## Template for coproduction "notes" in an improvement project

### **Instructions**

### **Action**

- 1. The template developed by Paul Batalden can be used to assess the coproduction experience in an improvement project for the person as a patient or the person as a healthcare professional and the person as an quality improver.
- 2. Complete the template during your project and reflect on the coproduction experience.
- 3. Be open and honest and share your experience to validate the experiences.

### **Next step**

4. We are interested to discover with you how the use of the template helped you to develop your coproduction insight and skills. Please could you send back narrative on the following questions:

Question	Answer
How long did it take to reflect on	
and fill out the template in	
minutes?	
Was it easy to complete grading?	
easy to complete	
somewhat difficult to complete	
difficult to complete	
Please add supporting narrative to	
support choice.	
Describe whether and how the	
template improved your	
understanding of the project	
encounter and potential for	
coproduction.	
Did the template help you	
understand the lived experience of	
people in the project? Please tell	
us how.	
Can you suggest any improvements	
to the template?	

Please send to <a href="mailto:peter.lachman@gmail.com">peter.lachman@gmail.com</a>

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Situation: (e.g., background, setting, context, situation that prompted your response)
Lived reality of the person sometimes known as "patient" in the clinical service: (e.g., pattern of person when "sick"/ "not sick", resources, access, supports available)
As is system to be navigated to receive and deliver care: (e.g., access, journey, reliable/not reliable elements, surprises, emotional challenges)
Knowledge of the condition, disease by people receiving care: (e.g., biology, normal and abnormal physiology, natural bistory in others)
Knowledge of the experience of having the condition, illness: (e.g., sociology & anthropology of the experience when "sick" and when "not sick", useful adaptations needed/made, resources required)
Knowledge of the design, improvement of the services that might help: (requirements, reliability, measurement, minimization of treatment, illness burden)
Lived reality of the people sometimes known as "professionals" in delivering the service: (resources, access, constraints, sources of joy, allows contribution to value-creation, support & tools as needed)
So, reflections, plans, other: (So what, now what, This case was helpful for me because, This case reminded me to, This practice)
Name
Date