Perspectives of a Back to Bedside Reviewer

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"*These projects offer a real sense of hope for the future of medical training. It would be fantastic if we produced some innovative means to get residents closer to patients in this fee for service driven world where churning out paperwork seems like a bigger priority than caring for people.*"

—A Back to Bedside reviewer

Meaning in work. Burnout. Even early in residency, the majority of us have felt frustration and cynicism. What contributes to burnout? What is the timeline of exasperation? What interactions and requirements drive physicians to leave medicine? We have all likely heard a lecture, completed an online training course, or even attended a conference that addressed burnout. Conversations about burnout and ideas to prevent it are noble, but as residents in the moment, we are often left without solutions. Although conversations about burnout are important, we believe it is more critical to discuss meaning in work. This is a topic where we hope that the "Back to Bedside" initiative may have the biggest impact.

Getting through the roller coaster of the wonderful, overwhelming, monotonous, harrowing, and sometimes weird moments of residency requires friends, support, and most of all inspiration. Sometimes support can be found in old friends from medical school, newer friends from residency, and other residents you may barely know who are sharing the same thrilling, awkward, mind-numbingly boring, terrifying, or heartbreaking situation. As members of the Accreditation Council for Graduate Medical Education (ACGME) Council of Review Committee Residents (CRCR), we gained some additional inspiration reviewing proposals received for funding under the Back to Bedside initiative. The energy and enthusiasm contained within these applications were contagious. Some of us fired off many capitalized and emoji-laden messages to our friends to share our enthusiasm. "Friends, I'm reading some amazing ideas from residents across the country!" Collectively, it is clear: we want to connect with one another. Uniformly, we want more meaning in our work, and more time with patients. As reviewers, we saw firsthand how so many new physicians are finding creative ways to bridge this gap. We reassured ourselves that "medicine is not doomed!"

The Back to Bedside grassroots initiative began with a resident suggestion. In May 2016, the ACGME CRCR started an appreciative inquiry discussion on how to improve meaning in work. We dreamed up a utopian work environment for residents: more time spent at the patient's bedside, a shared sense of teamwork, respect among multidisciplinary health care teams and trainees, reduced nonclinical and administrative tasks, a supportive collegial work environment, and a learning environment conducive to developing clinical mastery and progressive autonomy. Importantly, through this dialogue, we realized the health care model is changing. To find meaning in our work we must find new and innovative ways to engage directly in meaningful contact with patients. Fast-forward to a year later, in May 2017, the ACGME announced a competitive funding opportunity for trainee-led teams to innovate ways to find meaning in work through increased patient engagement. By August 2017, we had received 223 high-quality, impressive submissions for the Back to Bedside initiative. The response from the graduate medical education community was so strong that the ACGME increased funding for Back to Bedside by 6-fold.

With such an overwhelming response to the Back to Bedside initiative, it's clear that residents and graduate medical education training programs are seeking more meaningful interactions with patients. As reviewers, we were amazed by the creativity and innovation in these proposals. Residents developed proposals and obtained support from their faculty, program directors, and institutions, autonomously and largely in their free time. The common, resounding theme was: residents want to spend more time at work with their patients. It's also clear that we, as residents, want and need to share our thoughts and experiences in our search for meaning in work. The beauty behind the Back to Bedside initiative is that it

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could provide the platform to share our ideas and inspire one another. The vast majority of the projects are broadly generalizable; ideas from 1 specialty can be applied to many other specialties and settings. Through the dissemination of these ideas, residents may find ways to connect with and relate to patients, as well as each other. We, as residents and future independent physicians, are all in this together, with common aspirations and goals to improve patient care.

Where will we go from here? Will Back to Bedside help us find more meaning in work? After reading 223 proposals, it is evident that the resident physician community is thirsting for innovations to decrease burnout, increase direct patient care, and improve meaning in work. These changes might be simple—many of the proposals we reviewed could be easily implemented in the workplace to produce lasting results. We hope the Back to Bedside projects as a group will serve as a platform that collectively will help us find solutions to decrease burnout in medicine and improve meaning in work. We envision a collaborative "best practices" approach among Back to Bedside grant recipients and residency training programs where trainees and program leaders implement similar projects in their shared drive to enhance meaning in work through increased patient engagement.

At the very least, we hope to gain insight from the success of these programs and promote similar changes in our training programs. Dreaming big, we would like to improve the practice of medicine throughout the country by meaningfully reconnecting resident physicians with their patients. Eagerly anticipating the results from Back to Bedside gives us hope for the future—medicine is not doomed.

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