

Results: The most successful components of our work were achieving a response rate above 50% from each participating department on our baseline QI evaluation and recruiting QI interest from other programs. The largest barrier we encountered was difficulty regarding time management to complete the training modules. We worked to overcome this barrier by discussing with each program's champion the appropriate length of time to complete the QI modules.

Conclusions: There is evidence of inadequate knowledge of QI among residents. A QI curriculum is essential not only to enhance patient care but also to meet ACGME accreditation standards. Our residency programs have now chosen the IHI Open School QI modules as part of their QI training of residents.

FINAL WORK PLAN – Orlando Health

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a QI curriculum.
Needs Statement	This goal was important because we had no standardized QI training for residents.
Vision Statement	In March 2013, we will see the outcomes of our success by having created a QI curriculum that is simple yet adaptable to all our residency programs.
Measures	We determined the success of meeting our goal by measuring the baseline QI knowledge of residents followed by reassessing QI knowledge after the curriculum. Our pre-and postintervention measures were questionnaires developed from literature survey. Questions deemed relevant to basic knowledge of QI were used to create the questionnaires.
Success Factors	The most successful component of our work was having greater than 50% response on our baseline QI evaluation and recruiting QI interest from other programs.
Barriers	The largest barrier we encountered was time management to complete the training modules. We worked to overcome this by discussing the appropriate length of time to complete the QI modules with each program's champion.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Anticipate resistance to change and allow adequate time for individuals to adapt to change.

OSF Saint Francis Medical Center and University of Illinois College of Medicine, Peoria, IL Performance Improvement Curriculum Collaboration

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Background: ACGME mandates that residents receive PI/QI education. Many practicing physicians lack formal education in PI/QI yet are required to teach this curriculum to residents. The objectives of the project were (1) understand the barriers to physician engagement in PI efforts, (2) develop a PI curriculum focused on the needs of physicians from various environments, (3) develop an integrated structure for guiding and monitoring PI, and (4) develop an oversight committee to provide decision makers with quality data for strategic planning.

Methods: All core faculty from our 11 residency programs received face-to-face communication regarding the need for physician-specific PI/QI curriculum and their role in teaching this curriculum. We developed a core curriculum (developing competency in core tenets of PI/QI) and an advanced curriculum (supporting 90-day cycles of project work) that were piloted by 18 core faculty. A gap analysis was performed in the 2 participating residency program areas and charters were created (MICU Continuity of Care and Error Reporting in the Family Medical Center). We established an oversight committee to develop an integrated structure to support curricular development and a reporting structure for project work. We are developing a tool to assess resident core learning and self-assessed PI proficiency.

Results: Early results indicate a recognized need for physicians to become proficient in PI/QI as part of their daily work. As an outcome of the project, the Internal Medicine and Med-Peds residency programs are partnering with us to develop a practice-based learning and improvement (PBLI) curriculum in PI/QI.

Conclusions: Stakeholder analysis and face-to-face communication at all levels are critical to success. Developing an accessible and easy-to-use online PI core curriculum increases physician participation. Project work is successful when tightly scoped and within the area of responsibility of the physician leading the effort. Feedback on the pilot project will be used to continue to increase the quality of our curriculum.

FINAL WORK PLAN – OSF Saint Francis Medical Center and University of Illinois College of Medicine

Overall Goal for NI III/Elevator Speech	The goal of this project was to develop physician engagement in shared PI/QI efforts with OSF Saint Francis Medical Center (SFMC) and the University of Illinois College of Medicine-Peoria (UICOMP) to provide physicians with the knowledge and skills to perform PI/QI as part of their daily work and to teach PI/QI to the residents they serve.
Needs Statement	Recognition of the importance of PI/QI to physicians is evident through recent ACGME common program requirements mandating that residents receive PI/QI education. Many currently practicing physicians lack formal education in PI/QI, yet they are required to teach this curriculum to the residents they serve. Our current system does not maximize the integration of physicians into its PI initiatives, leading to fragmented bodies pursuing individual PI in specific areas.
Vision Statement	In March 2013, we will see the outcomes of our success by (1) providing physicians with the education and structural organization and support necessary to be effective and engaged leaders of PI/QI efforts within our institutions and (2) developing the framework to allow those physicians participating in the curriculum to develop sufficient skill to be able to teach residents in their programs the core PI/QI principles and apply these concepts in their daily practice.
Measures	Our pre- and postintervention measures were (1) self-assessed proficiency in PI (confidence in current ability to improve healthcare locally), (2) survey of participants' view on need for PI, (3) participants' performance in PI (QIKAT), and (4) evaluation of learning objectives met for core faculty participating in the advanced curriculum (to be completed at the end of the project work cycle in April).
Success Factors	The most successful components of our work were (1) communication with stakeholders at every step in the curricular development and pilot process, (2) online curriculum for ease of use, (3) experiential project work with coaching for tools weekly, and (4) partnership between OSF SFMC and UICOMP that allowed for the development of resident PBLI curriculum as a direct result of the newly developed physician PI curriculum.
Barriers	The largest barrier we encountered was time constraints for physicians that initially limited physician ability to participate in project work. We worked to overcome this through the physician PI program manager role, and a hands-on PI director aided smooth transition to project work for physicians.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Stakeholder analysis and face-to-face communication at all levels from the beginning of the project and continued throughout is critical to success. Developing an accessible and easy-to-use online PI core curriculum increases physician participation and awareness. Projects need to be tightly scoped and within the area of responsibility of the physician leading the PI effort. Embedding a pilot feedback loop into the curriculum in survey form allows for improvement in the curriculum in ongoing fashion.