



Frequently Asked Questions (FAQs): *Back to Bedside*

What is the goal of this initiative?

The purpose of *Back to Bedside* is to support the development of innovative ideas, clinical practices, or policies that will foster a sense of meaning in work while increasing the time physicians have to spend in the care of their patients. The means by which each project does this is deliberately left up to the team. We believe that by encouraging residents and fellows to look at their own environment and find innovative ways to improve their own derivation of meaning, we can effect lasting change in the delivery of quality patient care.

Who can apply?

Any resident or fellow with an innovative idea and institutional and/or program support can apply. The resident or fellow must be in an ACGME-accredited program as of July 1, 2019. CRCR members are not eligible to apply, though other residents in their programs or institutions may apply.

What if I apply for *Back to Bedside* and then graduate in June 2020?

Involvement in the project does not need to stop when the resident or fellow is no longer in training, as long as he or she continues his or her affiliation with the program or institution where the project is being implemented, and the program or institution is willing to continue to support his or her active role. Proposals must include a project succession plan, with particular attention to addressing trainee turnover during the entire cycle of the project.

What if my project idea isn't for an inpatient setting?

Patient care occurs in many different settings. *Back to Bedside* proposals need not be inpatient in nature. The goal of *Back to Bedside* is to return trainees, and all physicians, to the most important work – engaging in meaningful patient care. Applicants have the flexibility to implement this idea in whatever innovative way(s) they see fitting for their particular clinical setting(s).

Is this about reducing computer/documentation work?

No. Though reducing computer and clerical work is one change that may allow physicians more freedom to return to their patients' bedside, awarded *Back to Bedside* funds are not intended to be used to hire scribes. We expect that applicants and their institutions will modify clinical practices in innovative ways to return trainee physicians to more active care of their patients.

How will information be disseminated beyond the awardees?

Awardees will collaborate as part of a *Back to Bedside* learning community. This will occur via in-person meetings, as well as through synchronous and asynchronous online collaborative tools. The goal is to share best practices as the various awardees and institutions progress through their innovation projects together. Throughout each project's development, there will be opportunities to share experiences with the wider GME community through avenues including, but not limited to, the *Journal of Graduate Medical Education* and panels or sessions at the ACGME Annual Educational Conference.

Will applicants who do not receive an award have an opportunity to engage with the initiative in other ways?

Absolutely! The experience that a resident or fellow gains in completing the *Back to Bedside* application is a first step towards planning and implementing a project. Even if a particular proposal is not selected to receive ACGME funding, we encourage applicants and institutions to implement their ideas. Experiences from these non-awardee projects could certainly also be shared via avenues listed above. We welcome other ideas for engagement as we move forward.

What is the makeup of a *Back to Bedside* 'team,' and are there essential roles that must be filled (e.g., resident, mentor, administrator, etc.)?

The team *must include* at least one resident or fellow leader and one staff or faculty mentor. There are no other specific roles that must be filled. Nor is there a limit to other members of the team with respect to number, qualifications, or roles. However, for logistical considerations, no more than five team members – including at least one trainee and one staff/faculty mentor – should plan to attend any of the *Back to Bedside* collaborative events. As with other aspects of the *Back to Bedside* initiative, we have left these details to the individual projects, as the applications are the best place for project proposals to define their individual needs.

- Other team members to consider: a patient or public member; an administrative member; a technology expert; an evaluation expert; or a project management expert.

What is the role of the mentor?

The role of the mentor is to guide and support each team as it moves forward with planning and implementing its *Back to Bedside* project. The staff or faculty mentor is expected to attend at least two of the Collaborative sessions, and should be supported by the institution to provide mentoring throughout the life cycle of the project. It is expected that mentors would assist in planning/development, encouraging trainee members throughout the implementation process, securing institutional support, and in any number of other ways, as necessary.

When will awarded grant money be distributed?

The expected project start date is July 1, 2019.

Who will select the awardees?

Each submission will be reviewed based on the merits of the proposal in a blinded fashion using a standardized evaluation sheet, separately by two individuals. This evaluation will then be considered, along with the project in its entirety, by an evaluation committee made up of members of the ACGME's CRCR, Council of Review Committee Chairs, Council of Public Members, and Board of Directors. The *Back to*

Bedside Work and Advisory Group will determine the final selection of awardees. Awarded projects will be announced on or about May 15, 2019.

How much direct funding is the institution or organization expected to provide?

The contribution amount will vary by institution and proposal. The home organization is specifically asked to provide funds for the following:

- Travel and lodging for at least two (and up to five) project members to attend up to three two-day collaborative meetings with other awardees at the ACGME offices in Chicago, Illinois over the course of the award funding period.
- Funds for registration fees (estimated at \$550), travel, and lodging expenses for at least two (and up to four) project members to attend and present at the 2021 ACGME Annual Educational Conference in Nashville, Tennessee.

Further costs related to administrative support, clinical implementation of the project, and those occurring beyond the ACGME grant-funded time period, may occur, and will vary based on the scope of the project.

Awarded money may *not* be used for the following:

- Support for travel and lodging for project-associated meetings (support must be committed by the institution as outlined above)
- Institutional overhead
- Indirect costs

Who should write the institutional leadership support letters?

The individual best suited to write the institutional leadership support letter will vary based on home institution. The writer may be a program director or the designated institutional official, but may be another individual, as the applicant sees fit. It is expected that this letter be written by an individual with direct oversight of and with relative control over daily trainee activities, scheduling, and funding. Ideally, this individual would also be relatively well connected to other home institutional entities that might provide support for the project, including, but not limited to, directors of clinical operations, organizational leadership (CEOs, CFOs), and other individuals with administrative oversight responsibilities.

May we request an extension for our project past the March 15 deadline?

The *Back to Bedside* Work and Advisory Group will not grant extensions, and will only consider complete submissions that are received by March 15, 2019. Submissions received after midnight on March 16 or incomplete submissions will not be considered for this round of funding.