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