



# Office of Interprofessional Education

## Interprofessional Education Exposure Phase Bridge Transition Shadowing Activity

### Preceptor/Supervisor Agreement

Dear Site Preceptor/Supervisor,

The University of Arkansas for Medical Sciences (UAMS) *encourages and requires* experiential (observational and hands-on) learning as a part of every student’s Interprofessional Education (IPE). Shadowing opportunities for novice students provide direct, observational and practical (as applicable) work experience paired with intentional learning strategies to foster interaction among two or more professions for academic, personal, and career-oriented growth and reflection. Toward these goals, we encourage and challenge each student participating in the Exposure phase of the IPE curriculum to work with you and your team to fulfill a positive and meaningful interprofessional learning experience.

*Expectations for this shadowing experience include:*

- Introduction to the members of the interprofessional team
- Orientation to the Triple Aim goal(s) addressed by the team’s work
  - Improve patient care/patient experience
  - Improve population health
  - Decrease cost of care
- Discussion of the roles/responsibilities of team members in meeting Triple Aim goals

Upon completion of the experience, an *IPE Shadowing Verification Form* should be signed by the preceptor to document the student’s participation. The student will submit this form as well as a reflective essay in Blackboard detailing their experience in the learning activity. Questions addressed in the essay are included in the *Triple Aim IPE Exposure Phase - Bridge Activity Reflection Assignment*. If you are willing to participate as a shadowing site for students, please complete the information below and return to [ipe@uams.edu](mailto:ipe@uams.edu) or submit online using the web form. For any questions, please contact Dr. Kat Neill at [kkneill@uams.edu](mailto:kkneill@uams.edu).

### **INFORMATION FOR PRACTICE SITE**

**Please check one:**

- |  |   |
|--|---|
| <input type="checkbox"/> Interprofessional Clinical Practice Team – Inpatient  | <input type="checkbox"/> Interprofessional Research Team          |
| <input type="checkbox"/> Interprofessional Clinical Practice Team – Outpatient | <input type="checkbox"/> Interprofessional Policy/Regulatory Team |
| <input type="checkbox"/> Other: (Please describe) _____                        |   |

Site/Activity Name \_\_\_\_\_

Location \_\_\_\_\_

Days and Hours available to shadow \_\_\_\_\_

Research Focus or Population(s) Served \_\_\_\_\_

Interprofessional Team Members in this activity \_\_\_\_\_

Please describe the activity a student will observe in a few sentences:

**Are you willing for this site to be available for students to set up a shadowing appointment? Yes No**

**If Yes above, please provide a contact person for students to schedule a shadowing appointment:**

**Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Thank you for hosting an IPE student and serving as an integral component in the Interprofessional Educational experience for our future health and science professionals! Please contact the Office of Interprofessional Education (OIPE) at [ipe@uams.edu](mailto:ipe@uams.edu) if you have any questions about this form or about Exposure phase shadowing expectations.



# Office of Interprofessional Education

## Interprofessional Education (IPE) Shadowing Verification Form

**For the Preceptor:** Your signature certifies that the student has satisfactorily completed an IPE shadowing experience of the type marked below (Please check one).

- Interprofessional Clinical Practice Team – Inpatient
- Interprofessional Clinical Practice Team – Outpatient
- Interprofessional Research Team
- Interprofessional Policy/Regulatory Team
- Other: (Please describe) \_\_\_\_\_  
("Other" must have prior approval of the Office of IPE)

Student Name (*print*) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Time Spent (hours) \_\_\_\_\_

Exposure Site \_\_\_\_\_

Shadowing Activity Preceptor/Supervisor Name (*print*) \_\_\_\_\_

*I have discussed this practice site and the observation experience with the IPE student. I certify that the student named above has completed participation in my practice site as described herein.*

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***This form should be completed and signed at the conclusion of the experience. It must then be uploaded into the Blackboard Community Course IPE Exposure Bridge Transition along with the completed reflection within 7 days of participation in the activity. If you need assistance, please contact Ms. Karen Irons at [kdirons@uams.edu](mailto:kdirons@uams.edu) or Mrs. Misty Besancon at [mlbesancon@uams.edu](mailto:mlbesancon@uams.edu).***



## Office of Interprofessional Education

### Triple Aim IPE Exposure Phase - Bridge Transition Activity Reflection Assignment

To complete the bridge activity, please submit your written reflection within 7 days following participation in the event. Triple Aim activities are designed to support students' development of Interprofessional Education Collaborative (IPEC) Competency Domains and Triple Aim goals.

Interprofessional Education Collaborative (IPEC) Domains:

- 1) Values and Ethics,
- 2) Roles and Responsibilities,
- 3) Interprofessional Communication,
- 4) Teams and Teamwork

Triple Aim goals:

- 1) To improve patient care/patient experience,
- 2) To improve population health,
- 3) To decrease cost of care.

**Please complete a 1-2 page written reflection which addresses the questions below. As you prepare your responses, please consider your individual thoughts as well as items addressed in discussion with your preceptor/supervisor.**

1. What was the date/name of the activity you completed?
2. Please list the members of your team during this activity and the college/profession they represent.
3. Describe the "team" that you saw at work during this activity. Are there any other team members that you feel were involved behind the scenes, or could have been involved in this team?
4. What did you learn about your profession? What did you learn about another profession?
5. What aspect(s) of the Triple Aim was (were) addressed in this activity?
6. How did the interprofessional team improve the Triple Aim goal(s) addressed in this activity? How is this different than what might have been achieved by a single provider?
7. What can you do in the future to impact the Triple Aim in this area?
8. How did this experience enhance your learning/understanding of clinical/science information? Team skills?
9. What would you suggest to improve this activity?

***The reflection must be uploaded into the Blackboard Community Course IPE Exposure Bridge Transition along with the completed verification form within 7 days of participation in the activity. If you need assistance, please contact Ms. Karen Irons at [kdiron@uams.edu](mailto:kdiron@uams.edu) or Mrs. Misty Besancon at [mlbesancon@uams.edu](mailto:mlbesancon@uams.edu).***