

CCAC IPE Subcommittee IPE Activity Report

UTRGV SOM IPE Definition:

“Different health professions sharing their expertise in collaborative learning environments as members of integrated healthcare teams to maximize health outcomes.”

Purpose: The purpose of this form is to provide documentation of IPE learning activities within the School of Medicine.

I. Please provide the following information regarding the IPE activity:

A. In which MODULE course did the IPE activity occur: _____

Name of the activity: _____

Activity: In-Person _____ Virtual _____ Hybrid _____

B. List the Course Director(s) or Lead(s): _____

Faculty Participants/Volunteers: _____

II. Please check the schools/departments engaged in the IPE activity and indicate the number of faculty and students who participated.

<i>Profession</i>	<i>#Students</i>		<i>#Faculty</i>
<input type="checkbox"/> Medicine	___ # MS 1 Students ___ # MS 2 Students	___ # MS 3 Students ___ # MS 4 Students	
<input type="checkbox"/> Nursing	___ # BSN ___ # DNP Students	___ # NP Students	
<input type="checkbox"/> Physician’s Assistant Program	___ # PA 1 Students ___ # PA 3 Students	___ # PA 2 Students	
<input type="checkbox"/> Social Work Program	___ # BSW Students ___ # DSW Students	___ # MSW Students	
<input type="checkbox"/> Occupational Therapy	___ # OT Students ___ # Doctoral Students	___ # OT Masters Students	
<input type="checkbox"/> Physical Therapy	___ # PT Students	___ # PT Doctoral Students	
<input type="checkbox"/> Pharmacy	___ # Pharmacy Students	___ # Pharm D Students	
<input type="checkbox"/> Other (Please specify) _____	___ # _____ Students		

III. Please indicate which pedagogical method(s) were used in the IPE Activity (Check all that apply)

- Case-based learning
- Problem-Based Learning
- OSCE
- Team-Based Learning
- Simulation
- Other (Describe) _____

IV. Please list the IPE Learning Objective(s) and EPOs for this IPE activity.

IPEC Competencies and EPOs Links - [IPEC Competencies.docx](#) - [EPOs](#)

<i>Identify Learning Outcomes for Activity</i>	<i>Indicate IPEC Sub-Competencies</i>	<i>Indicate EPOs</i>
	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____ _____	_____ _____ _____ _____

V. Please list any methods of assessment that were employed to assess student performance such as tools, self-reflection, peer assessment/evaluation, etc.

VI. Please indicate below which aspects of the activity went well.

VII. Please indicate below those aspects of the activity that you would like to improve for the future.

Thank you for completing this report. Please email form to: SOM.IPE@utrgv.edu

The information you have provided will be used by the CCAC IPE Subcommittee to better understand the extent and types of IPE activities occurring within the SOM and across Health Affairs and to document IPE activities for accreditation purposes.