Needs Statement	This goal was important because few GME systems have incorporated, in any meaningful way, residents into Q&S initiatives even though the resident staff is on the front line of most if not all Q&S efforts in teaching institutions. Physicians need to be the leaders in Q&S in the future. The ACGME has placed significant emphasis on the integration of Q&S training and participation of residents in this process.
Vision Statement	In March 2013, we will see the outcomes of our success by having the first round of the curriculum completed and all our PGY1 residents in the institution obtaining the IHI Open School certificate of completion. We envision a fully developed Q&S curriculum for all our residents.
Measures	We determined the success of meeting our goal by measuring IHI Open School completion and the establishment of 3 active Q&S teams that are developing projects using Open School techniques, including PDSA cycles and evaluation methods. All PGY1 residents will obtain completion. Those not graduating after 1 year will then have the next 2 years of their training to design and complete a Q&S project under the supervision and guidance of faculty and institutional Q&S.
Success Factors	The most successful component of our work was the actual implementation of the curriculum and the buy-in from the residents recognizing the need and usefulness for quality patient care. We were inspired by MO, Q&S, and faculty participation. Although all residents participated and completed the curriculum with many actually lecturing, the final results of implementing the ongoing curriculum (to be repeated with each incoming intern class) remain to be seen.
Barriers	The largest barrier we encountered was freeing all PGY1s and protecting their time for these curricular meetings. We worked to overcome this by obtaining the support of the DIO, GMEC, and all program directors. Convincing the trainees of the usefulness and utility of the importance of understanding and their ability to implement a large-scale Q&S project was also a barrier.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Obtain leadership approval and support at all levels. Use close follow-up and frequent communication. Like most new initiatives, build the base of information and proceed with extreme caution.

Ochsner Clinic Foundation and University of Queensland-Ochsner Clinical School, New Orleans, LA
Developing a Practical and Sustainable Faculty Development Program with a Focus on Teaching Quality Improvement: An AIAMC National Initiative III Project

Christopher Rodrigue, MD; Leonardo Seoane, MD; Rajiv Gala, MD; Janice Piazza, MSN, MBA; Ronald Amedee, MD

Background: We developed a faculty development curriculum emphasizing QI and PS. Our project focused on developing a learning environment that fosters resident education in QI and PS.

Methods: A multidisciplinary team developed a survey to assess baseline perceptions of QI tools and training and resident participation in QI and PS programs. We then developed a curriculum to address deficiencies. The curriculum paired residents with faculty. At the completion of the first curriculum cycle, we asked faculty and residents to complete the same survey.

Results: Our pilot survey revealed a need for a comprehensive program to teach faculty and residents the art of teaching. Our follow-up study showed an increase in the number of residents and faculty who reported that their programs were extremely or very good at providing tools to develop skills and habits to practice QI. We also had a statistically significant decrease (15.8%, $P=0.0128$) in faculty who reported their program as not at all effective at providing resident QI tools and skills. Among residents and faculty, we had a 12% ($P=0.2422$) and a 38.2% ($P=0.0010$), respectively, improvement in reported monthly resident involvement in QI and PS projects.

Conclusion: We demonstrated that developing a sustainable and practical faculty development program within a large academic medical center is feasible. Our postimplementation survey demonstrated an improvement in perceived participation in QI, PS, and faculty development among faculty and residents. Future targets will focus on sustaining and spreading the program to all faculty and residents in the institution.

FINAL WORK PLAN – Ochsner Clinic Foundation and University of Queensland-Ochsner Clinical School

Overall Goal for NI III/Elevator Speech	Our team's goal was to implement a faculty development curriculum that is practical, sustainable, and centered around quality and patient safety.
Needs Statement	This goal was important because it (1) redefined required faculty competencies, (2) developed physician thought leaders, (3) aligned GME with institutional priorities around patient safety and quality, and (4) ensured compliance with ACGME and other accreditation standards.
Vision Statement	In March 2013, we will see the outcomes of our success through (1) improved student/resident evaluations of teaching faculty, (2) teachers aligned with needs and styles of learners, (3) improved understanding of quality as demonstrated by pre- and postsurveys and number and outcomes of specific quality initiatives, (4) ensured compliance with ACGME program rules, and (5) the program will ensure successful ACGME institutional site visit with Ochsner recognized for best practice implementation in faculty development.
Measures	We determined the success of meeting our goal through resident and faculty surveys demonstrating an improved perception of compliance with ACGME program rules.
Success Factors	The most successful component of our work was that we increased the participation among residents and faculty in QI and PS efforts throughout the institution. We also improved the culture and perception among faculty and residents with regard to QI, PS, and faculty development. We were inspired by the 100% buy-in from all GME program directors and residents who participated.
Barriers	The largest barriers we encountered were the institutional rollout of the Epic EMR system and Hurricane Isaac's arrival in the middle of our curriculum. Both required delays in our timelines and distracted teams from the task. We worked to overcome this by extending the timeline and changing some of the in-person report-out sessions to written report-out sessions.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	IHI Open School provides high quality learning modules that allow our busy clinicians and house officers the flexibility to complete the modules on their time. Not having to develop our own modules on QI and PS saved us time and money. Deadlines are important and report-out sessions not only provide these deadlines but also allow for important cross-discussions among our different programs.

Orlando Health, Orlando, FL
Quality Improvement Curriculum at Orlando Regional Medical Center

Caroline Nguyen-Min, MD; Bridgette Provost, MD, MPH; Kwabena Ayesu, MD

Background: The ACGME now includes QI as a core competency, and many hospital institutions are implementing QI goals to improve the quality of healthcare. Our team's goal was to create a QI curriculum that is simple and adaptable to all residency programs at Orlando Regional Medical Center. This goal was important because we currently do not have standardized QI training for our residents.

Methods: Prior to implementation, a questionnaire was administered to residents across a range of disciplines to evaluate their baseline knowledge of QI. We determined project success by comparing the baseline QI knowledge of residents to a reassessment of QI knowledge after curriculum implementation. Our preintervention and postintervention measures were questionnaires developed from a literature survey.