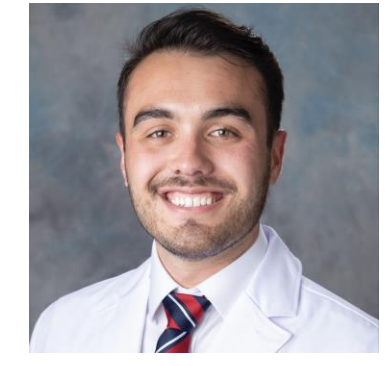


**Improving clinical knowledge and management of diabetes in a family medicine residency program**



PRESENTER:  
**Jake Walsh**

**Problem Statement:** Diabetes mellitus (DM) is one of the most common diagnoses managed by family physicians. When diabetes is not well-controlled, the disease can result in significant morbidity, disability, early mortality, and excessive costs to the individual and health system. Currently, several studies illustrate that primary care physicians deliver suboptimal care to patients with DM when compared to endocrinologists although this remains a primary care condition .

**SMART Goal**

With the introduction of longitudinal DM clinic and DM learning modules, residents will improve DM care as measured by A1c control in the resident panel from 53% of patients with A1C <8 to 73% at the end of 6 months.

**Outcome Measures**

- Percent of patients in control (a1c<8%)

**Process Measures**

- Increased resident hours available for diabetes specific care
- Change in ITE endocrinology score
- Change in knowledge self-evaluation
- Increased confidence of resident as teacher role

