PQI Cohort Training Application Form

**Cohort 7: September 2022 – October 2023**

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| **Application Steps:** | | | | | | | | | |
| 1. Complete application form. 2. Identify an Executive Sponsor who has operational oversight in the area you would like to focus on and book a meeting to complete Appendix A. 3. Submit completed application package to [**PQI@islandhealth.ca**](mailto:PQI@islandhealth.ca) **by 4PM on May 6th, 2022.** 4. You will receive a confirmation email that your package has been received within one business day and be scheduled for a 30 minute interview the week of May 16th-19th. | | | | | | | | | |
| **If you are offered a position with PQI Cohort 7:** | | | | | | | | | |
| 1. You will receive notification **June 13th, 2022**. You must either accept or decline your slot by **June 17th, 2022** by following a link included in your email. You may not defer your position to the following Cohort. 2. Declined positions will be offered to the next candidate on the ranked waitlist. Please continue to check your email regularly for the months of June and July 2022 as you may be offered a deferred position. | | | | | | | | | |
| **How will Cohort 7 Learners be selected?** | | | | | | | | | | |
| **Step 1:**  **Applicant Interviews**  ***May 16-19, 2022*** | Admissions Committee members will conduct short interviews with top applicants to answer remaining questions and assess suitability for the program. Results will be used to adjust the application rankings within a 10% range. | | | | | | | | | |
| **Step 2:**  **Applicant Selection**  ***Week of June 6th, 2022*** | An interdisciplinary Admissions Committee consisting of patients, Island Health administrators, Specialist Services representatives, clinically active physicians and PQI Program staff will select final applicants based on the following criteria  Applicant (70% weight). Considerations include:   * Does the applicant demonstrate a passion and mindset that would contribute to a successful learning experience? * Is there a focus on engaging and empowering patients as part of the application? * Is there a demonstrated interest in learning about and applying Quality Improvement science to address a gap in care? * What is the aptitude for building and participating in teams? * Does the applicant bring a unique or diverse perspective to the program?   Area of Interest (30% weight). Considerations include:   * Does the applicant describe potential to improve healthcare quality in a measurable way? * Is there a focus on improving dimension(s) of quality from a systems’ perspective (as per the BC Health Quality Matrix: <https://bcpsqc.ca/resource/bc-health-quality-matrix/>)? * What is the level of readiness in the program area or clinical context for a QI project?   Applicants should anticipate that Admission Committee members will contact listed project sponsors and staff in relevant program areas to assess capacity.  Top ranked 18 applicants will receive an offer to participate in the program **June 13th, 2022.** Applicants must provide their decision to accept or decline via digital form by **June 17th, 2022**. In the event that an applicant declines the slot, the opportunity will be given to the next person on the ranked list. | | | | | | | | | |
| **Application Form:** | | | | | | | | | | |
| **Applicant details:** | | | | | | | | | | |
| Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Primary Email: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Secondary Email: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Assistant’s Email (if applicable) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Contact Number: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Facility: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Department or Division: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Date of Application: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Designation: | | Specialist |  | FP |  | NP |  | Midwife |  | |

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| **Co-applicant details: (if applicable)** | | | | | | | | |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Primary Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Secondary Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Assistant’s Email (if applicable) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Contact Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Facility: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Department or Division: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date of Application: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Designation: | Specialist |  | FP |  | NP |  | Midwife |  |

