AMA Reimagining Residency
Request for Proposals Informational Webinar
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CREATING THE RESIDENCY PROGRAMS OF THE FUTURE
Objectives

1. Provide background on the AMA’s mission and work to accelerate change in medical education
2. Provide an overview of the “Reimagining Residency” grant program and goals
3. Review the “Reimagining Residency” RFP timeline, eligibility requirements & evaluation criteria
4. Provide responses to submitted questions
http://changeresed.org

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IMPROVE GME

AMA Reimagining Residency initiative

Proposals are being accepted for the $15 million Reimagining Residency initiative, the next step in the AMA’s effort to transform medical education.

The goal of the five-year, $15-million Reimagining Residency grant program is to transform residency training to best address the workforce needs of our current and future health care system. It will support innovations that provide a meaningful and safe transition from UME to GME, establish new curricular content and experiences to enhance readiness for practice, and promote well-being in training.
AMA mission and strategic arcs

Since 1847, the AMA has worked to promote the art and science of medicine and the betterment of public health.

The AMA is working to improve the lives of patients and physicians in three ways:

• Attack dysfunction in health care by removing obstacles and burdens that interfere with patient care

• Reimagine medical education, training and lifelong learning

• Confront our increasing chronic disease burden
"Accelerating Change in Medical Education"

- Launched in 2013 to transform undergraduate medical education (UME) and create the medical schools of the future
  
  - $12.5 million in grants to U.S. medical schools over 5 years
    - 11 schools in 2013
    - 21 additional schools in 2015
    - Consortium formed to jumpstart ideas and speed dissemination
Evolving medical education for new models of care
“Accelerating Change in Medical Education”

Goals & focus areas

http://changemeded.org

- Create competency-based assessment and flexible individualized learning plans
- Develop exemplary methods to achieve patient safety, performance improvement and patient centered team care
- Optimize the learning environment; pedagogy, tools, technology
- Understand the health care system and health care financing
Looking ahead to GME

Lack of continuity in professional development

Gaps in preparation for residency and practice

Concerns about well-being
Designing a GME innovation program

• Interviews with GME leaders, residents, PIs
• Meetings with health systems leaders
• GME continuum conference at NYU in July
• New AMA GME National Advisory Panel:
  • ACGME, NRMP, AAMC, AHA, AHME, AIAMC, OPDA, NBME, ABMS, ECFMG, VAHCS, AACOM, DIOs, CMOs, Program Directors, Resident, Student
AMA GME Initiative Goals

*Transform residency training to best address the workforce needs of our current and future health care system.*

- Improve the transition from medical school to residency to preserve continuity in professional development
- Ensure readiness for practice through modifications of residency curricula
- Optimize the learning environment to support well-being among trainees, mentors and staff
“Reimagining Residency”

• $15 million over 5 years
• Request for Proposals (RFP) from GME organizations
• Grantees will join the “Accelerating Change in Medical Education” consortium
  • Semi-annual meetings
  • Thematic meetings
Timeline (2019)

January 3
RFP distributed

February 1
Letters of Intent due

February 25-March 1
Invitations for full proposals sent

April 17
Full proposals due

May 27-31
Grant invitations sent

June 8-10
Grant announcements made

July
Funding cycle begins
Eligibility requirements

• Institutions and organizations must have direct responsibility for oversight of at least one graduate medical education (GME) program in the U.S.
• One institution must be designated as the lead applicant
• Project must be new or a significant enhancement of a current program
• Principal investigator (PI) must have organizational oversight of GME
• Collaboration is strongly encouraged
LOI format

• Strict 5-page limit
  • A one-page reference list may be provided and will not count toward the 5-page limit
• 12-point font, single-spaced, one-inch margins
• File format must be Microsoft Word or PDF
• No appendices, biosketches, detailed budgets
Questions
1) Who is eligible to apply?

- Institutions/organizations with responsibility for GME
- Must involve GME training programs and reflect influence over those programs and their learning environment
- Collaborations including GME sponsors, health systems, specialty societies, medical schools
- Administration of GME is broad and diverse. We are focused on projects that have practical application to GME and seek proposals from entities in a position to accomplish this.
2) What education level is being targeted?

- Projects must be directly applicable to GME (i.e., residency & fellowship) and its trainees
- Medical schools and practice environments may be a part of proposals, but the focus must be on GME
- For example, a medical school intervention that better prepares students for residency might be proposed, but it must demonstrate a measurable impact on GME. A practice environment may work to prepare physicians for independent practice, but must demonstrate how this integrates with GME.
3) Are multiple submissions permitted?

- An institution may participate in multiple proposals, but each proposal must have a distinct PI
- A PI may lead only one proposal
4) What are the aims of the initiative? Must they all be addressed in a proposal?

