Results: The intervention was sporadic in 2009-2010, was piloted in 2010-2011, established a baseline for MS3 and MS4 in 2011-2012, and continued for MS3 and MS4 in 2012-2013. The simulation score baseline was established in 2011-2012 and was pending for 2012-2013. The patient safety culture score baseline was established in 2010-2011 and no results were reported in following years. We met with great success in participant openness to collaboration but learned that many additional parallel collaborations were necessary across the system. We did not create an agreed-upon measurement or intervention for student or resident safety culture, but we made tremendous progress toward this goal.

Conclusions: Engineering a campus plan is hard enough when the 2 components are a single unit; it is uniquely challenging in an independent academic medical center. Many enterprises within the overall project must align to drive the program. The presence of many collaborators taught us that we have to keep abreast of all developments, not just our particular specialization.

FINAL WORK PLAN – MedStar Georgetown University Hospital

Overall Goal for NI III/Elevator Speech	Our team's goal was to build a plan for teaching patient safety throughout the medical center campus.
Needs Statement	This goal was important because building a patient safety culture at an academic hospital required all elements of the campus to be aware of and to appreciate patient safety.
Vision Statement	In March 2013, we will see the outcomes of our success by seeing improved acceptance of the patient safety culture and improved knowledge in patient safety issues.
Measures	We determined the success of meeting our goal by measuring improvements in student actions in simulations and by student and resident participation in occurrence reporting.
Success Factors	The most successful component of our work was collaboration across disciplines and across institutions. We were inspired by other institutions.
Barriers	The largest barrier we encountered was alterations in leadership. We worked to overcome this by being prepared.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Be alert to and ready to acknowledge/incorporate any parallel collaborations across the system or campus.

Guthrie Clinic / Robert Packer Hospital, Sayre, PA

Promoting QI & Enhancing Patient Safety Through Graduate Medical Education: The Next Step?

A Kulkarni, MD; N Pease; D Stapleton, MD

Background: Given the changing paradigm in healthcare and GME that emphasizes the importance of QI projects to enhance PS, we felt the need to incorporate this theory into resident education. We hoped to integrate PS/QI into the existing residency curriculum, increase the yield of QI projects, and have publications of resident-initiated QI projects.

Methods: We determined the success of our program by measuring the increase in resident QI activities as calculated on our new QI process scale. The scale has a score for each level of completion as follows: (1) conceptualization of project (no formal proposal), (2) formal hypothesis generated and submitted for review, (3) hypothesis approved by faculty mentor/QI supervisor after changes, (4) formal IRB proposal and IRB application completed, (5) IRB approval granted, (6) data collection underway, (7) preliminary manuscript developed and submitted for review, (8) manuscript finalized/submitted/under review, (9) manuscript accepted, and (10) project published/presented.

Results: We have seen a greater than 100% increase in resident-initiated QI projects since the beginning of this process. We worked to achieve resident buy-in and active contribution by discussing the significance of the program and its goals with residents. The most successful component of our work was generating interest from the faculty and increasing awareness of the significance of QI initiatives in practice and GME. We also established a streamlined procedure for seeking IRB review specifically for QI projects.

Conclusions: We were able to engage residents early by outlining resident-specific benefits of the process, maintaining an open dialogue between residents and faculty to identify specific needs and avoid attrition, and monitoring progress throughout the process to provide constructive feedback.

FINAL WORK PLAN – Guthrie Clinic / Robert Packer Hospital

Overall Goal for NI III/Elevator Speech	Our team's goal was to integrate QI and PS into the existing residency curriculum in the interest of enhancing resident education.
Needs Statement	This goal was important because of the changing paradigm in healthcare and medical education that emphasizes the increasing importance of QI projects to enhance PS. Therefore, to prepare our residents for this evolving concept and to involve them in projects enhancing PS at an institutional level, we decided to participate in NI III.
Vision Statement	In March 2013, we will see the outcomes of our success by increasing the yield of QI projects at an institutional level. We anticipate this will also lead to an increase in the overall number of publications of resident-initiated QI projects.
Measures	We determined the success of meeting our goal by measuring the increase in resident QI activities. A new scale for measuring resident progress through the QI process was created and reflects considerable improvement in resident participation. We have seen a greater than 100% increase in resident-initiated QI projects since the beginning of this process.
Success Factors	The most successful component of our work was generating interest in the faculty and increasing awareness regarding the increasing significance of QI initiatives in practice and GME. We were inspired by the presentation made by Dr V. Arora regarding resident handoffs. Her presentation illustrated a very rational and achievable approach to the concept.
Barriers	The largest barrier we encountered was getting residents to buy into this relatively new concept and actively contribute towards its success. We worked to overcome this by engaging residents in a discussion regarding the significance of the program and its long-term goals and benefits. Resident interest was considerably increased once the initial QI projects received IRB approval and institutional support.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Engage residents early by outlining the resident-specific benefits of the process and maintaining an open dialogue between residents and the faculty to identify specific needs and to avoid attrition.

HealthPartners/Regions Hospital, Bloomington, MN
Faculty Development–Quality Improvement Training

Marcella de la Torre, MNM; Andrew Zinkel, MD; Adetolu Oyewo, MD; Kara Kim, MD; Richard Mahr, MD; Deb Curran, MA; Jon O'Neal, MD; Gary Collins, MD

Background: Since 2008, HealthPartners has taught an ACGME-aligned QI curriculum to medical residents through presentations, videos, readings, QI projects, and Minnesota's first IHI chapter. Residents reported that they needed more mentors and coaches onsite, thus creating a need to train faculty. HealthPartners hopes to educate faculty on QI methods and tools, equipping them with the skills and abilities to educate and guide medical residents.

Methods: In a series of 4 steps, interested faculty responded to invitations and completed a pretest assessment of their QI knowledge. Faculty then led or participated in a relevant, committee-approved QI project. Faculty also completed 6 IHI modules on their own time covering the fundamentals of, the model for, and measurement of improvement; putting it all together; the human aspect of QI; and level 100 tools. Finally, faculty took a posttest of QI knowledge and provided qualitative interviews.