

Topic Selection Form for Quality Improvement Project

Part A Student details

Names _____

Hospital _____ Contact email _____

We confirm that we will adhere to University and DHB policies around patient confidentiality and privacy. Any data saved on student hard drives or data sticks will be protected for the duration of the project and deleted at the end of the project.

Signatures

Date

Part B Project details

Audit topic/question _____

The Standard _____

Sample size _____

Variables _____

Inclusion criteria _____

Exclusion criteria _____

Part C Clinical Supervisor details

Name _____

Email _____

Please submit form to your Supervisor by first Friday of the attachment. Visit the CECIL 'O & G attachment' page to access resources to assist you to complete your project

FOR SUPERVISOR USE ONLY

- I confirm this topic would be suitable and appropriate for the QI project
- This topic would be suitable and appropriate with the following modifications:
 -
 -
 -

Name

Signature

Date

Please return completed form to student by Tuesday of second week of attachment