Academic Affairs Council for Interprofessional Practice and Education

IPECP Peer Review Service Application Form

Please send completed package to gisp@salus.edu by **May 27th** for consideration at the June 10th IPE Council meeting.

Your Name:

Title:

Email:

Program:

Teaching/clinic/administrative responsibilities:

Title of your learning activity:

Learning activity partner(s):

Brief description of your learning activity: Type of learning activity (check all that apply):

__ Classroom Simulation

__ Clinic

__ Community

__ Other (please explain)

__

Stage of the IPECP Learning Continuum:

___ EXPOSURE: Introduction
- Deeper understanding of own profession/professional identity.
- Awareness of different approaches to care (roles, perspectives, and values).
- Early experience communicating with other professions on the healthcare team.

___ IMMERSION: Development

- Effective articulation/ representation of own profession/ professional identity on IP team in real world and advanced simulations.
- Deeper understanding of different approaches to care (roles, perspectives, and values).
- More advanced experience communicating with other professions on the healthcare team.

____   **ENTRY-TO-PRACTICE: Entry-level competence**
- Participation in real world clinical, practical, or community-based engagements to apply and be assessed on learned collaborative skills in an interprofessional context.

____   **UNSURE (requesting assistance from review team)**

Modified Kirkpatrick Learning Outcome Level

___   **LEVEL 1: Reaction**
- Learner's views on the experience.

___   **LEVEL 2a: Modification of attitudes/perceptions**
- Changes in reciprocal attitudes or perceptions between participating groups; changes in perception or attitude toward the value/use of team approach.

___   **LEVEL 2b: Acquisition of knowledge/skills**
- Including knowledge/skills related to interprofessional collaboration.

___   **LEVEL 3: Behavioral change**
- Transfer of interprofessional learning to the practice setting.

___   **LEVEL 4a: Change in organizational practice**
- Changes within the organization and delivery of care.

___   **LEVEL 4b: Benefits to patients/clients**
- Improvements in health or well-being of patients/clients.

___   **UNCERTAIN**
- Requesting assistance from review team.

IPECP PEER REVIEW SERVICE APPLICATION FORM

Submission includes:

___   <u>Completed</u> application form

___   <u>Completed</u> Curriculum Crosswalk (attached)

___   <u>Completed</u> Logic Model (attached)

Acknowledgement

___   I understand that the IPECP Peer Review, a service provided by the IPE Council and supported through GISP, is a voluntary professional development opportunity for Salus at Drexel faculty, developed by faculty for faculty.
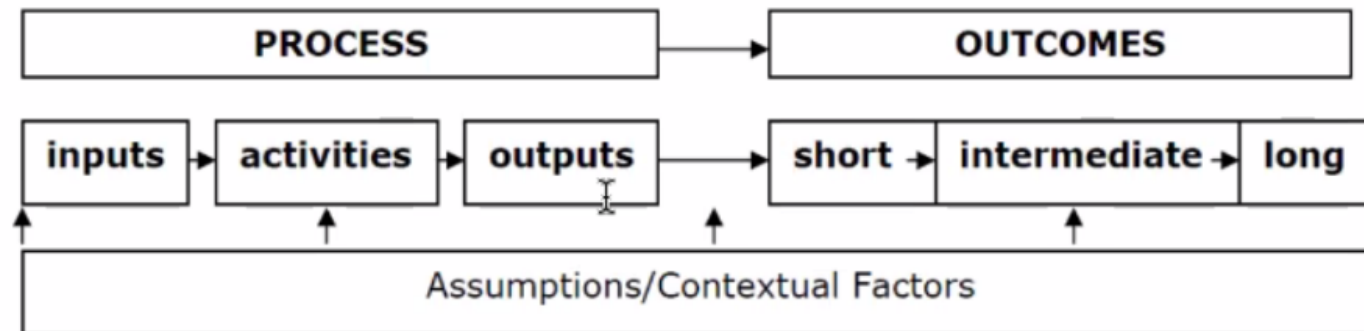
Your signature:

Partner signature(s):

Introduction to Logic Models

A logic model is a graphic illustration of the relationship between a program's resources, activities, and its intended effects. Logic models clearly and concisely show how interventions affect behavior and achieve a goal. They can be described as road maps that specify causal pathways and the step-by-step relationship between planned work and intended results. Specifically, a logic model is a visual way to illustrate the resources or inputs required to implement a program, the activities and outputs of a program, and the desired program outcomes (short-term, long-term).

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

Logic Model

PROCESS	→	OUTCOMES

inputs	→	activities	→	outputs	→	short	→	intermediate	→	long

Assumptions/Contextual Factors

IPECP PEER REVIEW SERVICE APPLICATION FORM

LOGIC MODEL

PROJECT TITLE:

PURPOSE *What is the situation or problem? What is the overarching goal of the project/learning activity?*					
INPUTS	**ACTIVITIES**	**OUTPUTS**	**OUTCOMES:** *Programmatic goals and impact. What will occur as a direct results of the activities/outputs*		
			Short-term Outcomes	**Intermediate Outcomes**	**Long-term Outcomes**
What resources will be needed to support the project?	*Description of activity and events. What are the main things the project/learning activity will do/provide?*	*How many and what sort of observable/ tangible results will be achieved?*	*Expected changes immediately following completion of the project/learning activity (i.e., changes in knowledge)*	*Expected outcomes that take place over weeks or months following completion of the project/learning activity (i.e., increased willingness to perform activities, bolster collaborative practices in clinical care and patient treatment planning)*	*Expected outcomes that take place over months or years (i.e., clinical practice behaviors that increase patient outcomes, positive influence in interdisciplinary care)*
EVALUATION *How will you assess the success of this project/learning activity for learners? Consider accreditation standard requirements and program goals. How will you perform a program review to ensure quality improvement and attainment of curricular goals?*					
ASSUMPTIONS/CONTEXTUAL FACTORS (what must be in place or have occurred for the learning experience to take place)					

IPECP PEER REVIEW SERVICE APPLICATION FORM

CURRICULUM CROSSWALK

PROJECT TITLE: *Insert the name of your offering here.*

Year in Program Curriculum	Semester/ Term	Activity Overview	Learning Goals & Objectives	Accreditation Standard(s) Addressed	IPEC Competencies Addressed	Assessment/ Evaluation
Program year of the students participating in the offering	*Semester and/or term that the offering will take place*	*A brief description of the activity(ies) for each disciplinary cohort; each description should support the learning goals and objectives to be described in the next column.*	*For each disciplinary cohort*	*Standard number(s) and description(s) for each disciplinary cohort*	*Sub-competencies addressed, by number (C1, RR2, TT3, etc.)*	*How the offering's effectiveness will be determined; relates back to the learning goals and objectives*