The buzzwords “Quality Improvement”, or “QI,” haven’t escaped the ears of many pediatric residents. We are in an excellent position to help facilitate QI at our institutions, but many of us may not feel prepared to do so.

What is QI?
QI spun out of a need for healthcare organizations to improve processes in a systematic way. QI helps accomplish patient care goals more safely, quickly, or cost-effectively. Any time we adjust our workflow to be more efficient or to improve patient care, we are making small “process improvements.” By turning these changes into uniform practices, and evaluating and documenting the results, we improve the quality of care through QI initiatives.

What is a QI project?
QI projects are not traditional research projects. While hypothesis-driven research seeks to find ‘new knowledge,’ a QI project implements existing knowledge as a change within a system. A QI project has three components: a problem in the system, a better practice that could fix it, and a way to measure the degree of improvement.

The simplest QI methodology is the “PDSA” cycle of four steps: 1) “Plan” by determining a problem; 2) “Do” something about the problem; 3) “Study” the results of the intervention; 4) “Act” on the
results, by further refining the intervention and making additional improvements.

**How do I get started?**

**Step One: Identify a system problem.**

An objective observation may be institutional data showing poor compliance with hand washing. Subjective observations from your experience, such as repeated errors or patient complaints, are equally valuable. The literature provides a third modality – think about updates to guidelines that aren’t uniformly being used at your institution.

**Step Two: Identify a possible solution.**

Can you improve hand washing rates by installing more gel dispensers? Or by placing reminder placards on doors? Look through the literature for published QI studies to see what other institutions have done.

**Step Three: Choose a measurement parameter to evaluate the success of the solution.**

Common parameters are time savings, money savings, and improvements in patient safety and satisfaction. For hand washing, the parameter might be improved patient satisfaction with care providers or decreased rates of hospital-acquired infections.

*Note: your study will be more robust research if you gather baseline data and compare it to the results after your solution has been implemented. However, you can still execute a helpful QI project without measuring both pre and post data.*

Putting together a QI study is relatively straightforward, but easiest done if executed according to a plan. The Institute for Healthcare Improvement has easy-to-use online resources for this. It’s also helpful to have an experienced mentor to guide you.

As healthcare moves to become more cost-efficient without sacrificing patient safety, doctors are actively being called to find ways to improve our methods. The incentives for becoming involved in residency are gaining QI knowledge valuable to future employers, gaining familiarity with concepts needed for certification maintenance through the ABP (MOC Part IV), and improving your home institution’s care.

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**Call for Articles for the Summer SOMSRFT Newsletter. Deadline July 30th. Email articles to gerar033@umn.edu.**
As a second-year pediatric resident, it is easy to get lost in grand rounds, intense schedules and the constant need for a nap. It is easy to focus on the day ahead, the hospital you work in and the local community you serve. The United Nations Foundation's Shot@Life campaign aims to decrease vaccine-preventable childhood deaths and give children a shot at a healthy life. The American Academy of Pediatrics is a founding partner in the Shot@Life campaign. Shot@Life taught me that I can still be passionate and effective in improving global child health from my small city in Illinois.

For years, I volunteered with UNICEF, so the appeal of Shot@Life was instant when I learned that UNICEF, WHO and GAVI are partners in the campaign. It was also wonderful to learn about the campaign’s partnership with the American Academy of Pediatrics (AAP). I jumped at the opportunity to bring Shot@Life to my community when the AAP put out a call for mini-grants.

Together with my colleagues at the University of Illinois – College of Medicine at Peoria, we successfully introduced this very important issue to the community.

Student engagement was a huge component to our success. We focused our efforts on educating students and community members on the value of vaccinations in preventing diseases. As this topic was new to many, we wanted to play on the creative messaging Shot@Life has developed. Over 80 students designed posters on the importance of global immunizations and disease prevention. The posters were displayed at a basketball free throw competition where participants were given the opportunity to give a “shot” by taking a shot.

Participants voted for their favorite posters, and a small team judged the pieces to select the winners. We distributed information about global vaccinations, sold $500 in Shot@Life t-shirts, and raised $200 to support the campaign! The goal was to spread the message and identify new champions of all ages. Our project brought together residents, medical students, high school students and community members. It was exciting to help the students realize the impact they can make when working on a common goal, just as Shot@Life and the AAP had taught me. I can’t wait to share this message with more students, my fellow pediatricians, and community. All I had to do was take a shot!
Recent District VI Events
The 2013 Midwest Regional NMPRA Meeting
Rachel Johnson, MD
Internal Medicine-Pediatrics
Chief Resident PGY5
Medical College of Wisconsin

This year, our Medical College of Wisconsin (MCW) Med-Peds program hosted the Midwest Regional National Med-Peds Residents’ Association (NMPRA) meeting in Milwaukee, Wisconsin. The theme of this meeting was “Primary Care – Making a Difference in the Clinic.” Dr. Julie LeCleir, one of our fourth year residents, spear headed this effort with all of our 24 residents who worked tirelessly to make the conference an educational success! We had wonderful support from the Med-Peds administration as well as the administration from both categorical programs.

