

What Could Go Wrong? A Medical Student's Reflection on Implementing Quality Improvement Changes

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And it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.

—Nicolo Machiavelli

I started my quality improvement (QI) research project in my third year of medical school with very limited previous exposure. In my first two years, topics such as stricter hand hygiene to decrease infection rates were mentioned only briefly. Nevertheless, it was enough to pique my interest. As I learned more about the field, I felt inspired because these success stories defined a true collaboration among disciplines seeking the same goal—better patient care. And so I was excited to embark on my first quality improvement project. The goal was to increase doctor-patient communication. The project seemed simple enough. A piece of paper prompting for questions would be distributed to each patient. The patient would write down a question if he/she had one. The question would be collected, and the physician would then see the patient to respond. I thought to myself, “What could go wrong?”

I spent the first couple of days introducing myself and the project to everyone who worked on the floor (i.e. physicians, nurses, case managers, patient liaisons) and informing each of them of their roles and responsibilities. Everyone thought the project was a great idea and commented on the importance of addressing doctor-patient communication. Receiving such an overwhelmingly positive response, I felt even more confident about the implementation of this project. But once the study began and it was time for people to participate in the project, I was surprisingly

met with some resistance. Papers were not being completely distributed, and questions were no longer enthusiastically answered. I even felt as if I were an annoyance to some when I checked in to see if people had any comments or concerns. More and more it seemed like the responsibilities required for the success of this project were not being met.

Needless to say, it was not going as smoothly as I had hoped. Going into the project I felt well prepared for developing and carrying out a QI project thanks to the Institute for Healthcare Improvement Open School courses; however, I found that the challenges were much greater in practice. There was an endless line of hurdles in front of me, and despite how badly I wanted to remove those hurdles, I could not. It was difficult to see a project I believed in so much come apart. However, among the struggles and barriers, there lay an opportunity to learn and try again—a chance to reconnect the pieces in a different way.

Instead of trying to advance multiple changes, which was not leading to progress, I decided to simplify things. I eliminated the steps of distribution and collection in order to focus on answering patients' questions. In response, I noticed better participation and was able to collect more data.

The project faltered at times, but I did leave with lessons learned about myself and others, and I developed a greater appreciation for all the hard work that goes into im-

plementing change. Here are a few take-home points I'd like to share for students embarking on their own QI projects:

1. *We are creatures of habit, and resisting change is often easier than changing.* Most people want to embrace change, but for most it does not come naturally. When I first started this project, people really celebrated the idea of increasing doctor-patient communication. However, when the time came to make changes in their daily routines, the staff found it difficult to keep the end goal in perspective, which leads to the second point.
2. *Start with a few simple changes.* The first few improvement cycles did not succeed due in part to the sudden increase in the team's responsibilities for the project. In retrospect, I was trying to implement too much change at once. But after I simplified the changes in later improvement cycles, I was finally able to collect a good amount of data.
3. *Advertise your project.* This point is especially relevant in academic teaching institutions where the staff may not necessarily be the same day to day. Be proactive in explaining your project and asking if people have questions. It is likely that people may not remember all the details of your project. Be your project's biggest advocate!