## Improvement Advisor Professional Development Program

Please email an electronic Word document application and Tools Self-Assessment to [improvementprograms@ihi.org](mailto:improvementprograms@ihi.org)

**Please note:** Applications will be accepted on a rolling admission. We will be accepting applications immediately and due to limited space, we encourage you to complete your application as soon as possible to guarantee a space in the program.

Upon completion of your application and self-assessment, the Improvement Advisor program Faculty will review and notify you whether or not you have been accepted into the program.

**By completing the application for participation, the applicant is agreeing to all of the program expectations listed below.** IHI will compile the demographic information from each application for distribution to other participants as an aid to networking.

**Aim of the Program**

We aim to expand the capacity for improvement in organizations by developing health care Improvement Advisors (IAs) to be effective leaders and facilitators who get results and are able to accomplish the improvement strategies of their organization. The curriculum is designed for health care professionals who have a **major** portion of their work focused on improvement and who will be viewed by senior leadership as **strategically vital assets** to their organizations.

**Expectations and Learning Principles of Program Participants**

The Improvement Advisor Professional Development Program is based on the following learning principles and expectations:

**Results**

We focus on the IA learning to assist teams in getting results on their projects. We anticipate that each IA project will reach a 4 or higher on the 0.5 to 5 project progress assessment scale used by the IAs and both the IA’s Project Sponsor and Advocate to evaluate success of the project. (See definitions of Project Sponsor and IA Advocate on page 3.

**Full Attendance & Participation**

IHI and the IA Faculty expect full attendance and participation for the entire duration of the program to include:

* + **The IA Program will require approximately 1/3 full time equivalent (FTE) on the part of each IA participant.**
  + Attendance and participation in the (3) four-day workshops over the course of the ten-month program, without substitutions. **Please note that most workshop days are at least 10 hours long.**
  + Full commitment to assigned course work, monthly WebEx sessions, and numerous exercises/assignments between workshops.

**Program Sponsor and IA Advocate Support**

Program Sponsors and IA Advocates are pivotal to the IA Project’s success. **We ask that both your Sponsor and IA Advocate participate in the Pre-work call** in order to make certain they have the opportunity to ask questions and obtain vital information about the Program.

**Monthly Reporting Requirement**

**Required monthly reporting is part of the IA Program.** Each participant is required to report project measures and provide an updated storyboard/report of their project monthly via the IHI Extranet. In addition, participants are expected to post their tests of change and implementation to their Extranet homepage on an ongoing basis.

**“All Teach, All Learn”**

The Program is based on a collaborative learning model and active participation in, and support of, one another throughout the Program’s workshops, conference calls/WebEx sessions, etc. is expected. The spirit of “All Teach, All Learn’’ is a central driver for this program.

**Improvement Project**

* **Each participant will have an improvement project that will provide an opportunity to apply the theory and methods learned in the program. This project should be strategically important to the organization yet scoped so it can be completed within the ten-month Program.**
* Each participant will devote considerable time to working with their improvement project in their organization. Participants will run many tests of change and implement some of these changes for system and process improvements in their organization.
* Each participant will post project-specific data related to their project measures on their Extranet home page and present project specific data during the course of the program. Data are not shared outside of the Workshop and Extranet site (note: the Extranet is accessible only to each participant in this wave of the program and program faculty).
* Each participant will share progress and elements of their IA project at each of the three workshops. Presentation topics will be:
  + Workshop 1 – Charter and Driver Diagram for project
  + Workshop 2 – Plan, Do, Study, Act Cycle(s) for project
  + Workshop 3 – Use of data (Shewhart charts or run charts and other data tools) for project
* Each participant will share project recommendations with Project Sponsor and IA Advocate and sharing Project Sponsor and IA Advocate feedback with IA Faculty. At a minimum, IA faculty will send an update to your Project Sponsor and IA Advocate three times during the Program.

**Workshop Logistics**

* The workshops are interactive and didactic sessions rely almost exclusively on texts rather than PowerPoint slides.
* There will be one primary Faculty member who stays with the participants for all three workshops of the Program. Other IA Program Faculty will rotate in and out to expose the participants to a variety of teaching styles, examples and areas of expertise.
* **Requirement:** Participants must bring their own laptops to workshops 2 and 3. Statistical process control (SPC) software will be required on the attendee’s laptop for the second and third workshops. Participants should become “fluent” in the SPC software of their choice prior to attending Workshop 2. Extensive guidance on purchasing SPC software will be posted on the IA Extranet.
* Before the first workshop participants should become familiar with the Model for Improvement. Resources to gain this knowledge are provided in the Program Prework Packet distributed upon acceptance to the Improvement Advisor Professional Development Program.

**Program Definitions of Project Sponsor and IA Advocate**

The ***IA Advocate*** is defined as the person that controls the IA participant’s time and budget. The IA Advocate is able to arrange the participant’s workload/resources and other support so that the IA can be successful. The IA Advocate will most often be the person to whom the participant reports.

