Quality improvement activity is a key component of the Patient Centered Medical Home as well as a Core Competency for Internal Medicine residents. One challenge in developing a quality improvement curriculum for residents is their 2:6 week rotating schedule.

To develop a quality improvement initiative in a residency clinic setting that is:

1. Resident-driven
2. Feasible with a rotating schedule
3. Efficacious in creating meaningful quality improvement changes

All 138 residents participated in didactics and completed at least one PDSA cycle. 12 cycles of data were generated on 3 core quality measures in 8 weeks of PDSA activity.

Residents rotate through clinic on 2-week primary care "blocks" every 6 weeks. PDSA projects were introduced in 2-week cycles:

- Week 1 – PDSA implemented, data collected
- Week 2 – PDSA data reviewed, and new PDSA planned for the next block group

Residents at each site chose a core measure to improve:

- Clinic 1 - smoking cessation
- Clinic 2 - continuity of care
- Clinic 3 - medication reconciliation

The short duration of projects and large cadre of residents, allowed for a large amount of data to be gathered quickly.

Inadequate communication ("handoffs") between residents from block to block can potentially derail a project; additional oversight was needed to reinforce project instructions to each block group.

The ideal degree of attending oversight remains to be determined.

This resident-driven PDSA curriculum is a feasible way to promote quality improvement skills among Internal Medicine residents in a large, multi-site training program.

Through active participation in designing, executing, and analyzing PDSA projects, we are seeing residents make meaningful improvements in their clinic practices.