## Improvement Advisor Professional Development Program

Please email this document (in Word, please, not a pdf) as well as your completed Tools Self-Assessment Excel spreadsheet to [improvementPrograms@ihi.org](mailto:improvementPrograms@ihi.org)

**By completing the application for participation, the applicant is agreeing to all of the Program expectations listed below.** Please note that we compile information from each application for distribution to other participants as an aid to networking.

**Aim of the Program**

This program is designed 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 are experienced improvers, 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 anticipate that each organization will assign their IA to a project that is strategically important, and which is scoped to get results within the time frame of the program. The IA will develop their skills in assisting teams in getting results on their projects.

**Full Attendance & Participation**

**The IA Program will require approximately 1/3 full time equivalent (FTE) on the part of each IA participant.**

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

* + Attendance and participation in the (3) four-day workshops
  + Full commitment to assigned course work, monthly Zoom sessions, and numerous exercises/assignments between workshops.
  + Execution of a strategically important improvement project during the program timeframe

**Leadership Support**

Each IA should have an advocate and a project sponsor (see definitions below) who are prepared to actively support the project and remove barriers. Leadership support is pivotal to project success.

**“All Teach, All Learn”**

The Program is based on a collaborative learning model; active participation and support of one another throughout the Program 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 and scaled so it can be completed within the program time frame. Project selection guidance will be provided.
* 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 monthly reports on their project progress, including data related to their project measures.**
* Each participant will present on their IA project at each of the three workshops.

**Workshop Logistics**

* The workshops are interactive; didactic sessions rely on texts rather than PowerPoint slides.
* There will be one primary Faculty member who stays with the participants for all three workshops. Other IA Program Faculty will rotate in and out to expose the participants to a variety of teaching styles, examples and areas of expertise.
* **Requirements:** Participants must bring their own laptops to all workshops. Statistical process control (SPC) software will be required on the attendee’s laptop for the second and third workshops. Participants should be proficient with Excel and become “fluent” in the SPC software of their choice prior to attending Workshop 2. Guidance on purchasing SPC software will be provided. We will provide additional software for planned experimentation (used in Workshop 3) which requires a Windows operating system.
* Before the first workshop participants should become familiar with the Model for Improvement. Resources to gain this knowledge will be provided.

**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.).

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

**Organization Name:**

**Location:**

**Participant Name & Credentials:**

**Participant Job Title:**

**Participant Email Address:**

**Participant Shipping Address;**

**Participant Phone Number:**

**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)

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

o I am interested in becoming an improvement advisor

o The designated improvement person reports to me

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

o Other (explain)

**Professional and Personal Background**

2a. Please describe your current responsibilities including your level in the organization:

2b. Please provide a brief summary of your educational background and personal interests.

**Improvement Experience**

3a. Please describe one or two recently completed improvement projects and their results. Feel free to attach final project reports if that is easier.

3b Please list the improvement work you are currently involved in, such as committees, teams, projects, etc.

**Proposed Improvement Project (required)**

4a. Please summarize your planned improvement project in one or two sentences (include the goal of your project).

4b. Please **describe your improvement project and why you have selected it. If you have not decided on a specific project, share information on how you plan to choose a project.**

**Organization**

5a. Type of organization (hospital, multi-hospital system, nursing home, physician office, etc.) for which you work?

5b. Does your organization support a model or framework for quality improvement? If so, what model or framework do you use?

5c. 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 engage with your leaders on the following issues explicitly.**

**Aim of the IA Program**

Do 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? Does your 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?

**Stability in Your Role**

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.

**Time Commitment**

Has your 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?

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.)

**Project**

If you have not already selected one, will your Advocate help you identify and scope an appropriate improvement project for you to use as your learning lab during this Program?

**Photo (required)**

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

**Project Sponsor and Advocate**

1. Please ensure that your Project Sponsor and IA Advocate review and indicate that they support your application.

**Project Sponsor signature or initials indicating support of the IA applicant**

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

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* 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)