PRACTICE IMPROVEMENT PROJECT ASSESSMENT FORM

Date: _____________________
Resident: ____________________
Assessor: __________________________________
Topic: __________________________________________________________

1. **Quality Improvement Question:**
   Practice audit question specifies the patients, the intervention and the specific performance criteria that are being assessed. ___ Yes ___No
   Quality Improvement Question asks, “How are we doing compared to the recommended standard of care?” ___ Yes ___No

2. **Standard of Care:**
   Clinical criteria (standards of care) used to compare with own practice are described. ___ Yes ___No
   How evidence was selected, to base current standard of care, is summarized. ___ Yes ___No

3. **Method:**
   The method of practice assessment is described. ___ Yes ___No
   The selection criteria is specified (for a chart audit). ___ N/A ___ Yes ___No
   How a random sample, and a number, is selected (for a chart audit) is described. ___ N/A ___ Yes ___No

4. **Results:**
   Results are described briefly as percentages, averages etc. ___ Yes ___No
   Audit or results form is attached (usually a spreadsheet or chart). ___ Yes ___No

5. **Analysis:**
   Findings are compared with standard or other audits. ___ Yes ___No
   Reflection is included about whether this truly reflects actual practice and about biases that may result from the methods used to assess practice. ___ Yes ___No
   Description is included of potential gap between current practice and any evidence-based recommendations. ___ Yes ___No
   If there is a gap, reflection is included regarding importance and possible reasons. ___ Yes ___No

6. **Improvement Plan:**
   Description included of what changes, if any, are planned for the practice. ___ Yes ___No
   Description included of potential barriers and solutions to implementing these changes. ___ Yes ___No
   Description included of the collaborative discussion with the preceptor. ___ Yes ___No

7. **Follow up Assessment**
   Reflection included about how successful he/she was in implementing a change. ___ Yes ___No
   Recommendations included for the next PDSA cycle (next small step). ___ Yes ___No

OVERALL ASSESSMENT:
This PIP project meets CFPC residency requirements: YES NO