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| What (if any) previous quality improvement experience and/or formal training do you have? | | | | | |
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| **Expectations:** | | | | | |
| 1. What are your top 3 reasons for applying to the PQI Program? | | | | | |
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| 1. How might you incorporate QI into your clinical work or future career plans? | | | | | |
| **Quality Problem** | | | | | |
| 1. What is the quality problem/gap in care you have identified in your system that you would like to address? | | | | | |
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| 1. Why is this problem important to your patients and/or your area of work? | | | | | |
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| 1. Do you have any interested team members or stakeholders who may be supportive or interested in helping you address this gap in care through a quality improvement learning project? | | | | | |
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| **Your Commitment:** | | | | | |
| * Commit to spending 15 hours per month on PQI * Complete all required pre-reading and participate in all Cohort workshops (*see Program at a Glance)* * Work on a small QI project of your choosing to practice the QI Methodology, sponsored by your Island Health medical and administrative leaders * Champion QI within your department and share your knowledge and tools with your colleagues * Keep your sponsors aware of your progress * Work in partnership with operational and front-line teams to use QI tools to address the gap in care you identify together * Provide regular reporting of your project status including monthly reports to the PQI team and project sponsors * Complete a QI project and produce a poster suitable for submission to BC Patient Safety & Quality Council (BCPSQC) Quality Forum * Contribute to ongoing program improvement through internal and external evaluation * Complete a project summary document | | | | | |
| **Is this something you can commit to?** | | | | | |
| Yes |  | No |  | |  |
|  |  |  |  | |  |
| Do you currently hold a formal medical leadership role with Island Health? If yes, please describe. | | | | | |
| Yes |  | No |  | |  |
|  | | | | | |
| PQI works with several 2nd year medical students each year. Are you interested in involving a student in your project work? | | | | | |
| Yes | No | | |  | |  |  |

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| **Other Funding Sources** | | | | |
| Are you receiving other funding related to your improvement idea? If yes, please describe. | | | | |
| Yes |  | No |  |  |

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| **Appendix A: PQI Sponsorship and Strategic Alignment** | | | | | | | | | |
| All applicants are required to find an Executive Sponsor[[1]](#footnote-1) that oversees the proposed area of focus. This is to help identify any strategic alignment the PQI project may have with existing Island Health priorities, and to ensure the PQI learner has support to engage with Island Health staff as part of their project team.  For a project to be successful it is also important to identify an Operations Sponsor. This sponsor is typically the person who is directly accountable for the staff you need to involve in the project e.g. Director, Manager etc. (If the project is within a private practice the physician may be the Operations Sponsor).  Please work with your Executive and Operations Sponsors to complete this form. | | | | | | | | | |
| **Executive Sponsor - Alignment and Strategic Importance:** | | | | | | | | | |
| Does the proposed improvement idea align with operational priorities? (if yes, please identify priority) | | | | | | | | | |
| Yes | No | |  |  |  | | | | | |
| Does the proposed improvement idea align with the strategic priorities of Island Health? If yes, please identify specific priority | | | | | | | | | |
| Yes | No | | | | | |  | | |
| As part of the PQI education program, the applicant will form a local QI team to work on their improvement idea Do you anticipate any organizational or local barriers to be addressed for the project to be successful? If yes, please describe | | | | | | | | | |
| Yes | No | | | | | |  |  |  |
| **Executive Sponsor for PQI:** | | | | | | | | | |
| Name: | |  | | | | | | | |  | |
| Email: | |  | | | | | | | |  | |
| Phone: | |  | | | | | | | |  | |
| Position/Role: | |  | | | | | | | |  | |
| Has your Executive Sponsor approved this project? | | | | | | Yes No | | | |
| **Operations Sponsor - Alignment and Strategic Importance:**   |  | | --- | | Does the proposed improvement idea align with operational priorities? (if yes, please identify priority) |   **Yes No**   |  | | --- | | Does the proposed improvement idea align with the strategic priorities of Island Health? If yes, please identify specific priority. |   **Yes No**   |  | | --- | | As part of the PQI education program the applicant will form a local QI team to work on their improvement project. Do you anticipate any organizational or local barriers to be addressed for the project to be successful? If yes, please describe. |   **Yes No**  **Operations Sponsor for PQI :** | | | | | | | | | |
| Name: |  | | | | | | | | |
| Email: |  | | | | | | | | |
| Phone: |  | | | | | | | | |
| Position/Role: |  | | | | | | | | |
| Has your Operations Sponsor approved this project? Yes No | | | | | | | | | |

1. Executive Sponsors are individuals well positioned to help ensure your PQI experience is successful. This can include, but is not limited to, Executive Directors, Executive Medical Directors, Corporate Directors, Division Heads and Division of Family Practice. [↑](#footnote-ref-1)