

2022-2023 Seed Grant Application

| APPLICATION FOR INTERPROFESSIONAL EDUCATORS AND PRACTITIONERS ASSOCIATION INTERPROFESSIONAL SEED GRANT | | | | | LEAVE BLANK-FOR ADMINISTRATIVE USE ONLY | | | |
|---|--------------|------|---------|------------------------|---|-------|----------------|-------------------|
| | | | | | Date received: | | Date Reviewed: | |
| PROJECT TITLE: <input type="checkbox"/> New Project <input type="checkbox"/> Renewal | | | | | | | | |
| INTERPROFESSIONAL TEAM INVESTIGATORS Additional investigators can be added on an addendum sheet. | | | | | Note: The three (3) investigators listed here must include <ul style="list-style-type: none"> 2 different colleges 3 different professions (not just different specialties). | | | |
| | | Name | College | Department/ Section | Profession | Email | Phone | Campus Address |
| 1 | Principal | | | | | | | |
| 2 | Co-Principal | | | | | | | |
| 3 | Co-Principal | | | | | | | |
| PROJECT ABSTRACT (maximum of 300 words): | | | | | | | | |
| <i>"The signature below testifies that upon receipt of the grant, we will submit a one-page progress report and a one-page final report upon conclusion of all activities to the Interprofessional Educators and Practitioners Association Executive Council"</i> | | | | | | | | |
| SIGNATURE OF PRINCIPAL/CO-PRINCIPALS: | | | | | | DATE: | | |
| 1. _____ | | | | | | | | |
| 2. _____ | | | | | | | | |
| 3. _____ | | | | | | | | |

☐ I understand this project must include **three** or more student groups from different programs, ideally from at least two different colleges. I verify I have coordinated this project with the programs listed and they have agreed to participate. See our tips for success FAQ page for additional details.

Note: Each profession listed here must be outlined in the following narrative regarding their role in this project.

LEARNERS

| Profession | Est. # of Students | Profession | Est. # of Students |
|--|--------------------|---|--------------------|
| <input type="checkbox"/> Audiology | | <input type="checkbox"/> Nursing-APRN | |
| <input type="checkbox"/> Basic Science Research | | <input type="checkbox"/> Nursing-RN | |
| <input type="checkbox"/> Biostatistics | | <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> Communication Sciences | | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Dental Hygiene | | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Dentistry-DDS | | <input type="checkbox"/> Physician Associate | |
| <input type="checkbox"/> Dietetics | | <input type="checkbox"/> Radiation Therapy | |
| <input type="checkbox"/> Environmental Health | | <input type="checkbox"/> Radiography | |
| <input type="checkbox"/> Epidemiology | | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Health Administration | | <input type="checkbox"/> Social Work | |
| <input type="checkbox"/> Health Promotion | | <input type="checkbox"/> Sonography | |
| <input type="checkbox"/> Interdisciplinary Program | | <input type="checkbox"/> Community Member: | |
| <input type="checkbox"/> Medicine (MD/DO) | | <input type="checkbox"/> Patient/Family: | |
| <input type="checkbox"/> Nuclear Medicine | | <input type="checkbox"/> Other (list): | |

COMPETENCY

Interdisciplinary/Interprofessional Education competencies are based on the [IPEC Core Competencies for Interprofessional Collaborative Practice](#). Coursework should address one or more of the competencies.

| IPEC Competency | Brief Explanation |
|---|-------------------|
| <input type="checkbox"/> Communication | |
| <input type="checkbox"/> Roles & Responsibilities | |
| <input type="checkbox"/> Values & Ethics | |
| <input type="checkbox"/> Teams & Teamwork | |

INTER

The World Health Organization defines Interprofessional Education as occurring “when two or more professions learn about, from, and with each other.”¹ This is the international standard guiding interprofessional programming. Each project must provide an opportunity for students to meet this standard. Select one or more of the below areas and describe how the project will meet this standard. A strong application will address all three.

| IPE Area | Brief explanation on what/how participants will achieve this standard. |
|--|--|
| <input type="checkbox"/> Learn FROM each other | |
| <input type="checkbox"/> Learn WITH each other | |
| <input type="checkbox"/> Learn ABOUT each other | |

¹ World Health Organization (WHO). (2010). Framework for action on Interprofessional education & collaborative practice. Geneva: World Health Organization. See http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf.

ASSESSMENT

Interdisciplinary/Interprofessional competencies must be assessed. Select the area to be assessed, and describe how learning outcomes will be assessed.

| Type | Measurement Method/Tool |
|------------------------------------|-------------------------|
| <input type="checkbox"/> Knowledge | |
| <input type="checkbox"/> Skills | |
| <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> Other | |

| | |
|--------------------------------------|---|
| Narrative Section (limit to 3 pages) | <p>A) Goals/ Objectives and Specific Aims B) Proposed plan of work, including delivery to student cohorts, is addressed and how plan will include three or more different professions (applicants are encouraged to have agreement with other colleges for students to participate in the project if approved), C) Significance: role of the proposed activity in OUHSC interprofessional education and/or practice programming intentionally addressing one or more IPEC Interprofessional Core Competencies (specific competencies <u>must</u> be outlined in the narrative) D) Applicant's background, skills, previous work pertinent to the project E) Clear methods of assessment and evaluation of work proposed with examples, if available F) Timeline G) Feasibility / Demonstration of time and ability to complete the activity)</p> |
| | |

Narrative Section Page 2

Narrative Section Page 3

Principal Investigator/ (Last, First, Middle):

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD (DIRECT COSTS ONLY)

(Indirect costs or overhead expenses cannot be requested, fill-in only requests that are applicable, maximum amount requested should not exceed \$4000/ year). The committee reserves the right to award partial funding.

| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD | |
|---|--------------------------|----|
| CONSULTANT COSTS | | |
| STANDARDIZED PATIENT FEES | | |
| EQUIPMENT | | |
| SUPPLIES | | |
| OTHER EXPENSES | | |
| TOTAL DIRECT COSTS | | |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | | \$ |

JUSTIFICATION

Note: Please provide line-item justification for each category to explain how totals are compiled or estimated.

PLAN OF DEMONSTRATION OF INFORMATION GAINED FROM PROPOSED WORK (IF APPLICABLE)

Note: Recommend consideration for campus, state, and/or national demonstrations, if applicable.