



TAME

Training Against Medical Error

561583-EPP-1-2015-1-KZ-EPPKA2-CBHE-JP



D4.1 Quality Assurance and Quality Control Plan

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1. Introduction

This Quality Assurance and Quality Control document is intended to be a practical document, a set of guides and instructions to enable the project team to quickly identify the correct formats, processes and procedures to ensure the project achieves the overall standards necessary for completion of its objectives.

The document does not contain a philosophical discussion of quality, and it is intended to be used easily by those with basic English. Where possible it uses tables. Monitoring procedures are aligned with the agreed responsibilities of team members in the various project activities and outputs and adequate quality is ensured by those monitoring processes e.g. activities within a deliverable are monitored and signed off by the deliverable owner, deliverables are reviewed by the work package leader with final sign-off by an independent deliverable leader, work packages are reviewed and signed-off by the coordinator. Actions of the coordinator are reviewed by the Project Steering Group.

This document contains three main sections

- (i) The management, organisational processes and structure of the project, including the acceptability of the direction of the Quality Control team. It defines the general coordination, monitoring, and control mechanisms of the project and is quality assured externally by the Project Advisory Group.
- (ii) The in-Process and internal quality processes which describes how everything should be done within the project: it sets out guidelines, procedures, practices and structures to assure quality, and addresses the principles of best practice.
- (iii) Appraisal methods for Quality Control of all activities, deliverables and outputs

The Quality Control Plan is intended as a reference material for the project participants, as well as a management tool for the project coordinator.

2. Quality assurance

Quality assurance comprises administrative and procedural activities implemented in a quality system. This section outlines the Quality of management systems, procedures, and quality assessments, which need to be assured by external review; this is an assessment independent of the management quality team, to check that the quality of the management processes is acceptable, and that the quality control team is acting according to accepted standards. This assessment can be carried out by the Advisory Board.



2.1. Management and Coordination Structure

2.1.1. Project Coordinator (PCO)

KSMU is project coordinator (PCO) and leads the overall management of the project (WP6), coordinates communication with the EC, performs financial management by forwarding funds to partners, controls execution of the project including monitoring of costs, deadlines etc, ensures timely preparation of deliverables and prepares official reports. There will be an emphasis on overall integration between the workpackages. Major decisions will take place with all partners, with formal meetings called by KSMU at regular intervals. Risk management and conflict resolution will be addressed with the Project Steering Committee when necessary.

2.1.2. Project Steering Committee (PSG)

This is the highest level management body and will be constituted by one representative from each beneficiary, appointed at the beginning of the project. It will be chaired by the PCO. The PSG is responsible for all high-level decisions, and will perform risk management and conflict resolution when necessary. It will take decisions with respect to identifying key constraints and implementing actions to maintain or change task timescales when needed, and any proposal of change to the overall control of the project or changes to the technical programme, financial matters, project performance, resources or exploitation of results. It will also be crucial in ensuring that there is proper integration of activities, and consider exploitation needs of partners. It will meet face-to-face at least every 6 months.

Steering Group

The following table includes information about the person representing the steering group of each institution. For information regarding the institutions' abbreviations you may see table 6.

Table 1: Steering group

	Name	Institution
1.	Sholpan Kaliyeva	KSMU
2.	Trupti Jivram	SGUL
3.	Natalia Stathakarou	KI
4.	Daniel Schwarz	MU
5.	Panagiotis Bamidis	AUTH
6.	Liliya Bilan	AMU
7.	Olga Cherkovska	ZSMU
8.	Nataliia Bogutska	BSMU
9.	Thanh Cao Ngoc	HMU
10.	Vo Tam	HUMP

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2.1.3. Work Package leaders' responsibilities

As both a strategic decision and upskilling exercise, WP leadership will be distributed among EU Partners, to maximise the value of their project experiences, and specific skills. They will report to the coordinator, oversee WP objectives, ensure that deliverables are achieved and obstacles overcome. Each WP Leader is also responsible for resolving WP internal problems and reporting to the PC.

Table 2: WP leaders

Work Package	WP Lead
WP1 Curriculum modification	P2 SGUL
WP2 Modification, implementation of paediatric cases	P3 KI
WP3 Development, implementation new cases	P3 ZSMU
WP4 Evaluation, QC	P4 MU
WP5. Dissemination	P5 AUTH
WP6. Project management	P1 KSMU

2.1.4. Deliverable leaders' responsibilities

Deliverable Leaders will be chosen from the consortium based on their experiences and skills. They will be responsible for delivering the project activities, and preparing deliverable reports in a timely fashion. They will report to the WP leads on the progress of each deliverable. These have been appointed at the kick off meeting.

Table 3: WP leaders and deliverable leaders

WP	WP Lead	Deliverable	Deliverable Lead
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WP1 Curriculum modification	P2 SGUL	D1.1 Curriculum plan	P8 AMU
		D1.2 Repurposed paediatric cases in English	P2 SGUL
		D1.3 Training Plan, staff trained	P1 KSMU
		D1.4 Documented assessment strategy	P2 SGUL
WP2 Modification, implementation of paediatric cases	P3 KI	D2.1 Paediatric cases modified	P8 AMU
		D2.2 Cases tested, implemented	P8 AMU
		D2.3 Assessment instruments	P10 HUMP
WP3 Development, implementation new cases	P3 ZSMU	D3.1 Training Plan, writing new cases, staff trained	P2 SGUL
		D3.2 New cases created	P9 HMU
		D3.3 Cases tested, implemented	P9 HMU
		D3.4 Assessment instruments	P10 HUMP
WP4 Evaluation, QC	P4 MU	D4.1 QC Plan	P3 KI
		D4.2 Evaluation Plan	P4 SGUL
		D4.3 QC Report	P6 ZSMU
		D4.4 Evaluation Report	P6 ZSMU
WP5. Dissemination	P5 AUTH	D5.1 Project website	P5 MU
		D5.2 Dissemination events	P7 BSMU
		D5.3 Publications	P1 AUTH
WP6. Project management	P1 KSMU	D6.1 Signed consortium agreement	P1 KSMU
		D6.2 Project management plans	P1 KSMU
		D6.3 Project reports	P1 KSMU

