The *Back to Bedside* Leadership Experience

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How Does Participation in the *Back to Bedside* Initiative Impact Project Leaders?

Physician burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.[1] Residents and fellows are at risk of burnout due to factors such as workload, administrative duties, and lack of control over work schedules.[2] One mitigation strategy to prevent burnout is increasing meaning in work.[3] In May 2016, the Accreditation Council for Graduate Medical Education (ACGME) Council of Review Committee Residents (CRCR) employed a modified appreciative inquiry that inspired the establishment of the *Back to Bedside* initiative.[4] *Back to Bedside* encourages residents and fellows to identify interventions that increase meaningful time with patients then apply for seeding funding to implement their project. Across 3 funding cycles, *Back to Bedside* has funded more than 80 projects.

During the 2-year funding cycle, resident/fellow project leaders and faculty mentors convened for 2 to 3 collaborative meetings at the ACGME headquarters. Collaborative meetings included a longitudinal change management curriculum inspired by Kotter's *8 Steps for Leading Change* and the book by Duarte and Sanchez, *Illuminate: Ignite Change Through Speeches, Stories, Ceremonies, and Symbols*.[5,6] The curriculum also featured lecturettes from *Back to Bedside* Work and Advisory Group (B2B WAG) members and active application of these principles to *Back to Bedside* projects through worksheets and activities.

Funded projects have had varying levels of success in various subjective and objective measures.[7] Anecdotally, residents/fellows and faculty mentors reported a positive experience and impact from participation in the *Back to Bedside* initiative. Based on this feedback, the WAG hypothesized that *Back to Bedside* positively impacted the resident and fellow project leaders. To elucidate the impact of participating in *Back to Bedside*, the B2B WAG embarked on this survey study.

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Survey Details

All self-identified Cycle 3 *Back to Bedside* project team resident/fellow leaders were included in the survey study. Data were collected during the cycle's 3 collaborative meetings: August 2022, May 2023, and October 2023. The survey was developed by 2 B2B WAG members and included 8 Likert scale statements (6–Completely Agree, 5–Mostly Agree, 4–Slightly Agree, 3–Slightly Disagree, 2–Mostly Disagree, 1–Completely Disagree) and 2 open-ended questions. Likert scale statements were designed to query impact in 3 domains: patient care, change agent skills, and the *Back to Bedside* collaborative experience. The 2 qualitative items were included to query the experience of participating in the initiative. Survey respondents were also asked to provide a unique identifier to track longitudinal change over the 3 survey time points.

The survey was administered using SurveyMonkey. During each collaborative meeting, an email to the survey was sent to the project leaders. Additionally, a QR code was made available to access the survey.

This study was deemed exempt by the American Institutes for Research Institutional Review Board (Project Number: EX00611).

Survey Results

At collaborative 1, we had 21 of 21 respondents (100% response rate), at collaborative 2 we had 19 of 21 respondents (90% response rate), and at collaborative 3 we had 11 of 20 respondents (55% response rate). All responses trended in the positive direction except for the statement, "My *Back to Bedside* project is making a positive impact on patient care in my program." The largest absolute increase in response scoring was in response to the statement, "I have the skills to make changes in my residency program." FIGURE 1 depicts the survey data in graphical form.

Across all 3 survey timepoints, respondents most commonly described their experience with the *Back to Bedside* initiative as "inspiring," "invigorating," "enlightening," and "empowering." The full set of responses has been depicted in FIGURE 2.

Resident and fellow *Back to Bedside* project leaders largely self-reported a positive trend in the domains of

