

# Improving Teamwork in Hennepin Continuity Clinics

Authors: Alex Chong, MD, Maggie Jakubiak, MD, Bilal Jawed, MD, Aaron Ackerman, MD

## Scope

Effective teamwork between residents, attendings, and medical assistants (MAs) is critical to delivering efficient and quality care in the pediatric continuity clinic at Hennepin County Medical Center. An opportunity for improvement was identified following concerns from MAs regarding clinic inefficiencies, including delayed order entry, visit type discrepancies, and communication barriers.

## Goals

Our primary goal was to improve communication and workflow between residents and MAs by implementing a formal workflow intervention. Specifically, we aimed to increase communication, efficiency, and overall enjoyment of clinic by 20% among both residents and MAs.

## Methods

We conducted a pre-intervention survey assessing residents and MA satisfaction with clinic communication, efficiency, and overall experience, using a 1–5 scale and open-ended questions for qualitative feedback. Pre-intervention results demonstrated that MAs rated communication at 2.5/5, efficiency at 2/5, and overall enjoyment of clinic at 2.75/5 (n=4). Residents rated communication at 3.2/5, efficiency at 3.2/5, and overall enjoyment of clinic at 3.9/5 (n=10).

Using these findings, we designed a workflow checklist emphasizing structured pre-clinic huddles after clinic education previously scheduled from 1:00–1:30 PM and prior to the first patient at 1:30 PM. During the huddle, residents and MAs introduced themselves, reviewed visit types (e.g., well-child check with vaccines versus acute care visit), and anticipated clinical needs.

Additional checklist steps included pending vaccine orders before patient encounters and formalizing use of the EPIC dot system to signal visit progression (e.g., provider in room, orders entered, visit complete). Three months post-implementation, residents and MAs completed a follow-up survey using the same metrics.

## Results

Post-intervention survey data was obtained from residents who rated satisfaction in communication at 3.45/5, efficiency at 3.27/5, and overall enjoyment of clinic at 3.54/5 (n=11). Medical assistant post-intervention survey data are pending at the time of reporting. Efficiency scores improved by 2.1% and communication scores by 7.8%, however general enjoyment of clinic decreased by 9.3% among residents.

## Discussion

While the structured workflow intervention was associated with improvements in communication and efficiency from the resident perspective, it did not meet the predefined

improvement threshold across all areas of interest. Directions for future intervention would ideally address persistent MA staffing shortages (e.g., 2–3 MAs for >20 patients), limitations on pre-clinic preparation time, and inconsistent adoption of new communication tools.

These interventions could include increasing the time dedicated to the resident and MA huddle, implementing secure messaging systems between residents and MAs, and further standardizing the use of EPIC dot systems. Strengthening interdisciplinary communication remains a priority for ongoing QI efforts within this continuity clinic.