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2.1.5. Reporting Process

The deliverables shall be completed within the deadlines that are stated below; the deliverables' reports must be completed within two months of the completion of the deliverables, besides the ones that have as deadline the end of the project, 14-10-2018 (M12 Year 3) and the report shall have been completed until then 14-08-2018. In case of extension the project for three month the reporting dates will be until 20-12-2016. The final report for the EC for implementing the TAME project will be written by the deliverable leaders and the final review will be completed by the WP leaders.

Table 4: Deliverables, deadlines and reporting days

Deliverable	Deliverable Due to	Deliverable report
D1.1.	14-03-2016 (M5 Year 1)	14-05-2016 (M7 Year 1)
D1.2.	14-02-2016 (M4 Year 1)	14-04-2016 (M6 Year 1)
D1.3.	14-05-2016 (M7 Year 1)	14-07-2016 (M9 Year 1)
D1.4.	14-04-2016 (M6 Year 1)	14-06-2016 (M8 Year 1)
D2.1.	14-08-2016 (M10 Year 1)	14-10-2016 (M12 Year 1)
D2.2.	14-06-2018 (M8 Year 3)	14-08-2018 (M10 Year 3)
D2.3.	14-06-2018 (M8 Year 3)	14-08-2018 (M10 Year 3)
D3.1.	14-02-2017 (M4 Year 2)	14-04-2017 (M6 Year 2)
D3.2.	14-07-2017 (M9 Year 2)	14-09-2017 (M11 Year 2)
D3.3.	14-05-2018 (M7 Year 3)	14-07-2018 (M9 Year 3)
D3.4.	14-06-2018 (M8 Year 3)	14-08-2018 (M10 Year 3)
D4.1.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)
D4.2.	14-08-2018 (M10 Year 3)	14-10-2018 (M12 Year 3)
D4.3.	14-09-2018 (M11 Year 3)	14-10-2018 (M12 Year 3)
D4.4.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)
D5.1.	14-06-2016 (M8 Year 1)	14-08-2016 (M10 Year 1)
D5.2.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)
D5.3.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)

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D6.1.	14-01-2016 (M3 Year 1)	14-03-2016 (M5 Year 1)
D6.2.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)
D6.3.	14-10-2018 (M12 Year 3)	14-10-2018 (M12 Year 3)

2.1.6. Conflict Management

The role of the advisory group is primarily to provide advice on the solution of any potential conflicts and providing independent decisions in cases where partners cannot reach a common agreement. Its secondary activity is to provide external quality assurance of the structure of the project organization, as described in section 2 of this document. The advisory group consists of one representative from each beneficiary, and for this purpose, these are representatives without direct connection with the project.

Table 5: Advisory Group

Partner	Name	PCU
1	Anar Turmuhambetova	KSMU
2	Carywn Hooper	SGUL
3	Klas Karlgren	KI
4	Ladislav Dušek	MU
5	Anastasios Siountas	AUTH
6	Yermek Akhmetov	AMU
7	Natalia Pidkovych	ZSMU
8	Volodymyr Khodorovskyi	BSMU
9	Duc Hinh Nguyen	HMU
10	Thanh Cao Ngoc	HUMP



3. Quality control

The quality control plan:

- Identifies monitoring and controlling actions that will be conducted to control quality throughout the project's life.
- Defines how it will be determined that quality standards comply with the descriptions and activities in this document.
- Identifies owners of activities and project processes.
- Describes a range of generic formats for documentation, presentations, resources such as virtual patients, website structure and resource presentation
- Appraises the activities, deliverables and work packages for compliance with project plan.
- Considers these activities in the context of project lifecycle through Project Planning, Content planning, content creation, Training, Implementation, Going Live, Evaluation, Dissienantion and Sustainability

Broadly this section is divided into

- (i) those in-process quality or process checks which typically outline generic formats for the project,
- (ii) appraisal of those activities involved in deliverables, workpackages and activities

3.1. In-process quality or internal checks

Description of how everything should be done sets out guidelines, procedures and structures to assure quality, foster best practices and manage the project.

