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:
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_________________________________________________________________________________

Name ___________________________ Signature ___________________________ Date

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