Success Factors	This program has not been successful so far, but we have hope. The most successful component of our work was the spinoff work done within one of the residency programs by 2 of the core faculty. We were inspired by the dedication of some of the members of the group.
Barriers	The largest barrier we encountered was an institutional mismatch of priorities. Two specific issues were barriers. The implementation of an electronic medical record system—a huge drain on human resources—occurred during the middle of the project, rendering several core faculty members unable to participate in the project during that time period. Also, several core faculty members had personal commitment to the project but did not have support of their clinical chief of service. These faculty members were from departments that do not have residency programs, so the chief did not appreciate the value.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Don't simply get endorsement up front for the project by the CEO, CMO, and clinical chiefs—have them actively involved in the process so anticipated conflicts can be better determined and the time spent on the project is truly valued by the participants' leaders.

Baystate Medical Center, Springfield, MA
Development of an Interdisciplinary, Interprofessional Resident Quality Council

Reham Shaaban, DO; Adrianne Seiler, MD; Melody Brewer, MD; Kevin Hinchey, MD

Background: House staff play a key role in patient care but are not optimally involved in efforts to improve care. Current assessment procedures do not always include resident input, which can lead to lack of engagement. To help meet ACGME requirements, we planned to develop an interdisciplinary, interprofessional resident quality council (RQC) to engage residents in QI culture, teach them about QI, and enhance communication with administrators.

Methods: We initiated the RQC in 2012 and selected the chiefs of all 10 residency programs in the hospital as the first class. Our primary focus was teaching the teacher through monthly didactic sessions, allowing us to disseminate information and knowledge about QI science to all residencies. The secondary focus was to form parallel quality tracks in all residencies to perform at least 1 quality project per year, as well as to develop participation criteria and interest for the RQC.

Results: We saw significant improvement and comfort with interdisciplinary communication among the 10 participants. We were able to identify QI champion attendings within each program to support the council and connected the psychiatry chief resident to a psychiatry attending to develop a QI track. Participants also generated multiple interdisciplinary project ideas for the future. Residents were chosen to participate without gauging their level of interest, which led to lack of engagement. Residents also had a variety of responsibilities, so scheduling time for the RQC meetings was difficult. The initiative lacked a strong emphasis on the main goal of RQC participation.

Conclusions: Although the RQC did not reach all of the initial goals, it successfully formed interdisciplinary working relationships and gauged the house staff's interest in and knowledge of QI. Moving forward, the council will consist of residents who have applied and have shown interest in QI as recognized by their programs.

FINAL WORK PLAN – Baystate Medical Center

Overall Goal for NI III/Elevator Speech	To develop an interdisciplinary, interprofessional RQC to improve patient care and safety by engaging residents in a culture of QI, teaching them about QI, and enhancing communication between hospital administrators and residents.
Needs Statement	House staff play a key role in patient care at academic medical centers. They have unique insights into problems that occur within a hospital, yet they are not optimally involved in efforts to improve care.

Vision Statement	To improve patient care, safety, and interdisciplinary collaboration within Baystate Medical Center by engaging all resident programs in QI.
Measures	Engaged residents with 80% attendance at meeting. They completed 1 project each.
Success Factors	We learned what we did not do right—we selected our group. We learned from other programs through the conference call and meeting to have the residents select groups themselves.
Barriers	Scheduling was a big barrier, made worse by potential lack of strong motivation to be there.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have residents apply to be in a group and select from the applicant pool, ensuring they already have motivation.

Christiana Care Health System, Newark-Wilmington, DE

Leadership Development in Integrating Quality and Academic Training Programs

Robert Dressler, MD; Michael Eppehimer, MHSA; Neil Jasani, MD; Loretta Consiglio-Ward, MSN

Background: We plan to increase faculty capability as experts and leaders in quality and safety improvement sciences through a faculty development program. Drawing from our successful interprofessional resident QI curriculum, we plan to examine the effect of QI curricula on faculty's expertise, teaching, leadership, and system improvement.

Methods: We designed a professional development program and used a 19-question assessment addressing 6 competencies to determine the program's focus. Faculty/teaching staff participants (11) proposed 9 QI projects to be started in August 2012 and conclude in May 2013. Participants attended 16 structured sessions including prereadings, project milestones, and report-outs. Internal and external content experts used didactic and experiential teaching methods, and mentoring occurred during and between sessions. We used preprogram, midpoint, and postprogram surveys to gauge participants' confidence in teaching quality and safety competencies.

Results: Competency ratings before the program illustrated QI knowledge gaps for the faculty and teaching staff. We conducted a midpoint evaluation in February 2013 that indicated all 6 competency ratings had increased since the start of the program. When the program is complete, we will perform the postprogram survey. Longitudinal outcomes include measurements of perceived impact of the program on residents (annual ACGME survey), perceived impact within the institution (project review 90 and 180 days post), and percent of participants who achieve a professionally recognized QI certification within 1 year of the program. Project progress has varied, and teams with the most relevant projects have seen more success.

Conclusions: Time-constrained faculty can acquire knowledge and apply it through QI curricula. Early dialogue with key stakeholders during program design was instrumental in realizing organizational support. The integration of interdepartmental, interprofessional course faculty created valuable teaching and learning experiences. It is too early to determine whether the program effectively trains the trainer in improvement and safety.

FINAL WORK PLAN – Christiana Care Health System

Overall Goal for NI III/Elevator Speech	Our team's goal was to develop skills to teach and to lead the incorporation of continuous performance improvement and safety principles into all education curricula and into clinical practice by working with the entire Christiana Care Health System (CCHS), thereby improving the quality of care we deliver.
Needs Statement	This goal was important because there is a gap in faculty and resident knowledge, skill sets, and ability to identify opportunities and apply QI methodologies as appropriate. It is vital to develop skilled physicians to increase the value and safety of the clinical care we provide.