The Accreditation Council for Graduate Medical Education (ACGME) announces “Back to Bedside” – a new initiative designed to promote resident/fellow-initiated projects to improve the meaning in their daily work and return interns, residents, and fellows (henceforth collectively termed “trainees”) back to their patients’ bedsides. The ACGME believes that reigniting and strengthening the bond between trainees and their patients and helping trainees to find increased meaning in their daily work can promote trainee well-being, and will help to mitigate trainee burnout, improve patient care and patient satisfaction, and ultimately lead to better clinical learning environments to educate the physicians of tomorrow.

With ACGME support, this initiative will encourage trainee innovators to improve their clinical learning environments in a meaningful way. The goal of Back to Bedside is to identify and develop clinical best practices that improve both trainee education and perception of meaning in work. These practices can then be disseminated broadly across the graduate medical education (GME) community.

**Key Dates**
- Announcement/roll-out: May 2017
- Proposal due: Aug. 5, 2017
- Back to Bedside Evaluation Committee review: Aug. 15-Sept. 15, 2017
- Recommendation to ACGME Board of Directors: Sept. 23, 2017
- Applicants receive notification: Oct. 1, 2017
- Public announcement of selected sites: Oct. 15, 2017
- First pre-meeting in Chicago (1 day): Oct./Nov. 2017
- Award start date: Jan. 1, 2018
- Second meeting in Chicago (1 day): Aug. 2018
- Presentation/third meeting at 2019 ACGME Annual Educational Conference: Mar. 2019

**Opportunity Description**
The ACGME is seeking proposals for trainee-developed, innovative strategies that improve, foster, or cultivate meaning in the clinical work of trainees. These proposals should reflect significant trainee engagement and involvement, but do not need to be solely trainee-developed. Faculty member or other appropriate staff member mentoring and guidance in these projects will be critical to a
successful proposal and a sustainable project. Sponsoring Institutions, participating sites, and/or programs should provide evidence of significant support for these trainee-driven innovations (e.g., via time, mentoring, facilities, financial support).

Specifically, institutions will be asked to provide a statement of commitment to supporting trainees/programs with allotted time and administrative resources, as well as funding for at least one (up to four) trainee project members and their staff mentor to travel to the ACGME headquarters (Chicago, IL) for two collaborative meetings with other Back to Bedside awardees. In addition, funding for the project team to present its work at a Back to Bedside session at the 2019 ACGME Annual Educational Conference will be asked of the Sponsoring Institution. Awards of $10,000 per year may be requested for up to a two-year period, based on project scope and intent.

**Principal Aim of Back to Bedside**

In GME training programs, learning is increasingly occurring away from the patient bedside. External pressures responsible for this shift in the delivery of medical education include growing administrative burdens, electronic health record requirements, financial or production pressures, ingrained inefficiencies, and other local influences. In several ACGME programs, trainees have found innovative ways to combat these pressures and return to their patients' bedside – improving both their GME experience and patient care.

The aim of Back to Bedside is to improve trainees' education and resilience by cultivating behaviors that add meaning to daily clinical work while simultaneously improving the physician-patient relationship. These patient-physician interactions most often occur where the patient is physically present – notionally, at the ‘bedside’ – whether that is in an exam room, at the inpatient bedside, at an outpatient clinic, in the Emergency Room, or any number of other clinical settings.

Recognizing that trainees are uniquely equipped to identify areas of GME in need of improvement, the Back to Bedside initiative provides support for trainees across a diverse range of medical specialties to lead transformative projects within their clinical setting(s). This initiative aims to address the changing needs of learners in a rapidly changing health care environment. In addition, Back to Bedside will create a learning coalition of all awardees, encouraging institutional change and establishing a framework for national dissemination of innovations.

