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| **University of Louisiana at Monroe**  **College of Pharmacy** | **Policy and Procedure Manual** | ***Pharmacy Care Lab***  ***Office of Experiential Education*** |
| Policy Section: Pharmacy Integrated Lab Sequences | | Issued by:  Date: |
| Policy Number and Title: 2. Integrated Lab Sequence -Continued Quality Improvement (CQI) Forms | | Approved by:  Date: |
| Effective Date: | | Revision Date (s): 7/20/11 |

1. POLICY

Upon completion of each weekly lab, the laboratory liaison and the faculty member will complete an Integrated Lab Sequence - Continuous Quality Improvement (ILS-CQI) form. The ILS – CQI form is designed to assist the lab faculty in documenting successes and failures that occurred in preparation for and during each weekly lab and in planning for future labs.

1. PURPOSE

This policy was developed to introduce the ILS-CQI form to the College of Pharmacy faculty, and describe how the ILS - CQI form will be used by the laboratory faculty to improve or strengthen current and future integrated lab courses.

1. PROCEDURE

Filling out The ILS – CQI Form

1. Upon completion of each weekly lab, the laboratory liaison and the faculty member will either each complete the attached ILS-CQI form or complete one together. The form should be completed no later than two weeks after the completion of a lab. The intent of the ILS – CQI form is to help the lab liaison and the faculty member improve future integrated laboratory classes and strengthen the ULM College of Pharmacy curriculum.
2. Once the ILS – CQI form has been completed, a copy will be retained by the Care Lab faculty for future use. A copy will also be sent to Dr. Connie Smith, Director of Experiential Education.
3. Dr. Connie Smith will forward the ILS - CQI forms to the respective department heads for review, if needed.

Integrated Lab Sequence - TEMPLATE

Retrospective Class Review – Continuous Quality Improvement

|  |  |
| --- | --- |
| Lab Dates |  |
| Professor of Record |  |
| Topic |  |
| Subject Matter pertaining to topic |  |
|  |  |
| What worked well in this lab? |  |
| What did **not** work well in this lab? |  |
| What could be improved for next year? |  |
| Student Comments/ Perception of Lab |  |

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_