Vision Statement	In March 2013, we will see the outcomes of our success through improved patient-oriented outcomes that matter.
Measures	We determined the success of meeting our goal by identifying credible quality metrics that impacted patient care, along with a sustainable program that integrates GME/CME/quality across the system. Our pre- and postintervention measures were given at our initial clinical forum and measured at 6-month intervals with data presented at the system quality level.
Success factors	The most successful component of our work was teamwork and identifying a high-quality sustainable educational program. We were inspired by the ability to identify underutilized resources and incorporate the outpatient and inpatient settings together within our program.
Barriers	The largest barrier we encountered was sustainment across the system. We worked to overcome this by involving multiple levels of the system, driven by physician leadership.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Develop small goals and build additional goals from there.

TriHealth, Cincinnati, OH
A Systemwide Resident Quality Improvement Program

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Background: This project focused on developing an organized approach to incorporating quality and patient safety into the resident program. The goal was to provide a strong foundation in performance improvement that can sustain residents into their careers as licensed independent practitioners.

Methods: We performed an assessment of existing resources across the 4 residency programs and a gap analysis of the assessment findings. A reporting structure was established, as well as a scorecard and metrics for monitoring improvement efforts. We administered baseline and postintervention surveys of residents' QI knowledge.

Results: We successfully defined metrics for each residency program; formalized a residency council; and aligned a reporting structure with the organizational quality, safety, and service council. Resident projects were incorporated into existing quality and patient safety days. Survey results aided in defining residents' understanding of current quality, patient safety, and service standards. Varied resident schedules made it difficult to find a common time for meetings. Cultural shift will be slow, due to changing groups of residents; project impact will not be fully realized for 3 years. Changing ACGME requirements add complexity to formalizing the program.

Conclusions: Our next steps include standardizing documentation for accurate reporting, developing a scorecard for clinical and academic performance that aligns with defined metrics, continuing resident involvement in quality and patient safety projects, and administering a postintervention survey.

FINAL WORK PLAN – TriHealth

Overall Goal for NI III/Elevator Speech	Our team's goal was to develop a resident-led quality council.
Needs Statement	This goal was important because the council will help to align GME with QI/PS processes within the parent institution.
Vision Statement	In March 2013, we will see the outcomes of our success through the development of a council that meets regularly to discuss quality initiatives within GME and proper alignment within TriHealth. All resident-led quality initiatives will be monitored through this council and the council will serve as a conduit back to the 4 core residency programs.

Measures	We determined the success of meeting our goal by (1) conducing an initial resident survey and follow-up survey in May 2013, (2) measuring the number of QI projects that are ongoing in GME, and (3) developing a process to track inpatient metrics for each program.
Success factors	The most successful component of our work was bringing the core residency programs together to address QI issues that will connect to the institution. The fall meeting in Chicago brought all of the residents on the council together. We were inspired by the dedication of residents and program directors committed to this goal.
Barriers	The largest barrier was time and finding a common meeting time that worked for everyone. We worked to overcome this through conference calls and small group meetings to keep the project going.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Be patient and keep working towards your goal. Many effective changes in GME take time.

Virginia Mason, Seattle, WA
Pause for Feedback

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Background: Effective feedback is necessary to reinforce positive behavior, correct deficits in clinical knowledge and skills, and provide residents with an understanding of their progress and opportunities. Our goal was to advance the culture of QI and PS and enrich faculty and resident educational experience by improving competence of team members who give and receive feedback. Both resident and faculty surveys identify feedback as the top development opportunity within GME.

Methods: Initial investigation revealed a gap between resident and faculty perceptions about the frequency of feedback provision. In all GME programs, 72% of faculty reported providing feedback at least weekly; only 46% of residents reported receiving feedback weekly. A Pause for Feedback process and checklist tool were implemented in the radiology and anesthesiology programs. Residents and faculty were briefed on the new process. In radiology, residents were asked to initiate the request for face-to-face feedback at least 1 time each week from faculty of their choice. Anesthesiology incorporated the checklist into an established weekly feedback process. Faculty were asked to actively participate in and to validate the resident's self-appraisal and to verbally guide improvement strategies and tactics.

Results: The most successful component of our work was faculty and resident engagement in the process. Both participating departments saw increased concordance between faculty and resident perception of the frequency of feedback exchanged. Scheduling difficulties when working across multiple GME programs restricted the time available to work collaboratively. The process of team visioning delayed fail forward fast and rapid-cycle PDSA implementation. Sample size was limited.

Conclusions: Using a checklist and allowing GME programs to operationalize a process for weekly feedback resulted in increased concordance in resident and attending perceptions of frequency of feedback. Different processes for implementing Pause for Feedback were equally effective in radiology and anesthesiology programs.

FINAL WORK PLAN – Virginia Mason

Overall Goal for NI III/Elevator Speech	Our team's goal was to advance the culture of QI and PS and enrich the faculty and resident educational experience by improving the competence of team members who are giving and receiving feedback.
Needs Statement	This goal was important because we are an educational institution and we must develop our resources—including human resources—to sustain a culture of education, QI, and PS.