# BUILDING RESIDENT LEADERS THROUGH QUALITY IMPROVEMENT

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Family Medicine Focus

Family physicians are expected to lead primary care transformation, health equity initiatives, and systems improvement.[1] Residency training rarely prepares them for these roles.[2] Quality improvement (QI) curricula offer a platform for this work, yet many fail to foster leadership development.[3-5] QI and leadership competencies are not acquired through didactics alone, but through participation in authentic work.[4] QI curricula need to support resident engagement and provide directed guidance to realize this potential.



## PLATFORM: QI CURRICULA AS A LEADERSHIP TRAINING GROUND

QI work inherently requires leadership skills.[3] Residents engaged in longitudinal improvement efforts must coordinate teams, navigate systems, and translate ideas into action.

**Through QI, residents learn to:**

- Lead multidisciplinary teams
- Facilitate meetings and complex decision-making
- Manage conflict and competing priorities
- Engage stakeholders across systems

These competencies address known gaps in traditional medical training.[2] Longitudinal QI curricula integrating leadership have demonstrated improved competency in family medicine residencies.[3]



## MECHANISM: ENGAGEMENT DRIVES LEADERSHIP DEVELOPMENT

Leadership development requires more than exposure: it requires ownership. Programs relying on mandatory participation or assigned projects limit learning and impact.[5] Engagement is strengthened when residents experience autonomy and purpose.[4]

**Strategies that promote engagement:**

- Opt-in leadership roles
- Protected time for participation and leadership
- Teams aligned by shared interests
- Projects connected to real institutional problems
- Flexible participation pathways (eg, option for individual projects)

Faculty serve a critical role in this process as coaches who preserve resident ownership while providing support through goal-setting, reflection, and navigating institutional barriers.[3,5]



## RESIDENT LEADERSHIP PROGRESSION THROUGH QI

PGY-1: Observer and contributor

PGY-2: Team member and emerging leader

PGY-3: Team leader and mentor to other team members



## PRACTICAL TAKEAWAYS FOR FACULTY

- Frame QI as a leadership training platform, not just an accreditation requirement.
- Protect weekly time for resident QI leadership.
- Align QI teams and projects with residents' interests and with projects that are valued by the institution.
- Use inquiry and reflection rather than directives: ask "What do you think the next step should be?" instead of prescribing solutions.
- Don't micromanage resident work; support their decision-making and help them navigate the system.
- Create structured opportunities for residents to lead real teams with increasing responsibility across training years.

## CONCLUSION

QI curricula can serve as powerful engines for leadership development in residency training. However, leadership does not emerge from participation alone. Engagement, driven by autonomy, authentic work, and purposeful faculty support provides the mechanism that transforms QI into meaningful learning.

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