

## **ACGME *Back to Bedside* Initiative Request for Grant Proposal (RFP) 2019-2021**

The Accreditation Council for Graduate Medical Education (ACGME) announces continued support of its *Back to Bedside* initiative. The initiative's aim is to empower residents and fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their patients. Ultimately, the goal is to improve clinical learning environments in impactful ways with lessons that can be broadly disseminated and solutions that can be implemented at multiple institutions.

This cycle of award funding will reflect lessons learned from the first cohort of awardees, including an additional focus on community and outpatient environments, an explicit emphasis on interdisciplinary efforts, and closer alignment with the academic year.

### **Key Dates**

- Announcement October 29, 2018
- RFP Released to Community October 25, 2018
- Proposal Due March 15, 2019
- Applicants Receive Notification of Selection May 8, 2019
- Public Announcement of Selected Sites May 12, 2019
- Award Start Date July 1, 2019
- First Collaborative Meeting (Chicago, Illinois) Aug 2-3, 2019
- Second Collaborative Meeting (Chicago, Illinois) May 2020
- Third Collaborative Meeting (Chicago, Illinois) September 2020
- Annual Educational Conference (Nashville, Tennessee) March 2021

## **Opportunity Description**

The ACGME is seeking proposals for awards for resident- and fellow-developed, innovative, grassroots strategies to improve, foster, or cultivate meaning in clinical learning environments. Sponsoring Institutions, participating sites, or programs must support these innovations through investment in time, mentoring, facilities, and funding.

Specifically, institutions will be asked to provide confirmation of a commitment to support awarded residents and fellows with the following:

- Allotted time and administrative resources commiserate with the project needs.
- Funds for 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, travel, and lodging expenses for at least two (and up to four) project members to attend the 2021 ACGME Annual Educational Conference in Nashville, Tennessee.

Awardees will be expected to implement their projects, provide a mid-project update, and report on their findings at the 2021 ACGME Annual Educational Conference.

## **Principal Aim of *Back to Bedside***

The overarching aim of *Back to Bedside* is to cultivate joy in work through improving the physician-patient relationship. Specifically, finding meaning in the time when the resident/fellow and the patient have substantive interactions; these often occur at the patient's 'bedside' but can be anywhere patients and physicians connect.

Increasingly, the provision of patient care and academic learning is occurring away from the patient bedside. External pressures, including administrative burdens, electronic health record requirements, production pressures, built-in inefficiencies, and other local influences are responsible for this shift in the delivery of medical education. In several ACGME-accredited Sponsoring Institutions and programs, residents and fellows are finding ways to combat these pressures and return to their patients' bedside – improving both their GME experience and patient care.

Recognizing that residents and fellows are uniquely equipped to identify areas for improvement in GME, the *Back to Bedside* initiative supports trainees across a diverse range of Sponsoring Institutions and programs to lead transformative projects to address the shifting needs of learners in a rapidly changing healthcare environment. In addition, *Back to Bedside* creates a learning Collaborative for the awardees to support program and institutional change, while establishing a framework to scale innovations for national dissemination.

*Back to Bedside* hopes to support processes, initiatives, curricula, projects, or other activities designed and implemented by and for residents and fellows. By fostering activities that build a sense of meaning in work and reminding residents and fellows of the reason they entered the profession in the first place, this initiative hopes to encourage all trainees to look at how they can improve their learning environments.

## **Background**

The ACGME Council of Review Committee Residents (CRCR) is a 31-member multi-specialty panel of residents and fellows who serve as resident members of the ACGME Review and Recognition Committees. The group serves as an advisory body to the ACGME Board of Directors, and much of its work is done through intense exploration of focused topics undertaken at each of two annual meetings.

In May 2016, the focused topic was “Meaning in Work.” The session opened with an introduction to the theories of Daniel Pink, among others, on internal motivation and personal satisfaction. Central to the theory is that satisfaction in work and life is attained when three conditions are met: (1) personal autonomy; (2) potential for or attainment of mastery; and (3) meaning in work.<sup>1</sup> These ideas are reflected in the work of many other writers and researchers, including Shanafelt et al. from Mayo who found that surgeons who experienced the lowest rates of burnout were those who found meaning in their daily work.<sup>2</sup>

The CRCR undertook an exploration of how residents and fellows can find meaning in their daily work. A consensus emerged that the patient-doctor relationship was the central facet of meaning in work during medical training and professional life, and the *Back to Bedside* initiative was born.

The first round of funding was planned to be distributed to five projects for one year beginning in January 2018, with a possible renewal for a second year. Due to the overwhelming response and a total of 223 applications, the ACGME responded by increasing the allocated funding to provide support for a total of 30 projects. These represented 15 specialties across 16 states. These projects are currently in progress throughout the GME community, and these 30 project teams have created meaningful patient interactions in a variety of environments. Their successes, which will be highlighted at the 2019 ACGME Annual Education Conference in Orlando, Florida, continue to inspire their local institutions and have led directly to the ACGME’s decision to extend the awards for another cycle.

## **Requirements for a Proposed Activity**

Initiative Goal: Promote trainee-initiated projects to improve the meaning in daily work by helping residents and fellows get back to their patients' bedside.

### **Key Elements**

1. Trainee-driven, patient-centered
2. Collaborative
3. Generalizable and sustainable
4. Support from an ACGME-accredited Sponsoring Institution or clinical site with ACGME-accredited programs
5. Assessment and evaluation of the outcome of the project through an Internal Review Board (IRB)-approved methodology, IRB exemption, or non-human subjects determination for quality improvement
6. Mentor support

### **Award Tiers**

A total of \$260,000 in awards is available for up to 32 projects. Teams may apply for funding at one of three different levels depending on the scope of their proposal. As a primary goal of the initiative is to widely support resident and fellow-led innovations, approximately three times as many Tier 3 awards will be available than Tier 1 awards. Applicants should carefully consider the appropriate funding level for the needs of their project. Projects will only be considered for the tier specified in the proposal.

