

Cardiometabolic Fellowship Project Form

Your name	PCN
Practice	Borough

Preparation

Clinical area
AF, hypertension, lipids, CKD, Diabetes, Mental Health
Problem statement
What are you trying to address

Target group
Who is your specific population for this project (e.g. from UCLP searches)
Baseline data
What will you be using to measure your project / what your starting data is

SMART aim
Specific, measurable, achievable, realistic, timely

Implementation

Stakeholder mapping think about who else needs to be involved in your project

Who	Why	How	When

Plan

What is the best way to deliver the change? What will you do to deliver this project? When will you do these?

Progress of the Project

Time period	Metric:	Metric:	Reflections and actions
Month 1			
Month 2			
Month 3			
Month 4			
Final			

Learnings from the project - Challenges / barriers faced

What was difficult and how did you try to overcome this?

Learnings from the project - Successes

What worked well and why?

Summary of the results

What happened because of the project - both the data and other changes

How will the change be sustained

Will you continue to deliver the project or work in a new way? If so what will help you to continue this?
If not, tell us more about this and if anything would help.

Patient or stakeholder story or feedback

Please share a story of the impact on patients, and / or share any feedback you received from patients or stakeholders

Review (Project Wrap Up)