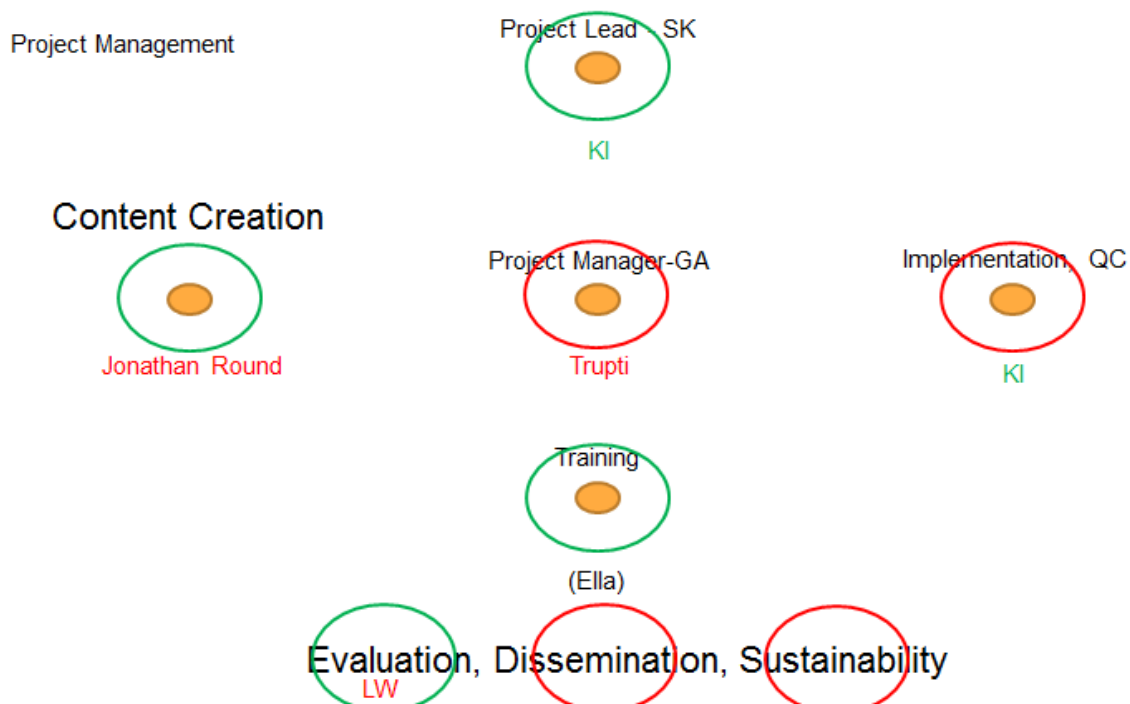
3.1.1. Project team structure

The following figure depicts the project team structure: KSMU is leading the overall management of the project and is on the project lead; SGUL and KI have strong reputation for curriculum development and educational development; SGUL and AUTH have significant experience in management of large medical education projects. This experience is already transferred to KSMU and is going to support the project meeting its aims. Jonathan Round (SGUL) as the Paediatric Intensive Care specialist is going to create the peadiatric cases, introduce medical error and support the partner countries in the content creation. Training for virtual patient cases implementation is going to be provided by Ella Iskrenko-Poulton (KSMU), a consultant in educational development and Problem-Based Learning Tutor-Trainer. The evaluation is going to be performed by Luke Woodham (SGUL), the Technical Projects Manager in the e-Learning Unit at SGUL. The partner institutions, are advised to follow this recommended structure and divide the roles accordingly.

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3.1.2. Participating institutions

Table 6: Organizational names, acronyms and members.

Partner number	Organisation name and acronym	Persons
P1	Karaganda State Medical University (KSMU)	Gulmira Abakassova
		Sholpan Kaliyeva
		Ella Poulton
		Alma Muratova
		Viktor Riklefs
P2	St George's University of London (SGUL)	Trupti Jivram
		Jonathan Round
		Aurora Sese
		Luke Woodham
P3	Karolinska Institutet Sweden (KI)	Klas Karlgren

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		Natalia Stathakarou
P4	Masaryk University (MU)	Daniel Schwarz
		Martin Komenda
		Ladislav Dušek
P5	Aristotle University of Thessaloniki (AUTH)	Panagiotis Bamidis
		Chariklia Chatzisevastou-Loukidou
P6	Zaporozhye State Medical University (ZSMU)	Olga Cherkovska
		Roman Sychov
		Olena Filatova
		Alona Pavlenko
		Ivan Iurchenko
P7	Bukovinian State Medical University (BSMU)	Koloskova Olena
		Bilous Tatyana
		Ortemenka Yevhenia
		Sazhyn Sergii
		Bogutska Nataliia
P8	Astana Medical University (AMU)	Syzdykova Ainura
		Bukeeva Zhanar
		Nurpeissova Riza
		Khamchiyev Kureish
		Bilan Liliya
P9	Hanoi Medical University (HMU)	Nguyen Duc Hinh
		Le Thi Huong
		Nguyen Thi Yen

