FREE SELF-REFLECTION WORKBOOK

Clinic Desk Improvement Self-Assessment

Notice what already helps your clinic day, choose one friction point worth changing, and sketch a small quality improvement (QI) project you can enter in Repertoire's Clinic Desk.

Use general workflow observations only. Keep patient names, encounter details, notes, and other identifying information out of this workbook, an LLM, and Clinic Desk.

START WITH YOUR OWN EXPERIENCE

1. How satisfied are you with the flow of a typical clinic day right now?

1	2	3	4	5	6	7	8	9	10

2. Why that number rather than a lower one? What is already working?

3. What would a one-point improvement look like in your workday?

4. Which part of the day would you most like to make easier, and why now?

LOOK FOR A REPEATED PATTERN

Where does the day get stuck?

Think about patterns across days, not individual patient stories. Circle the questions that matter most to you.

5. When does work pile up: before visits, during visits, between rooms, or at day end?

6. Which handoff, interruption, or repeated task costs the most attention?

7. What helps on days when the same work goes smoothly?

8. Who else sees this workflow differently, and what might they notice?

9. If you changed one step, whose work might become harder?

CHOOSE SOMETHING TESTABLE

What would be worth trying?

An aim is a specific result you want by a date. A measure is a simple signal you can track to learn whether the change helps.

10. What small change could you try in one session or one week?

11. What measure could we use to show progress?

12. What is your starting point, if known? If unknown, how could you learn it?

13. What result would be realistic, and by when?

14. What should you watch to catch a new burden or unintended effect?

TURN REFLECTION INTO ACTION

Map one small project by hand

Use your answers to draft the fields in Clinic Desk → Improve. An outcome measure tracks the result; a process measure tracks whether the new step happens; a balancing measure watches for a tradeoff.

Project name	A short label for the workflow you want to improve	
Aim statement	Specific result, work setting, target, and review date	
Outcome measure	What changes for the better? State the unit and denominator if relevant.	
Process measure	How often did the proposed step actually happen?	
Balancing measure	What could worsen while the main measure improves?	
Change ideas	One or two small changes you can try	
PDSA cycle	Plan the test; do it; study what happened; act on what you learned.	
Variable / entry field	Choose number, yes/no, or another available field type; define one observation clearly.	

15. What is the smallest first test you would willingly try, and when will you review it?

In Repertoire, open Menu → Clinic Desk → Improve → New project. Start blank or edit an example, enter the fields above, and pin a measure to Today if quick entry helps. Save only general, identifier-free observations. Clinic Desk data has a separate backup from Template Workspace data.

For more background on QI, see IHI's Model for Improvement.

PATH TWO USE AN LLM

Talk through your project

If a blank page is the obstacle, use the prompt below as a conversation. Review its draft, adjust the aim and measures, then enter the approved plan in Improve. The LLM should not fabricate baseline data or patient details.

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Help me design one small, patient-independent QI project for Repertoire Clinic Desk. Interview me one question at a time, using my answers below. Ask what matters to me, reflect my reasons, notice existing strengths, and let me choose the priority. Do not assume the answer or push a specific intervention.

My generic answers to questions 1-15: [PASTE OR SUMMARIZE YOUR ANSWERS WITHOUT PATIENT INFORMATION]. My current satisfaction score is [__/10]. My chosen friction point is [DESCRIBE IT].

Repertoire Clinic Desk → Improve has fields for project name, aim statement, outcome measure, process measure, balancing measure, change ideas, PDSA cycle, and observation variables. Variables can be number, yes/no, text, dropdown, multiple choice, or date. Projects and dated observations are entered by hand; there is no single-project import in this workflow.

After asking enough questions, give me a concise draft mapped to those exact fields. Define each measure plainly, including unit or denominator, how often I will record it, and what baseline is known versus unknown. Propose one small first test and a date to review it. Include a possible balancing signal and any assumptions I need to confirm. Keep suggestions separate from my own choices. Do not invent results, clinical guidance, or local policy. Ask me to revise or approve the plan before I enter it in Repertoire.
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