***The Project Sponsor*** is the senior leader responsible and accountable to the organization for the specific project that the participant will be working on during the IA Program. In addition to the IA Advocate, this is the leader the participant will report project progress to (such as Chief Medical Officer, or COO, etc.)

**Please complete the following application in entirety by September 6, 2019. Partially completed applications will not be accepted. The completed application must be submitted electronically and in Word format to IHI, faxes will not be accepted.**

**Organization Name:**

**Participant Name & Credentials:**

**Participant Location (City, State):**

**Participant Job Title:**

**Participant Email Address:**

**IA Advocate Information:** IA Advocate is defined as the person that controls the participant’s time and budget. They will arrange the participant’s workload/resources and other support so that the IA can be successful. This will usually be the person to whom the participant reports.

**IA Advocate Name:**

**IA Advocate Title:**

**IA Advocate Email:**

***Project Sponsor Information:*** The Project Sponsor is the senior leader responsible and accountable to the organization for the specific improvement project that the participant will be working on during the IA Program. This is the leader the participant will report project progress to (such as Chief Medical Officer, or COO, etc.)

**Project Sponsor Name:**

**Project Sponsor Title:**

**Project Sponsor Email:**

**Interest in Program**

1. Why do you want to attend this professional development program? (Please mark all that apply)

🞏 I am an improvement leader at my organization and want to further develop my skills

🞏 I am interested in becoming an improvement advisor

🞏 The designated improvement person reports to me

🞏 We do not have an improvement advisor and I need to learn about the role to create such a position

🞏 Other (explain)

**Professional and Personal Background**

2. Please estimate total number of years of professional experience:

3. Please describe your current responsibilities including your level in the organization:

4. Are you one of the designated people for improvement efforts at your organization?

5. How many persons in your organization have improvement as a primary responsibility?

6. Please provide a brief summary of your educational background and personal interests.

**Improvement Project (required)**

7a. Please summarize your improvement project in one or two sentences (i.e. tell us the goal of your project).

7b. Please **describe your improvement project and why you have selected it. If you have not decided on a specific project, please provide as much detail for your decision to enroll and the project that you plan to work on.**

**Organization**

8. Type of organization (hospital, multi-hospital system, nursing home, physician office, etc) for which you work?

9. Is there a name for the improvement Program in your organization? If yes, what is the name, how many years has this Program been existence, and what are the primary achievements of this Program?

10. Does your organization support a model or framework for quality improvement? If so, what model or framework do you use?

11. Please list the improvement work you are currently involved in, such as committees, teams, projects, etc.:

12. What are the most formidable improvement challenges facing your organization?

**Organizational Support**

Organizational **support is such a critical factor in IA success that we ask that you please discuss and obtain answers to the following questions in order to better foster IA success:**

13. Have you and your Program Sponsor and IA Advocate discussed the aim of this Program? In what ways do you and both your Program Sponsor and IA Advocate view your participation in this intensive IA Professional Development Program as supporting the strategic needs of the organization?

14. Stability in the IA role is important. The participant should not be contemplating leaving the organization, nor the organization contemplating changing the IA role such that they are no longer involved in key improvement project work.

a. Do you intend to remain in your organization and in an improvement role for a substantial time frame?

b. Do both your Program Sponsor and IA Advocate intend for you to be a pivotal improvement asset for your organization and assign you to work with strategically vital improvement projects for a substantial time frame?

15. Have your Program Sponsor and IA Advocate agreed that you will be free of official duties (including phone calls, emails and taking care of “brush fires” back home) while participating in the Program’s 3 four-day meetings?

16. Have you and your IA Advocate determined how to best manage your workload to enable you to complete the IA Program so the organization can benefit from your expertise? (Program Alumni have emphasized that the IA Professional Development Program cannot be added to an IA’s existing workload. We also suggest you not attempt the IA Program while in a Masters or other similarly demanding educational endeavor.)

17. You are required to have **an improvement project to participate in this Program. This project should be of strategic importance to your organization and yet scoped so that it can be completed in ten months.** If you have not already selected one, will your Program Sponsor and IA Advocate help you identify and scope an appropriate improvement project for you during this Program?

**Photo (required)**

1. Please send a digital photo of yourself (a favorite informal photo is fine) with this application.

**Program Sponsor and IA Advocate**

1. Please insure that your Program Sponsor and IA Advocate review and indicate that they support your application.

**Program** **Sponsor signature or initials indicating support of the IA applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IA Advocate signature or initials indicating support of the IA applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Electronic Signatures will be sufficient.

Thank you for completing this application. Please submit (electronically) along with your completed self-assessment to [improvementprograms@ihi.org](mailto:improvementprograms@ihi.org)