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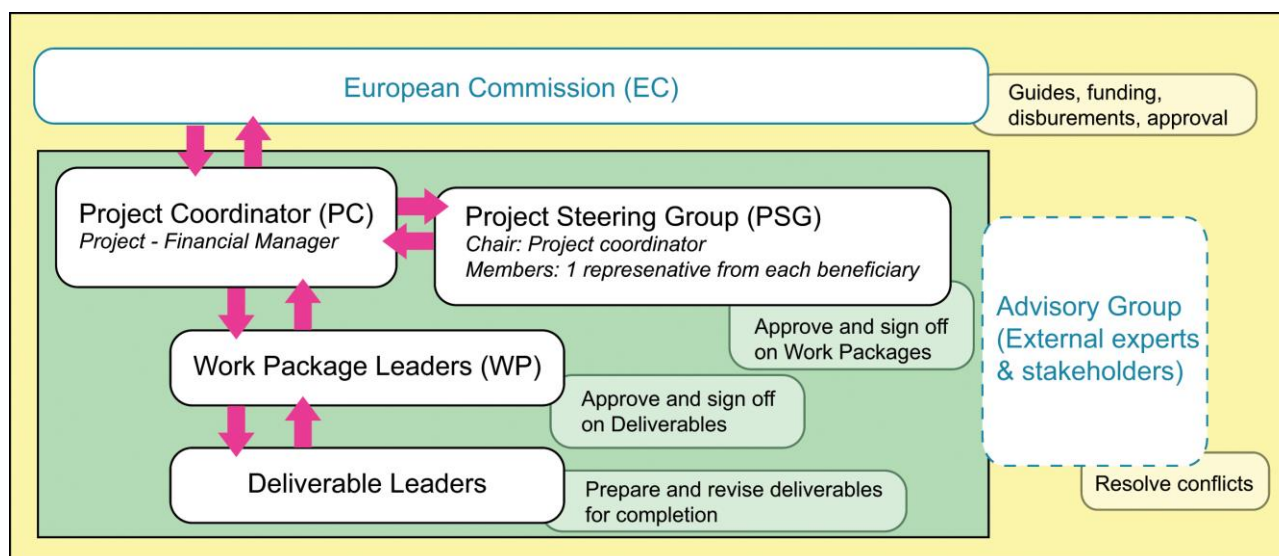


		Tran Xuan Bach
P10	Hue University of Medicine and Pharmacy (HUMP)	Nguyen Vu Quoc Huy
		Vo Van Thang
		Phan Hung Viet
		Nguyen Thi Cu
		Nguyen Van Hung

3.1.3. Collaboration mechanisms

3.1.3.1 Information flow

The project coordinator ensures the effective communication and management of the TAME project, by ensuring the establishment of the management scheme as depicted below:



The internal communication of TAME will include provision of convenient mechanisms for facilitating the free flow of information across partners and project sites as appropriate to the development of a coherently managed project.

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3.1.3.2 Table of communication systems

The following table presents the types of the meetings and communications that will take place during the project duration.

Table 7: communication and meetings

Communication Type	Medium	Objective of communication	Owner/ Leader	Audience	Freq.	Documentation
Kick-off meeting	Face to Face	Introduce project and project team. Review objectives and management approach. Begin preliminary training	KSMU/ SGUL		once	Meeting minutes
Project Team meetings online.	OmniJoin	Project status updates, Synchronous discussions	KSMU	All beneficiaries	2 per month	Meeting minutes
WP and deliverable meetings online	OmniJoin, Skype	Discussion, Co-development of activities, and review of outputs		WP leader, Deliverable leader, manageme	Weekly/bi-weekly during activity	Report to project meetings, both oral and written, Minutes taken

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				nt	period	
Daily text communication	Skype, email				On demand	
Shared electronic storage	Dropbox	File sharing, electronic storage				
Shared electronic storage, external communication - dissemination	TAME website	Dissemination, file sharing and storage	MU	public		
External communication	Conferences	Dissemination		All beneficiaries	On demand	Conference papers, journal papers, presentations

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3.1.4. Format Specifications

3.1.4.1 Document titles

All major formal document names must start by the project acronym TAME, followed by the type of document (AGD for agenda; MIN for minutes; PPT for presentation; Dxx for deliverable), if necessary including the partner name, and a version number e.g

TAME_D1.1_AMU_V1.docx

TAME_AGD kick off meeting_KSMU.docx

3.1.4.2 Deliverables

Deliverables will be constructed to the format of the template (see Appendix 5.1) provided by the coordinator and in accordance with Erasmus+ programme guidelines.

3.1.4.3 Text Documents

All text documents shall be saved in “.doc” or “.docx” format. This can be done either by using Microsoft Word 97-2003 or later versions. All documents edited by several persons should activate the reviewing /revision tool or at least highlight modified or new text segments. It is important that modifications are visible and the identity of the person who made the changes is known. The template can be found in the appendix of this document.

3.1.4.4 Presentations

It is recommended that All TAME-based presentations, (or individual slides in mixed presentations disseminating the TAME project), will carry the TAME and Erasmus+ logos (following the eu_emblem_rules_2012.pdf which can be found in the TAME website: <http://www.tame-project.org>), and where possible, use the TAME template (appendix 5.2). This should be prepared using Microsoft PowerPoint. OpenOffice and Keynote are discouraged because either can create local formatting issues, which can slow meeting proceedings. The guidelines

3.1.4.5 Tables

All tables shall be saved in “.xls” or “.xlsx” format, using Microsoft Excel 97-2003 or later versions.

3.1.4.6 Media

Images should either use the JPEG (.jpg) or the PNG (.png) format; for video, .mp4 or .mov or .avi

3.1.4.7 Website

The project website will be the first dissemination material to be produced, and will be the most widely used. It will be continuously updated with news and may include social networking aspects, including

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links/integration with Facebook and Twitter. English text will be maintained by AUTH, and each Programme Countries (PCU) will provide documentation in the respective Partner Countries (PC) languages. The project website will contain all project information which will be publicly or privately available. The website will play a key role in the dissemination of the project.

3.1.4.8 Social Media

Social media such as Facebook and LinkedIn will be used for the purpose of disseminating the project, establishing the network among the beneficiaries and facilitating the communication of the participants.

3.1.5. Abbreviations and terms.

Table 8: Abbreviations

Abbreviation	Term
PCO	Project Coordinator
PSG	Project Steering Group
PC	Partner Countries
PCU	Programme Countries

3.1.6. Literature references cited throughout other project documents, including deliverables.

Table 9: References

The references used in the final deliverables reports will be collected and managed by Karolinska Institutet. For this purpose the reference management system Mendeley (<https://www.mendeley.com>) will be used; the references might be provided from the other institutions by using Mendeley or tables in a word document.

