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The Prevention Station: A Graphic Medicine Approach to Enhancing Inter-Clinic Collaboration in Family Medicine

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Supplemental Material

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Data Availability

The data associated with this publication are in the supplemental files.

The Prevention Station: A Graphic Medicine Approach to Enhancing Inter-Clinic Collaboration in Family Medicine

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Introduction

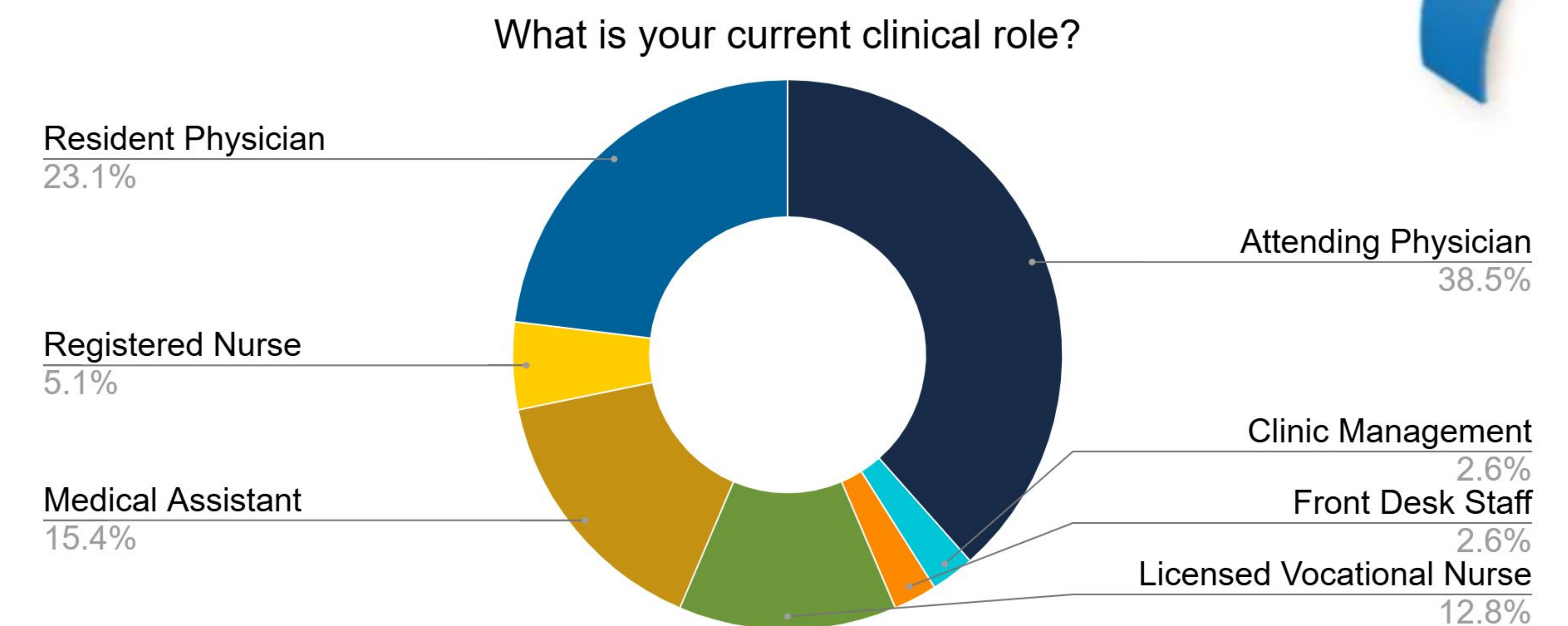
- Clinical networks have demonstrated effectiveness in improving quality of care across multiple sites, particularly through inter-specialty collaboration. However, less is known about the impact of collaboration between clinics within the same specialty.
- Shared quality improvement collaboratives (QICs) have shown promise in strengthening team dynamics and engagement.
- Our Aim: Explore how a shared, intra-specialty quality improvement initiative influences team dynamics, individual engagement in patient care, and perceived interconnectedness across Family Medicine clinics

