

USC Pediatric Residency Quality Improvement Project Planning Document

Resident Name: _____

Team Members

- 1. Myself**
- 2. Faculty Mentor:** _____
- 3. Other team members (if any):**

Aim: (What are you trying to accomplish?):

Measure(s): (How will you know a change is an improvement?):

Outcome Measure(s):

Process Measure(s):

Balancing Measure(s):

Changes: (What change(s) will you make to result in improvement?):