



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

### **What is the goal of this initiative?**

The purpose of the Accreditation Council for Graduate Medical Education's (ACGME) *Back to Bedside* initiative is to support the development of innovative resident- and fellow-led projects (ideas, clinical practices, policies, etc.) that enhance the patient-physician relationship and, thereby, build meaning and fulfillment in their work. The means by which each project does this is deliberately left up to the team. The core belief is that encouraging residents and fellows to look at their own environment and find innovative ways to improve connection with patients can effect lasting change in the delivery of quality patient care while enhancing joy and meaning in graduate medical education (GME).

### **Who can apply?**

Any resident or fellow with an innovative idea and institutional and program support can apply. The resident or fellow must be in an ACGME-accredited program as of July 1, 2026. ACGME Council of Review Committee Residents (CRCR) members are not eligible, though other residents in their programs or institutions may apply.

### **What if a resident or fellow applies for *Back to Bedside* and then graduates in June 2027?**

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

### **What if a 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 residents/fellows, and all physicians, to the most important work—engaging in meaningful patient contact. Applicants have the flexibility to implement this idea in whatever innovative way(s) they see fitting for their 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 for interventions such as hiring scribes. The ACGME expects that applicants, their programs, and their institutions will modify clinical practices in innovative ways to return

resident/fellow physicians to more active care of their patients. See *Back to Bedside* [Project Highlights](#) for examples of previously funded projects.

### **How will information be disseminated beyond the awardees?**

Awardees will connect and work together as part of a *Back to Bedside* Learning Collaborative. This will occur via in-person meetings and through virtual check-in meetings as outlined in the Request for Proposals (RFP). 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 a poster session and panels or educational 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?**

The experience that a resident or fellow gains in completing the *Back to Bedside* application is a first step toward planning and implementing a project. Even if a particular proposal is not selected to receive ACGME funding, the ACGME encourages applicants and institutions to implement their ideas. Experiences from these non-awardee projects could also be shared by submitting an abstract for consideration at the ACGME's Annual Educational Conference or to the *Journal of Graduate Medical Education (JGME)* during their annual call for new ideas. The ACGME welcomes other ideas for engagement as the initiative moves 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)?**

The team *must include* at least one Resident or Fellow Lead and one 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 total, including at least one resident or fellow and one Faculty Mentor, should plan to attend any of the *Back to Bedside* Learning Collaborative events. As with other aspects of the *Back to Bedside* initiative, these details are left to the individual projects, as the applications are the best place for project proposals to define their individual needs.

- Other team members to consider: patients or public members; medical students; nurses; an administrator; a technology expert; an evaluation expert; or a project management expert

### **What is the role of the Faculty Mentor?**

The role of the Faculty Mentor is to guide and support each team as it moves forward with planning and implementing its *Back to Bedside* project. The Faculty Mentor is expected to attend the in-person Learning Collaborative sessions and should be supported by the institution to provide mentoring throughout the life cycle of the project. It is expected that Faculty Mentors assist in planning/development, encouraging resident/fellow members throughout the implementation process, securing institutional support, and in any number of other ways, as necessary.

### **When will awarded project funding be distributed?**

The expected project start date is August 1, 2026. Fifty percent of project funding and travel stipends will be distributed once the *Back to Bedside* grant agreement has been finalized

between the ACGME and the awarded institution at the beginning of the grant cycle. Project teams may need to rely on initial financial support from their institutions for travel to the August 2026 Collaborative meeting while awaiting grant agreements and funding distribution. The remainder of the funds will be available for distribution on August 1, 2027.

### **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 Council of Review Committee Residents (CRCR) and specialty Review Committees, former *Back to Bedside* grant recipients, and the ACGME Board of Directors. The *Back to Bedside* Work and Advisory Group will determine the final selection of awardees. Awarded projects will be announced by June 24, 2026.

### **How will my project proposal be scored during the selection process?**

Special consideration will be given to innovative and cost-efficient proposals that address the intersection of meaning in work and enhanced patient-physician relationship building.