Tier 1 - \$15,000

Tier 2 - \$10,000

Tier 3 - \$ 5,000

Fifty percent of funds will be distributed on July 1, 2019. Remaining funds will be distributed on July 1, 2020, contingent upon project progress.

### **Evaluation and Assessment**

Each proposal should include an evaluation plan that focuses on those outcomes or activities that the project leader would consider evidence of successful implementation of the project. Unlike the 2017 funding period in which a standard survey tool was mandated for all projects; in this second round, the ACGME will provide suggested survey tools but will not require all projects to use the same tool. Applicants are encouraged to look at methods to assess involved trainees' sense of autonomy, meaning or joy in work, and patient-focused outcomes as primary project outcomes.

Proposals should clearly specify the design as quantitative, qualitative, or quality improvement. For quantitative and qualitative projects, IRB approval/exemption is not required prior to submission of the proposal, but is expected in order to occur in a timely fashion to allow project completion prior to the March 2021 Annual Educational Conference. Quality improvement projects must be appropriately approved at the clinical site (for example, the project should receive non-human subjects' determination by appropriate institutional personnel).

## General Submission Information

Use 12-point font and one-inch margins; include the budget, letters of commitment (required), and letters of support (optional) as a single PDF.

**ALL DOCUMENTS MUST BE SUBMITTED AS ONE SINGLE PDF TO BE CONSIDERED.**

Apply at <https://www.surveymonkey.com/r/backtobedsideproposals>

To be considered responsive to this RFP, each applicant must answer all of the questions, and ensure that each answer does not exceed the specified length (word total) noted, to include indication if a question does not apply.

Based on submission of all required information and requested documentation, an application will be deemed responsive or non-responsive. Non-responsive applications will not be considered.

This is a competitive award process. Awards will be based on the strength of the proposal and the needs of the *Back to Bedside* initiative.

## **APPLICATION**

### **I. Contact information**

1. Application Title:

2. Primary Trainee Contact information:

a) Name:

b) Address:

c) PGY/program:

d) E-mail (permanent):

e) Phone:

3. Team Members (for each team member, include permanent e-mail and PGY/position):

4. Mentor (for each mentor, include permanent e-mail and position/title):

5. Sponsoring Institution:

a) Name:

b) Address:

c) ACGME Sponsor Code:

d) Name of Primary Contact for Application:

e) E-mail:

f) Phone:

## II. Initiative Narrative

1. Describe your concept for an innovation to foster trainee meaning in work and get residents and fellows *Back to Bedside*. (Limit 500 words)
2. Detail your plan for evaluation of the progress of your project. Consider validated measurement tools and qualitative and quantitative study methodologies in your project design. Please provide specific survey or study tools intended for use and details for other evaluation tools and timelines for implementation. Please note that at least three time points for data collection, including baseline measurements are highly encouraged. (Limit 300 words)
3. Include a projected timeline outlining major milestones, including: IRB/quality improvement designation; intervention implementation; data collection; analysis; and manuscript development.
4. One of the key aspects of this project is to disseminate novel means of improving work satisfaction by getting trainees back to their patients' bedside. Describe your concept for collaboration and dissemination of your project within your institution, other associated clinical sites, or through other means to impact other trainees. (Limit 250 words)
5. Describe the project succession plan, with particular attention to addressing trainee turnover during the entire cycle of the project. (Limit 250 words)

## III. Budget

1. Specify the funding tier for which you are applying.
  - a. Tier 1 - \$15,000
  - b. Tier 2 - \$10,000
  - c. Tier 3 - \$ 5,000

## Budget Instructions

Provide a detailed budget for the two-year project period. The submitted budget must be detailed and specific.

The budget may include:

- Support for research personnel (e.g., statistician, research assistant)
- Materials and supplies
- Licensing fees for measurement tools (e.g., Maslach Burnout Inventory)
- Publication costs
- IRB costs
- Technology development or capital expenses

The budget for award money may not include:

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

#### **IV. Letters of Commitment**

(1) Include a letter of financial commitment from the designated institutional official (DIO) of your institution that explicitly states that the institution will contribute support, including time, administrative resources, and funds for the following:

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

(2) The role of the faculty mentor is critical to the success of these projects. Include a letter of support for the project from the identified faculty mentor. The faculty mentor is expected to attend at least two of the Collaborative sessions, and should be supported by the institution to provided mentoring throughout the lifecycle of the project. The mentor letter of support should explicitly detail what skill sets he or she brings to support the specific project.

#### **V. Letters of Support**

Applicants **may** submit up to three additional letters from leadership within the Sponsoring Institution, clinical site, or program in support of the proposal. Such letters should not exceed two pages.

1. Pink D. *Drive: The Surprising Truth About What Motivates Us*. Riverhead Books; 2009.
2. Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Annals of surgery*. 2010;251(6):995-1000.



## Back to Bedside Proposal Submission Checklist:

DEADLINE: March 15, 2019

*Applications must be submitted before midnight on March 16.*

### Have you completed the following?

- Application (required)
  
- Initiative Narrative (required)
  - *All questions answered, within word limits, including an indication if a question does not apply.*
  
- Documents
  - *Use 12-point font, one-inch margins, and submit the following as a single PDF:*
    - Budget (required)
    - Letters of commitment (required)
    - Letters of support (optional and encouraged)

**ALL DOCUMENTS MUST BE SUBMITTED AS ONE SINGLE PDF TO BE CONSIDERED.**