



UBC DEPARTMENT OF FAMILY PRACTICE

Option 1: Quality Improvement (QI) Project Assessment Form

Resident's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Assessor(s): \_\_\_\_\_

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

8. General Assessment:

This QI project meets CFPC residency requirements: YES NO