Contact Information

Name of Team Lead

First Name
Last Name
Title
Email
College or Unit
Campus

Is the Team Lead the primary contact for the application?

☐ Yes
☐ No

Display this question
If Is the Team Lead the primary contact for the application? No Is Selected

Please provide the primary contact for the application.

First Name
Last Name
Email
Title

Please attach a list of the team members included in this award application. Please include their first name, last name, title, email, college/or unit and campus.
Program Information

Program Title:

Please provide a brief description of the program including goals, description of learners, and format.

When was the activity first offered?

- [ ] 2023
- [ ] 2022
- [ ] 2021
- [ ] 2020
- [ ] 2019
- [ ] 2018
- [ ] 2017
- [ ] 2016
- [ ] 2015
- [ ] Other ___________________

What is the planned frequency for this activity?

- [ ] Annually
- [ ] Every semester
- [ ] One time only
- [ ] Other ___________________
Please select all sources of funding for this activity

- [ ] Grant
- [ ] Institutionally budgeted funds
- [ ] Out of pocket expenses for Students
- [ ] Tuition or fees
- [ ] Other ______________________

Please select any evaluation data that is collected (select all that apply)

- [ ] Assessment of Interprofessional Team Collaboration Scale (AITCS)
- [ ] Attitude Toward Health Care Teams Scale (ATHCTS)
- [ ] Direct Observation of Individual or Group Performance
- [ ] Focus Group
- [ ] Group Project
- [ ] Individual Interview
- [ ] Individual Project
- [ ] Interdisciplinary Education Perception Scale (IEPS)
- [ ] Internally Developed Instrument
- [ ] Interprofessional Socializing and Valuing Scale (ISVS)
- [ ] Interprofessional Education Collaborative Competency Self Efficacy Tools (IPECC SET)
- [ ] Interprofessional Collaborative Competency Attainment Scale (ICCAS)
- [ ] Jefferson Team Observation Guide (JTOG)
- [ ] Objective Structured Clinical Evaluation (OSCE)
- [ ] Readiness for Interprofessional Learning Scale (RIPLS)
- [ ] Written Reflection
- [ ] Self-Efficacy of Interprofessional Learning Scale (SEIELS)
- [ ] Student Perceptions of Interprofessional Clinical Education – Revised 2 (SPICE-R2)
- [ ] TeamSTEPPS Teamwork Attitude Questionnaire (T-TAQ)
- [ ] UIC Standard Course Evaluation
- [ ] None
- [ ] Other ______________________
Select the type of faculty or facilitators used during the experience (select all that apply)

- Community Clinicians
- Non-clinician Community Member
- UIC Faculty or Staff
- Non-UIC clinicians
- Patients, Family or Caregivers
- Other

Please select the basis of student participation (select all that apply)

- Co-Curricular or Extra Curricular
- Required for Credit
- Required, Credit unsure
- Research Subject
- Varied Among the Participants
- Voluntary for Credit
- Other

Please select the learning activities used during the experience (select all that apply)

- Audience Response Technology
- Clinical Site Visit or Placement
- Community Site Visit or Placement
- Debriefing
- Development of a Plan of Care
- Quality Improvement Project
- Reading
- Reflection
- Shadowing
- Service Learning
Please select the participating programs (select all that apply)

- Advanced Practice Nurse
- Clinical Psychology
- Dentistry
- Healthcare Administration
- Health Informatics
- Health Information Management
- Nutrition
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician
- Physician Assistant
- Public Health
- Registered Nurse
- Social Work
- Speech Language Pathologist
- Other
I-TEAM Criteria

Please describe how the program meets the following criteria below:

1. The program design is evidenced informed, innovative and addresses important, contemporary interprofessional education or interprofessional practice needs consistent with the mission of interprofessional health professions practice and education at UIC.
2. The program evaluation plan is evidence informed, uses valid assessment methods and demonstrates interprofessional learning outcomes.
3. The program design is scalable, sustainable and/or transferable.
4. The program is designed to create an inclusive and supportive learning environment for all learners.

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Please describe how the program design is scalable, sustainable and/or transferable.

Please describe how the program is designed to create an inclusive and supportive learning environment for all learners.

Letter of Support and Supporting Materials

**Letter of Support** (Required) – Please attach a letter of support from a learner, administrator or colleague in support of the project application (2 page maximum).

**Supporting Materials** (Required) – Please attach documentation such as teaching evaluations, instructional materials, assignments or assessments, scholarly works, links to websites, or other indicators to support the information provided in the application.

Thank you for taking the time to complete the I-TEAM award. An award announcement will be made in May.