# Reflection Template - DATA COLLECTION / AUDIT

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| Name of doctor:  |  | GMC No: |  |
| Date: |  |

*The boxes below expand automatically as you type.*

### Measurement / Audit title:

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**Reason for choice of measurement / audit:**

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### Date(s) of data collection / audit:

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### Audit findings:

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### Learning outcome and changes made; New audit target:

*Consider how your outcome will improve patient care.*

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### Audit findings after change implementation (if applicable):

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### Final overall reflections and learning:

*Consider how your outcome improved patient care.*

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