Interprofessional Practice and Education (IPE) Funding Final Report

The purpose of the IPE funding is to provide a pathway for implementing or enhancing interprofessional collaborative practice in health professions education and health care delivery at UI Health.

Completed reports can be returned to: ashah58@uic.edu

1. Applicant Details
   - Principal Applicant: Click or tap here to enter text.
   - Project Title: Click or tap here to enter text.
   - Email: Click or tap here to enter text.
   - Funding Period: Click or tap here to enter text.

2. Summary
   Please provide a brief summary of the project including goals, description of learners, and format.
   (Click or tap here to enter text.)

3. Project Activities and Progress
   Please report on project milestones as outlined in your approved proposal and describe any changes, including the reasons for these changes. Please include any additional activities undertaken that are not in your proposal.
   (Click or tap here to enter text.)

4. Evaluation
   Please describe how the data was collected and summarize the evaluation findings. Did the project meet the objectives outlined in the evaluation section from the funded application?
   (Click or tap here to enter text.)

5. Issues and Challenges
   Were there any issues or problems that affected the development or implementation of the project during the reporting period? Were these issues resolved?
   (Click or tap here to enter text.)

6. Impact
   Please describe the impact this award had on strengthening interprofessional practice, collaborations, and education at UI Health.
   (Click or tap here to enter text.)
7. Opportunities
- What are the lessons learned and/or other opportunities related to this project?
- Could the benefits from this project be distributed more widely across UI Health?
- Are there any products (e.g., toolkits, videos, and debriefing protocols) that can be shared with stakeholders from UI Health?

8. Budget
Please complete the table below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total approved allowable costs</th>
<th>Expended funds</th>
<th>Remaining funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel (salary and fringe benefits)</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Other Direct Costs (office operations, travel, etc.)</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Purchased Services (consultant or contract costs)</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Indirect costs (related administrative expenses)</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
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</tbody>
</table>

9. Dissemination of Project Outcomes
Please provide an explanation for dissemination of project outcomes (planned, accepted, or completed) or write N/A.

Click or tap here to enter text.

10. Resulting Grants / Follow-up Funding
Please provide any resulting grants or other sources of extramural funding (planned, submitted, funded) or write N/A.

Click or tap here to enter text.

11. Resulting Publications
Please provide any resulting publications and their citations (planned, submitted, funded) or write N/A.

Click or tap here to enter text.

12. Other
Is there anything else that you like to include is this report?

Click or tap here to enter text.
**Certification and Authorized Signature:**

To the best of my knowledge, the information contained in this closeout report is accurate.

Click or tap here to enter text.  

__________________________________________________________________________  

Signature of Authorized Applicant Representative  

Date

Click or tap here to enter text.

__________________________________________________________________________

Name and Title of Authorized Applicant Representative (Please Print or Type)