Interprofessional Health Education Hub

Advancing Interprofessional Education Fund (AIEF)

Applications will be accepted until funds are exhausted

# APPLICANT INFORMATION

**Activity Lead(s)**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Department and Faculty |  |
| Faculty Sponsor\* |  |
| Email |  |
| Collaborators: |  |

\*Activities are required to have a faculty sponsor who is responsible for administering the funding received. UBC Health will transfer the approved amount to their home department.

**Eligibility requirements**:

Proposed activities must:

* have explicit interprofessional learning objectives that align with the competencies articulated in [National Interprofessional Competency Framework](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf);
* be delivered to students from two or more disciplines, with a focus on interprofessional learning for students at a site outside Point Grey (activities can still involve Point Grey students but the focus must be outside the Point Grey campus);
* include or involve UBCO or at least one of [UBC’s distributed program sites](https://mdprogram.med.ubc.ca/about/distributed-program-sites/) (Kelowna, Prince George, Victoria, Surrey);
* offer interactive learning that provides students with an opportunity to learn about, with and from each other;
* be led by a faculty member (student-led activities must have a faculty sponsor);
* be delivered between July 1st, 2024 and June 30th, 2025.

Activities will be promoted on the **UBC Health Interprofessional Health Education Hub**.

# PROPOSAL SUMMARY

**Provide a title and a brief description of the activity** (please include the duration of the activity, how often the activity will run, whether it is in-person or on Zoom, if there is pre-reading or pre-work and if there will be session materials)

|  |  |
| --- | --- |
| **Title** |  |
| **Activity start date** |  |
| **Activity end date** |  |
| **Brief description** |  |

**What are the learning objectives for the activity and how will they be assessed (if feasible)?** (Please refer to the [National Interprofessional Competency Framework](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf))

|  |
| --- |
|  |

**What are the interactive learning elements of the activity?**

|  |
| --- |
|  |

**Tell us how this activity will promote interprofessional and collaborative health education.** (Please refer to the [National Interprofessional Competency Framework](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf))

|  |
| --- |
|  |

**Tell us how this activity will include or involve UBC’s distributed program sites.**

|  |
| --- |
|  |

**How are you incorporating and addressing accessibility needs to ensure that activities are inclusive and accommodating for all participants?**

|  |
| --- |
|  |

**Students from which disciplines are eligible to attend the activity?**

|  |  |
| --- | --- |
| Audiology | ☐ |
| Clinical Psychology | ☐ |
| Dental Hygiene | ☐ |
| Dentistry | ☐ |
| Dietetics | ☐ |
| Genetic Counselling | ☐ |
| Health and Exercise Sciences | ☐ |
| Medicine | ☐ |
| Midwifery | ☐ |
| Nursing | ☐ |
| Occupational Therapy | ☐ |
| Pharmacy | ☐ |
| Physical Therapy | ☐ |
| Social Work | ☐ |
| Speech Language Pathology | ☐ |
| Other (please specify) |

|  |
| --- |
|  |

 |

**How many students can attend the activity? Will there be a maximum number of students per discipline (if so, please include numbers per discipline)?**

|  |
| --- |
|  |

**What is the deadline for students to register for this activity?**

|  |
| --- |
|  |

**How will you sustain the activity beyond funding?**

|  |
| --- |
|  |

# BUDGET DETAILS

**Amount Requested**

Indicate the amount of funding requested (up to $2,000).

|  |  |
| --- | --- |
| **Amount** | **$** |

Activity leads are required to indicate who will administer the funding they receive and report back to UBC Health.

|  |  |
| --- | --- |
| **Funding Administrator** |  |

**Budget**

Provide a budget showing major categories of spending. It is not expected that you have other funds available, but if you do plan to combine the AIEF with other sources, please note those below. **Funding recipients are required to return any unused funds or all funds received to UBC Health if they do not deliver the proposed activity.**

The budget may include items such as curriculum design, coordination, facilitator payment, parking, honoraria, catering, etc.

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
| Total budget |  |
| Amount funded through other means (if any) |  |
| **Amount requested from the IPE Hub Activities Funding** |  |

***Any changes of $50 or more to line items require consultation and approval from UBC Health. Consultations can be requested via e-mail.***

# REPORTING

Successful applicants will need to provide a report after the delivery of their activity each year, including an expenses sheet and overview of the activity, disciplines, number of students who participated, and use of funds. UBC Health will provide a report and expenses sheet template. **Final reports are due 30 days after the activity’s completion date.**

# SUBMISSION

|  |  |
| --- | --- |
| **This application is submitted by:** | *Insert full name* |
| **Date of submission:** |  |