Materials and Methods

- In March 2026, “*The Prevention Station*,” was implemented across multiple ambulatory Family Medicine clinics.
- Each quarter focuses on a different topic. For the pilot quarter, March-May 2026, the focus is Colorectal Cancer awareness and screening.
- Patient-facing, visually engaging posters are displayed in clinic rooms.
- Thematic decorations such as blue ribbons for are utilized in waiting rooms to promote a increased awareness and sense inter-clinic cohesion.
- To support engagement, clinics receive monthly educational updates and encouragement to develop site-specific strategies to improve patient care related to the featured topic.
- To capture the effect of the interventions made, a baseline survey was administered to all staff members. The survey is a modified, validated “Primary Care Team Dynamics Survey” that assesses team functioning, engagement, and inter-clinic connectedness.

Preliminary Data

- Our preliminary survey received 39 responses. Breakdown of respondents by clinical role is shown to the right.
- For the following questions (Modified Primary Care Team Dynamics Survey), respondents were asked to rate their degree of agreement with the statement. A score of 1 is equivalent to strong disagreement and 5 to strong agreement. The below presented values are averages based on clinical role.



	Overall	Admin	Front Desk	LVN	MA	RN	Resident	Attending
My team has colon cancer screening goals that are clear, useful, and appropriate to my practice.	4.0	3.0	4.0	4.2	3.3	3.5	3.7	4.5
There is a real desire among team members to work collaboratively on reaching colon cancer screening goals.	3.8	3.0	3.0	4.0	3.3	2.5	4.0	4.1
If asked, I could explain the colon cancer screening goals of the team.	3.9	3.0	3.0	3.4	2.7	4.5	3.7	4.7
My team does a good job of helping patients understand their colon cancer screening care plan.	3.4	3.0	3.0	3.6	2.7	2.5	3.0	4.1
I feel involved in clinic initiatives that aim to improve preventative care knowledge and access in my clinic.	3.3	4.0	4.0	4.2	2.5	4.5	2.4	3.7
Overall, members of our team do a very good job of coordinating their different patient-related jobs and activities.	3.8	5.0	4.0	3.8	3.3	3.0	3.6	4.2
The way my team members interact is very good for the quality of patient care.	4.3	5.0	4.0	4.0	4.2	4.0	4.0	4.5
I feel integral to my team.	4.3	5.0	4.0	3.8	3.3	3.0	4.3	4.9
I experience excellent teamwork with the members of my team.	4.1	5.0	5.0	3.8	3.5	3.5	4.1	4.3
I feel connected to the other UCSD Health Family Medicine clinics.	2.8	5.0	3.0	3.4	1.3	4.0	1.8	3.5
I feel knowledgeable about shared goals/initiatives that exist between UCSD Health Family Medicine clinics.	3.2	4.0	3.0	3.4	3.0	3.5	1.8	3.9

Challenges

- Late identification of project stakeholders has decreased overall project buy-in and understanding of the project among clinical staff.
- UC San Diego Health policies surrounding displayable content introduced unexpected delays in poster approval which has impacted full implementation of project interventions.
- Multiple clinic locations with different workflows, clinic spaces and personnel make it difficult to standardize interventions, and effective interventions at one location may not easily translate to another location. .

Next Steps

Data collection is ongoing. We anticipate that a shared preventive care focus will enhance team cohesion, increase individual engagement in patient care, and strengthen connections across clinics. By balancing a unified initiative with local autonomy, we expect clinics to implement creative, context-specific approaches that better address the needs of their patient populations. After one quarter, the team will repeat the survey to assess changes in team dynamics, engagement, and perceived collaboration. Findings will inform iterative improvements and guide future expansion of shared initiatives across primary care settings. Additionally, further work will be done to assess the effects of this initiative on provider knowledge of preventative guidelines, completion of preventative health screening recommendations, and quantity of patient initiated preventative care conversations.

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