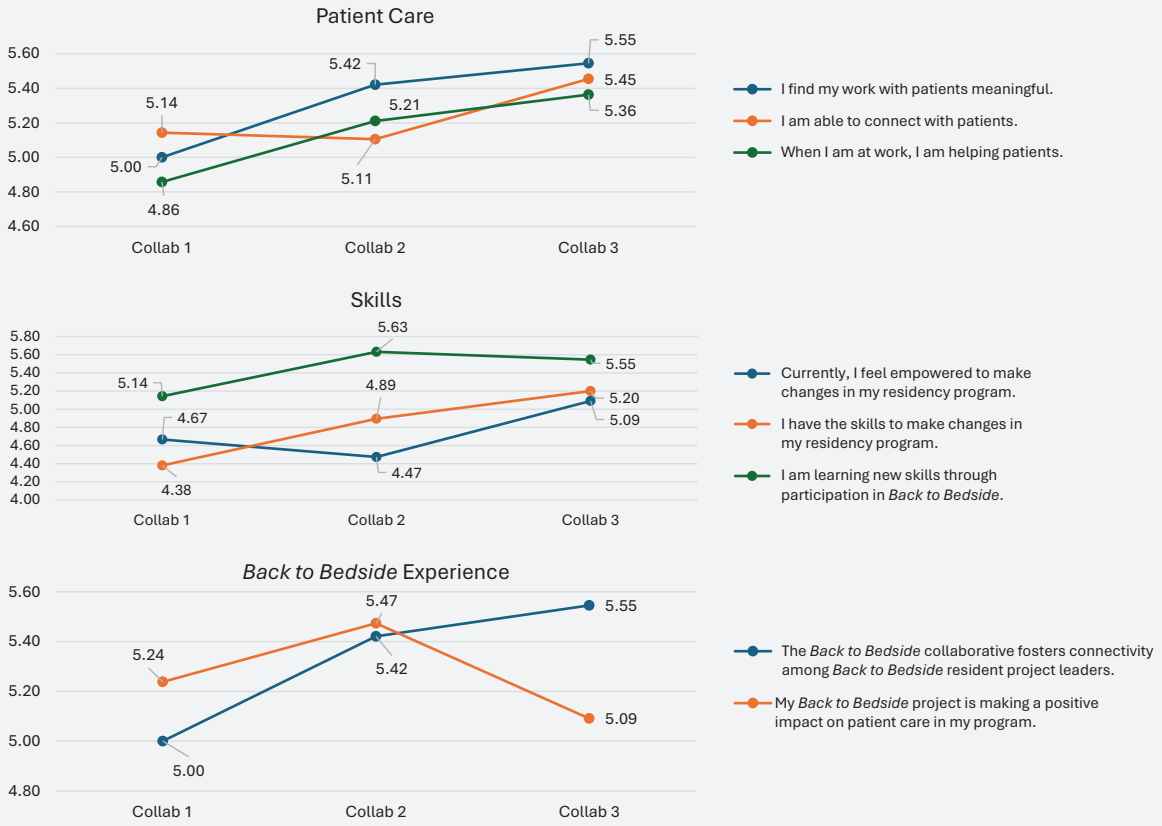

FIGURE 1
Survey Results

patient care, leadership skills, and the *Back to Bedside* initiative experience. The greatest improvement in scores was seen in the statement on skills to make change in the project leader's residency program. We believe the collaborative meetings and uniquely designed curriculum to support trainee leaders developed change management skills that project leaders will apply in their future careers.

All other domains surveyed, with the exception of project impact on local programs, also improved over the survey period. We believe that the initiative's aim—to increase meaning in work through increased time spent with patients—was achieved by the local culture shifts through project interventions, collaboration across the country with other project teams, and the experience of being able to make changes in the learning environment.

The decline in scores for "My *Back to Bedside* project is making a positive impact on patient care in my program" was expected, given that many projects faced significant implementation barriers and were small in scale, making measurable impact on patient care difficult to observe during the 14-month survey period. This result also suggests validity to the survey tool as participants were honest in their perceived project impact.

Limitations of the survey include the use of a nonvalidated survey scale, small sample size, and decreasing response rate in follow-up surveys. Also, the survey responses did not vary significantly across the 3 collaboratives when pairwise comparisons were analyzed with Tukey's Studentized Range test.

FIGURE 2
Word Cloud of Experience Participating in *Back to Bedside*

Looking to the Future

Seed funding, a longitudinal change management curriculum, and collaboration through the *Back to Bedside* initiative made a self-reported positive impact on resident and fellow project leaders in the queried domains of patient care, change agent skills, and *Back to Bedside* collaborative experience. Additional research

is needed to investigate the impact of the projects on the local residency/fellowship programs where they were implemented.

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