Completed proposals will be assessed for:

- innovation and originality
- a focus on improving and strengthening resident/fellow relationships with patients
- sustainability
- adaptability to other training programs or contexts
- ability to achieve meaningful results during the two-year funding cycle
- resident-/fellow-developed and driven

### **Can I see examples of previously funded projects?**

See *Back to Bedside* [Project Highlights](#) for examples of previously funded projects.

### **What should we consider when creating our evaluation and assessment plan?**

When creating an evaluation and assessment plan, proposals should focus on outcomes or activities that serve as clear evidence of successful project implementation and its impact on improving the physician-patient relationship, ultimately fostering greater meaning in work. While no standard outcome measures are mandated, using validated tools is recommended. Note that some tools may require payment while others are free. It's important to align outcome measures with the specific focus of the intervention. General well-being metrics like burnout, satisfaction, or engagement may remain stable over short periods and be less sensitive to change. Selecting both quantitative and qualitative outcomes that directly reflect the targeted impact will enhance the ability to detect meaningful effects.

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

The contribution amount will vary by institution and proposal. The ACGME will provide project funds and a travel stipend of up to \$5,000. The Sponsoring Institution or program is specifically required to provide funds for:

- travel and lodging costs that go beyond the travel stipend amount for the Resident/Fellow Project Lead and Faculty Mentor to attend two Learning Collaborative meetings (two days in length) with other awardees at the ACGME office in Chicago,

Illinois over the course of the award funding period; as well as any travel and lodging costs for the up to three additional resident/fellow project members who may attend; and,

- registration fees, as well as travel and lodging expenses that go beyond the travel stipend amount for the Resident/Fellow Project Lead and Faculty Mentor to attend the 2028 ACGME Annual Educational Conference in Orlando, Florida. We encourage the institution to support additional team members to attend.

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.

Project funding and the travel stipend will not be distributed until a grant agreement has been completed. It is likely that the institution will need to initially assist with travel funds for the first collaborative meeting in August 2026 until a grant agreement is completed and funds can be distributed.

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

- Institutional overhead
- Indirect costs

### **What does the travel stipend cover?**

The ACGME will provide a stipend up to \$5,000 per awarded project team to offset costs for travel and lodging for the Resident/Fellow Lead and Faculty Mentor to attend three meetings (two in Chicago and one in Orlando) during the two-year project cycle. The Sponsoring Institution must commit to providing any additional travel funds that are needed and registration fees for the 2028 ACGME Annual Educational Conference for the Resident/Fellow Lead and Faculty Mentor to attend.

The stipend is meant to assist with costs for:

- Round trip flights to Chicago (2x) and Orlando
- Hotel in Chicago for one to two nights for each meeting
- Hotel in Orlando for up to three nights

It is expected that travelers will depart from the closest or most reasonable airport from their home location, or where the anticipated transportation, parking, and airline costs are most reasonable.

The ACGME will also provide the following:

- One breakfast, lunch, and a group dinner at the two Collaborative meetings
- Breakfast and lunch during main conference days, and one dinner during the Annual Educational Conference at the Marvin R. Dunn Welcoming Poster Reception and Exhibitor Kick-Off.

The stipend may not be used to cover conference registration fees or meals not provided by the ACGME.

Please see the *Back to Bedside* Travel Expense Guide for a detailed cost breakdown to assist in creating your travel budget.

**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 the designated institutional official or a program director, 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 resident/fellow 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 (e.g., CEO, CFO), and other individuals with administrative oversight responsibilities.

**Can applicants request an extension for submission of an RFP for a project past the April 20, 2026 deadline?**

The *Back to Bedside* Work and Advisory Group will not grant extensions and will only consider complete submissions received by April 20, 2026. Incomplete submissions or submissions received after 11:59 p.m. Central on April 20, 2026 will not be considered for this round of funding.

**If an applicant misses the deadline for submission, when will the next RFP be released and the next round of funding be available?**

If another round of funding is offered, the next opportunity to submit a proposal will likely occur in spring 2028. Check the ACGME website and social media accounts for updates and announcements.

Email [backtobedside@acgme.org](mailto:backtobedside@acgme.org) with additional questions.