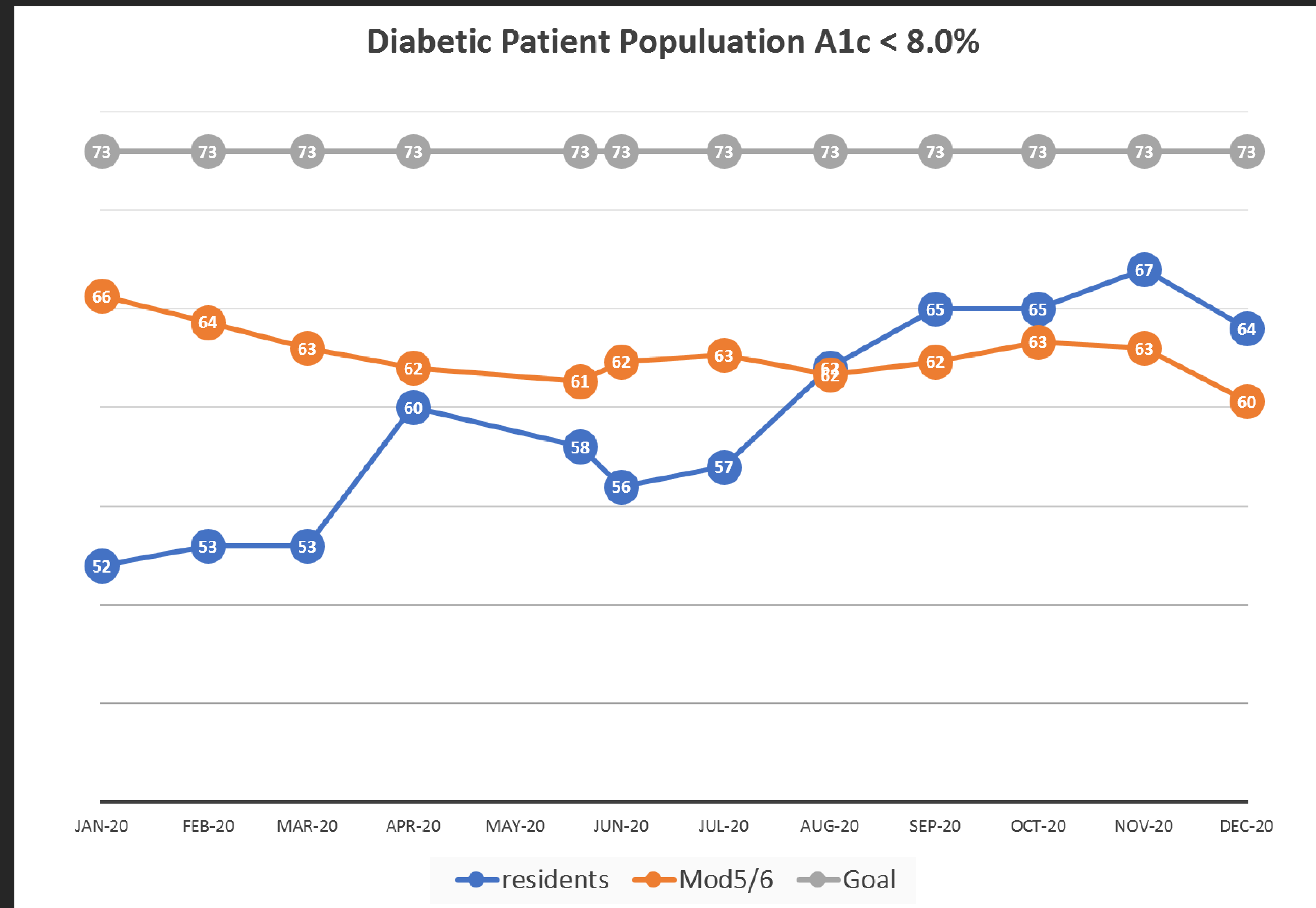
**Balance Measures**

- Preceptor time
- Resident time
- Utilization of pharmacy resources

**Interventions**

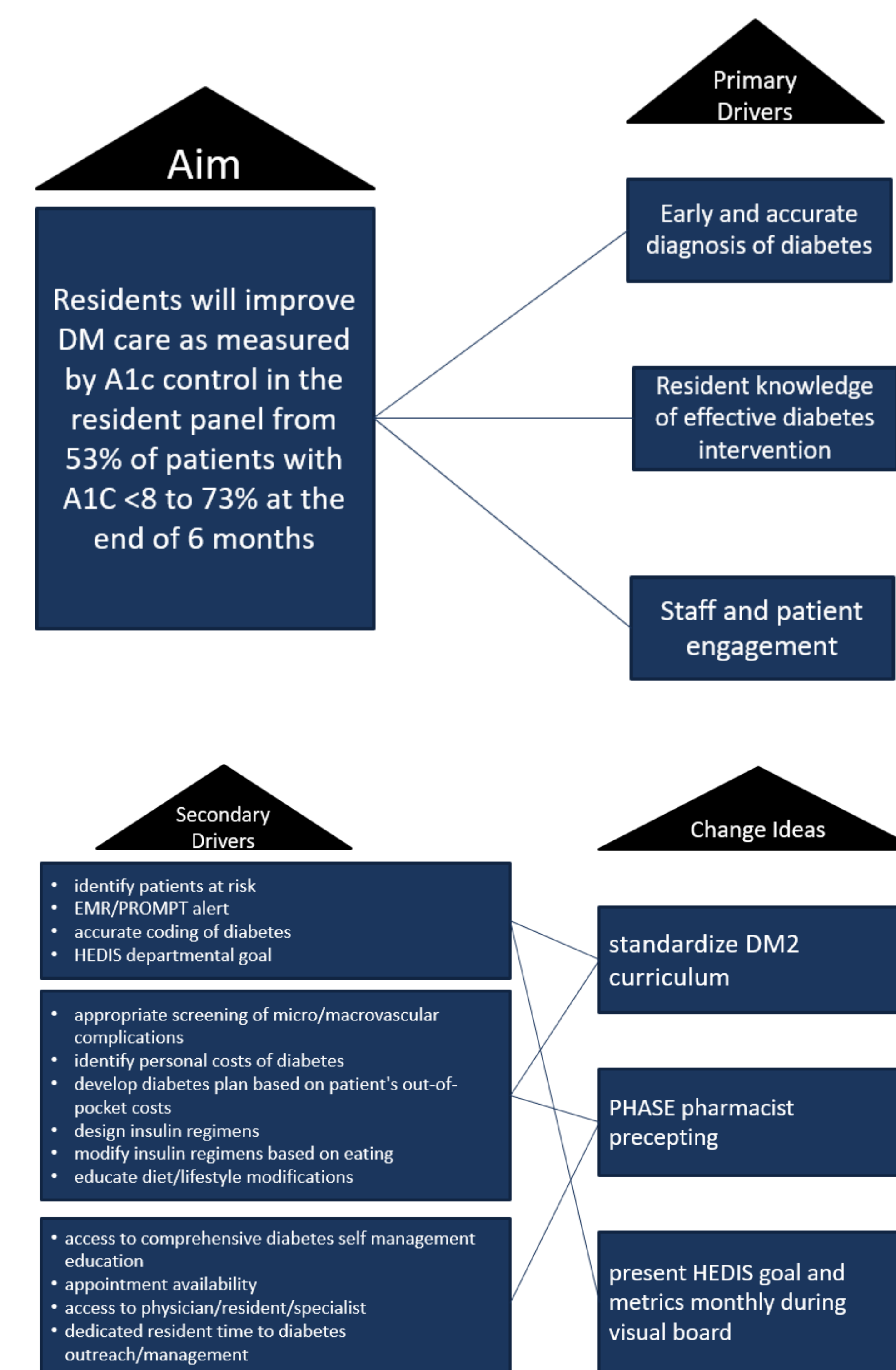
- DM online learning modules from Drexel University - adopt
- Precepting from DM pharmacist - adopt
- Peer-to-peer teaching - adapt
- Proactive high-risk outreach - adopt
- Curriculum organization - adopt
- Educational resources - adopt
- Monthly reminders of DM quality metrics - adapt

# Dedicated resident diabetes clinic improves HbA1c goals for diabetes patients.



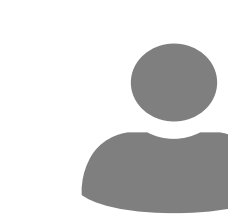
Take a picture for references and QI Charter/Curriculum

**Root Cause Analysis: Driver Diagram**



**Areas of Greatest Educational Growth**

- inpatient education and outpatient education
- diagnostic criteria for diabetes, and limitations
- diabetes management plan based on patient's out of pocket costs
- types of insulins available on the market and their onset, peak and duration
- Design insulin regimens for a variety of clinical settings
- Modify insulin regimens based on changes in eating patterns
- Write prescriptions for insulins and injecting supplies
- Classify non-insulin agents for type 2 diabetes and their actions
- Develop initial treatment and add-on therapy for type 2 diabetes
- Define limitations of non-insulin therapies and key adverse effects



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