

**Conclusions:** We were able to engage residents early by outlining resident-specific benefits of the process, maintaining an open dialogue between residents and faculty to identify specific needs and avoid attrition, and monitoring progress throughout the process to provide constructive feedback.

**FINAL WORK PLAN – Guthrie Clinic / Robert Packer Hospital**

Overall Goal for NI III/Elevator Speech	Our team’s goal was to integrate QI and PS into the existing residency curriculum in the interest of enhancing resident education.
Needs Statement	This goal was important because of the changing paradigm in healthcare and medical education that emphasizes the increasing importance of QI projects to enhance PS. Therefore, to prepare our residents for this evolving concept and to involve them in projects enhancing PS at an institutional level, we decided to participate in NI III.
Vision Statement	In March 2013, we will see the outcomes of our success by increasing the yield of QI projects at an institutional level. We anticipate this will also lead to an increase in the overall number of publications of resident-initiated QI projects.
Measures	We determined the success of meeting our goal by measuring the increase in resident QI activities. A new scale for measuring resident progress through the QI process was created and reflects considerable improvement in resident participation. We have seen a greater than 100% increase in resident-initiated QI projects since the beginning of this process.
Success Factors	The most successful component of our work was generating interest in the faculty and increasing awareness regarding the increasing significance of QI initiatives in practice and GME. We were inspired by the presentation made by Dr V. Arora regarding resident handoffs. Her presentation illustrated a very rational and achievable approach to the concept.
Barriers	The largest barrier we encountered was getting residents to buy into this relatively new concept and actively contribute towards its success. We worked to overcome this by engaging residents in a discussion regarding the significance of the program and its long-term goals and benefits. Resident interest was considerably increased once the initial QI projects received IRB approval and institutional support.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Engage residents early by outlining the resident-specific benefits of the process and maintaining an open dialogue between residents and the faculty to identify specific needs and to avoid attrition.

## HealthPartners/Regions Hospital, Bloomington, MN Faculty Development—Quality Improvement Training

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**Background:** Since 2008, HealthPartners has taught an ACGME-aligned QI curriculum to medical residents through presentations, videos, readings, QI projects, and Minnesota’s first IHI chapter. Residents reported that they needed more mentors and coaches onsite, thus creating a need to train faculty. HealthPartners hopes to educate faculty on QI methods and tools, equipping them with the skills and abilities to educate and guide medical residents.

**Methods:** In a series of 4 steps, interested faculty responded to invitations and completed a pretest assessment of their QI knowledge. Faculty then led or participated in a relevant, committee-approved QI project. Faculty also completed 6 IHI modules on their own time covering the fundamentals of, the model for, and measurement of improvement; putting it all together; the human aspect of QI; and level 100 tools. Finally, faculty took a posttest of QI knowledge and provided qualitative interviews.

**Results:** Eight faculty members participated and generated 2 large-scale QI projects with positive outcomes: Dialysis Shared Decision Making and Emergency Medicine Department Communication. The pre- and posttest analysis shows an increase in all aspects of QI knowledge for the 2 faculty who completed the modules and no change in knowledge for the 6 faculty who did not complete the modules. The qualitative data revealed the IHI modules and training in general were useful, a coach in the GME office was helpful, having a project aligned with organization/department goals was ideal, and the limited availability of protected time was a large barrier. Because this was a voluntary program, participation was low and no funding was available.

**Conclusions:** Those physicians who completed all the requirements felt grateful and more prepared than others (without training) to educate and mentor residents on QI projects. Participants reported that learning QI tools furthers work on QI projects. The initiative requires more leadership support, protected time for faculty, and integration into a program, such as a maintenance of certification program.

### FINAL WORK PLAN – HealthPartners/Regions Hospital

Overall Goal for NI III/Elevator Speech	HealthPartners Institute for Education and Research (the Institute) has been committed to designing and delivering QI to medical residents for the last 4 years. Medical residents have acquired practical tools and knowledge to participate in and lead QI projects and initiatives and have learned how to connect their experiences and learning systemwide. A group of physician leaders, residents, and GME staff identified a gap between the education residents receive and the education physicians receive regarding QI. In addition, there is a need for more faculty physicians to fill the role of mentors and coaches in QI education of residents.
Needs Statement	In 2008 the GME office, along with program directors and residents, created curricula to address the ACGME core competencies of systems-based practice and practice-based learning and improvement. Materials such as presentations, videos, and reading materials were created to deliver QI education. In addition, residents worked on QI projects in their respective residency programs. To complement this education, the Institute created its own and first IHI Open School Chapter in Minnesota. Residents gained access to online tools and coaching in a flexible environment and had access to the chapter faculty and leader. Residents reported to have learned from the QI curricula and tools but felt they needed more mentors and coaches onsite, thus creating a need to train faculty.
Vision Statement	In March 2013, we will see the outcomes of our success by educating a cadre of faculty members on QI methods and tools and equipping them with the skills and abilities to educate and guide medical residents.
Measures	We determined the success of meeting our goal using pre- and postquantitative surveys, and we finalized the project with a qualitative interview to better understand what worked and what we need to improve. The qualitative data returned useful results, indicating those who completed the training were more familiar and comfortable with all elements of the QI process.
Success Factors	The most successful component of our work was that faculty loved the flexibility of the program and the IHI Open School modules. The fact that they were engaged in an effort they felt passionate about and that was aligned with departmental organizational goals made the project move forward. Faculty were very appreciative to have support when needed.
Barriers	Protected time was the biggest barrier. Those who could not find time to work on projects were identified too late in the program, and intervention in getting them back on track was unsuccessful. The number of participants also was very low due to the voluntary nature of the initiative. It was not easy to recruit faculty physicians for this initiative. It would have been better to have a structure similar to the AIAMC National Initiatives in which participants meet every quarter and share their experiences and progress. We need to find a way to have funding to pay for protected time to participate in QI. While this is a good initiative, it has to have more leadership support; the C-suite leadership can help this work spread across the organization. This program could be designed to be part of maintenance of certification or leadership development and promotion.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	While we had a small group of physicians who participated in the training program, the experience was positive. The participants who completed all the requirements felt grateful and felt more prepared than other physicians in their department to educate and mentor residents on QI projects. They reported that getting a QI project done is easier once you learn the tools; it gets easier to problem solve and find solutions. The QI projects selected will continue to produce good results, and a relationship with the GME office will continue. Physicians who volunteered were very interested in QI and furthering their education. How do we engage others? How do we spread?