Application Form for Program Expansion Requests

1. Program _______________________

2. Program Director_________________

3. Duration of Program (years)_________________
   a. Total number of residents by PGY (table)

<table>
<thead>
<tr>
<th>Total Resident/Fellow FTE’s by PGY</th>
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<tbody>
<tr>
<td>Present</td>
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<tr>
<td>PGY-1</td>
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4. How many total positions are you requesting? (if your residency is approval for 5 years and you plan to expand by 2 positions per year, the answer is 10) ________

5. Anticipated date(s) of implementation________

6. Is the program accredited by the ACGME?_______
   a. What is the present accreditation status? (Full, provisional, probation, warning)
   b. If there were any citations, please indicate how each citation has been addressed/corrected.
   c. What is the cycle length? _________________________
   d. Due date for next RRC visit? ______________________

7. Provide an education rationale for expansion of the program to include the following issues:
   a. Is there a critical mass (ie. minimal number of residents or fellows) necessary to meet the program’s academic objectives? ________
   b. How will this expansion enhance this?
   c. Are there new rotations or learning objectives to add to the curriculum? (for example, endoscopic training for general surgery or preventive cardiology for cardiology fellows). If so, please describe:
   d. Are the clinical experiences (both inpatient and ambulatory) sufficient to support expansion? ______________________
   e. Are there sufficient faculty to support expansion? ______________________
   f. Please provide FTE faculty to resident ratio and RRC requirements if applicable.
g. Has there been an expansion of faculty size, teaching activity or clinical research activity within this program? _________________________ Please explain.

h. Provide work hours data

i. Provide E*Value compliance data for the first 6 months of the academic year (July-December) for rotations, residents and faculty.

8. Provide a description of how this program expansion will impact the overall strategic direction of UMass Medical School and/or UMass Memorial Health Care
   a. How does this program align with the designated centers of excellence of UMMHC?
   b. How does this program expansion align with medical student teaching and the educational mission of the School of Medicine.
   c. Has there been volume growth in this area of the medical group or medical center?

8. What is the board pass rate for your program (first time takers, averaged for past 3 years? ________________________

9. Recruitment issues:
   a. For the past year, what was the outcome of recruitment (did not fill, filled after the Match, Filled in the Match, out of match/pre-match offers)
   b. Is the residency adversely affected by its current size? If so, how?
   c. How will expansion positively effect recruitment?

10. Impact on other training programs and students:
    a. Will this expansion require new or expanded rotations in other departments? ___________ If so, please provide letters of support from these departments.
    b. Will this expansion displace residents from other departments on your rotations? __________
    c. Will this expansion have an impact on the medical student rotations in your department? ___________ If so, please explain.
    d. Will additional clinical space or equipment be required to support this expansion (ie. clinic rooms, call rooms, computers, etc).______________ If so, please explain.

11. Affiliated institutions:
    a. Will this expansion impact (either positively or adversely) our institutional relationships with affiliated teaching hospitals? _____________________ If so, please explain.
    b. Will new external affiliations be required to establish or sustain this increase? ________________ If so, please explain.
12. What percent of your faculty have participated in scholarly activities over the past 3 years:
   a. Peer reviewed publications? ____________
   b. Please provide average number of publications per faculty ________
   Platform presentations at regional, national or international meetings____
   CME presentations? __________

13. Workforce projections:
   a. What are the current and future workforce needs for your specialty?
      (Please identify the source(s) of these projections)

14. Impact on clinical services:
   a. How will the proposed expansion impact the provision of clinical services at UMMHC?

15. Financial support:
   a. Are external funding sources available to support the expansion? ______

Please provide a block schedule for the current resident rotations at each level of training and a proposed block schedule showing the changes that would occur if the expansion is approved. Please indicate the location of all rotations (at UMMHC or away rotations). The expansion request will not be considered without this information.