

# PRACTICE CHANGE AGREEMENT

The experience gained in this practice review project becomes more valuable when you have the opportunity to contemplate how you will use it in your own practice.

Change agreements help you to commit to implementing new approaches, or discontinuing activities which are inconsistent with best clinical practices.

In the provided areas, below, please record 2 things that you will do or do differently in your own practice as a result of your participation in this project. In the box called "Barriers", indicate anything that could get in the way of your two change commitments, and how you plan to address these barriers. Record, as well, a target date for fully implementing each of these 2 changes, and indicate, on a percentage scale, your confidence in your making each change.

## CHANGE 1:

Barriers (and their resolution):

Target Date for Full Implementation: \_\_\_\_\_

Confidence that you will be successful making this change: \_\_\_\_\_ %

## CHANGE 2:

Barriers (and their resolution):

Target Date for Full Implementation: \_\_\_\_\_

Confidence that you will be successful making this change: \_\_\_\_\_ %

In a similar manner, this project may have suggested some things that you would like to discontinue in your practice.

In the provided areas, below, and only if it seems obvious, please record 1 thing that you will discontinue doing in your own practice as a result of this activity. Complete in a fashion similar to above.

## CHANGE 3:

Barriers (and their resolution):

Target Date for Full Implementation: \_\_\_\_\_

Confidence that you will be successful making this change: \_\_\_\_\_ %