Clinical Physiologists Registration Board

Continuing Professional Development Documentation Form

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| Name of activity | ANZDATA Quality workshop Virtual | | |
| Date of activity | 2/4/2022 | | |
| Type of activity | Group A –  workplace learning | **Group B –**  **structured learning** | Group C –  self-directed learning |

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| Describe activity  (Case presentation, article review, poster presentation, conference presentation, teaching session, etc…) |
| Attended ANZDATA Inaugural Quality Care Workshop: Inaugural workshop to discuss quality indicators and quality improvement projects for more optimal kidney care. |

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| What did you learn |
| This workshop was interactive forum to discussed the new ANZDATA Quality Indicator Report, aspects of variation in nephrology care across Australia and Aotearoa New Zealand, and related quality care implementation projects and opportunities.  The workshop has arisen from ANZSN member feedback to maximise the benefits of the ANZDATA quality indicator reports and assist health services in identifying opportunities and implementing quality improvement in their units. This presented an unique opportunity for Department Heads and key stakeholders from across Australia and Aotearoa New Zealand to come together to discuss, network and collaborate on quality improvement in kidney care to promote optimal kidney health for all people. |

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| How will you apply this to your practice |
| The ANZDATA Quality Indicator report which is something they will be developing and will be beneficial to compare and reports across other units to benchmark  • Quality improvement opportunities, highlighting projects from around Australia and Aotearoa New Zealand  • Potential new quality indicators for reporting and identifying improvement opportunities. We already involved in entering patient data to the ANZDATA registry, this will be an extension to that set standards and indicators for renal patient outcomes. |

For any activity EITHER obtain signoff, OR attach evidence.

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| I verify this activity as being valid for CPD purposes  Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Evidence attached relating to this activity:**  **E learning certificate** |