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3.2. Appraisal methods for QC

The quality plan is based on a discriminatory rather than quantitative assessment model. The broad approach is to use the internal mechanisms of project management and organisation, quality assured by the Advisory Group, to ensure, (i) the activities are completed, (ii) deliverables produced, (iii) milestones achieved, in a manner that satisfies the requirements of the project as laid out in the description of work in the project proposal, and summarised in the project plan. As an interim external verification of project quality, the National Erasmus+ Offices (NEO) will be asked to verify that milestones have been reached, during the annual monitoring visits by the NEO. After project completion the Education, Audiovisual and Culture Executive Agency (EACEA) programme officers will review and confirm the acceptable quality of the project.

3.2.1. List of activities

Activities are designated as adequate quality by the deliverable leader who has the task of formulating and assembling the relevant deliverable:

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Ref.nr/ Sub-ref.nr	Title	Total duration(num- ber of weeks)	Start date	End date	Participants	Review
1.1.1	Analyse PC curricula and identify modules for teaching against medical error to fit paediatric cases	8	15.01.16	14.02.16	PCUs	
1.1.2	Identify and agree on subject area for new cases in each curriculum	8	15.01.16	14.02.16	PCUs	
1.2.1	Repurpose paediatric cases in English to teach against medical error	23	15.10.15	14.01.16	SGUL	
1.3.1	Review available resources to train staff, purchase necessary equipment and set up a Training Room in each PCU	17	15.11.15	14.03.16	PCUs	
1.3.2	To designate a training lead in each PCU, train the trainers at SGUL and train further staff locally	10	15.11.15	14.02.16	PCUs PIs	
1.4.1	Create assessment strategy of student performance based on defined learning outcomes	9	15.01.16	14.03.16	PCUs PIs	
2.1.1	Complete adaption of VPs exploring medical error in English	8	15.02.16	14.03.16	SGUL	
2.1.2	Translate paediatric cases to local languages	12	15.03.16	14.05.16	PCUs	

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2.1.3	Repurpose and adapt paediatric cases on medical error to local healthcare culture	8	15.04.16	14.05.16	PCUs PIs	
2.2.1	Test paediatric cases with staff and students	16	01.06.16	30.09.16	PCUs	
2.2.2	Modified paediatric cases in response to feedback from staff and students	15	15.07.16	14.05.18	PCUs	
2.2.3	Paediatric cases go live on appropriate devices	24	14.12.16	14.04.18	PCUs	
2.3.1	Creation of formative assessment instruments (MCQs/mini cases/VP cases) for student's performance to paediatric cases	24	15.10.16	14.12.17	PCUs PIs	
2.3.2	Creation of questionnaires for assessment of students attitude to paediatric cases	13	15.10.16	14.12.17	PCUs PIs	
2.3.3	Assess student's performance before and after exposure to paediatric cases	12	15.12.16	14.05.18	PCUs	
2.3.4	Survey of student's attitude to paediatric cases	12	15.12.16	14.05.18	PCUs	
3.1.2	Provide Internal Workshops for sharing experience between staff involved to pediatric cases and newly involved staff	4	15.10.16	14.11.16	PCUs	
3.1.3	Train newly involved staff to write cases to teach against medical error	7	15.11.16	14.01.17	PCUs	
3.2.1	Identify learning outcomes for new cases	6	15.12.16	14.01.17	PCUs PIs	
3.2.2	Creation of new cases according to identified learning outcomes	16	15.02.17	14.05.17	PCUs	

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3.2.3	Peer review of created new cases and modification	7	15.04.17	15.06.17	PCUs PIs	
3.3.1	Test cases with staff and students in each PCU	16	15.06.17	14.09.17	PCUs	
3.3.2	Modify cases in response to feedback	6	15.07.17	14.12.17	PCUs PIs	
3.3.3	New cases go live	20	15.12.17	14.04.18	PCUs	
3.4.1	Creation of formative assessment instruments (MCQs/mini cases/VP cases) for student's performance	8	15.10.17	14.01.18	PCUs PIs	
3.4.2	Creation of questionnaires for assessment of students' attitude	8	15.10.17	14.01.18	PCUs PIs	
3.4.3	Assess student's performance before and after exposure to cases	12	15.12.17	14.05.18	PCUs	
3.4.4	Survey of students' attitude to new cases	12	15.12.17	14.05.18	PCUs	
4.1.2	Quality assurance checks	12	15.03.16	14.09.18	PCUs PIs	
4.2.2	Collect evaluation data	30	15.06.16	14.07.18	PCUs PIs	
4.3.1	Construct quality report	6	15.08.16	14.08.18	PCUs PIs	
4.4.1	Data analysis	8	15.08.16	14.07.18	PCUs PIs	
4.4.2	Construct evaluation report	6	15.01.17	15.02.18	PCUs PIs	
5.2.1	Deliver internal workshops	12	15.10.16	14.07.18	PCUs	

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5.2.2	Present at medical education conferences and congresses	4	15.07.16	14.09.18	PCUs PIs	
5.3.1	Create report on publications	8	15.08.16	14.09.18	PCUs PIs	
6.1.1	Start-up phase kick off meeting	6	15.10.15	14.11.15	PCUs PIs	
6.1.2	Ensure consortium agreement signed by all partners	6	15.10.15	14.12.15	PCUs PIs	
6.2.1	Final project plans	12	15.10.15	14.12.15	PCUs PIs	
6.2.2	Project meetings	24	15.10.15	14.09.18	PCUs PIs	
6.2.3	Budget management	16	15.01.16	14.08.18	PCUs PIs	
6.3.1	Budget reports	4	15.03.16	14.09.18	PCUs PIs	
6.3.2	Project reports	8	15.08.16	14.09.18	PCUs PIs	

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3.2.2. List of deliverables

It is the responsibility of the deliverable leader to outline and assemble the deliverable. Where the deliverable requires similar contributions from either programme countries or partner countries, it is the responsibility of the deliverable leader to organise suitable meetings and activities.

