**Participation Requirements**

* 1. Complete the following:
     1. I actively participated in Improving Provider Adherence to Turner Syndrome Care Guidelines for at least 12 months.
     2. I shared findings, results, and lessons learned based on my use of the Turner Syndrome Care Guidelines with the Physician Lead.
     3. You must complete 2 of 3 activities for approval:

1. I served as provider champion, responsible for involvement in the conceptualization, design, and oversight of the implementation of this QI Effort and the overall assessment/evaluation of provider adherence to the Turner Syndrome Care Guidelines.
2. I participated in a minimum of 3 meetings devoted to the planning, implementation, and/or evaluation of the QI Effort or meetings where project data was reviewed and concrete action plans were discussed.
3. I taught at least one educational session on the Turner Syndrome Care Guidelines (This may include residents, medical students, faculty members or nursing staff) or provided supervision of a resident or student in the management of such a patient.

**Reflection**

I reflected upon the following areas:

* + - 1. Change.  What change did you personally make in your practice?
      2. Impact.  How did this change impact patient care in your practice?
      3. Learning.  What did you learn as part of participating in this QI effort?
      4. Sustainability. Explain how you plan to sustain the changes you made to your practice because of this QI effort.