

**Graduate Medical Education  
Planning and Partnership Grants FY 2023**

**APPLICATION FORM 2 – NARRATIVE**

**A. Applicant Information**

Applicant Organization:			
Applicant Category (select one):	Hospital Medical School/Health Science Center Community-based Ambulatory Patient Care Center		
City:		Zip:	
County:		State:	Texas
Applicant Contact:			
Position:			
Phone:		Email:	
Total funding requested for two-year period ending 8/31/2025:			

**B. Partner Information**

In this section, enter only the partner(s) projected to have a major role in the investigation and/or development of a new graduate medical education program with first-year residency positions.

Partner 1 Organization:			
Partner Category (select one):	Hospital Medical School/Health Science Center Community-based Ambulatory Patient Care Center		
City:		Zip:	
County:		State:	Texas

Partner 2 Organization:			
Partner Category (select one):	Hospital Medical School/Health Science Center Community-based Ambulatory Patient Care Center		
City:		Zip:	
County:		State:	Texas

Partner 3 Organization:			
Partner Category (select one):	Hospital Medical School/Health Science Center Community-based Ambulatory Patient Care Center		
City:		Zip:	
County:		State:	Texas

### C. Proposed Program Location

Program 1 Specialty:			
City:		Zip:	
County:		State:	Texas

Program 2 Specialty:			
City:		Zip:	
County:		State:	Texas

Program 3 Specialty:			
City:		Zip:	
County:		State:	Texas

### **D. Project Summary**

The summary must identify the Project Goal Statement, as described in **RFA Section 8.3.1**, and provide a brief description of the overall project plan.

#### **RFA Section 8.3.1**

The Project Goal Statement shall identify the ultimate outcome of the project. The planned outcome identified must be selected from one or more of the phases necessary to establish a new GME program(s): Investigation, Planning, and/or Development .

Limit response to the box below.

## **E. Description of Applicant and Partners [RFA Section 8.2.3]**

### **Applicant and Partners**

[Provide a description of applicant and partners expected to participate in the planning process, including the role each would take and the anticipated contribution to the project process.]

**Applicant and Partners (CONTINUED)**

[Provide a description of applicant and partners expected to participate in the planning process, including the role each would take and the anticipated contribution to the project process.]

**Information on Facility(ies) and Service Area(s)**

[Provide information on applicant's and partners' sites that would be used for training residents. Include description of services offered; annual patient volume metrics, such as patients served/admitted and patient visits, as appropriate to the facility type; and applicant's and partner's service area(s). Include additional information considered pertinent by the applicant.]

**Information on Facility(ies) and Service Area(s) (CONTINUED)**

[Provide information on applicant's and partners' sites that would be used for training residents. Include description of services offered; annual patient volume metrics, such as patients served/admitted and patient visits, as appropriate to the facility type; and applicant's and partner's service area(s). Include additional information considered pertinent by the applicant.]

**Learning Opportunities Available for GME**

[For example, how would the patient population meet accreditor educational requirements for volume and variety? How would the facilities have adequate resources for resident education as defined by program accreditor requirements? How would applicant institution provide sufficient faculty to satisfy program accreditor requirements?]



**Learning Opportunities Available for GME (CONTINUED)**

[For example, how would the patient population meet accreditor educational requirements for volume and variety? How would the facilities have adequate resources for resident education as defined by program accreditor requirements? How would applicant institution provide sufficient faculty to satisfy program accreditor requirements?]

**Impact of Other Learners on the Level of Support for Resident Training**

[Other learners at the facility could include nurses, physician assistants, medical students, and other residents.]

**Impact of Other Learners on the Level of Support for Resident Training (CONTINUED)**

[Other learners at the facility could include nurses, physician assistants, medical students, and other residents.]

**Other Characteristics Conducive to the Planning and Operation of a GME Program**

[Include information relating to other environmental conditions in the organization that would be conducive to the planning and operation of a GME program.]

**Other Characteristics Conducive to the Planning and Operation of a GME Program (CONTINUED)**

[Include information relating to other environmental conditions in the organization that would be conducive to the planning and operation of a GME program.]

**F. Assessment of Need for a GME Program [RFA Section 8.2.4]**

[Applicant should discuss the items listed below.]

**Characteristics of the Proposed Program's Community and Service Area**

**Characteristics of the Proposed Program's Community and Service Area (CONTINUED)**

**Economic Implications of Establishment of the Proposed Program in the Community**



**Economic Implications of Establishment of the Proposed Program in the Community (CONTINUED)**

**Availability of Medical Providers in the Proposed Program's Service Area**

**Availability of Medical Providers in the Proposed Program's Service Area (CONTINUED)**

Challenges in Recruiting Physicians (if any)

**Challenges in Recruiting Physicians (if any) (CONTINUED)**

**Other Topics that Applicant Considered in the Assessment of Need for a GME Program**

**Other Topics that Applicant Considered in the Assessment of Need for a GME Program (CONTINUED)**