | 1 FTE    | TOTAL: 6 FTEs |
|           | 1 FTE    | 1 FTE    | 1 FTE    |               |

If a 3-year program requests to expand by 2 trainees per class, then the total FTEs will be increased by  $2 \times 3 = 6$  in 3 years

Please explain your request in details.

Name of the funding source and the number of trainee(s) supported

|                  | Name of the Funding Source | Number of Trainee(s) |
|------------------|----------------------------|----------------------|
| Funding Source 1 | <input type="text"/>       | <input type="text"/> |
| Funding Source 2 | <input type="text"/>       | <input type="text"/> |
| Funding Source 3 | <input type="text"/>       | <input type="text"/> |
| Funding Source 4 | <input type="text"/>       | <input type="text"/> |

**Funding only 1**

How long is the program?

- 1 Year
- 2 Years
- 3 Years
- 4 Years

5 Years

6 Years

7 Years

Other (please specify)

How many trainee(s) are you requesting funding for per class?

1

2

3

4

Other (please specify in the next question)

### Funding Only 2

You requested to expand  $\{q://QID41/ChoiceGroup/SelectedChoices\}$  trainee(s) per class, based on the length of the program, the TOTAL FTE (Full Time Equivalent) will in fact increase by:  $\{e://Field/totalFTEs-f\}$

**The length of the program  $\{q://QID40/ChoiceGroup/SelectedChoices\}$  X The number of trainee(s) increased by per class ( $\{q://QID41/ChoiceGroup/SelectedChoices\}$ ) =  $\{e://Field/totalFTEs-f\}$**

Below is a chart to explain the total FTE(s) using an example of a 3-year program requesting to expand by 2 trainees per class.

| AY        | 1st Year | 2nd Year | 3rd Year |                      |
|-----------|----------|----------|----------|----------------------|
| 2021-2022 | 1 FTE    |          |          |                      |
|           | 1 FTE    |          |          |                      |
| 2022-2023 | 1 FTE    | 1 FTE    |          |                      |
|           | 1 FTE    | 1 FTE    |          |                      |
| 2023-2024 | 1 FTE    | 1 FTE    | 1 FTE    | <b>TOTAL: 6 FTEs</b> |
|           | 1 FTE    | 1 FTE    | 1 FTE    |                      |

If a 3-year program requests to expand by 2 trainees per class, then the total FTEs will be increased by  $2 \times 3 = 6$  in 3 years

Please explain your request in details.

Check all the potential funding source(s) requested. If a specific number of trainee(s) is requested to fund by a particular source, then enter the number.

 SHC LPCH VA Kaiser SCVMC Other 1 (please specify) Other 2 (please specify)

### Expansion and Funding 1

How long is the program?

1 Year

2 Years

3 Years

4 Years

5 Years

6 Years

7 Years

 Other (please specify)

How many trainee(s) are you requesting to expand by per class?

1

2

3



4

Other

How many trainee(s) are you requesting funding for per class?

1

2

3

4

Other

## Expansion and Funding 2

You requested to expand trainee(s) per class, based on the length of the program, the TOTAL FTE (Full Time Equivalent) will in fact increase by:  $\{e://Field/totalFTEs-e\}$

**The length of the program ( $\{q://QID38/ChoiceGroup/SelectedChoices\}$ ) X The number of trainee(s) increased by per class ( $\{q://QID39/ChoiceGroup/SelectedChoices\}$ ) =  $\{e://Field/totalFTEs-e\}$**

You requested funding for  $\{q://QID57/ChoiceGroup/SelectedChoices\}$  trainee(s) per class, based on the length of the program, the funding for the TOTAL FTEs will in fact increase by  $\{e://Field/totalFTEs-f\}$ :

**The length of the program ( $\{q://QID38/ChoiceGroup/SelectedChoices\}$ ) X The number of FTEs funding increased by per class ( $\{q://QID57/ChoiceGroup/SelectedChoices\}$ ) =  $\{e://Field/totalFTEs-f\}$**

Below is a chart to explain the total FTEs using an example of a 3-year program requesting to expand by 2 trainees per class.

| AY        | 1st Year | 2nd Year | 3rd Year |                      |
|-----------|----------|----------|----------|----------------------|
| 2021-2022 | 1 FTE    |          |          |                      |
|           | 1 FTE    |          |          |                      |
| 2022-2023 | 1 FTE    | 1 FTE    |          |                      |
|           | 1 FTE    | 1 FTE    |          |                      |
| 2023-2024 | 1 FTE    | 1 FTE    | 1 FTE    | <b>TOTAL: 6 FTEs</b> |
|           | 1 FTE    | 1 FTE    | 1 FTE    |                      |

If a 3-year program requests to expand by 2 trainees per class, then the total FTEs will be increased by  $2 \times 3 = 6$  in 3 years

Please explain your request in details.

Check the funding source(s) requested (check all that apply). If a specific number of trainee(s) is requested to fund by a particular source, then enter the number.

SHC

LPCH

VA

Kaiser

SCVMC

Other 1 (please specify)

Other 2 (please specify)

### Narratives

Define the educational purpose of the training program and intended goals of the program.

Define the clinical programmatic need, patient care need, and/or national/regional need for the expansion.

Describe the potential impact on other programs (e.g. potential competition for cases).

Describe a plan on how an increased number of trainees would improve the current trainees' educational experience. (Please put N/A if only funding is requested)

Describe the qualifications of the program leadership and adequacy of current infrastructure to support the expansion.

### Attachments

A current and proposed rotation schedule

Documentation of case logs and the RRC/Board requirements for case numbers

Competency based goals and objectives for your program (if new) or rotations (if new)

### Signatures

Program Director's Printed Name

Name

Email

Date

Program Director's Signature

SIGN HERE

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clear

Core Program Director's Printed Name

Name

Email

Department Chair's Printed Name

Name

Email

\*\*\*\*\*An email with this application summary will be sent to the Core Program Director and the Department Chair requesting their approval for this application. GME will not process this application without the approval from the core Program Director and the Department Chair.\*\*\*\*\*

Before you submit this application, do you have any additional comments?

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