

## 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 [Cohort 9 Application Form](#) by **March 15, 2024**.

\*Required

| Applicant Details   |
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| 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?*   |
| <p>Select all that apply:</p> <ul style="list-style-type: none"> <li>• PQI Level 1 training (IHI Open School Q101, Q102, Q103 and Dr. Berwick's video)</li> <li>• PQI Level 2 training (Island Health 1-2 day PQI Fundamentals Training)</li> <li>• Physician Leadership Program (PLP) at the Sauder School of Business</li> <li>• None of the above</li> <li>• Other:</li> </ul> |
| 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?*  |
| <p>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.</p> <p><b>Tip:</b> Outline what the <b>issue</b> is, who it involves, where it occurs, and what impact it has.</p>                          |
| 15. How do you know that this is a problem or gap in care?*   |
| <p>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?</p> <p>Application Selection Criteria include:</p> <ul style="list-style-type: none"> <li>• Does the applicant describe potential to improve healthcare quality in a measurable way?</li> </ul>           |

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| <p>16. Why is this problem or gap in care important to your patients and/or your area of work?*</p> <p>Applicant Selection Criteria include:</p> <ul style="list-style-type: none"> <li>Is there a focus on improving dimension(s) of quality from a systems' perspective (as per the <a href="#">BC Health Quality Matrix</a>)?</li> </ul>  |
| <p>17. List all team members or key partners who could help you address this gap in care.*</p> <p>Applicant Selection Criteria include:</p> <ul style="list-style-type: none"> <li>What is the aptitude for building and participating in teams?</li> </ul>  |
| <p><b>Sponsorship and Alignment</b></p> <p><i>We require that each QI project has at least one specific <b>operational leader</b> who specifically supports or 'sponsors' the project.</i></p> <ul style="list-style-type: none"> <li><i>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.</i></li> </ul> <p><b>In a community clinic or individual practice</b>, this is usually an Office Manager or other similar role.</p>  |
| <p>Who have you identified as your operational leader/sponsor?</p>   |
| <p>18. Full name*</p>  |
| <p>19. Email</p>   |
| <p>20. Position/Role</p>   |
| <p>21. Describe your connection or level of engagement with this operational leader/sponsor.*</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <li>I haven't ever been in contact with this person</li> <li>I have been in contact with this person prior to my interest in PQI</li> <li>I have had a conversation with this person about my interest in leading a QI project in the area they support</li> <li>I am not sure this is the right operational leader/sponsor for this QI project and need some direction</li> <li>Other:</li> </ul>  |
| <p><i>We require that each QI project has at least one specific <b>senior leader/executive</b> who specifically supports or 'sponsors' the project.</i></p> <ul style="list-style-type: none"> <li><i>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.</i></li> </ul> <p><b>In a community clinic or individual practice</b>, 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.</p> |
| <p>Who have you identified as your senior leader/executive sponsor?</p>  |
| <p>22. Full name*</p>  |
| <p>23. Email</p>   |

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| 24. Position/Role  |
| 25. Describe your connection or level of engagement with this operational leader/sponsor.*<br>Select all that apply: <ul style="list-style-type: none"><li>• I haven't ever been in contact with this person</li><li>• I have been in contact with this person prior to my interest in PQI</li><li>• I have had a conversation with this person about my interest in leading a QI project in the area they support</li><li>• I am not sure this is the right operational leader/sponsor for this QI project and need some direction</li><li>• Other:</li></ul> |
| <b>Other</b>   |
| 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.  |