

IPE Activities or Projects Summary

** By completing this form, you agree that NIPEC may share this information on the consortia web page. **

Name of Institution

Date

Author/Reporter (please provide contact information in addition to your name)

1. Title of Activity (If IPE experience is embedded in a course(s), please provide a link to the course and a contact name)
2. Purpose/Rationale for activity
3. Target participants
 - a. List all other disciplines included _____
4. Collaborative partner(s) – Institutions, departments, divisions, etc.
5. History of development/important background information
6. Specific activity/project (brief)
7. Teaching methodology (check all that apply)
 - a. Didactic
 - b. Simulation
 - c. Clinical education
8. Participation
 - a. Required
 - b. Service learning
 - c. Research
9. Outcome(s) assessed, tools utilized (please provide citation if possible)
10. Lessons learned, challenges
11. Future plans
12. Needs/Resources
13. Strategies for success, considerations for implementation
14. References