

**SSM Health/SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE**  
**Graduate Medical Education Policies and Procedures**

<b>Section 1</b> <b>Graduate Medical Education Programs</b>	<b>Date Revised: January 2001, February 2013,</b> <b>January 2024</b>
<b>1.7 Non-ACGME Accredited Program</b> <b>Application</b>	<b>Page 1 of 6</b>

**Directions for Completion of the Application for**  
**SSM Health/SLUSOM Non-Standard Training /Non-ACGME Programs**

Non-Standard/Non-ACGME Programs are defined as graduate medical education programs which are not approved by the Accreditation Council for Graduate Medical Education, approved by an alternate accreditation body, or do not lead to board certification through a medical specialty board.

**Program Information**

The Department indicates the clinical department in which the training program administratively resides. The program director's title should include professorial status. The Department Chairman is the chairman of the department which is administratively responsible for the training program. The core residency is defined as the ACGME approved general or subspecialty residency program which includes the discipline of the training program.

**Question 1** - Some clinical trainees may qualify for faculty status and perform core clinical services within the department..

**Question 2** - The prior experience and selection criteria which will be required for admission of a physician to the training program must be described.

**Question 3**- Please briefly describe the recruitment, selection, ranking, and matching process if applicable.

**Question 4** - In all instances the sponsoring institution will be SSM Health/Saint Louis University School of Medicine. The other institutions would be those healthcare institutions through which the trainee rotates for the training program, e.g. Saint Louis University Hospital, Cardinal Glennon Children's Hospital, St. Mary's Health Center, St. Louis VA Medical Center, etc.

**Question 5** - Please indicate the source of funding whether it is departmental or whether arrangements have been made for reimbursement by a hospital or clinical affiliates. In the cases where there have been agreements with the hospital, please attach verification.

**Question 6**- Please describe the reason this program is being developed (e.g. research, procedural training, faculty recruitment etc)

**Question 7** - The objectives should include clinical care, knowledge acquisition, and the attainment of skills, including communication with referring physicians, and professional behavior.

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**Question 8** – The curriculum includes both didactic and clinical activities. Describe specific procedures, number of procedures to be performed, the number of patients and the specific types of patients, a list of regularly scheduled teaching activities, on-going research projects, and the distribution of the fellow's time between specific clinical sites. If more than one clinical site is included, a block rotation schedule should be attached.

**Question 9** - The reporting and educational relationship of the program, program director, and trainee to the core residency should be described.

**Question 10** - Both the method of evaluation and the frequency of evaluation should be indicated. Evaluation should be in a written format. An evaluation form should be submitted as an attachment. Objective evaluation criteria linked to the objectives and the curriculum must be provided.

**Question 11** - The supervision of the trainee in clinical activities in various clinical settings and sites be described. Where applicable, supervision for activities evenings, nights, and weekends should be described. The level of supervision (direct, indirect, oversight) required for various activities of different complexities should also be described.

**Question 12** - Describes the trainee responsibilities. You should describe the responsibility for clinical, research and educational activities. In addition you should include a description of the educational relationship of the trainee to residents in the core program as well as to residents and fellows in other programs in the same healthcare facility. The trainee supervisory relationship to staff and faculty should be described.

**Question 13** - Provide an overview of the educational, research and clinical resources available to the fellow. This should include research funds, travel funds, CME, space, patient volumes, and the availability of procedures if applicable.

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**SSM Health/SLUSOM Non-Standard Training /Non-ACGME Programs**

**PROGRAM INFORMATION**

Clinical Department \_\_\_\_\_ Training Program Title \_\_\_\_\_

Program Director and Academic Title: \_\_\_\_\_ (Attach CV)

Program Director Email and Phone Number: \_\_\_\_\_

Please specify required qualifications of the Program Director (if any):

\_\_\_\_\_

Related ACGME Residency or Fellowship Program: \_\_\_\_\_

Program Duration (1-36 months; please provide rationale if longer than year): \_\_\_\_\_

Number of trainees requested: \_\_\_\_\_ per year    \_\_\_\_\_ total

Program Mailing Address: \_\_\_\_\_

Program Website (if available): \_\_\_\_\_

Program Phone Number and Email Address: \_\_\_\_\_

Training Program Coordinator Name, Phone Number, and Email Address:

\_\_\_\_\_

List all faculty members other than the program director who have responsibility for education or supervision of trainees in the Program:

\_\_\_\_\_

Is the program eligible for accreditation? Yes  No

If yes, list accreditation body: \_\_\_\_\_

If yes, is there a plan to submit for accreditation? Yes  No  If yes, when? \_\_\_\_\_

Is a certification available to program graduates? Yes  No

If yes, list certificate and/or certifying body: \_\_\_\_\_

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**PROGRAM STRUCTURE**

1. Will the trainee have faculty status and perform independent clinical services/billing?  
Yes  No
  
2. Describe the prerequisite education and/or training for entry into this program:  
\_\_\_\_\_
  
3. What is the match/selection process for the trainees?
  
4. Sponsoring Institution: **SSM Health/Saint Louis University School of Medicine**  
Other Affiliated Institutions: \_\_\_\_\_  
  
Participating Sites (must match those of the most closely related ACGME Accredited program):  
\_\_\_\_\_
  
5. Fiscal Resources: \_\_\_\_\_  
What is the source of funding? \_\_\_\_\_
  
6. Describe the purpose and rationale for offering this training program:
  
  
7. Program Goals and Objectives: (Concept development, knowledge acquisition, and skill attainment.)
  
  
8. Describe the required educational experiences and didactic curriculum:
  
  
9. Describe the Relationship of the Program to the related ACGME program and any associated residency/fellowship programs.

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10. Describe how evaluations will be performed. Attach a trainee, faculty, and program evaluation form.
11. Describe the Trainee's Supervision:
12. Describe the Trainee's:
- a. Relationship to other fellows, residents, staff, and faculty:
- b. Responsibilities for patient care, care management, and supervision of other learners:
13. Describe how personnel, clinical services, and other resources will be made available for the program without adverse impact on the education of residents or fellows in the Sponsoring Institution's ACGME-accredited program(s).
14. Is this primarily a research program: Yes  No
- a. If yes, describe how this program will provide advanced clinical training:
15. Does the program include training in patient care procedures? Yes  No
- a. If yes, describe procedural experience requirements:

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**SIGNATURES**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Program Director

\_\_\_\_\_  
Name of Department Chairperson

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Core Residency  
Residency Program Director

\_\_\_\_\_  
Name of Subspecialty Residency  
Program Director (if applicable)

**FOR COMMITTEE USE ONLY**

Reviewed by Graduate Medical Education Committee \_\_\_\_\_  
Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by DIO \_\_\_\_\_  
Action: \_\_\_\_\_ Date: \_\_\_\_\_