Official Radiology Department policies ensure safe, high-quality, and consistent care for all patients undergoing imaging, including patients receiving CT or MRI contrast, patients for whom an MRI may be unsafe, patients receiving radioactive tracer material internally, and potentially pregnant patients. There are few regularly-updated centralized resources that cover the full scope of these policy-based decisions, and the existing resources may be difficult to find or navigate quickly.

Residents on call and injection coverage shifts are expected to independently answer policy-based questions about patient imaging which span all of the modalities of radiology and all of the radiology sub-sections. Lack of knowledge or experience in these scenarios can lead to non-conformity with hospital policy, delayed patient care or adverse outcomes.

**What is the problem you are trying to solve?**
State “what”, not “why”. Do not include goal or implied solution.

**How does this effort align with the vision of the organization?**
In what tangible ways is it important to the mission of the organization?

**By 4/4/2022, increase the confidence of radiology residents answering policy-based questions while on call or injection coverage shifts, measured on a 1-5 Likert scale, by 10% above the 2/25/2022 baseline.**

**Target State: SMART Goal**

**Root cause Analysis**

- Our outcomes demonstrate that junior residents are less comfortable navigating official policies than senior residents, and that this gap can be bridged by making official policies easy to access, review, and ask questions about.
- Ease of access is critical for any resource residents are expected to use during a busy call shift, and having multiple means of reaching the resource (email, posters, link directly from imaging-reading software) empowers residents to add the resource to their workflow.
- Residents are expected to answer policy-based questions independently for more than half of the hours in a day, and resident confidence performing these tasks is essential to ensure patient safety, clinical efficiency, and positive patient experience.

**Key Learning**

- After completing the interventions, the average reported confidence of residents answering policy-based questions increased by over 10% for all groups, except the R4 resident class, who reported high confidence at baseline.
- The confidence of junior residents was relatively low at baseline, but demonstrated the greatest increase after the interventions.

**Additional Results**

<table>
<thead>
<tr>
<th>Group of Residents</th>
<th>Baseline 2/25/22</th>
<th>After 3/28/22 Intervention</th>
<th>Increase from baseline to after 3/21/22 Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1 (PGY2) average</td>
<td>1.6</td>
<td>3.0</td>
<td>85%</td>
</tr>
<tr>
<td>R2 (PGY3) average</td>
<td>2.8</td>
<td>4.0</td>
<td>45%</td>
</tr>
<tr>
<td>R3 (PGY4) average</td>
<td>3.5</td>
<td>4.7</td>
<td>33%</td>
</tr>
<tr>
<td>R4 (PGY5) average</td>
<td>4.0</td>
<td>4.0</td>
<td>0%</td>
</tr>
<tr>
<td>All residents average</td>
<td>2.9</td>
<td>4.0</td>
<td>35%</td>
</tr>
</tbody>
</table>

- After completing the interventions, the average reported confidence of residents answering policy-based questions increased by over 10% for all groups, except the R4 resident class, who reported high confidence at baseline.
- The confidence of junior residents was relatively low at baseline, but demonstrated the greatest increase after the interventions.