Our conference began with special welcome provided by our own Med-Peds Program Director, Dr. Heather Toth. We were honored to have Dr. Robert Lane, Professor and Chair of the MCW Department of Pediatrics, provide opening remarks. Our keynote speaker, Dr. Susan Hata, the Associate Program Director of the Med-Peds program at Harvard Massachusetts General Hospital, gave a fantastic presentation entitled “Toolkit for the Beginning Primary Care Provider.”

The rest of the morning was filled with breakout sessions regarding a variety of primary care topics. One popular break out session, led by Dr. Doug Connor, a Med-Peds Sports Medicine physician, discussed management of concussion in the primary care setting. Dr. Kelly Curran, a MCW adolescent medicine fellow, along with our MCW adolescent psychologist, Dr. Angela Stanley, led an informative workshop on Adolescent Mental Health.

We also hosted workshops on career development. A panel of our community Med-Peds physicians along with Lindsey King, JD and Brian Schellinger, Financial Advisor, provided invaluable information on contract negotiation for residents. The MCW Internal Medicine Vice Chair of Education and Internal Medicine Residency Program Director, Dr. Michael Frank, led a workshop on how to “Make Yourself the Best Fellowship Candidate.” We also had a motivational session on the incorporation of Global Health into a primary care practice. Medical Students from all of the Midwest Region thoroughly enjoyed the workshop entitled “Navigating the Med-Peds Residency Hunt.”

During the lunch hour, Dr. Carmen Wallace, one of the MCW Med-Peds 2nd year residents, provided a stimulating lecture on “Pediatric Cancer Survivorship for the Primary Care Physician” in a noon conference format. This was followed by two oral Med-Peds case presentations given by Dr. Ebba Hjertstedt and Dr. Brittany Bettendorf, two of the MCW Med-Peds residents.

The conference concluded with a panel discussion on the topic of “What I Learned in my First Year of Practice.” The panel was comprised of 5 primary care Med-Peds physicians from surrounding communities. These physicians gave recommendations on which electives are the most helpful for primary care, questions to ask when looking for a primary care Med-Peds job and how to maintain work life balance, just to name a few.

At the end of the day, attendees met at a local restaurant to network and enjoy some of the great cuisine that Milwaukee has to offer. Overall, the conference was a huge success and a great opportunity for our Med-Peds Residency Program!
PEDSIG-University of Kansas School of Medicine

On Tuesday, March 18th the Pediatric Student Interest Group (PEDSIG) at the University of Kansas School of Medicine joined up with Care 4 Kids and Bulldoc, two other pediatric-focused student interest groups, to host “Peds Palooza.” This lunch event featured eight different pediatricians from a variety of specialties that were able to converse with the students in a more personalized setting. Around 35 students attended the event, and the physicians were able to rotate amongst the tables to share tips, answer questions and explain their daily lifestyle as a physician in their particular field. In attendance were representatives from developmental pediatrics, pediatric hematology/oncology, pediatric surgery, pediatric anesthesiology and palliative care and general pediatricians with focuses in ADHD and atherosclerosis. The PEDSIG interest group hosts an event at the beginning of the school year to answer questions about general pediatrics, so this was a great opportunity to provide a little more information to students that might be interested in pediatric sub-specialties.

Erin Atwood
PEDSIG Co-President
1st year Medical Student
University of Kansas School of Medicine

Priyanka Patel
PEDSIG Co-President
1st year Medical Student
University of Kansas School of Medicine

ATTENTION Graduating Residents and Fellowship Trainees

We want to hear from you! Please let us know what your plans are for next year by filling out this short form depending on whether you are a current resident or fellowship trainee:

Resident update form

Fellowship Trainee update form

We would like to help you with your transition out of training. Be on the lookout for your "Life After Training" information packet coming early May. We encourage you to check out the Section on Young Physicians as your next "home" within the AAP. They also have some great relocating resources on their website. Any questions, please don’t hesitate to contact Julie Raymond.
How to Find a Great Mentor

So much in medicine is learned from those ahead of us in training. From the moment we put on the short white coats, we are somehow introduced to a seemingly infinite number of experts. I’ve been very fortunate to find a few truly excellent mentors during the last few years. Looking back on this now, I’ve come up with some advice that I hope will be helpful to those starting on this path and to those who are mentors already, at any stage of training.

