Funding opportunity
Accelerating change in medical education: Optimizing student readiness for medical practice and life-long learning

Purpose: The American Medical Association is pleased to announce a Request for Proposals (RFP) from MD-granting schools in the United States for bold and innovative projects that promote systemic change in undergraduate medical education (UME) to enhance the capabilities of learners to embrace rapid and ongoing changes in health care.

Posted date: Jan. 3, 2013

Letter of Intent due date: Feb. 15, 2013, 5 p.m. Central time
Preregistration is required. Visit the “Registration” section of the website changemeded.org to gain a username and password.

Notification date (selected schools invited to submit full proposal): March 4–8, 2013

Full proposal due: May 15, 2013

Recipient schools announced: No later than July 1, 2013

Start date: Sept. 1, 2013

AMA “Accelerating Change in Medical Education” initiative

Funding opportunity description
The American Medical Association’s “Accelerating Change in Medical Education” initiative is designed to have a significant positive impact on the advancement of physician training and the medical profession. Across the continuum of physician education, the gap between how physicians are trained and the future needs of our health care system continues to widen. The American Medical Association is working to close this gap by stimulating collaboration to promote change that better aligns education outcomes with the changing needs of our health care system.

The aim of this funding opportunity is to alter undergraduate medical education significantly through bold, rigorously evaluated innovations that align medical student training with the evolving needs of patients, communities and the rapidly changing health care environment.
Specifically, funding will be awarded to medical schools for:

- Developing new methods for teaching and/or assessing key competencies for medical students and to foster methods to create more flexible, individualized learning plans
- Promoting exemplary methods to achieve patient safety, performance improvement and patient-centered team based care
- Improving medical students’ understanding of the health care system and health care financing
- Optimizing the learning environment

In addition the AMA will convene a consortium composed of those medical schools awarded funding for this initiative to collaboratively evaluate successes and lessons learned, and promote wide dissemination and adoption of successful innovations.

Visit the “Resources” section of the website changemeded.org to learn more about the background and rationale of the AMA’s “Accelerating Change in Medical Education” initiative.

General guidelines for funding proposals

The AMA recognizes that undergraduate medical education both prepares students for entry into graduate medical education and establishes habits of learning that guide future medical practice. Through this initiative, the AMA will support medical schools in their efforts to develop novel, flexible, outcome-based training programs for their students.

Innovations should be comprehensive and include attention to the context and organization of medical education. Willingness to participate actively in the AMA-convened medical school consortium and collaborative evaluation is required. Strongly encouraged are proposals that demonstrate:

- Involvement of health care system partners in developing comprehensive learning experiences in health care delivery, financing and new models of care
- Use of adaptive educational technology, including portfolio assessment, immersive learning within electronic health records, and group learning through multisite online courses
- Improvements in training related to patient safety, diagnostic error, clinical decision-making/critical thinking, genomic health, professional acculturation and patient-centered team care

Proposed innovations will help define best practices and essential competencies that enable medical students to learn throughout their professional lives to deliver the highest quality of care while optimizing the quality and efficiency of health care. Examples are not limited to, but might include:

**Individualized, flexible learning plans**

Medical students are assessed for performance of defined competencies through multiple modalities including simulation, faculty observation, patient feedback, peer evaluation and self-assessment. Students may progress through medical education via variable timelines, including advanced placement for core knowledge and skills already achieved prior to matriculation in medical school. Fixed rotations through clinical clerkships are replaced with variable clinical experiences tailored to students’ career selections. Core curricular content is streamlined to allow for new content in areas such as genomics, decision support and population management. Mechanisms to overcome the barrier of time-based curriculum may include collaborations engaging undergraduate colleges, medical schools and graduate medical education programs in supporting flexibility and individualization at the learner level.

**Mastery of the health care system and financing**

Medical schools partner with health care systems actively involved in performance improvement and population management to develop experiential, longitudinal-learning opportunities for students participating on health care teams. Introductory experiences may include medical and health professions students managing populations of patients through electronic simulation of patient panels or quality improvement projects supported by the health care delivery partner. Medical
students and health professions students are assigned clinical homes for ongoing longitudinal experiences throughout the duration of their education.

**Optimizing the learning environment**
Medical students, residents, and faculty participate in care teams with other health care professionals in collaborative learning environments within hospitals and clinics. Formal and informal aspects of the learning environment are addressed to foster relationship building, facilitate reflection, and support the inculcation of professional values and ideals. Mentors guide experiential learning and collaborate in defining the expected outcomes, pace and direction of the student’s learning. Teaching and assessment approaches identify the essential learning outcomes and mentor feedback supports longitudinal acquisition and demonstration of professional values and behaviors.

