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