

BWH CENTER FOR NURSING EXCELLENCE

INDIVIDUAL ACTIVITY QUALITY IMPROVEMENT TOOL

A summative evaluation report is shared with the Nurse Planner by the Center for Nursing Excellence. Following review of the report, the Nurse Planner completes this Quality Improvement Tool and returns it for inclusion in the program files at the Center for Nursing Excellence.

Activity	Title:	
Program #:		
Dates Given if Faculty Directed:		
Period of Time if independent study:		
Source of Information:		Personal Observation Review of Evaluations
1.	. Were the objectives met? Yes No If no, please describe	
2.	For faculty directed (live) activities, was/were the faculty effective? Yes No If no, please describe	
3.	Was there evidence of bias in the activity based on your observation or the learner evaluations? Yes No If yes, please describe what happened and how this will be prevented in the future.	
4.	Were any changes needed? Yes No If yes, please describe:	
5.	Did this activity help fill the gap you identified in planning? Yes No If no, please describe why not, and how this will be prevented in the future.	
6.	What difference did this activity make in patient outcomes or nursing professional development?	
Nurse Planner Recommendation : Continue activity End activity Revise activity		
Signature of nurse planner: Date:		
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Accreditation.