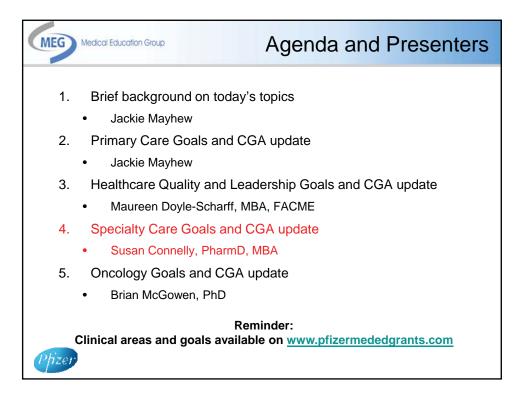
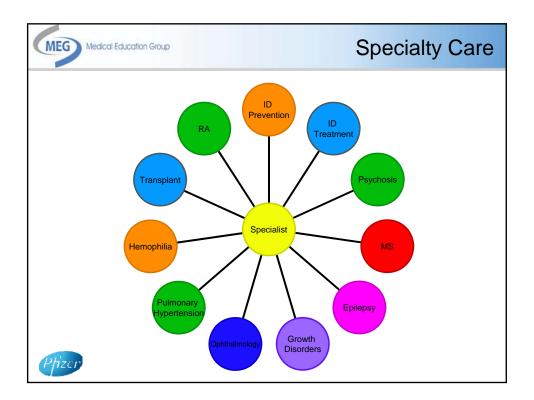




| MEG | Medical Education Group Call for Grant Applications Update |
|---------|--|
| Interpr | ofessional Education |
| - | Posted June 2010; Deadline was July 15, 2010 |
| _ | 29 requests received, 9 approved |
| _ | Awarded to National Jewish Health, \$220,000 |
| | "The Colorado Toolkit for COPD: Best Practice Improvement in the Urban Environment . A PI CME Proposal" |
| _ | Awarded to University of Virginia, \$66,506 |
| | "A Continuing Interprofessional Education Initiative (IPEI) to Improve Sepsis Care by Enhancing Healthcare Team Collaboration" |
| _ | Awarded to University of Texas Health Science Center, \$351,374 |
| | "Educating for Quality Improvement and Patient Safety: EQUIPS: Interprofessional Teamwork for Clinical Safety and Effectiveness" |
| _ | Awarded to Riverside Methodist Hospital, \$10,000 |
| | "Hand-offs of Care and Better Communication Through Teamwork" |
| Pfizer | |

| MEG | Medical Education Group Call for Grant Applications Update |
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| Interpro | ofessional Education (continued) |
| _ | Awarded to University of Florida, \$687,100 <i>"Educational Curriculum: Long-term Prevention of Pneumococcal Disease in Adults: An Interprofessional Approach to Improving Patient</i> |
| - | Outcomes" Awarded to Tufts University, \$21,695 • <i>"Information Mastery: An Applied Interprofessional Approach to Evidence-Based Practice"</i> |
| - | Awarded to Univ Cinncinatti, \$203,000 "Creating a Model of Interprofessional Care through Team Teaching of Health Professions Learners in Healthcare Improvement" |
| - | Awarded to Trover Clinic Foundation, \$15,921 • <i>"The Education Continuum: Pump Up The Volume"</i> |
| Pfizer | Awarded to University of Nevada, \$49,600 "Creating and Developing Interprofessional Simulation Training Curriculum for Health Sciences" |





| Rheumatoid Arthritis | |
|--|---|
| Improve the care of Rheum | atoid Arthritis patients: |
| through implementation | of new and effective strategies (e.g., the use of objective measures, outcome directed al tools) for screening, referral, diagnosis, and management, as measured by appropria |
| by establishing treatment possible in every patient | nt goals that aim at reaching a target of remission or low disease activity as soon as t, and |
| | the pathophysiology of Rheumatoid Arthritis and its implications for mechanism of action |
| Pulmonary Arterial H | ypertension |
| hypertension as evidend | rove quality of life, and improve outcomes in patients with pulmonary arter ced by delaying disease progression and mortality by increasing awarenes ment options and increasing the competence and performance of healthca |
| Transplant | |
| | tive outcomes for renal transplant recipients by improving community owledge, competence, and evidence-based performance. |
| Growth Disorders | |
| Improve and translate the working in the areas of generating the second s | ne knowledge base of health care providers, educators and third party pay- growth, pituitary, and related genetic disorders. |
| Hemophilia | |
| | in patients with hemophilia by facilitating enhanced coordination of care and patients and doctors, and ensuring practitioners know how to safely treat and monitor |
| Ophthalmology | |
| Translate current evider | nce based knowledge regarding diagnosis and medical management of tension, ocular surface disorders, and/or retinal diseases into practice. |