• The overarching aims of the AMA in supporting this initiative are to:
  • Provide a meaningful and safe transition from UME to GME
  • Establish new curricular content and experiences in GME to enhance readiness for practice
  • Promote well-being in GME training for all involved

• Proposals must address at least one of these aims
  • You will be asked to indicate which aim most closely aligns with your proposal during the submission process

• It is not necessary to address more than one of these aims
5) Structure, engagement & funding

- $15 million over 5 years for anticipated 8 projects
- Same funding to each project (~$1.875 million)
- No indirects in addition to these funds
- Funding begins July 2019
- Although we will continue to regularly fund smaller (~$30K) innovation grants, we have no plans to repeat this larger initiative before the end of its 5-year cycle
- First year will involve meeting with other members of consortium, agreeing on common evaluation strategies, designing local implementation
6) Who can be a principal investigator (PI)?

- The PI must be in a leadership role that includes the necessary influence over GME programs and/or the GME learning environment to facilitate the project.
  - GME leaders such as Associate Deans/DIOs
  - Health system leaders such as CMOs
  - Leaders of national organizations (program director/specialty societies) who are directly engaged with GME

- Although the president of a program director (PD) association may not directly influence programs other than their own, they may represent the engagement of all PD’s in that specialty and therefore have broad impact as a PI.

- A PD at a single institution controls their program, but may not be in a position to influence other programs or the learning environment at their institution without the active support of people like the DIO and or CMO.

- The PI must have sufficient influence within the lead organization to ensure success of the project. We encourage the engagement of co-PIs who can broaden the oversight of necessary components of the project.
7) How will the letters of intent be evaluated?

Importance

- Does the proposal address a significant problem or area of concern in GME?
- Does the proposal effectively address at least one of the AMA’s overarching aims?
7) How will the letters of intent be evaluated?

Innovation

• How novel is the idea?

• Does the proposal represent a different way of doing things?

• Is this a creative or disruptive approach?
7) How will the letters of intent be evaluated?

Collaboration

- *Are the necessary partners to ensure success involved in the proposal?*

- *Is there broad internal and/or external collaboration?*
7) How will the letters of intent be evaluated?

Generalizability/Transferability

• *How likely is the innovation to influence training in other programs and at other institutions?*

• *Is this an idea that is likely to be adopted by others if success is demonstrated?*
7) How will the letters of intent be evaluated?

Potential to improve GME

• *How much better off will trainees, programs, and patients be if the proposed idea is implemented?*
7) How will the letters of intent be evaluated?

Alignment of proposal objectives, methods, outcomes, evaluation

- Are the objectives of the project clear?
- Are the methods appropriate to the idea being studied?
- Is it feasible?
- Are the outcomes measurable and linked to the objectives?
- Will the evaluation plan demonstrate the success or failure of the idea?
7) How will the letters of intent be evaluated?

Due to the anticipated volume of submissions, the AMA will not provide individual feedback on LOIs.
Submitted questions
Who will be reviewing the LOIs and proposals? Will it be the AMA Council on Medical Education, the AMA Board of Trustees, or some other organizational body?

The letters of intent will be reviewed by AMA staff and governance leadership experienced in medical education.

The full proposals will be reviewed by members of the National Advisory Panel (NAP) to the project and AMA staff.
Our question is can a specialty society be the primary applicant with GME institutional partner(s), or must the primary applicant be a GME institution (with direct GME oversight)?

Being that X curriculum is a collaborative project between 3 entities: Y organization, Z health system, and Q collaborative, we were hoping we could have Y be our lead applicant, with Z as a co-applicant and the GME program oversight. Is this possible or does the lead applicant have to be the institution with GME institutional oversight?

The key characteristic for the applicant is its influence over the GME environment in which the project will be conducted. We are interested in innovations that are directly applicable to GME and are studied in that setting. Projects must involve residents and/or fellows.
Institution 1 and Institution 2 are planning to submit a joint proposal for the Reimagining Residency Initiative. We understand that we must designate one lead organization and that we must also designate a single PI. Our question is whether the PI can be employed by a collaborating entity that is NOT the lead organization. For example, could I (from Institution 1) be the PI and the lead organization be Institution 2?

I have a question about who should be the PI on the proposal. We would like to focus our proposal on the Department of Medicine residency program. Would it be okay if our Chairman of Medicine were the PI? Or, for example, I am an Associate Dean of Medical Education at X School of Medicine. Could I be PI? Do we need to focus our proposal more broadly instead, to include all the residency programs at Y Hospital and ask our DIO to be PI?

The PI must have sufficient influence within the lead organization to ensure success of the project. This will vary from organization to organization and will depend upon the scope of the project. We encourage the engagement of co-PIs who can broaden the oversight of necessary components of the project.
I am interested in submitting a Letter of Intent for the Reimagining Residency Grant Program. Will this funding be offered in 2020? Or is funding only available in 2019?

Funding will begin in July 2019 and continue for five years. We plan to continue our investment in smaller (~$30K) ad hoc innovation grants. We do not plan another program of the magnitude of Reimagining Residency before the conclusion of its 5-year cycle.
I have a quick question regarding the Reimagining Residency proposals. Are we able to do 2 projects in the same proposal? So for example, could we do a project that falls under well-being, and do a project that falls under diversity and inclusion, in the same proposal?

