Success Factors	The most successful component of our work was the willing collaboration of several independent departments in designing and testing educational modalities and in tracking outcomes of education as well as identifiable resident responses. We were inspired by the ability of these teams to work within the framework of our developing institutional curriculum and by how this team interacted with our residents.
Barriers	The largest barrier we encountered was difficulty finding otherwise committed individuals with adequate time and resources to work with us. We overcame this barrier probably by pure luck. The departments that did cooperate were thorough and dedicated to developing meaningful data and measurable performance outcomes.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have clarity in your expectations and recruit your associates carefully, recognizing their other demands.

Marshfield Clinic, Marshfield, WI

Delivering a Positive Patient Experience: Internal Medicine Residency Provider Pictorial

Matthew D'Costa, MD; Matthew Jansen, MD; Lisa Benson, MD; Lori Remeika, MD; Michael Roherty; Nicole Kumm

Background: Patient satisfaction data from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys revealed poor performance by internal medicine residents. Two recently published prospective cohort studies showed improvement in provider identification with face sheets or face cards and a trend toward improved patient satisfaction but no statistical significance. We postulated that knowledge of provider names and their roles via team pictorials would improve patient satisfaction scores.

Methods: The internal medicine program coordinator created My Health Care Team pictorials at the first of the month, and internal medicine resident teams distributed the pictorials to patients admitted to their service, ideally within 24 hours of admission. The pictorials are referenced by the patient, nurses, and consultants for coordination of care. A cohort study of internal medicine resident ward team patients was performed. Twenty-five patients were surveyed after 40 chart reviews were performed.

Results: Four of 25 patients reported receiving the pictorials. All 4 (100%) patients reported understanding their care plan, and 2 of 4 (50%) could recall care team names. These patients' average satisfaction score was 5.0. Among the 21 patients who reported they did not receive the pictorials, 19 (90.5%) reported understanding their care plan, and 5 (23.8%) could recall care team names. These patients' average satisfaction score was 4.57.

Conclusions: Creation of a pictorial for provider identification is achievable with the right support system. Team pictorials are well received by patients and other members of the care team. Distribution by ward teams is a major challenge; potential remedies are in the planning stages. Further data collection and patient randomization along with expansion to other departments may provide more insight.

FINAL WORK PLAN – Marshfield Clinic

Team Charter/Objectives	Our team's goal was to enhance effective communications between providers and patients, as well as among fellow providers.
Project Description	The internal medicine program coordinator created My Health Care Team pictorials at the first of the month, and Volunteer Services distributed these documents to a main floor of the hospital. Internal medicine resident teams then distributed the pictorials to patients admitted to their service, ideally within 24 hours of admission. The pictorials were referenced by the patient, nurses, and consultants for coordination of care. The project leader performed a cohort study of patients to determine effectiveness.

Vision Statement	The My Health Care Team pictorial will provide a more positive patient experience by aiding in the identification of providers and coordination of care. As the project continues, we plan to obtain additional data, including randomization of patients, and expand the project to other departments.
Success Factors	The creation of a user-friendly team pictorial and subsequent distribution system to the hospital wards is achievable with the right support system. All patients reported positive impressions of the pictorial. Allied providers also anecdotally agreed that the pictorial is a helpful tool. We observed a trend toward improved name recall, patient satisfaction, and care plan understanding.
Barriers	The largest barriers we encountered were the distribution process and points of contact and a lack of compliance in pictorial distribution by the ward teams. Another barrier was data collection; we would like to have more patients and more data to achieve statistical significance. Other barriers included patients were selected retrospectively and not randomized, official data from other members of the care team have yet to be gathered, and the project's scope was likely too narrow. The plan is to include other programs in the future. As a jointly sponsored residency program (Marshfield Clinic and Ministry Saint Joseph's Hospital), we do not have a seamless approach to project management because both institutions, while merged as a training program, operate independently from one another.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Ensure a good support system and a project team that can fulfill all roles as defined by the project. Education of all team members is important, and identification of key contacts is critical.

Monmouth Medical Center, Long Branch, NJ
A Hospital Public Health Response to CLER

Beth Baratz, MS, MPH, CCLS; Alex Puma, BA; Joseph Jaeger, DrPH, MPH

Background: Our ACGME CLER site visit revealed issues with patient safety, quality, and health disparities, so a core curriculum team consisting of members of the Office of Academic Affairs and an MPH candidate was formed to develop a public health curriculum for residency programs. Desired outcomes included the identification and reduction of public health–related knowledge gaps.

Methods: A literature search, a needs assessment of program directors and residents, curricular audit, presentation, and peer review were conducted to design a public health curriculum that addresses patient safety, healthcare improvement, error reporting, and health disparities. Success depended upon the approval of the Monmouth Medical Center GMEC.

Results: The "Public Health Curriculum for Graduate Medical Education Program at Monmouth Medical Center" was completed on time and within the project budget. The GMEC approved the curriculum, and the program directors adopted it. The program-specific curriculum was found to be responsive to the needs of 7 residency programs.

Conclusions: Educators and trainees now have access to a complete set of concepts, terms, and activities that make up the public health domain. This access has increased awareness regarding public health, disparities, and inequities and has also led to greater awareness of patient safety and error reporting.

FINAL WORK PLAN – Monmouth Medical Center

Team Charter/Objectives	The ACGME CLER site visit revealed issues with patient safety, quality, and health disparities. Our team's goal was to infuse the clinical learning environment with public health principles and practices.
Project Description	The Office of Academic Affairs and an MPH candidate developed a comprehensive public health curriculum for GME designed to improve patient safety reporting and education, performance and quality improvement practices, health disparities interventions, and cultural competency. The project identified and addressed barriers to patient safety reporting.