

FINAL WORK PLAN – MedStar Georgetown University Hospital / MedStar National Rehabilitation Hospital

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a QI curriculum for the residency program that matches residents with attendings needing to complete a PI project for maintenance of certification.
Needs Statement	This goal was important because previous projects have been successful but have not been sustainable.
Vision Statement	In March 2013, we will see the outcomes of our success by having a curriculum in place and multiple PI projects ongoing.
Measures	We determined the success of meeting our goal by measuring the number of QI projects. Our pre- and postintervention measures were a needs assessment survey.
Success Factors	There was clear interest in the project from both attendings (seen in results from needs assessment survey) and residents.
Barriers	The largest barrier we encountered was coordinating everyone's time and creating the actual online curriculum.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Start early and set firm deadlines with each step of the project.

Mount Carmel Health, Columbus, OH

Quality and Safety: Building the Culture

Thomas Hartranft, MD; John C. Weiss, MD

Background: Per ACGME requirements, our goal was to produce a comprehensive Q&S curriculum for PGY1 residents, implement the curriculum, and develop at least 2 teams of residents, faculty, CME physicians, and Q&S representatives working on a systemwide Q&S project.

Methods: PGY1 residents use IHI Open School techniques to develop their own Q&S project with the support of GME faculty and system leaders. The residents implement the designed project in their second year of training. They gather outcome measures during the third year; the process culminates in a multidisciplinary systemwide formal presentation of their project. Residents are strongly encouraged to author 1 or more peer-reviewed manuscripts at the conclusion of the process.

Results: We measured progress by tracking IHI Open School completion and the establishment of 3 active teams developing Q&S projects via Open School techniques, including PDSA cycles and evaluation methods. The most successful components of our work were the implementation of the curriculum, the buy-in from residents recognizing the need for quality patient care, and the level of Q&S and faculty support. The long-term results of curriculum implementation (to be repeated with each incoming intern class) remain to be seen; Q&S impact will be determined over the next 2 years. This project meets the ACGME requirement of integrating Q&S into the curriculum. The curriculum crossed all programs within GME.

Conclusions: A formal Q&S curriculum enriches teaching skills and improves methods in the field of Q&S. We believe this curriculum will lead to positive reviews and continued full accreditation by the ACGME for both the institution and our individual programs.

FINAL WORK PLAN – Mount Carmel Health

Overall Goal for NI III/Elevator Speech	Our team's goal was to develop a comprehensive quality curriculum; implement the curriculum; and develop at least 2, possibly more, teams of residents, faculty, CME physicians, and Q&S representatives working on a systemwide Q&S project.
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Needs Statement	This goal was important because few GME systems have incorporated, in any meaningful way, residents into Q&S initiatives even though the resident staff is on the front line of most if not all Q&S efforts in teaching institutions. Physicians need to be the leaders in Q&S in the future. The ACGME has placed significant emphasis on the integration of Q&S training and participation of residents in this process.
Vision Statement	In March 2013, we will see the outcomes of our success by having the first round of the curriculum completed and all our PGY1 residents in the institution obtaining the IHI Open School certificate of completion. We envision a fully developed Q&S curriculum for all our residents.
Measures	We determined the success of meeting our goal by measuring IHI Open School completion and the establishment of 3 active Q&S teams that are developing projects using Open School techniques, including PDSA cycles and evaluation methods. All PGY1 residents will obtain completion. Those not graduating after 1 year will then have the next 2 years of their training to design and complete a Q&S project under the supervision and guidance of faculty and institutional Q&S.
Success Factors	The most successful component of our work was the actual implementation of the curriculum and the buy-in from the residents recognizing the need and usefulness for quality patient care. We were inspired by MO, Q&S, and faculty participation. Although all residents participated and completed the curriculum with many actually lecturing, the final results of implementing the ongoing curriculum (to be repeated with each incoming intern class) remain to be seen.
Barriers	The largest barrier we encountered was freeing all PGY1s and protecting their time for these curricular meetings. We worked to overcome this by obtaining the support of the DIO, GMEC, and all program directors. Convincing the trainees of the usefulness and utility of the importance of understanding and their ability to implement a large-scale Q&S project was also a barrier.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Obtain leadership approval and support at all levels. Use close follow-up and frequent communication. Like most new initiatives, build the base of information and proceed with extreme caution.

Ochsner Clinic Foundation and University of Queensland-Ochsner Clinical School, New Orleans, LA Developing a Practical and Sustainable Faculty Development Program with a Focus on Teaching Quality Improvement: An AIAMC National Initiative III Project

**Christopher Rodrigue, MD; Leonardo Seoane, MD; Rajiv Gala, MD;
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Background: We developed a faculty development curriculum emphasizing QI and PS. Our project focused on developing a learning environment that fosters resident education in QI and PS.

Methods: A multidisciplinary team developed a survey to assess baseline perceptions of QI tools and training and resident participation in QI and PS programs. We then developed a curriculum to address deficiencies. The curriculum paired residents with faculty. At the completion of the first curriculum cycle, we asked faculty and residents to complete the same survey.

Results: Our pilot survey revealed a need for a comprehensive program to teach faculty and residents the art of teaching. Our follow-up study showed an increase in the number of residents and faculty who reported that their programs were extremely or very good at providing tools to develop skills and habits to practice QI. We also had a statistically significant decrease (15.8%, $P=0.0128$) in faculty who reported their program as not at all effective at providing resident QI tools and skills. Among residents and faculty, we had a 12% ($P=0.2422$) and a 38.2% ($P=0.0010$), respectively, improvement in reported monthly resident involvement in QI and PS projects.