



REIMAGINING RESIDENCY

CREATING THE RESIDENCY PROGRAMS OF THE FUTURE

Accelerating Change in Medical Education Reimagining Residency Initiative

Funding opportunity description

The American Medical Association's "Accelerating Change in Medical Education" initiative is designed to enhance physician training, preparing the medical profession to meet the challenges of today's practice environment. Across the continuum of physician education, the gap between how physicians are trained and the future needs of our health care system continues to be a challenge. The American Medical Association (AMA) is working to close this gap by stimulating collaboration to promote innovative change that better aligns education outcomes with the evolving needs of our health care system.

In 2013, the AMA founded the "Accelerating Change in Medical Education" initiative by making grants to medical schools to support undergraduate medical education (UME) innovation. "Reimagining Residency" is the next phase in this initiative. The aim of this five-year \$15-million grant program is to significantly improve graduate medical education (GME) through bold, rigorously evaluated innovations that align residency training with the needs of patients, communities and the rapidly changing health care environment.

To focus the effort, the AMA convened and has been meeting over the past year with a National Advisory Panel (NAP) comprised of GME leaders, health system leaders, and leaders of medical associations and professional organizations that have responsibility for oversight of GME. The NAP will remain engaged and has agreed to support innovation projects.

"Reimagining Residency" funding will be awarded to institutions and organizations to meet our following major aims:

- Improving the transition from medical school to residency to preserve continuity in professional development.
- Ensuring readiness for practice through modifications of residency curricula.
- Optimizing the learning environment to support well-being among trainees, mentors and staff.

Organizations awarded funding for this initiative will join the AMA Accelerating Change in Medical Education Consortium to collaboratively evaluate successes and lessons learned and promote wide dissemination and adoption of successful innovations.

Visit changemed.org to learn more about the background of and rationale for the AMA's "Accelerating Change in Medical Education" initiative to create the medical schools of the future and transform residency training.

Purpose: The American Medical Association is pleased to announce a [Request for Proposals \(RFP\)](#) from entities with institutional oversight of GME in the United States for bold and innovative projects that promote systemic change in GME to enhance preparation for and transition to residency, foster readiness for practice, and support well-being.

Post date: January 3, 2019

Letters of Intent due date: February 1, 2019, 5:00 PM CST

Notification date: February 25-March 1, 2019 - Selected Letters of Intent will be invited to submit full proposals.

Full proposal due date: April 17, 2019

Recipients announced: Not later than June 10, 2019

Start date: July 2019

Award information

The AMA will provide a total of \$15 million over the next five years to fund up to eight selected projects. All selected projects will receive an equal amount of funding. It is expected that the first year will include a planning and pre-work period for grantees to further develop and refine project goals and define an evaluation plan. The AMA will convene meetings twice each year for grantee project teams to share information, refine plans, discuss outcomes, and develop evaluation strategies.

View a summary of [Grant Requirements](#) here.

General guidelines for funding proposals

Innovations should be comprehensive and include attention to the context and organization of GME. Willingness to actively participate in the AMA-convened Accelerating Change in Medical Education Consortium, both by sending team members to semiannual meetings and by participating in collaborative work with other consortium members over common thematic areas and evaluation strategies, is **required**. Proposals that demonstrate one or more of the following are strongly encouraged:

- Collaboration between GME sponsors, medical schools, health systems, and/or specialty societies that broadens the scope of innovation projects.
- A commitment to a continuum of professional development across all phases of trainees' educations.
- Changes to the learning environment that promote well-being for trainees, their mentors, and other staff with whom they work.
- Integration of principles of health systems science (e.g., patient safety, quality improvement, interprofessional practice and team-based care, leadership, informatics, population health, social determinants of health) into residency curricula in ways that enhance preparation for practice.
- Respect for and fostering of diversity and inclusion in the training environment.

Examples of innovation projects are **NOT** limited to, but might include:

Competency-based advancement

Medical education, in its current state, is a fixed-time, variable outcome process. However, principles of competency-based education support a learner's progress through medical education based upon the attainment of competencies rather than time spent in training. Much work remains to be done to test the feasibility and practical implications of competency-based medical education and time-variable advancement. Approaches to learner assessment vary across institutions and from UME to GME. As competency-based evaluation methods become more common, it is important that assessment frameworks are aligned from UME to GME and beyond.

