ACGME Back to Bedside Initiative
Request for Grant Proposal (RFP) 2022-2024
Single-Program Arm

The Accreditation Council for Graduate Medical Education (ACGME) announces continued support of its Back to Bedside initiative for a third funding cycle to begin July 1, 2022. The aim of Back to Bedside 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 of this initiative is to improve clinical learning environments in equitable and impactful ways with lessons that can be broadly disseminated and solutions that can be implemented at multiple institutions.

**Key Dates**

- **Announcement**: November 1, 2021
- **RFP Submission Deadline**: February 21, 2022
- **Awardees Notified**: May 9-13, 2022
- **Acceptance Deadline**: May 16, 2022
- **Public Announcement of Awardees**: June 23, 2022
- **Award Start Date**: July 1, 2022
  - Learning Collaborative 1: August 14-15, 2022
  - Learning Collaborative 2: May 7-8, 2023
  - Learning Collaborative 3: October 15-16, 2023
  - ACGME Annual Educational Conference: March 7-10, 2024
- **Award End Date**: June 30, 2024
Principal Aim of *Back to Bedside*

The overarching aim of *Back to Bedside* is to cultivate joy and meaning in work by improving the physician-patient relationship, specifically during the time when residents/fellows and their patients have substantive interactions; these often occur at a 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 graduate medical education (GME) experience and patient care.

Recognizing that residents and fellows are uniquely equipped to identify areas for improvement in GME, *Back to Bedside* supports residents and fellows across a diverse range of Sponsoring Institutions and programs to lead transformative projects that address the ongoing need for learners to connect deeply with patients despite a rapidly changing health care environment. In addition, *Back to Bedside* creates a Learning Collaborative for the awardees to support programmatic 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 residents and fellows to look at how they can improve their learning environment.

**Background**

In May 2016, the ACGME Council of Review Committee Residents (CRCR) held a meeting with the focused topic of “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.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

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 central to meaning in work during medical education and
training and professional life, and the Back to Bedside initiative was born.

The success of Back to Bedside has been overwhelming. In the first two cycles, 63 projects at programs across the country have been funded. The outcomes of projects in both cycles have been disseminated through numerous presentations, posters, and peer-reviewed publications, fueling the growth of Back to Bedside into a larger movement to keep joy and meaning through patient connection at the forefront of GME.


Opportunity Description
The ACGME seeks proposals for funding awards to support two-year, single-program projects. These projects must study the implementation of a resident/fellow-developed intervention that equally values individuals and populations, to enhance meaning in clinical learning environments through fostering contact with patients.

Awardees will receive mentorship and education from the ACGME in the form of semi-annual Learning Collaboratives held at ACGME office in Chicago, Illinois. These interactive gatherings are designed to build necessary skills for project management and implementation, as well as opportunities for networking and collaboration with other awardees, and with leaders in the ACGME. The final Collaborative will be held at the 2024 ACGME Annual Educational Conference in Orlando, Florida.

Awardees will be expected to implement their projects, provide quarterly project updates, attend all Learning Collaborative meetings, and report on their findings at the 2024 ACGME Annual Educational Conference.

Requirements for a Proposed Activity
Initiative Goal: Promote resident- or fellow-initiated projects to improve the meaning in daily work by helping them get back to their patients' bedside.

Key Elements
1. Resident- or fellow-developed, patient-centered
2. Sustainable
3. Supported by an ACGME-accredited Sponsoring Institution or clinical site with ACGME-accredited programs (see FAQ for details of expected support)
4. Evaluated using a well-defined outcomes measure
5. Approved by Internal Review Board (IRB), or have IRB exemption or Non-Human Subjects Research determination for quality improvement
6. Supported by a Faculty Mentor (see FAQ for definition of this role)
This cycle, additional consideration will be given to proposals that address the intersection of meaning in work, enhanced patient contact, and inclusion or health inequities.

**Award Tiers**

Teams may apply for funding at one of three different levels depending on the scope of their proposal. 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, 2022. The remaining funds will be distributed on July 1, 2023, contingent upon completion of quarterly updates, attendance at Learning Collaboratives, and overall project progress.

**Evaluation and Assessment**

Each proposal should include an evaluation plan that focuses on those outcomes or activities the project leader would consider evidence of successful implementation of the project. No standard scale is being mandated across all projects; however, use of validated tools is recommended. Applicants are encouraged to look at methods to assess residents’/fellows’ 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 to occur in a timely fashion to allow project completion. Quality improvement projects must be appropriately approved at the clinical site (for example, the project should receive Non-Human Subjects Research determination by appropriate institutional personnel).

**Sponsoring Institution Responsibilities**

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:

- allotted time and administrative resources commensurate with the project needs;
- funds for travel and lodging for the Resident/Fellow Project Lead and Faculty Mentor, and up to three additional resident/fellow project members, to attend three two-day Learning Collaborative meetings with other awardees at the ACGME office in Chicago, Illinois over the course of
the award funding period; and,

- funds for registration fees, travel, and lodging expenses for the Resident/Fellow Project Lead and Faculty Mentor, and up to three additional resident/fellow project members, to attend the 2024 ACGME Annual Educational Conference in Orlando, Florida.

**Submission Instructions**

Use the template below to draft your proposal and submit final answers via [THIS SURVEY](#) by 11:59 p.m. on February 21, 2022. Late submissions will not be accepted.

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

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

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.

The proposal must include the following sections:

**I. Contact information**

1. Project Title:

2. Resident/Fellow Project Lead Contact Information:
   a) Name:
   b) Address:
   c) Specialty/Program, PGY/Total:
   d) Email (permanent):
   e) Phone

3. Resident/Fellow Team Members (for each team member, include permanent email and PGY)

4. Faculty Mentor Contact Information:
   a) Name:
   b) Address:
   c) Specialty/Program, Title:
   d) Email (permanent):
   e) Phone

5. Sponsoring Institution:
   a) Name:
b) Address:
c) ACGME Sponsor Code:
d) Name of Primary Contact for Application:
e) Email:
f) Phone:

II. Initiative Narrative
1. Describe your concept for an innovation to foster meaning in work and get residents and fellows back to the bedside, including, if applicable, any efforts to foster inclusion and health equity. (Limit 600 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. Provide specific survey or study tools intended for use and details for other evaluation tools and timelines for implementation. 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. Describe your concept for dissemination of your project and outcomes to impact other residents and/or fellows. (Limit 250 words)

5. Describe the project succession plan, with particular attention to addressing resident/fellow turnover during the entire cycle of the project. (Limit 250 words)

III. Award Tier
Applicants must apply for funding at one of three levels depending on the scope and needs of their project. Indicate the funding tier for the proposed project.

   Tier 1 - $15,000
   Tier 2 - $10,000
   Tier 3 - $  5,000

Upload the following as one single PDF document:

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

IV. Budget Instructions and Forms
Provide a detailed budget for the two-year project period. The submitted budget
must be detailed and specific. The budget may include:

- Support for data management and 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

V. Letters of Commitment

1. Include a letter of financial commitment from the designated institutional official of your institution that explicitly states that the institution will contribute support, including time, administrative resources, and 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 office in Chicago, Illinois over the course of the award funding period. Faculty Mentor attendance is encouraged; and,
   - funds for registration fees (estimated at $550), travel, and lodging expenses for at least two (and up to five) project members to attend and present at the 2024 ACGME Annual Educational Conference in Orlando, Florida. Faculty Mentor attendance is encouraged.

2. Include a letter of support from the program director indicating approval for the project to be implemented and support for the attendance of Resident/Fellow Project Lead and up to three additional project members at the activities listed above.

VI. 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.