

CCAC Interprofessional Education (IPE) Subcommittee Learning Activity Report

I. IPE Learning Activity Details

- a. Course Name – MEDI: _____
- b. Title of IPE Learning Activity: _____
- c. Date(s): _____ Time(s) _____ Duration of activity: _____
- d. Location(s): In-person Virtual Other _____
- e. Lead(s): _____
- f. Participating Profession(s): Medicine Nursing Occupational Therapy Physician Assistant Pharmacy Podiatry Social Work Other
 Other _____ Other _____

II. Learning Goals

Education Program Outcomes (EPOs)

Interprofessional Education Competencies (IPECs)

Student Learning Objectives (SLOs)

III. Assessment Method(s)

Indicate the type of assessment administered.

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IV. Learning Method(s)

Indicate the type of pedagogical method(s) used.

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V. Participating Professions

PROFESSION	GROUP	NO	GROUP	NO	GROUP	NO	GROUP	NO	PRACTITIONER(S)
Medicine	MS1		MS2		MS3		MS4		
Nursing	BSN		NP		DNP				
Occupational Therapy	OTD								
Physician Assistant	PA1		PA2		PA3				
Pharmacy	Pharm		PharmD						
Podiatry	SOPM1		SOPM2		SOPM3		SOPM4		
Social Work	BSW		MSSW		DSW				
Other _____	_____		_____		_____		_____		
Other _____	_____		_____		_____		_____		
Other _____	_____		_____		_____		_____		

VI. Evaluation

a. Identify the strengths of this interprofessional activity.

b. Identify the areas for enhancement for this interprofessional activity.

VII. Faculty and Staff Roster

Practitioners

Staff