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.

Results: The most successful components of our work were achieving a response rate above 50% from each participating department on our baseline QI evaluation and recruiting QI interest from other programs. The largest barrier we encountered was difficulty regarding time management to complete the training modules. We worked to overcome this barrier by discussing with each program's champion the appropriate length of time to complete the QI modules.

Conclusions: There is evidence of inadequate knowledge of QI among residents. A QI curriculum is essential not only to enhance patient care but also to meet ACGME accreditation standards. Our residency programs have now chosen the IHI Open School QI modules as part of their QI training of residents.

FINAL WORK PLAN – Orlando Health

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a QI curriculum.
Needs Statement	This goal was important because we had no standardized QI training for residents.
Vision Statement	In March 2013, we will see the outcomes of our success by having created a QI curriculum that is simple yet adaptable to all our residency programs.
Measures	We determined the success of meeting our goal by measuring the baseline QI knowledge of residents followed by reassessing QI knowledge after the curriculum. Our pre-and postintervention measures were questionnaires developed from literature survey. Questions deemed relevant to basic knowledge of QI were used to create the questionnaires.
Success Factors	The most successful component of our work was having greater than 50% response on our baseline QI evaluation and recruiting QI interest from other programs.
Barriers	The largest barrier we encountered was time management to complete the training modules. We worked to overcome this by discussing the appropriate length of time to complete the QI modules with each program's champion.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Anticipate resistance to change and allow adequate time for individuals to adapt to change.

OSF Saint Francis Medical Center and University of Illinois College of Medicine, Peoria, IL

Performance Improvement Curriculum Collaboration

Julie Wohrley, MD; Tom Santoro, MD; Tim Miller, MD; Mike Cruz, MD; Lisa Fuller; Bob Wolford, MD; Vernon Large

Background: ACGME mandates that residents receive PI/QI education. Many practicing physicians lack formal education in PI/QI yet are required to teach this curriculum to residents. The objectives of the project were (1) understand the barriers to physician engagement in PI efforts, (2) develop a PI curriculum focused on the needs of physicians from various environments, (3) develop an integrated structure for guiding and monitoring PI, and (4) develop an oversight committee to provide decision makers with quality data for strategic planning.

Methods: All core faculty from our 11 residency programs received face-to-face communication regarding the need for physician-specific PI/QI curriculum and their role in teaching this curriculum. We developed a core curriculum (developing competency in core tenets of PI/QI) and an advanced curriculum (supporting 90-day cycles of project work) that were piloted by 18 core faculty. A gap analysis was performed in the 2 participating residency program areas and charters were created (MICU Continuity of Care and Error Reporting in the Family Medical Center). We established an oversight committee to develop an integrated structure to support curricular development and a reporting structure for project work. We are developing a tool to assess resident core learning and self-assessed PI proficiency.