Satisfactory deliverables are first signed off by the deliverable lead, and then by the leader of another work package, appointed by the PSG at the request of the PC. **Deliverable leads should include the final end date.**

Unsatisfactory deliverables are noted, reported by the reviewer to the deliverable lead, for amelioration, and then if needed, then to PC. If necessary the PC reports to the PSG to adjudge needs for further development.

WP	WP Lead	Deliverable	Deliverable Lead	Start Date	End Date	Sign off Deliverable lead	Sign off Reviewer
WP1 Curriculum modification Start Date: 15.10.2015 (M1, Year 1) End Date: 14.05.2016 (M6, Year 1)	P2 SGUL	D1.1 Curriculum plan	P8 AMU	15.10.2015 (M1 Year 1)	14.02.2016 (M5 Year 1)		
		D1.2 Repurposed paediatric cases in English	P2 SGUL		14.01.2016 (M4 Year 1)		
		D1.3 Training Plan, staff trained	P1 KSMU		14-05-2016 (M7 Year 1)		
		D1.4 Documented assessment strategy	P9 UKM		14-04-2016 (M6 Year 1)		

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WP2 Modification, implementation of paediatric cases Start Date: 15-02-2016 (M5 Year 1) End Date: 14-05-2018 (M8 Year 3)	P3 KI	D2.1 Paediatric cases modified	P8 AMU	15-02-2016 (M5 Year 1)	14-08-2016 (M10 Year 1)		
		D2.2 Cases tested, implemented	P8 AMU		14-06-2018 (M8 Year 3)		
		D2.3 Assessment instruments	P10 USIM		14-06-2018 (M8 Year 3)		
WP3 Development, implementation new cases Start Date: 15-08-2016 (M11 Year 1) End Date: 14-05-2018 (M8 Year 3)	P3 ZSMU	D3.1 Training Plan, writing new cases, staff trained	P2 SGUL	15-08-2016 (M11 Year 1)	14-02-2017 (M4 Year 2)		
		D3.2 New cases created	P9 UKM		14-07-2017 (M9 Year 2)		
		D3.3 Cases tested, implemented	P9 UKM		14-05-2018 (M7 Year 3)		
		D3.4 Assessment instruments	P10 USIM		14-06-2018 (M8 Year 3)		
WP4 Evaluation, QC Start Date: 15-12-2015 (M3 Year 1) End Date: 14-09-2018 (M12 Year 3)	P4 MU	D4.1 QC Plan	P3 KI	15-12-2015 (M3 Year 1)	14-10-2018 (M12 Year 3)		
		D4.2 Evaluation Plan	P4 SGUL		14-08-2018 (M10 Year 3)		
		D4.3 QC Report	P6 ZSMU		14-09-2018 (M11 Year 3)		

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		D4.4 Evaluation Report	P6 ZSMU		14-10-2018 (M12 Year 3)		
WP5. Dissemination Start Date: 15-01-2016 (M4 Year 1) End Date: 14-09-2018 (M12 Year 3)	P5 AUTH	D5.1 Project website	P5 MU	15-01-2016 (M4 Year 1)	14-06-2016 (M8 Year 1)		
		D5.2 Dissemination events	P7 BSMU		14-10-2018 (M12 Year 3)		
		D5.3 Publications	P1 AUTH		14-10-2018 (M12 Year 3)		
WP6. Project management Start Date: 15-10-2015 (M1 Year 1) End Date: 14-09-2018 (M12 Year 3)	P1 KSMU	D6.1 Signed consortium agreement	P1 KSMU	15-10-2015 (M1 Year 1)	14-01-2016 (M3 Year 1)		
		D6.2 Project management plans	P1 KSMU		14-10-2018 (M12 Year 3)		
		D6.3 Project reports	P1 KSMU		14-10-2018 (M12 Year 3)		

3.2.3. Performance Metrics

Indicators are signed off by the PSG as satisfactorily achieved, and any deviations from project plan, outputs or performance are noted. If necessary these deviations from plan are reported to the EC.

