Frequently Asked Questions (FAQs): Back to Bedside Multi-Program Arm

Opportunity Description
The ACGME seeks proposals for funding awards to support a two-year, multi-program project studying the implementation of a resident- and/or fellow-developed intervention to improve, foster, or cultivate meaning in clinical learning environments by enhancing contact with patients. This proposal must be based on a previously impactful single-institution or single-program intervention in the spirit of Back to Bedside.

What is the goal (“spirit”) of Back to Bedside?
The aim of the ACGME’s Back to Bedside initiative is to empower residents and fellows to develop and lead 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.

Recognizing that residents and fellows are uniquely equipped to identify areas for improvement in graduate medical education (GME), Back to Bedside supports processes, initiatives, curricula, projects, or other activities designed and implemented by and for residents and fellows across a diverse range of Sponsoring Institutions and Programs. 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 strives to encourage all residents and fellows to look at how they can improve their learning environments.

Ultimately, the goal of this initiative 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.

With this goal in mind, this cycle of award funding will include a novel multi-program arm with the intent of implementing a previously successful intervention in the spirit of Back to Bedside across different GME and clinical learning settings and with a larger population of residents and fellows. One multi-program project will be funded during this first iteration and will be overseen by a Project Leader, to be selected through a competitive application process. This individual will oversee selection of participating programs and their resident/fellow project leader, and manage implementation, data collection and analysis, and publication of project outcomes.
Can a project that has not been previously implemented be proposed for this multi-program study?
The ACGME is not accepting novel project proposals. Proposed interventions/projects must have been previously developed and implemented. Letters of interest must include metrics or outcome data from the first iteration of the project.

What defines a participating program, site, or institution?
A participating program is any ACGME-accredited residency or fellowship program at an ACGME-accredited Sponsoring Institution. A site is any clinical site housing a participating program, which may or may not be part of multiple clinical sites under a single institution. An institution is any ACGME-accredited Sponsoring Institution.

Can multiple participating programs be at the same institution?
The aim of the multi-program arm is to implement and test the generalizability of a previously successful intervention in the spirit of Back to Bedside. Therefore, preference will be given to proposals that include participating programs at multiple sites and/or institutions. Recognizing the complexity of health systems, however, consideration will be given to proposals that include multiple programs within a single institution, particularly if there is geographic and/or cultural diversity across these programs.

If the Project Leader must be a junior faculty member, how does the ACGME define a junior faculty member?
For these purposes, the ACGME is defining a “junior faculty” member as someone at the Assistant Professor rank or lower and/or in their faculty role for fewer than 10 years from completion of residency and/or fellowship.

Must the Project Leader devote FTE to this role?
The ACGME believes the role of the Project Leader to be crucial to the success of the multi-program arm. In addition to data management, frequent communication with participating sites and the Back to Bedside Work and Advisory Group will be required, as will travel to Learning Collaborative meetings and the 2024 ACGME Annual Educational Conference. The ACGME expects that FTE be devoted to this commensurate with the funding provided.

Must the multi-program project be instituted at the Project Leader’s home clinical site?
Yes. The ACGME believes that close contact with a participating program will increase the Project Leader’s familiarity with the progress and challenges of the project. For this reason, a program from the Project Leader’s clinical site will be expected to apply as a participating program. The Project Leader will have the choice of whether to act in the additional capacity of Faculty Mentor or make arrangements for a different individual to serve in this role.

What is the role of the Faculty 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 Learning 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 resident/fellow members throughout the implementation process, securing institutional support, and in any number of other ways, as necessary.
Are there restrictions on how the funds may be used?
Funding awarded to the Project Leader may not be used for institutional overhead or indirect costs. Travel for the Project Leader will be funded separately, so funds also cannot be used for this purpose.

Email backtobedside@acgme.org with any additional questions.