Readiness for residency

Much of the fourth year of medical school may be devoted to securing a residency position rather than preparing students for the next phase of their professional development. Trainees often feel they do not possess the skills they will be called upon to use as a resident. Residency programs welcome their trainees with extensive "bootcamps" designed to prepare interns to successfully navigate their clinical responsibilities. It is important that GME collaborate with medical schools to support adequate preparation for residency, which in turn may reduce stress in the transition from medical school to residency for students, programs, and the health systems in which they work.

Health systems science

Both new residents and graduates of residency programs may not be well prepared to work in our evolving health care system. Their exposure to team-based care, patient safety, quality improvement, interprofessional practice, and effective use of electronic health records is variable. GME programs, collaborating with the health systems in which graduates will work, can do more to incorporate these essential areas into training.

Well-being

There has been much attention paid to high rates of burnout, anxiety, depression, and suicide among medical trainees and physicians. Medical school, the residency selection process, and residency itself are stressful. Mitigating the impact of these stresses while ensuring adequate training remains a challenge. Effective solutions must address the learning environment as well as the individual.

Diversity and inclusion

A physician workforce that reflects the diversity of the patient populations to whom they provide care can have positive effects on health outcomes. Programs seeking to establish training opportunities in underserved areas face unique challenges, but this training can contribute to meeting needs and improving health outcomes in those communities. Modifying GME selection, training and outcomes to meet these challenges is needed.

Proposals will be evaluated based upon the following areas:

- Importance
- Innovation
- Collaboration
- Generalizability/transferability
- Potential to improve GME
- Alignment of objectives, methods, outcomes, evaluation

Eligibility

1. Applicants must be institutions and organizational entities, not individuals, and must have direct responsibility for institutional oversight of at least one GME program. The AMA is seeking proposals that have the potential to transform graduate medical education, with results that are generalizable beyond a single residency or fellowship program at a single institution. Therefore, the AMA encourages collaborations—e.g., between sponsoring institutions and health systems, between GME programs and medical schools, among programs and/or specialty societies—that can drive meaningful change.
2. In the case of collaborating applicants, one institution or entity must be identified as the lead applicant and each other collaborator as a co-applicant. Note that, if selected, the lead applicant will be awarded funding by the AMA and will be responsible for distribution of funding to co-applicants. All successful applicants will be required to enter a participation agreement with the AMA.
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. A proposal must have a single principal investigator (PI) who has responsibility for organizational oversight of graduate medical education (e.g., designated institutional official, chief medical officer, dean, president of a national organization) and agrees to coordinate the project. A PI may lead only one proposal. An institution or entity may be part of multiple collaborative proposals so long as there are distinct lead PIs.
5. Applicants are strongly encouraged to name co-PIs that reflect the engagement of necessary collaborators (e.g. GME program leaders, health system leaders, etc.).

RFP process

The AMA Accelerating Change in Medical Education “Reimagining Residency” RFP is a two-stage process. Interested applicants will submit a **Letter of Intent** (required; maximum five pages) by **February 1, 2019**. The AMA will then invite a smaller group of applicants to submit **full proposals**. (A separate set of instructions for full proposals will be issued at that time.) The AMA will conduct a thorough review of all Letters of Intent and full proposals. The AMA will announce the selected applicants by June 10, 2019. View the RFP key dates in the [Grant Information](#) section of the proposal site.

Letter of Intent content. Please provide a description of the proposed project. The Letter of Intent **MUST NOT** exceed five pages. Include the following sections:

1. Statement of the needs addressed by the project
2. Objectives of the project
3. Expected outcomes or impact of the project
4. Methods for meeting these objectives and expected outcomes
5. Details of the project’s evaluation plan
6. Justification: Describe how the project addresses one or more of the aims of the “Reimagining Residency” initiative. It is important to explain how the project is bold and comprehensive in its approach and how the innovation might be adapted or adopted by other programs.
7. Resources: Include key project members (co-PIs and others), resources and support for the project

[Click here to access Letter of Intent submission instructions.](#)

Contact

If you have questions about the “Reimagining Residency” proposal submission process, please email changeresed@ama-assn.org.