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Short term impact	Target groups/potential beneficiaries	Quantitative indicators	Signed off PSG	Qualitative indicators	Signed off PSG
New curriculum will be enforced by, and more targeted on Training Against Medical Error	Faculty of PCU	Modernized curricula in 6 PCUs		Training Against Medical Error is implemented and targeted by new MD curricula at PCUs	
Academic staff will be empowered in using new teaching methodologies, including use of VP cases, targeting medical error and delivering skills	Academic Staff and Students of MD Program at PCU	Academic staff uses at least 6 VP cases targeted at training against medical error during teaching			
Clinical reasoning outcomes to avoid medical error will be developed focusing on future practices based on patient	Students of MD Program at PCU			Improved outcomes in clinical reasoning (based on targeted assessment using MCQs) in students of MD Programs at PCUs	

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safety					
Academic staff will be empowered in developing, adaptation and writing of new VP cases targeting in training against medical error	PCUs Academic staff	Academic staff adapted at least 6 paediatric VP cases targeted on TAME Academic staff developed/wrote at least 6 new VP cases targeted on TAME in selected subject area			
Students will be satisfied with trainings, and their performance to avoid medical errors is enhanced	Students of MD Program at PCU	At least 60% of students show high satisfaction by TAME, provide positive feedback and own performance to avoid medical errors			
Active collaboration within created TAME project partners` network, sharing educational materials	TAME project partner institutions			Shared educational materials among members of TAME project partners` network	

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Long term impact	Target groups/potential beneficiaries	Quantitative indicators	Signed off PSG	Qualitative indicators	Signed off PSG
TAME outcomes will develop and implement educational culture based on patient safety through training against medical error using VPs that will be spread across undergraduate level of MD education through enhancing it on postgraduate training levels, as well as on continued professional development.	PCUs` undergraduate and postgraduate (including residency) programs` staff and students.	Implemented staff development plans at 6 PCUs focused on developing skills in modernization and adaptation of further modules/components of their own curricula.		Reports showing enhanced patient-doctor relationships, resolving barriers in full disclosure of medical errors in PCUs` undergraduate and postgraduate (including residency) programs` staff and students.	
TAME project will create network of Universities				Signed multi- and bilateral Memorandum of Understandings among, as	

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(institution), which will enforce sustainability of the project outcomes.				well as outside TAME partnership	
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3.2.4. List of milestones

Milestones are signed off as satisfactorily reached or achieved, first by the PC; any deviations from plan or projected achievement are noted, and reported the PSG for consideration. The secondary sign-off for the first 2 years of the project is by the NEO, Kazakhstan, during monitoring visits.

WP	Milestones	PC	Coordinator NEO Kazakhstan
WP1 Curriculum modification	1. Completed Curriculum modification plan The curriculum modification plan will demonstrate agreed subject areas for new cases and how paediatric cases will fit into each curricula. This plan will allocate partners to specific activities within the WP to prepare curricula to implement teaching against medical error.		
	2. Repurposed and tested paediatric cases in English. Repurposed paediatric cases will be fully prepared and tested with students. At this stage they are ready for further implementation in WP2.		
	3. Completed Assessment strategy Joint learning outcomes for the project will be defined by the partners. Based on the learning outcomes each PCU will create the strategy on how to assess the achievement of these outcomes by students after completing the cases.		
WP2 Modification, implementation of paediatric cases	1. Completion of set of paediatric VPs exploring medical error in English. SGUL will further improve and finalise the set of paediatric VPs after getting the feedback from PCUs and students participating in evaluation.		
	2. Translation of paediatric cases into local languages and adaptation to local healthcare systems Translated and adapted cases will be ready for implementation in each PCU. All PCUs will agree on the computer platform to deliver the cases and will fill it in with information.		

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	<p>3. Evaluation and implementation of paediatric cases within curricula PCUs will first evaluate the developed cases on a small number of students and staff members and modify them using the collected feedback. The cases will then be delivered to all students participating in the project.</p>		
	<p>4. Assessment of students' performance and attitudes after training The students' performance and attitudes after training will be assessed in each PCU using the developed instruments. SGUL, AUTH, KI and MU will assist PCUs in interpreting the results and making recommendations for the further use of the VP cases.</p>		
WP3 Development, implementation new cases	<p>1. Training of new faculty members to develop cases exploring medical error. SGUL and KI will provide guidance to PCUs in training the new faculty members. The new faculty will be trained and ready to develop new VP cases.</p>		
	<p>2. Development of new cases featuring medical error The newly developed cases will be ready for implementation in each PCU. All PCUs will fill in the computer platform to deliver the new cases.</p>		
	<p>3. Evaluation and implementation of new cases within curricula PCUs will first evaluate the developed cases on a small number of students and staff members and modify them using the collected feedback. The cases will then be delivered to all students participating in the project.</p>		
	<p>4. Assessment of students' performance and attitudes after training The students' performance and attitudes after training will be assessed in each PCU using the developed instruments. SGUL, AUTH and MU will assist PCUs in interpreting the results and making</p>		

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	recommendations for the further use of the VP cases.		
WP4 Evaluation, QC	<p>1. Construction of a detailed quality plan</p> <p>The quality plan will detail how the quality of the project will be monitored and the procedures to be put in place.</p>		
	<p>2. Quality assurance checks</p> <p>Quality assurance activities will be organised by the activity leads, including the tools to be used and when the checks will take place. Each partner will be responsible for submitting information and participating in quality assurance activities.</p>		
	<p>3. Construction of evaluation plan</p> <p>The detailed evaluation plan will detail the evaluation activities, methods, tools to be used (such as questionnaires, focus groups, interviews) and methods and process for data analysis. Internal peer review processes will be conducted by partners that are not leading this WP. The findings will be reported in a final evaluation report at the end of the project.</p>		
	<p>4. Collection and analysis of evaluation data from WPs as outlined in the evaluation plan</p> <p>The above mentioned approaches will be utilised to collect and analyse the data. All partners will contribute to the collection of data.</p>		
	<p>5. Quality and evaluation reports</p> <p>The quality and evaluation reports will be composed upon completion of the project and will include the outcomes of quality assurance processes that were implemented during the project. Interim quality reports will be produced at the end of the first two years of the project.</p>		
WP5.	1. Launch of the project website		

