

Measures	We determined the success of meeting our goal by (1) conducting 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 fall 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.

Vision Statement	In March 2013, we will see the outcomes of our success by creating a culture of feedback in which both provider and recipient recognize feedback has occurred and develop beginner-level team member competencies in metacognition and critical self-reflection.
Measures	We determined the success of meeting our goal by measuring the concordance of resident and faculty perceptions of feedback frequency in 2 of the 7 GME programs both pre- and postintervention.
Success Factors	The most successful component of our work was faculty and resident engagement in careful consideration of the problem followed by goal and vision development. The team did not settle for the easy road and was willing to explore uncharted territory. We were inspired by advice about using appreciative inquiry as a method (thanks, Marcella), networking feedback that we may be “on to something new” and significant, and team members being outspoken and stepping into leadership roles.
Barriers	The largest barrier we encountered was lack of time and scheduling difficulties when working across multiple GME programs. To overcome this, team members remained flexible, but they also developed a routine for meetings on cycles that occurred every 2 weeks.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Breaking out of mental valleys requires creativity, visioning, and commitment to spending the time. Feedback improvement was placed into workflow and jargon was removed. A checklist was created to guide improved feedback behavior.

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Closing the Feedback Loop: Effectively Communicating Pap Smear Results Using an Electronic Health Record

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Background: Screening for cervical cancer is currently recommended for all women with a cervix who are ages 21-65. Reporting test results to patients offers a valuable educational opportunity for both the patient and the clinician. Our initial goal was to gain experience with a small, discrete project based in a high-traffic process (ie, standardizing normal Pap smear reporting) that would have measurable impact for patients and residents in our primary care clinics. Secondly, the project would serve as a means for NI III participants to become better trained facilitators and disseminators of QI curricula.

Methods: A 3-question survey was distributed among primary care residents to determine their knowledge of lab reporting policies and preferences for patient contact regarding lab results. Common practices among practitioners and reporting capabilities of a newly launched EHR were reviewed. Aims, measures, and a timeline were developed across a multidisciplinary team of clinicians and staff.

Results: For normal Pap results, a standardized letter is generated with educational language and follow-up recommendations as noted by the ordering physician when reviewing the lab result in the EHR. Weekly compliance reports are provided to clinic directors for feedback. Preimplementation, 7 of 42 resident physicians indicated they knew what the lab reporting policy was. At baseline, 39% (n=64) of normal Pap results were compliant with the new policy; within 6 months, 78% (n=85) of normal Pap results were compliant.

Conclusions: This project provides a framework for patient-provider communication that could be expanded to other test results; it also provided QI exposure to key stakeholders and mentors toward affecting a positive culture change at our institution. Curriculum development is ongoing and is likely to be most successful in conjunction with resident-driven hands-on projects. One small but measurable contribution to curriculum development was the incorporation of IHI Open School modules for residents across all programs.