

EXHIBIT D: Approval and Verification:

SPECIAL PROJECTS/ IN-SERVICES/ COURSES INSTRUCTOR/ CLASSROOM TEACHER

Name of Applicant: _____

Core/Elective #/Council: _____

Title/Objective: _____

In-service: A B C D

Number of peers in-serviced: _____

Special Project Instructor Course Journal Club Classroom Teacher Course

Manager/TL/EE&D signature: _____ Date: _____

Council Liaison/Chair signature: _____ Date: _____

Elective(s) Written Description: _____

For Elective 8: provide in comments section above an action plan which includes: a written description of the identified safety risk, action taken to ensure safety, and outcomes from the initiative.

For Elective 10: provide in comments section above for: **PARTICIPANT** applicant - team effort

- Attended 75% of meeting attendance required in order to receive credit.
- What was the recommendations for improvements
- How did participant assist with implementation of improvements

For Elective 10: QI project – LEAD applicant - Exhibit D plus a separate typed written document detailing the requirements below:

- Identification of a problem or opportunity for improvement through use of tools and techniques, i.e. medical records review, data collection, brainstorming, root cause analysis, and clinical inquiries.
- Data collection, analyze, and evaluate the data
- What was the recommendations for improvement
- What was the process of Implementation
- Document how patient was positively impacted
- Monitor and evaluate the new process