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Dissemination	The project website will contain all project information with a public and private side. The website will play a key role in the dissemination of the project. It will be updated throughout the life of the project.		
	2. Presentation of project outputs to wider community and networks Each partner is already involved in networks and communities which will disseminate the project and their specific project outputs.		
	3. Publication of project outputs in peer-reviewed journals The project outputs are expected to be published by partners in peer-reviewed journals both in English and local languages.		
WP6. Project management	1. Start-up phase completed The start-up phase will consist of a face-to-face meeting with the partners, which will help establish a relationship amongst each other. Project communication and activities will be agreed.		
	2. Consortium agreement The consortium agreement will be signed by all partners, this will ensure partners are in agreement with the project and will act as a partnership agreement between the partners.		
	3. Project documentation complete The project plans will be agreed and finalised. All other relevant project documentation will be completed and made available on the project website.		
	4. Project and budget reports Annual highlight reports will be produced which detail the main activities of that reporting period. These reports will also include a summary of the budget spend within the reporting period		



4. Summary of Process for Activity Monitoring

- The Management and Organisational structure is created, including an external Advisory group
- The structure is reviewed and quality assured by the Advisory group
- Processes and regulatory mechanisms for communication systems and format specifications for documents are reviewed and accepted by the Consortium
- Activities are monitored by deliverable leader and coordinator, to ensure meeting the predefined deadlines. Significant changes or delays are monitored by the coordinator, reasons are defined in writing for exceptional delays, and the PSG notified.
- Deliverables are checked by WP leader, and reviewed by another WP leader AFTER deliverable deadline.
- Workpackages are monitored by the coordinator, who reports to the PSG.
- Milestones are monitored by the PSG then during the first two years signed off by the NEO during the three monitoring visits, followed by final sign-off by the EC.

5. Appendix



5.1. Deliverable template

TAME

Training Against Medical Error

561583-EPP-1-2015-1-KZ-EPPKA2-CBHE-JP



D1.1, Curriculum adaptation

Deliverable number D.1.2

Action Number

Delivery date January , 2016

Status (draft)

Authors St George's University of London (SGUL)



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1. Introduction

1.1. Content

1.1.1. Sub-heading

2. appendix

5.2 ppt template



Type of presented information as an example: D 6.1 Project Management Plan

Project name: Training against medical error (TAME), 561 583

Event as an example: Face-to-face meeting

Dates and place as an example: 5-7 June, 2016 London, UK

D.1.1. Curriculum Plan



5.3 Gantt charts of activities

WP	WP Lead	Activity		Oct 2015 -Sep 2016												Oct 2016 -Sep 2017												Oct 2017 - Sep 2018												Total duration of weeks	Participants	Review			
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep						
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36						
WP1 Curriculum modification	SGUL	1.1.1	Analyse PC curricula and identify modules for teaching against medical error to fit pediatric cases				X	X																															8	PCUs					
		1.1.2	Identify and agree on subject area for new cases in each curriculum				X	X																																8	PCUs				
		1.2.1	Repurpose pediatric cases in English to teach against medical error	X	X	X	X																																		23	SGUL			
		1.3.1	Review available resources to train staff, purchase necessary equipment and set up a Training Room in each PCU		X	X	X	X	X																																	17	PCUs		
		1.3.2	To designate a training lead in each PCU, train the trainers at SGUL and train further staff locally		X	X	X	X																																		10	PCUs, PCs		
		1.4.1	Create assessment strategy of student performance based on defined learning outcomes				X	X	X																																		9	PCUs, PCs	
WP2 Modification, implementation of paediatric cases	KI	2.1.1	Completed adaption of VPs exploring medical error in English					X	X																																	8	PCs		
		2.1.2	Translate pediatric cases to local languages						X	X	X																																12	PCUs	
		2.1.3	Repurpose and adapt paediatric cases on medical error to local healthcare culture							X	X																																8	PCUs, PCs	
		2.2.1	Test pediatric cases with staff and students									X	X	X	X	X																											18	PCUs	
		2.2.2	Modified pediatric cases in response to feedback from staff and students										X	X	X	X	X					X	X																			39	PCUs, PCs		
		2.2.3	Paediatric cases go live on appropriate devices															X	X	X	X	X																				52	PCUs		
		2.3.1	Creation of formative assessment instruments (MCQs/mini cases/VP cases) for student’s performance to paediatric cases															X	X	X	X	X																					36	PCUs, PCs	
		2.3.2	Creation of questionnaires for assessment of students attitude to paediatric cases															X	X	X	X	X																						19	PCUs, PCs



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		5.2.2	Present at medical education conferences and congresses										X	X					X	X							X	X									X	X	20	PCUs, PCs		
		5.3.1	Create report on publications											X	X												X	X									X	X	16	PCUs, PCs		
		Project management	KSMU	6.1.1	Start-up phase kick off meeting	X	X																																	6	PCUs, PCs	
6.1.2	Ensure consortiu agreement signed by all partners			X	X	X																																	6	PCUs, PCs		
6.2.1	Final project plans			X	X	X																																	12	PCUs, PCs		
6.2.2	Project meetings			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	72	PCUs, PCs		
6.2.3	Budget management						X	X					X	X					X	X				X	X			X	X					X	X			48	PCUs, PCs			
6.3.1	Budget reports								X						X										X					X								X		12	PCUs, PCs	
6.3.2	Project reports													X	X										X	X											X	X	32	PCUs, PCs		