## Reflective Template: Quality Improvement Activity (QIA)

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| This reflective template has been designed to use with SOAR (Scottish Online Appraisal Resource). On completion, please upload this to SOAR for submitting to your appraisal to share with your appraiser. | 3-step guide to completing this form:   1. **Save this form** (using “Save As”) to your computer (e.g. My Documents, Desk top), and **rename the file** (e.g. QIA Reflection 2021) 2. Proceed to filling out the form - when finished, **Save** and **Close** the document. 3. **Login to SOAR and Upload** this file from where you had saved it (from step 1) to your current appraisal. |

*The boxes will expand automatically as you type into them.*

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[This example was first submitted in 2013.]

**What supporting information have you provided for your QIA?**

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| The “Consensus Document” v4 (released in October 2012). |

**What strengths or achievements does it demonstrate?**

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| It demonstrates the value of constructive dialogue and debate using the framework of the Scottish Cancer Networks to review available evidence and subsequently agree a change of practice in relation to breast cancer patients with a positive sentinel node biopsy. The process broke down barriers and at the end of the process we had agreed what could be done and what needed to be done in the future when further evidence becomes available.  The exercise has generated a spirit of understanding and mutual trust amongst colleagues and has built confidence in using this approach for other areas of clinical practice. That process was evident both within the region and among different regions. In both the more local and the wider geographical settings we encountered and shared a range of approaches to practise in this area and the exercise helped to encourage openness in discussions about possible change. |

**Did you encounter any difficulties in this process?**

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| Initially there were anxieties amongst some colleagues about changes but they were resolved by open dialogue and also the use of small-group local meetings. We used a combination of two “big” meetings five months apart with videoconferencing to start and end the process and a series of small-group teleconferences, e mail circulations of an evolving draft of the “Consensus Document” and also local meetings where local policy could be agreed in the context of the proposed national direction of travel. |

**Have you been able to make any changes as a result of undertaking this activity?**

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| We have agreed across Scotland:   1. Not to treat further patients with “low risk” axillary node micrometastases 2. Normally to treat patients with lower risk macrometastases with axillary radiotherapy; and 3. Normally to treat patients with higher risk macrometastases with axillary clearance.   Furthermore there is agreement to enter patients into the proposed POSNOC trial which explores some of the doubts currently in this area of practice and also to try and set up a registration scheme for these patients in Scotland. |

**What have you learned from undertaking this activity?**

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| How to approach an area where clinical practice varies from place to place and where evidence suggests that practice should be reviewed. |

**Is there anything else that you would like to/ need to do to follow it up?**

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| Ideally, we should have a further e mail round or networked meeting to ensure that the changes that we agreed have been put into practice. |