





Application Form Question Summary: Community Based Specialists (without privileges or active affiliations with Island Health)

Note: These are the questions from the application form only – to submit your application, you will need to submit your answers through the digital <u>Cohort 10 Application Form</u> by <u>March 7, 2025</u>.

*Required

Applicant Details

- 1. Full name*
- 2. Email address*
- 3. Secondary email address (if applicable)
- 4. Assistant's email address (if applicable)
- 5. Phone number*
- 6. Community you practice in*
- 7. Designation*
- 8. Specialty or Area of Practice*
- 9. Do you work in a Solo or Multi-physician practice?*
- 10. Please describe any formal medical leadership roles you hold within the community.

Motivations and Expectations

- 11. What (if any) previous Quality Improvement experience and/or formal education do you have?* Select all that apply:
 - PQI Level 1 training (IHI Open School Q101, QI102, QI103 and Dr. Berwick's video)
 - PQI Level 2 training (Island Health 1-2 day PQI Fundamentals Training)
 - Physician Leadership Program (PLP) at the Sauder School of Business
 - None of the above
 - Other:
- 12. What are your top 3 reasons for applying to the PQI Level 3 Cohort training?*
- 13. How might you incorporate QI into your clinical work or future career plans?*

The Problem or Gap in Care

14. What is the patient-centered problem or gap in care that you want to address through your QI project?*

A QI project is all about testing a number of different ideas/approaches to solve a problem that is specific to your local experience and team. It needs to be a solvable problem, but there's no need to have or know a solution.

Tip: Outline what the **issue** is, who it involves, where it occurs, and what impact it has.

15. How do you know that this is a problem or gap in care?*

Do you have documented patient feedback? What data have you accessed (or have access to) to understand this problem? Who else has identified that this is a problem?

Application Selection Criteria include:

 Does the applicant describe potential to improve healthcare quality in a measurable way?







16. Why is this problem or gap in care important to your patients and/or your area of work?*

Applicant Selection Criteria include:

- Is there a focus on improving dimension(s) of quality from a systems' perspective (as per the <u>BC Health Quality Matrix</u>)?
- 17. List all team members or key partners who could help you address this gap in care.*

Applicant Selection Criteria include:

What is the aptitude for building and participating in teams?

Sponsorship and Alignment

We require that each QI project has at least one specific **operational leader** who specifically supports or 'sponsors' the project.

• Operational leaders/sponsors are directly responsible for the staff you need to involve in the QI project or hold other resources (e.g., equipment, technology, supplies) key to the success of the project.

In a community clinic or individual practice, this is usually an Office Manager or other similar role.

Who have you identified as your operational leader/sponsor?

- 18. Full name*
- 19. Email
- 20. Position/Role
- 21. Describe your connection or level of engagement with this operational leader/sponsor.* Select all that apply:
 - I haven't ever been in contact with this person
 - I have been in contact with this person prior to my interest in PQI
 - I have had a conversation with this person about my interest in leading a QI project in the area they support
 - I am not sure this is the right operational leader/sponsor for this QI project and need some direction
 - Other:

We require that each QI project has at least one specific **senior leader/executive** who specifically supports or 'sponsors' the project.

• Senior leaders/executive sponsors have the overall responsibility for the operation and administration of the organization. They can ensure your QI project is successfully integrated into clinical operations.

In a community clinic or individual practice, this is usually the Medical Lead of the practice. In a solo specialist practice, where the project lead does not require a senior leader for successful integration, we suggest engaging with a colleague with a similar practice to fill this role.

Who have you identified as your senior leader/executive sponsor?

- 22. Full name*
- 23. Email







24. Position/Role

- 25. Describe your connection or level of engagement with this operational leader/sponsor.* Select all that apply:
 - I haven't ever been in contact with this person
 - I have been in contact with this person prior to my interest in PQI
 - I have had a conversation with this person about my interest in leading a QI project in the area they support
 - I am not sure this is the right operational leader/sponsor for this QI project and need some direction
 - Other:

Other

- 26. PQI works with medical students each year. Are you interested in involving a student in your QI work project?*
- 27. There are multiple sources of funding improvement initiatives. If you are currently receiving any funding related to the problem/gap in care that you want to address, please describe.