The AMA is most interested in the quality of the innovations being proposed and the potential impact on GME. If multiple projects in a given proposal would enhance these aspects, that may strengthen the proposal. However, it is not necessary to craft a proposal that addresses more than one of the AMA’s major aims for Reimagining Residency.
A couple of questions for you this morning. First, do we need to submit a preliminary budget with our proposal? Second, can we submit supporting documents, such as investigator biosketch or list of project team members, in addition to the 5-page LOI? Third, are we limited in the number of individuals who can be listed on the grant?

Formatting guidelines for the letters of intent were revised on January 8 and posted to the submission website. Those guidelines are also in slide #15 of this webinar. There is not a limit to the number of individuals who may be listed, but all listed collaborators must play a material role in the project.
What are the accreditation requirements for this project? Specifically, if the project is a new program, does this residency program have to be accredited, or demonstrably able to be accredited, by ACGME within a given timeframe?

Applicants for the program must have accreditation appropriate to their responsibilities. For example, GME programs must be ACGME and/or AOA accredited; hospitals must be Joint Commission accredited.
I’m wondering if you would be interested in applications centered on post-graduate, GME fellowships?

Proposals must be related to graduate medical education. Graduate medical education, for the purposes of this program, is defined as the training of residents and fellows.
As chair of X’s resident and trainee wellness workgroup, I would like to inquire-will funding for new proposals also be open to specialty societies such as the American Academy of X?

The AMA welcomes proposals from specialty societies and program director organizations that can demonstrate the necessary influence over the GME environment to directly involve residents and fellows and ensure the success of the project.
I am also interested in applying to the ACGME “Advancing Innovation in Residency Education” (AIRE) program. Will my application to either be disadvantaged by applying to both?

No. The programs are complementary and do not compete with each other.
What are the specific qualifications or criteria needed to meet to be eligible for this grant? We are a very new GME department in X and have now started a total of Y residencies. We are in need for additional support to help build a strong resilient community of resident physicians. Would our GME program – which is sponsored by our hospital and affiliated with Z School of Medicine – qualify for this grant?

Yes, this program is eligible to apply. However, the question implies a level of operational support that is not the purpose of the program. Reimagining Residency is designed to support innovation projects that have the potential to transform GME training.
It would be important for us to understand if the proposals are to be single institutional submissions involving multiple departments and training programs or if multiple proposals may be submitted by investigators in a single institution who have developed separate proposals.

I am writing to inquire if a University-based medical school with multiple residency programs can submit more than one proposal or if only one proposal per institution will be accepted.

An organization may participate in multiple proposals. However, each proposal must have a distinct PI. It is unlikely that a single lead organization will receive funding for two proposals.
My name is X, and I'm the Director of Medicine for the Y Project. We create an interactive teaching cases series called Z that thousands of residents (IM, Peds, FM) solve daily. We are a 501c3 nonprofit institution. We are not part of any medical school or residency program. On your website, it states, "Applicants will be solicited from U.S. medical schools, GME programs, GME sponsoring institutions, health systems and other organizations associated with GME." Are we eligible as the primary applicant for this initiative?

The AMA is interested in proposals that are directly applicable to GME. As the primary applicant, the Y Project would need to demonstrate how their teaching cases are being used to transform GME.
My question is whether the funding focus is for UME to GME transitions or new curricular content and experiences?

The AMA is interested in projects that address both of these areas, as they are consistent with the aims of the initiative.
We see significant connectivity to the priorities, as you have presented them to date, for the Reimagining Residency Education initiative – particularly where the curricular content for these residents (and students) would incorporate perspectives and skills essential to rural practice, including those related to health care systems science. To the extent that we are preparing students to function in residencies that involve rural experience, there would also be opportunities to address issues in the transition to residency. In a sense, this project would represent an amalgam of your prior, student-oriented Accelerating Change approach and that promoted by the residency education initiative. So, before we proceed much further in our planning process, we are wondering whether the approach I have described seems sufficiently focused on the goals of the Residency Education Initiative, or involves too broad a swath of the continuum.

A creative project may effectively address both the transition to residency and preparation for practice. As long as the proposal directly involves GME programs and trainees, the AMA would be interested in the idea.
Should the proposals for the Reimagining Residency Initiative address all three focus areas (transition from medical school; skills development during residency; well-being in training), or can a proposal focus on one or two of the areas?

A proposal must relate to at least one of the AMA’s major aims for Reimagining Residency:

• **Improve the transition from medical school to residency to preserve continuity in professional development**
• **Ensure readiness for practice through modifications of residency curricula**
• **Optimize the learning environment to support well-being among trainees, mentors and staff**

*It is not necessary to address more than one of these aims.*
Can I arrange a phone call to discuss the LOI?

No. Although we are happy to answer specific technical questions, we do not have the capacity to address the volume of requests for phone consultation. To ensure that all applicants have access to consistent information, we prefer to post responses to questions submitted via email to the FAQ on the Reimagining Residency website (http://changeresed.org).
For further information

• Website: http://changeresed.org

• Questions: changeresed@ama-assn.org

• Technical support: changeresed_support@bostrom.com