1. Mentor Shop

I’ve found mentors though professional organizations, specialty interest groups and mentorship programs conducted by the medical school. Often when discussing interests, I’ve been told, “Oh if you’re interested in that you should talk to… also.” Take advantage of these sorts of introductions to networks of people. This has led me to some of the best relationships and opportunities I’ve had in medical school. If you are in town during winter or spring breaks, these may be good times to meet. This is well worth your time even if you only talk with someone once or twice.

2. Look for a Mentor to Motivate and Challenge You

The first few times I sat down with physician mentors, I had the usual M1 questions on my mind: What do I need to get into a residency program? Please tell me it will be okay if I don’t get a perfect step 1 score. There is nothing wrong with seeking this type of support and encouragement. It can go a long way to ease the anxiety of the pre-clinical years. However, it is beneficial to look for mentors who challenge and motivate you as well. When you find this type of mentor, appreciate their interest in your career development and aim to grow from this experience.

3. Find A Mentor with Shared Interests and Work on Something Together

Ask your mentors about projects that you might be able to help with. Research is a good one but there are plenty of others, if research is not your thing. You can also bring a project to their attention and see if they are interested. Diversify your mentors by your interests. I have a couple of mentors for research, one I work with on a humanities project, and others involved in public health and health policy. This has helped me to really get the most I can out of my medical education and to develop individual relationships with different people. Shadowing is another very good way to get to know one another.

4. Stay in Touch

This can be as simple as sending a short email every now and then. My mentors have been kind enough to meet me during lunch, on weekends and at the end of the workday. Your flexibility as well is sure to be appreciated too when it comes to making time. Finally, if you maintain a mentor-mentee relationship over the course of your medical education, it will be no surprise to your mentor when you ask for a letter of recommendation and you can be sure it will be a letter that speaks to your strengths.
Oral Health Update: Children’s Dental Health Resources Online!
The Children's Dental Health Project (CDHP) is a not for profit organization focused on evaluating and promoting health policies, systems and changes that can have the greatest impact on children's oral health. The organization offers a suite of web based information and tools to dental professionals, advocates and parents on strategies to address and prevent dental disease. CDHP briefs policy makers, oral health coalitions and journalists on dental care provisions in the Affordable Care Act, monitors how Medicaid, the Children's Health Insurance Program and state insurance exchanges are working.

Their work is built around three priorities. The first priority is helping to prevent tooth decay in kids. Nearly all tooth decay can be prevented and the organization helps identify cost-effective options for preventing and stopping the spread. Second, the site offers a road map for parents to navigate through Medicaid and the Children's health Insurance Program. Third, the site offers develops tools to help state oral health programs, which may be resource poor.

An exciting new tool is a consumer guide for parents that helps them explore options for children's dental coverage on the new health insurance marketplaces http://goo.gl/Xye8LK

New Clinical Report on Dental Trauma Management in the Primary Care Setting from the Section on Oral Health
Check out this new clinical report to guide you when you are faced with a dental trauma in your office! Being prepared to handle these situations and acting swiftly can mean life or death for a tooth. Understand how you can help your patients until they can get to their dental home.

Residents Needed to Participate in Community Water Fluoridation Initiative
In April 2013, the U.S. Surgeon General Regina Benjamin, MD officially endorsed community water fluoridation as “one of the most effective choices communities can make to prevent health problems while actually improving the oral health of their citizens.” The Pew Children's Dental Campaign is working with staff in the Division of State Government Affairs and Division of Pediatric Practice to defend community water fluoridation in various areas of the country. Residents interested in participating in this initiative should contact Lauren Barone at LBarone@aap.org. Opportunities to write blog posts on the topic as well as engage in social content marketing strategies will be available!

Tell us about oral health in your residency program
Does your program offer fluoride varnish in your continuity clinic? Do you have opportunities to work with your local pediatric dentists in your community? Do your residents go into schools to work with dentists to provide care to kids? If so, tell us about it! We know there is a lot going on at your programs that other residents would like to read about. Let us know how your residency program is providing oral health services in your community. Send your story to Jen Noble - jnobleny@gmail.com, SOMSRFT District V.

Reminder
NCE abstracts due April 11.
See www.aap.org for details
Pediatric Residency
Med-Peds Residency

Larger stars = Multiple Chicago Programs:

9 – Peds Programs
3 – MedPeds Programs