**Faculty Participation in a QI Project for Part IV MOC Credit**

I would like to enroll for Part IV MOC credit for participating in the following QI Project:

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problem**: [Brief statement of the problem the project addresses]   
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**Goal:** [Brief statement of the project goal]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I must enroll before the beginning of the project for my participation to be documented.

**Timeline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I must review the information concerning the relevant Board(s), the project problem and goal, the project lead with whom to communicate, and participation requirements in order to document my participation in this QI project for credit toward Part IV Maintenance of Certification when the project is completed.

**Participation Requirements.** I will participate in each sequence of this project.

1. Interpreting baseline data and planning intervention: Physicians will receive and review the results from the baseline measure(s) of performance. They will contribute to determining underlying causes and to developing plans for interventions.

2. Implementing intervention: Physicians will facilitate and participate in the intervention(s).

3. Interpreting post-intervention data and planning changes: All physicians will receive and review the results of post-intervention data. They will contribute to determining underlying causes and to developing plans for interventions.

4 Implementing further intervention/adjustments: Physicians will facilitate and participate in the further intervention(s)/adjustment(s).

5. Interpreting post-adjustment data and planning changes: All physicians will receive and review the results of post-adjustment data. They will contribute to determining underlying causes and to developing plans for interventions.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select one or more medical specialties addressed as part of this QI effort.**

Allergy and Immunology  Anesthesiology  Dermatology  Emergency Medicine

Family Medicine  Internal Medicine  Medical Genetics  Obstetrics and Gynecology

Ophthalmology  Orthopaedic Surgery  Otolaryngology  Pathology

Pediatrics  Physical Medicine/Rehabilitation  Plastic Surgery  Preventive Medicine

Psychiatry and Neurology  Radiology  Surgery  Thoracic Surgery

If you have questions about the QI project, contact the Project Leader.

If you have questions about Part IV MOC through the D-H Part IV MOC Program, contact Wendy Murphy at [Wendy.M.Murphy@Hitchcock.org](mailto:Wendy.M.Murphy@Hitchcock.org)