

Barriers	The largest barrier we encountered was limited engagement and involvement by several of our program directors, limiting the residents' participation in those programs. We worked to overcome this obstacle through significant engagement with senior/chief residents who were passionate about the project.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have explicit expectations of the responsibilities for all members of the project team and hold them accountable to their original commitment!

JPS Health Network, Fort Worth, TX

Teaching Process Improvement, Quality, and Patient Safety to Adult Learners in GME

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Background: The traditional medical education curriculum provides limited training in quality, performance improvement, and patient safety. When discussing quality and patient safety with new residents, 100% reported they had no prior training in this subject area. Residents were interested in expanding the basic training given during orientation. In the initial needs assessment session done with new residents, the residents reported a desire to participate in projects but stated they would need guidance on the logistics of developing projects and initiatives given their work requirements and time constraints. The overall goal of this project was to teach performance improvement, quality, and patient safety in GME through experiential learning with program directors, faculty, residents, and other professionals on the healthcare team. Our team recognized that a major barrier to moving forward was limited knowledge of standardized process methods among leaders, residents, faculty, and other healthcare team members in the context of interprofessional education and participation.

Methods: The investigative team chose to use a pre/post intervention evaluation method to assess the quality of the 5 types of training and of the trainees' projects. (1) For the abbreviated training, during their orientation, participants attended a 2-hour workshop on quality metrics, the PDSA method, and the importance of this training to long-term performance improvement and patient safety. (2) The Quality and Patient Safety Institute (QPSI) consisted of 2 full days, 90 days apart. Ten focus areas were chosen based on CLER or quality requirements. At the end of the program, each participant was given assignments to complete based on the QPSI sessions. (3) The 1-hour family medicine program-directed sessions were coordinated and given by a member of the quality team during weekly conference time. The Moderate Sedation training (4) and Lean Six Sigma training (5) were covered at various forums. Certificates were awarded for the QPSI, Moderate Sedation, and Lean Six Sigma trainings.

Results: Seventy-four participants attended the abbreviated 2-hour session. All 15 participants attended the first session of the QPSI 2-day training course, and 87% attended the second session. At the 7 program-directed monthly sessions, attendance averaged 51.5% ± 25.7%. The 2-hour Moderate Sedation training had a 77% attendance rate, and the 1-hour Lean Six Sigma white belt training had a 100% attendance rate.

Conclusions: Interdepartmental and interprofessional education is underutilized in the medical education curriculum and healthcare setting. Integrating interprofessional education into GME is necessary to improve healthcare quality and patient safety. This mode of education is core to teaching communication skills and teamwork in the healthcare setting. In alignment with the governing bodies and accrediting agencies, interprofessional and interdepartmental education can assist with removing barriers.

FINAL WORK PLAN – JPS Health Network

Team Charter/Objectives	The team collaborated with the quality and patient safety experts to create an institutional program that engages residents and faculty in experiential and interprofessional education. The overall goal of this project was to increase quality and patient safety in GME through experiential learning with program directors, faculty, and residents.
Project Description	Our team recognized that a major barrier to moving forward was limited knowledge of standardized process methods among residents and faculty. The preliminary stages of this project included identifying the best method for training residents and faculty given the time constraints and mandates of programs and participants. The aim of the investigators was to develop a sustainable, systems-based program.
Vision Statement	The aims of this project are (1) to identify the best method for training residents and faculty in performance improvement, quality, and patient safety in an interprofessional learning forum; (2) to introduce a sustainable program that is integrated into the clinical learning environment; and (3) to identify barriers and competing assignments that impact participation of residents and faculty in institutional and program initiatives that promote interprofessional problem solving and education.
Success Factors	In this program demonstration project, attendance was more positively affected when a certificate was awarded at the end of training or when the course was required to perform a service. Interdepartmental and interprofessional courses appeared to increase feedback and interaction. The full-day course appeared to provide a greater opportunity for team building and problem solving. Interprofessional education improved understanding of roles and of how the healthcare team can function collaboratively. We were inspired by the apparent desire of participants to be involved in hospital issues that they expressed in our sessions. Feedback from residents and providers was helpful in identifying provider issues and in helping us to leverage their role on the team.
Barriers	The largest barriers we encountered were multiple small sessions outside of program lecture days or times and competing schedules and responsibilities that impacted attracting a broader audience. We worked to overcome this obstacle by following the recommendation of resident and nurse training programs: have an all-day event, have small groups, and rotate cohorts because the services would support missing 1 or 2 people every 90 days.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Be flexible and build on challenges and identified needs. If the project/course is to impact the institution, use the organization as the lab.

Kaiser Permanente Northern California Patient Safety, Performance, and Quality Improvement

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Background: We identified that patient safety event reporting was underutilized, so we wanted to create a pathway for better feedback while maintaining anonymity. Our goal was to develop a consistent process for identifying quality and process improvement projects and to share progress.

Methods: After many iterations, we identified and customized a secure yet widely accessible eVisual Board in Microsoft SharePoint. The eVisual Board is a single, shared, scalable platform the residents could use to contribute to, learn about, and disseminate quality and process improvement projects. The eVisual Board was installed in the resident lounge, and we held weekly huddles.