Default Question Block

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

Please provide the primary contact for the application.

First Name

Last Name

Email

Title

I-Team Member List - Please attach a list of the team members included in this award application. Team members must be from two or more professions. 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. Learners must be from two or more professions and have the opportunity to learn with, from, and about each other to improve interprofessional collaboration and/or patient outcomes.

[   ]

When was the activity first offered?

○ 2024

○ 2023

○ 2022

○ 2021

○ 2014

○ 2020

○ 2019

○ 2018

○ 2017

○ 2016

○ 2015

○ Other [   ]

What is the planned frequency for this activity?

○ Annually

○ Every semester

○ Other [   ]

Please select all sources of funding for this activity

☐ External Grant

☐ Internal UIC Grant

☐ Institutional Funds

☐ Out of Pocket Expenses for Students

☐ Out of Pocket Expenses for Faculty

☐ Tuition or Fees

☐ Other [   ]

Please select assessment type (select all that apply)

☐ Direct Observation of Individual or Group Performance with Rubric

☐ Written Reflection

☐ Focus Group

☐ UIC Standard Course Evaluation

☐ Group Project with Rubric

☐ Published Survey Instrument

☐ Individual Interview

☐ Self-developed Survey Instrument

☐ Individual Project with Rubric

☐ Other
[   ]

Please select any assessment instrument that is being used

☐ Assessment of Interprofessional Team Collaboration Scale (AITCS)

☐ Performance Assessment for Interprofessional Communication and Teamwork (PACT – 2 levels)

☐ Attitude Toward Health Care Teams Scale (ATHCTS)

☐ The Assessment Of Collaborative Environments (ACE-15)

☐ Interdisciplinary Education Perception Scale (IEPS)

☐ Teamstepps Teamwork Attitudes Questionnaire (T-TAQ) , (T-POT)

☐ Interprofessional Socializing and Valuing Scale (ISVS-21)

☐ Team Objective Structured Clinical Encounter (TOSCE)

☐ Interprofessional Education Collaborative Competency Self Efficacy Tools (IPECC SET)

☐ Jefferson Scale Of Attitudes Toward Interprofessional Collaboration (JEFFSATIC)

☐ Interprofessional Collaborative Competency

☐ Individual Teamwork Observation and

Attainment Scale (ICCAS)   Feedback Tool (i-TOFT)

☐ Student Perceptions of Interprofessional   ☐ The Jefferson Teamwork Observation
Clinical Education – Revised 2 (SPICE-R2)   Guide® (JTOG)

☐ Interprofessional Collaborator Assessment   ☐ Team Performance Observation Tool (TPOT)
Rubric (ICAR)   [SIM Observation Tool]

☐ Interprofessionalism Professionalism   ☐ Indiana University Simulation Integration
Assessment (IPA)   Rubric (IUICR), IUTCR)

☐ Creighton Interprofessional Collaborative   ☐ Other
Evaluation (C-ICE)   [   ]

☐ Team Climate Inventory (TCI)

Please 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

☐ Advanced peer facilitators

☐ Other [   ]

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

☐ Required for Credit

☐ Required, No Credit

☐ Co-Curricular or Extra Curricular

☐ Research Participant

☐ Elective or Independent Study

☐ Other [   ]

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

☐ Role-playing   ☐ Recorded Lecture

☐ Shadowing   ☐ Patient Case - paper, EMR or video

☐ Site Visit or Placement   ☐ Debriefing

☐ Game or Serious Gaming   ☐ Quality Improvement Project

☐ Simulation with Mannequin   ☐ Reading

☐ Interview of Patient or Others   ☐ Reflection

☐ Problem-based learning   ☐ Service Learning

☐ Team-Based Learning   ☐ Standardized Patient Interaction

☐ Interactive Lecture/Discussion   ☐ Development of a Plan of Care

☐ Small group discussion   ☐ Other
                                     [   ]

Please select the participating programs/professions (select all that apply)

☐ Advanced Practice Registered Nurse   ☐ Physical Therapy

☐ Clinical Psychology   ☐ Physician

☐ Dentistry   ☐ Physician Assistant

☐ Healthcare Administration   ☐ Public Health

☐ Health Informatics   ☐ Registered Nurse

☐ Health Information Management   ☐ Social Work

☐ Nutrition   ☐ Speech Language Pathologist

☐ Occupational Therapy   ☐ Other
                                       [   ]

☐ Pharmacy

I-TEAM Criteria

Please describe how the program meets the following criteria below:

1. The program design is evidenced informed, innovative and centers on important, contemporary interprofessional education or interprofessional practice needs consistent with the mission of CAIPPER.
2. The program evaluation plan is evidence informed, uses valid assessment methods and demonstrates interprofessional learning outcomes.
3. Evaluation results have been used to inform quality or program improvement.
4. The program has been offered at least three times, is scalable, sustainable and/or transferable to new learners, formats, or settings.
5. The program is designed to create an inclusive and supportive learning environment for all learners.

Please describe how the program design is evidenced informed, innovative and centers on important, contemporary interprofessional education or interprofessional practice needs consistent with the mission of CAIPPER.

Please describe how the program evaluation plan is evidence informed, uses valid assessment methods and demonstrates interprofessional learning outcomes.

Please describe how evaluation results have been used to inform quality improvement

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.

Letters of Support and Supporting Materials

Letter of Support (Required) – Please attach one and up to three signed letters of support from a learner, administrator or colleague in support of the project application (2 page maximum).

Supporting Program Evaluation Materials (Required) – Please attach program evaluation data/results.

Supporting Materials (Optional) – 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.

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