Through Back to Bedside, we hope to build a toolbox of patient-centered processes, curricula, projects, and other initiatives designed and implemented by trainees to improve their sense of personal and professional well-being. By fostering a sense of meaning in work and reminding trainees of the reason they entered the medical profession, we hope to encourage trainees to improve their own learning environments and get back to the bedside.
Background
The Council of Review Committee Residents (CRCR) is a 31-member multi-specialty panel of residents and fellows who serve as resident members of the various ACGME Review Committees. The CRCR serves as an advisory body to the ACGME Board of Directors. Much of the Council’s work is done through intense exploration of focused topics undertaken at each of two annual meetings.

In May 2016, the focused meeting topic was “Finding Meaning in Work.” The session opened with an introduction to Daniel Pink’s theories of internal motivation and personal satisfaction. Central to these theories is the idea that satisfaction in work is attained when three conditions are met:

1. personal autonomy;
2. potential for or attainment of mastery; and,
3. perception of meaning in work.¹

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.² Additional work by Shanafelt showed that engaging in work considered ‘meaningful’ by physicians for 20% of their time reduced the risk of burnout from 54% to 30%.³ With this information as background, the CRCR undertook an exploration of how trainees can find meaning in their daily work. The realization that there were many ideas at the trainee level, but the ability to implement those ideas faced barriers not limited to funds, support, and recognition of the expertise of the front line trainee’s experience. From that discussion was born the idea for Back to Bedside.

Requirements of a Proposed Activity
Initiative goal: Promote trainee-initiated projects to improve the meaning they find in their daily work by helping trainees get back to their patients’ bedside.

Key Elements
1. Trainee-driven
2. Collaborative
3. Shared experiences
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, including IRB exemption

Grant Award
Funding from the ACGME for up to five projects has been dedicated to this initiative. Projects will be competitively selected from the submitted proposals. The grant will be $10,000 per year, renewable for a total of two years, awarded based
on adherence to the five key elements listed above, as well as the evidence of sustainability based on the details of the proposal, the level of organization or institutional commitment to the project, and the likelihood of the project meeting the aspirational goals of reigniting and strengthening the bond between trainees and their patients and helping trainees to find increased meaning in their daily work.

**Evaluation and Assessment**
Proposal should include plans for pre-, mid, and post-term implementation assessment by the project leaders. Implicit in the evaluation is an IRB-approved assessment tool, such as, but not limited to, a validated, anonymous survey of trainees regarding metrics associated with well-being and burnout. The ACGME has delineated such a survey tool that will be provided to the project teams. This tool can be provided in advance on request and will be provided to awardees in time for any required IRB approval.

Evaluation plans should focus on those activities or outcomes that the project leader would consider evidence of successful implementation of the project. IRB approval/exemption is not required prior to submission of the proposal. However, it is required prior to the awarding of grant funds.
APPLICATION

I. Contact information

1. Application Title:

2. Primary Trainee Contact information:
   a) Name
   b) Address
   c) PGY/program
   d) E-mail:
   e) Phone:

3. Team Members:

4. 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 trainees Back to Bedside. (Limit 500 words)

2. Recognizing that measurement frameworks for monitoring progress and evaluating the impact of Back to Bedside will develop over time, please offer some initial ideas for how your team would measure progress toward addressing the selected finding. Please include a realistic timeline for obtaining IRB approval/exemption at your institution for the project. (Limit 250 words)

3. 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. Please describe your concept for collaboration and dissemination of your project within your institution, to other associated clinical sites, or through other means to impact other trainees. This could include other medical health professionals, if appropriate. (Limit 250 words)

III. Budget Instructions and Forms

Budget
Please provide a detailed budget for each year of requested funding.

Applicants may request up to $10,000 per year for two years toward their project.

Applicants’ institutions must be willing to contribute support, including time, administrative resources, and funds for at least one (up to four) project members to travel to the ACGME Headquarters (Chicago, IL) for two collaborative meetings with other awardees over the course of the award funding period and to the 2019 ACGME Annual Educational Conference to present their work. Please include a letter of commitment to this effect from the designated institution official (DIO) of your institution.

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

Please use 12-point font and 1-inch margins and include the letters as PDFs with the application.

Please send all applications by e-mail to BackToBedside@acgme.org.
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. This includes 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.