

Medical College of Wisconsin 2021-22 Internal Medicine-Pediatrics
Quality Improvement Projects

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Abstract
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Abstract

Background: Quality Improvement (QI) is an integral component of healthcare and physicians are expected to have quality improvement skills and knowledge by both prospective employers and accreditation boards. Residency programs are therefore expected to provide training and experience in QI to their trainees. Developing meaningful quality improvement experiences for residents can be challenging in the context of demanding clinical and educational schedules. Our combined internal medicine-pediatrics (MP) residency program developed a yearlong QI curriculum to provide QI experience and skills to our MP residents.

Objectives: Provide direct quality improvement experience and skills to MP residents while improving the care to residents' patients.

Methods: In our combined internal medicine-pediatrics residency program, our QI curriculum includes didactics and a mentored, self-directed quality improvement project over an academic year. Two didactic lectures are provided at the beginning of the year and cover basic quality improvement framework using the Institute for Healthcare Improvement's Plan-Do-Study-Act (PDSA) structure. Residents self-select groups and QI projects, which are often based in their continuity clinics. Structured timeline expectations are set at the beginning of the year with included flexibility to be adapted to specific projects.

Results: For the 2021-2022 academic year, all 24 MP residents participated in our QI curriculum. Residents self-divided into five groups and developed five different specific aims in the following areas: increasing HIV screening in adults; improving lab follow-up by residents in continuity clinics; improving advanced care planning; standardizing post-partum depression screening; and improving healthcare maintenance screening. All groups decided to focus their efforts in their continuity clinics. HIV screening rates in the participating continuity clinics initially improved from 27% to 38%. Residents improved resident lab follow-up in a select continuity clinic from 23% to 75%. Advanced care planning information provided at clinic visits increased from 54.6% to 80%. Standardized post-partum depression screening for mothers presenting for 0-2-month visits increased from a baseline of 0% to 75% by PDSA cycle 3. After education regarding the health maintenance tool within our electronic medical record, 80% of residents stated they were more likely to regularly use this tool. Common barriers to improvement identified by all groups included clinical logistics such as medical assistant turnover and workflows as well as varying engagement of a wide variety of stakeholders including preceptors and clinic staff.

Conclusion: All MP residents in our program engaged in a mentored, self-directed QI project based on PDSA cycle methodology during the 2021-2022 year. The PDSA cycle methodology provides a structure amenable to deadlines and work products for accountability. Through this methodology, residents demonstrated improvement in care in a variety of patient care domains. All projects took place in the resident continuity clinics which provided a longitudinal clinical practice during the year and provided a smaller, more focused practice area in which to affect change as compared to larger components of the health system. Future efforts include supporting resident data collection and expanding didactics and resources to support resident identified areas of need.