**MEDICAL LEADERSHIP DEVELOPMENT TOOL**

**PROJECT BASED DISCUSSION - FORM 1**

The Project Based Discussion Medical Leadership Development Tool comes in two parts and has been designed to help you develop the process of planning and setting up your project (Form 1) as well as reviewing project implementation (Form 2).

This form has been designed to help guide and develop the initial planning phase of your project. The tool focuses on the following key areas:

* Defining your project – aims, objectives and what is/is not included in the project
* Outlining the need for the project
* Identifying what resources are required
* Identifying potential constraints (e.g. risk, issues with identified resources, external factors)
* Establishing measurable outcomes
* Planning for the evaluation at the outset
* Pulling all the information into an outline plan

**How to use the form:**

You can use the form as a checklist for reflection on your own performance. Alternatively, and in addition to your own reflections, you could ask a colleague or supervisor to feed back to you and have a discussion on your reflections. You can use this tool many times to continually develop your project planning skills.

**Notes for Assessor giving feedback:**

* This tool is best used for discussion AFTER the doctor has had sufficient time to plan the project but before project implementation
* Use the comment boxes to write down your comments (particular reference to what was done well and what could be improved upon in the future would be useful)

Other Project Planning Tools can be found at: <http://www.businessballs.com/project.htm#project-management-tools>

**MEDICAL LEADERSHIP DEVELOPMENT TOOL**

**PROJECT BASED DISCUSSION - FORM 1**

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| **Date of Assessment:** |
| **Name of Doctor:** | **Name of Assessor:** |
| **Host organisation/department for project:** | |
| **Project Title:** | |

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| **What is the project about?** i.e. project definition, aims and objectives |
| **Why is the project important to clinical practice?** i.e. impact on patient care, links to strategy |
| **What resources are needed?** i.e. timescales, budget, specific skill sets |
| **What potential constraints have been identified?** i.e. risk, time, skills, budget, external factors |
| **What do you expect to achieve once the project is completed?** i.e. measurable outcomes |
| **What do you plan to include in the project evaluation?** i.e. how do you establish you have achieved what you set out to? |
| **What is the project plan?** i.e. timelines, key milestones, reporting arrangements etc. |

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| **Overall assessment of initial planning phase and suggestions for improvement/action points:** |

**Assessor name:** **Signature:** **Date:**

**Doctor name:** **Signature:** **Date:**

**MEDICAL LEADERSHIP DEVELOPMENT TOOL**

**PROJECT BASED DISCUSSION - FORM 2**

The Project Based Discussion Medical Leadership Development Tool comes in two parts and has been designed to help you develop the process of planning and setting up your project (Form 1) as well as reviewing project implementation (Form 2).

This form has been designed to develop and help guide the review of project implementation.

**How to use the form:**

You can use the form as a checklist for reflection on your own performance. Alternatively, and in addition to your own reflections, you could ask a colleague or supervisor to feed back to you and have a discussion on your reflections. You can use this tool many times to continually develop your project planning skills.

**Notes for Assessor giving feedback:**

* This tool is best used for discussion AFTER the doctor has had sufficient time to plan the project but before project implementation
* Use the comment boxes to write down your comments (particular reference to what was done well and what could be improved upon in the future would be useful)

**MEDICAL LEADERSHIP DEVELOPMENT TOOL**

**PROJECT BASED DISCUSSION - FORM 2**

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| **Date of Assessment:** |
| **Name of Doctor:** | **Name of Assessor:** |
| **Host organisation/department for project:** | |
| **Project Title:** | |

**Please tick the appropriate boxes or mark N/A if not applicable**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Needs**  **further development** | **Achieved** | **Comments** |
| **1. Planning of project (see Form 1)** |  |  |  |
| **2. Use of data collection methodology** |  |  |  |
| **3. Data analysis** |  |  |  |
| **4. Use of resources** |  |  |  |
| **5. Use of communication** |  |  |  |
| **6. Risk identification/management** |  |  |  |
| **7. Validity of recommendations** |  |  |  |
| **8. Dissemination of final outcomes**  (Report/Presentation) |  |  |  |
| **9. Implementation of recommendations** |  |  |  |
| **10. Identification of future actions/challenges** |  |  |  |
| **11. Post project review/evaluation** |  |  |  |
| **12. Project handover (if necessary)** |  |  |  |

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| **Please note any particular aspects which were especially good:** |

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| **Please note anything which could be done differently next time:** |

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| **Overall assessment of the project implementation phase and suggestions for improvement/action points:** |

**Assessor name:       Signature:       Date:**

**Doctor name:       Signature:       Date:**