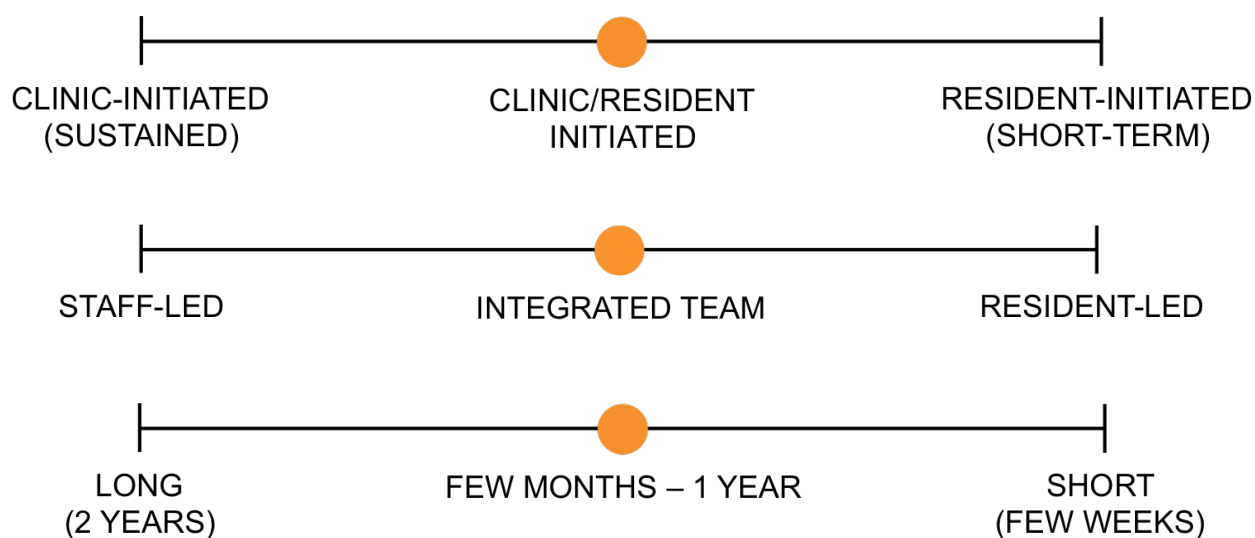




Resident Quality Improvement Project Example

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 spectrums 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 spectrums, 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.

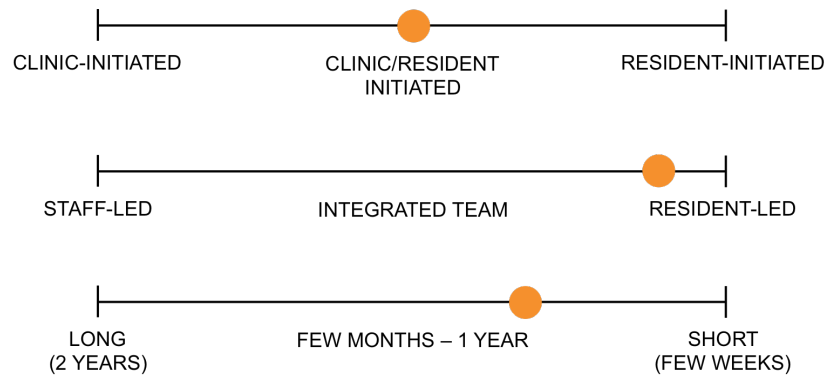
Procedures: These example QI project narratives can be reviewed independently or during an introductory QI session (either the “Integrating QI Projects with Clinic Transformation” worksheet or your own QI session). At a minimum, this session should be discussed with residents and resident educators, 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](#)



Project: Improving Team-Based Communication in Continuity Clinic



The idea for this project was initiated by a group of six PGY-2 residents along with the clinic director and Quality Improvement team in response to low diabetic foot exams. For this QI project, they trialed requiring MA's to have all patients with diabetes remove their shoes prior to the resident walking in the room. They worked with the office manager to enforce that all MA's were trained on this new protocol. Additionally, they created a dot phrase in EPIC (.foot) to document that the foot exam was done.

The residents trialed this over four months and found that having patients with diabetes remove their shoes increased the likelihood of those patients receiving a foot exam from 48% to 58%. The MA's continue to have patients with diabetes remove their shoes prior to the provider entering the room and the clinic continues to use the dot phrase to indicate that the foot exam has been done.

This project demonstrates the benefit of choosing a QI project that aligns with the clinic priorities and working with clinic leadership to help implement the intervention.