



Quality Improvement Project

	<i>Feedback</i>			<i>Capability</i>	<i>GPC</i>
Date <i>*automatically inserted</i>	Below expectations	Meets expectations	Above expectations		
<p>Project Title and why it was chosen</p> <p><i>You should explain what trigger (case, data or events) led you to look at this area. You should comment on the likely impact of this on patients, and review the guidance or evidence that is relevant to the area (e.g. a literature review).</i></p>	<p>Title is unclear or confusing, or has no significant justification based on links to personal or practice needs.</p> <p>There is no reflection on the known guidance or evidence relating to this area. There is no consideration of the impact on patients.</p>	<p>Clear title which is understandable, and has a link to personal or practice needs.</p> <p>There is reference to some appropriate guidance and/or to evidence.</p> <p>There is consideration of the impact of the QIA on patients.</p>	<p>The title and reasons are clear and are based on an identified practice need or clear personal experience.</p> <p>The guidance and evidence that is identified is appropriate, clear and well chosen (not excessive).</p> <p>The assessment of impact on patients includes reference to prevalence/ incidence and severity etc.</p> <p>Assessment of impact considers how teamwork has been made more effective.</p>	<p><i>Fitness to practise</i></p> <p><i>Maintaining performance learning and teaching</i></p>	<p><i>Professional values and behaviours</i></p> <p><i>Patient safety and Quality improvement</i></p>

<p>Project Aim</p> <p><i>When explaining your project aim, consider what you are trying to accomplish, how will you know that a change is an improvement and what changes could you make that would result in improvement in patient safety or patient care?</i></p>	<p>The aim is vague with no specific goal or time frame.</p> <p>There is no clear consideration of what is being accomplished or that a suggested change is an improvement.</p> <p>It is not clear how the project will improve patient safety or patient care.</p>	<p>The goal set is specific with a clear time frame.</p> <p>There is consideration of what is being accomplished or that a suggested change is an improvement.</p> <p>There is some suggestion that there is a connection with patient safety and/or patient care.</p>	<p>The aim is summarised in a SMART (Specific, Measurable, Achievable, Relevant and Time defined) format.</p> <p>There is clear consideration of what is being accomplished and that a suggested change is an improvement.</p> <p>It is clear how the project will improve patient safety or patient care.</p>	<p><i>Maintaining performance, learning and teaching,</i></p> <p><i>Fitness to practise</i></p>	<p><i>Professional values and behaviours,</i></p>
<p>Describe what baseline data or information you gathered</p> <p><i>You should explain how you understood the current position in order to decide that improvements were needed. Explain which QI tools or methods you used to fully understand the 'problem' you were trying to solve. Suitable methods would include QI tools for example; assessing baseline data, process-mapping, conducting a survey and using fishbone analysis.</i></p> <p><i>Quality improvement requires attempting to measure some change, though the nature of the measurement will be different in different projects and some data could be available before the start of your personal involvement.</i></p>	<p>Insufficient information is provided to demonstrate the 'problem' was fully understood prior to the improvement being designed and implemented.</p> <p>It is unclear which QIA process/processes or tools have been used or those used have not been followed through appropriately.</p>	<p>There is enough evidence obtained to demonstrate the 'problem' was fully understood prior to implementing improvements.</p> <p>There is a clear and appropriate use of a recognised QIA process/processes or tools.</p>	<p>The evidence which is obtained is well chosen and may be of different types using a range of QI tools. There is justification of the amount of evidence obtained (i.e. explanation of why there is not more or less evidence).</p> <p>There is clear presentation of the evidence.</p> <p>The selection and use of tools for improvement has been well justified for the project.</p>	<p><i>Data gathering and interpretation</i></p> <p><i>Making a diagnosis or decisions</i></p>	<p><i>Research and scholarship</i></p>