During this unprecedented time of change in the American health system, the AMA is deeply committed to supporting significant redesign and innovation in undergraduate medical education. To this end, the “Accelerating Change in Medical Education” initiative will provide selected medical schools with a unique opportunity to individually and collectively impact the future of undergraduate medical education.

**Award information**
The AMA will provide $10 million over the next five years ($2 million per year) to fund eight to 12 selected innovative projects. It is expected that the first year will include a planning and pre-work period for grantees to discuss project goals and define an evaluation plan. The AMA will convene meetings twice a year for grantee project teams to share information and strategies, refine plans and discuss outcomes. View a summary of Grant Requirements here.

**Eligibility**
1. LCME-accredited, preliminary accredited and provisionally accredited, allopathic U.S. medical schools are eligible to apply for this RFP.
2. Individual medical schools or collaboratives involving multiple medical schools (or other institutions) may apply for this RFP. Each collaborative proposal should designate a lead medical school that will submit an application on behalf of the group. If a school is participating in or leading a collaborative project, it may still apply for a separate individual grant.
3. Projects must be new or a significant enhancement of a current program. Projects that request support for existing programs will not be accepted.
4. The Principal Investigator (PI) must be a faculty member with educational administration responsibility (e.g., an associate dean or higher). Applicants are strongly encouraged to name a department-based faculty member or a health system leader as co-PI of the project.

**RFP process and instructions**
The AMA “Accelerating Change in Medical Education” RFP consists of a two-stage process. Interested medical schools will submit a Letter of Intent (required; maximum five pages) by Feb. 15. The AMA will then invite a smaller group of medical schools to submit a full proposal. The AMA will conduct a thorough review of all Letters of Intent and full proposals. The AMA will announce the selected schools by July 1. View the RFP key dates in the Grant Information section of the website.

**Letter of Intent instructions**
1. **Register for a username and password to access the submission process.** Note that schools must register to have the ability to submit the Letter of Intent.
2. Complete the cover page provided by the AMA
   After registering and gaining a user name and password, applicants must complete the Cover Page Form, which is located in a secure folder on the submission website to submit with the Letter of Intent. Note the Cover Page Form requires signatures of the Principal Investigator and dean.
3. **Letter of Intent content**
   Please provide a five page (maximum) description of the proposed project. Include a statement of the
needs addressed by the project, the objectives and the expected outcomes. Describe the methods selected for meeting these objectives and expected outcomes. Provide details of the project’s evaluation plan. Additionally, describe how the project addresses the aim of the “Accelerating Change in Medical Education” initiative. It is important to explain how the project is bold and comprehensive in its approach. Finally, anticipate how the project team would utilize a six-month planning and pre-work period.

4. **Follow submission instructions below using your username and password.**

5. **Submit by Feb. 15, 2013**

**Letter of Intent format requirements and guidelines**
- The Letter of Intent is **mandatory** and should not exceed five pages in length.
- The school is welcome to provide a one-page reference list along with the Letter of Intent. The reference list will not be included in the five page limit.
- Your Letter of Intent proposal must consist of single-spaced pages numbered consecutively in lower right corner and submitted electronically in Word or a PDF, using 12 point font with 1 inch margins.
- The Letter of Intent should address the issues as noted above under “Letter of Intent content.”
- After the review of all Letters of Intent, a limited number of applicants will be invited to submit full proposals. Notifications will occur March 4–8, 2013.
- The AMA does not provide critiques of Letters of Intent.
- Letters of Intent **must be received by Friday, Feb. 15 at 5 p.m. Central time.** To have a fair and equitable process for all applicants, Letters of Intent received after this deadline will not be considered.

**Submission instructions**
1. Schools complete the registration form on the AMA’s “Accelerating Change in Medical Education” website.
2. After submission of information through the registration form, schools will receive a username and password, which will allow them access to a secure Accelerating Change in Medical Education SharePoint site.
3. The SharePoint site will include a secure folder for the school to submit its Letter of Intent. Only the school and AMA technical administrators have access to this folder. The school’s folder will also include a Cover Page Form for the school to complete and submit with its Letter of Intent.
4. Once the Cover Page Form and Letter of Intent are complete, the school will upload documents into their secure folder on the SharePoint site.
5. The school should then email Dina Lindenberg, project manager, at dina.lindenberg@ama-assn.org to confirm the completion of the submission process. This will allow schools the freedom to upload documents to their folders, but change their submission documents if needed, prior to the deadline of Feb. 15.
6. The documents that are in the schools’ folders on Feb. 15, 2013, at 5 p.m. Central time will be considered final.

**Contact**
If you have questions about the submission process, please contact Dina Lindenberg, project manager, at dina.lindenberg@ama-assn.org or (312) 464-4649.