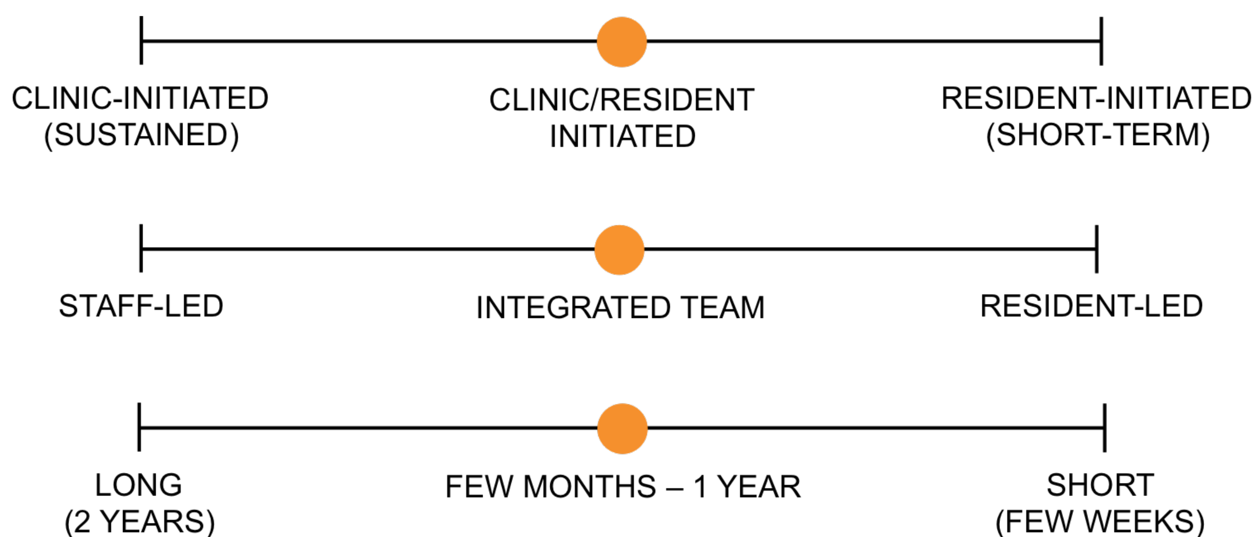
The UCSF Double Helix Curriculum:
Transformation of High-Performing Primary Care in Education

Resident Quality Improvement Project Example

The purpose of these example Resident Quality Improvement Projects is not to teach you how to develop a Resident Quality Improvement curriculum, but rather to demonstrate how resident QI projects can be incorporated in existing clinic transformation efforts. We have identified three spectra along which most resident QI projects fall. Those projects that result in sustained, clinic transformation tend to have three similar features:

1) Topic of QI project is important to *both* the resident(s) and the clinic, not just one or the other.
2) Resident composes a team of clinic staff and faculty to call on for ideas, feedback, and support throughout the QI project.
3) Residents are given several months – a year to iterate on the project throughout residency.



With that said, we recognize that some QI curricula may not be structured for a multi-month QI project. The example QI projects we include all fall along different sides of the spectra, but still demonstrate how resident QI projects can be integrated with clinic transformation initiatives.

Facilitator Guide:

Time: 10min / example (1.5 – 2 hours for all examples, QI workshop, and discussion)

Audience: Residents, Resident Leadership/Educators, Clinic Leadership/Staff

Objectives: To identify ways to improve integration of resident quality improvement projects with clinic transformation efforts and facilitate discussion about structure QI projects.

Procedures: These example QI project narratives can be reviewed independently or during an introductory QI session (either the "Integrating QI Projects with Clinic Transformation" worksheet or your own QI session). At a minimum, this session should be discussed with residents and resident educators, but ideally would include clinic leadership and/or staff.

Resources: For additional information on Resident Quality Improvement Curricula, visit: The IHI Open School Online Courses and The STFM Resource Library

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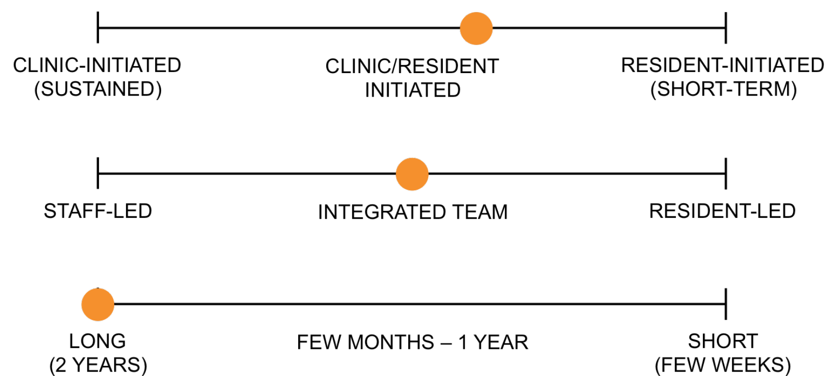
QUALITY IMPROVEMENT PROJECTS

Project: Improving Team-Based Communication in Continuity Clinic



The idea for the project was initiated by residents who were frustrated by the poor communication among the team during clinic. They noticed that both providers and staff experienced a lot of interruptions during clinic and felt that the nursing staff did not respond to their needs in a timely manner (though they did understand there were some external factors at play – e.g. understaffing). There was no clear opportunity for feedback between providers and staff, so they came up with the idea to build more communication during pre-clinic huddles, in clinic, and debriefing post-clinic. The residents identified this communication challenge during their first year of residency and were able to select it as a QI project during their second year.

At the start of their second year, the residents presented their idea to their QI curriculum director and their colleagues during their QI training. Initially they had a very clear intervention – they wanted walkie talkies for everyone working in clinic. Their QI curriculum director pointed them back to their QI curriculum: FOCUS-PDSA model. They began organizing a team, clarified their understanding of communication in clinic, and the variations associated with communication. They met with their clinic leaders (including the medical director, faculty team lead, lead clinician, and nursing lead) and gathered a group of staff members from their specific clinic team to discuss this. They interviewed the staff members to hear their thoughts on team-based communication. They used a validated survey around team-based communication, and focused on gathering data from their team members. They attended team meetings and shared their ideas and got feedback before implementation.

During their third year, after gathering feedback from their team members and leaders they put together a PDSA focused on post-clinic debriefing. They instructed people to do a post-clinic debrief with feedback twice a day. After gathering data they found that both providers and staff felt this added to their workload and did not want to stay after clinic. Their 2nd PDSA idea came from a staff member to create a “fix-it” folder - this allowed staff members and providers to anonymously provide feedback regarding things in clinic. After a couple weeks of having the folder available there were no “fix-it” ideas. At this time the clinic was having some staff turnover and working on their own practice transformation as well. Their 3rd PDSA was stating one thing that each team member was looking forward to (done during huddle). This had more sustainability and has been done more consistently. They repeated a post-interventions survey that revealed significant improvement in team-based communication. The residents concluded that there was no one specific PDSA that resulted in this significant improvement, but rather it was the building of team-based communication and relationships during this process that improved communication.

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While no one PDSA idea was adopted long-term, the overall team-based communication in the clinic has significantly improved. The clinic was already starting to invest a lot into team-based care relationships and communication and has continued to make significant changes throughout the years. This project exemplifies the benefit of choosing a QI topic that is aligned with clinic transformation priorities and that involves an integrated team, including residents, clinic faculty, and clinic staff.