<p>Describe what subsequent data or information you gathered</p> <p><i>How did you measure and evaluate the impact of change? You should share enough data to demonstrate outcomes; you may not need to share all your data.</i></p>	<p>The data shared is not capable of demonstrating the changes suggested e.g. because of the way it has been collected, or because the data is not appropriate.</p>	<p>The data provided is clear and the evaluation of the data is appropriate and considers other possible causes for the changes observed.</p> <p>Data collection is relevant and is collected over time though could have been more comprehensive.</p>	<p>The data is well presented; clearly evaluated and well chosen.</p> <p>There is evidence of multiple data collection at appropriate intervals in time.</p> <p>There is an understanding of the potential limitations of different methods of data collection.</p>	<p><i>Data gathering and interpretation</i></p>	<p><i>Patient safety and Quality improvement</i></p>
<p>How did you plan and test out your changes?</p> <p><i>Effective QI work involves testing out changes (small cycles of change) and then learning from this experience and building on it. How did you apply this principle to your QI project?</i></p>	<p>There is no evidence of small cycles of change or use of model for improvement or PDSA (Plan, Do Study Act)</p>	<p>There is a clear and appropriate use of a PDSA cycles in the planning and implementation of the project</p>	<p>The project shows clear evidence of a PDSA approach.</p> <p>There is evidence of multiple and sequential tests of change.</p>	<p><i>Maintaining performance, learning and teaching</i></p>	<p><i>Patient safety and Quality improvement</i></p>

<p>How have you engaged the team, patients and other stakeholders throughout the project?</p> <p><i>Describe any challenges of getting different team members engaged with your QIA. Describe how you maintained momentum e.g. planning for an early win:win.</i></p>	<p>There is no team input or the description of this is unclear. There is inadequate reflection on steps taken to engage stakeholders. There is inadequate reflection on the challenges of engaging different team members with no reflection on personal learning from this.</p>	<p>There is a description of how different stakeholders were engaged which includes patient involvement.</p> <p>There is description of the challenges of engaging particular stakeholders which remains focused on this event.</p>	<p>The description of how stakeholders (including patients) were engaged demonstrates insight into the need for adaptability and generating win : win positions.</p> <p>There is reflection on the particular difficulties of engaging some individuals or patient groups and thoughts on personal learning from this for the future.</p> <p>The different roles of team members in the team are considered and used productively.</p>	<p><i>Working with colleagues and in teams Organisation Management and Leadership</i></p>	<p><i>Leadership and team working, Professional values and behaviours, Capabilities in education and training</i></p>
<p>Summarise the changes as a result of your work and how these will be maintained.</p> <p>If improvement was not achieved, explain why and what you learnt about this.</p> <p><i>Describe how you relayed your results to the team and the feedback you received.</i></p>	<p>The summary provided is not clear or specific, or the conclusions offered are not consistent with the earlier work.</p> <p>There is a reliance on people following new protocols and human behavioural change in order for the changes to be sustained.</p> <p>There is no clarity about the sustainability of the changes.</p>	<p>The summary of changes is clear and appropriate.</p> <p>There is clear consideration of steps to enable maintenance of changes.</p> <p>There is evidence of an understanding of the role in changing systems to embed improvement.</p> <p>Change has been embedded by the organisation.</p>	<p>The summary of changes is clear and broken down to demonstrate how each part can be maintained.</p> <p>There is evidence that systems have been changed so that it is harder to revert to old processes and easier to continue to follow the agreed new processes. This will ensure that change is embedded and sustainable ie not simply a protocol.</p>	<p><i>Working with colleagues and in teams, Organisation management and Leadership</i></p>	<p><i>Leadership and team working,</i></p>

<p>What have you learnt and have you got any outstanding learning needs?</p> <p><i>Think about what you will maintain, improve and stop in QIA?</i></p> <p><i>It is important to consider what changes you might need to make as you continue to engage with QIA, for example consider the size of project, the amount of evidence collected, how you worked with others, the effective use of IT, its value to long term care and its impact on sustainability (health outcomes for patients and populations from an environmental, social and financial perspective)</i></p>	<p>There is little reflection on the personal learning from the QIP which has been completed and how to use this in future QIP, leadership, or other situations.</p>	<p>The reflection on QIP demonstrates appropriate personal learning about leading change and choosing effective tools to enable improvements to patient care / safety/ experience.</p> <p>Consideration has been given to the value and sustainability of the QIP.</p>	<p>The reflection on this QIP goes beyond the meets expectations descriptors and is clearly linked to plans for future QIP in a realistic and clear way.</p> <p>The QIP highlighted the impact of sustainability on health outcomes from several different perspectives.</p>	<p><i>Maintaining performance, learning and teaching,</i></p> <p><i>Organisation, management and leadership</i></p>	<p><i>Professional skills,</i></p> <p><i>Professional knowledge</i></p>
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Completing this QIP is part of the minimum mandatory evidence: If not completed to an adequate standard this will lead to an unsatisfactory outcome.

'Below expectations' in some sections or overall does not mean that the project needs to be repeated although there may be agreement that this is the best way to get evidence for the competences which this part of training provides evidence for.