



**School of Health Professions
Doctor of Occupational Therapy
Program
Interprofessional Education Plan
Academic Year 2021-2022**

Background

UT Health San Antonio's Strategic Vision for fiscal years 2018-2022 identifies Teamwork & Collaboration as a core value, and it also highlights strengthening interprofessional team-based learning opportunities across the organization as a key strategy. The Quality Enhancement Plan (QEP), *Linking Interprofessional Networks for Collaboration (LINC)*, is an institution-wide effort to advance our Strategic Vision by enhancing interprofessional education (IPE) at UT Health San Antonio. Key measures of success include increasing student knowledge and skills related to IPE, demonstrating schools' and programs' adoption of IPE as a strategic priority through increased activities integrated into programs' curricula, and increasing opportunities for student IPE experiences across the institution. To contribute to the coordinated implementation of the QEP and to demonstrate compliance with program-specific IPE accreditation standards, the Associate Dean for Academic and Student Affairs within the School of Health Profession (SHP) and the Chair of the SHP IPE Committee are leading the development and implementation of program-specific IPE plans through the contributions and efforts of SHP IPE Committee members and program leaders within each SHP department.

Profession-Specific Accreditation Mandate

The Accreditation Council for Occupational Therapy Education requires the integration of interprofessional education into the UT Health San Antonio Occupational Therapy Doctorate Program curriculum, as evidenced by the following standard:

ACOTE Standard B.4.25. Principles of Interprofessional Team Dynamics

Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.

Department of Occupational Therapy IPE Plan

In accordance with HPAC recommendations, this IPE plan consists of four components: rationale, outcome-based goals, deliberate design, and assessment & evaluation. Details for each component are included below:

Rationale

The vision of the UT Health San Antonio's Department of Occupational Therapy is to be the Occupational Therapy education program of choice in the State of Texas as evidenced by the transitioning of entry-level occupational therapy practitioners into the healthcare work-place who add value and improve health outcomes by excelling in interprofessional communication, teamwork, and provision of safe, ethical patient, and population-centered care.

The mission of the Department of Occupational Therapy in accordance with the mission of the School of Health Professions and the University of Texas Health Science Center at San Antonio, is to make lives better by serving the people of Texas and the nation through excellence in education, research, health care and community

engagement. We will achieve this by integrating the Interprofessional Education Collaborative (IPEC) Core Competencies into our curriculum as a vehicle to:

- Educate a diverse student body to become excellent occupational therapists
- Advance the occupational therapy profession through research and scholarship
- Provide compassionate and evidence-based occupational therapy
- Engage in service to the profession and the community

The Occupational Therapy Department will also be aligned with the departments in the School of Health Professions and UT Health campus partners through the University's QEP.

Outcome-based Goals

Table 1. Department of Occupational Therapy IPE Strategic Program Goals

Expected Behaviors for OTD Student	Domains of Competence	IPEC sub-competencies	Department of OT Sub-competency
Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles	<p>IPC 4 – Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.</p> <p>IPC 3 - Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.</p> <p>IPC 2 - Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.</p>	<p>TT1. Describe the process of team development and the roles and practices of effective teams</p> <p>TT3. Engage health and other professionals in shared client-centered (patient, group, population) problem-solving.</p> <p>TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p> <p>TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.</p> <p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p> <p>CC1. Choose effective communication tools and techniques, including information system and communication technologies, to facilitate discussions and interactions that enhance team function.</p>	<p>Identify the principles of interprofessional team dynamics that enable interdisciplinary health services team members to perform effectively in different team roles</p> <p>Demonstrate the ability to communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.</p> <p>Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.</p>

			<p>CC4. Listen actively and encourage ideas and opinions of other team members.</p> <p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p> <p>CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p> <p>RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.</p>	
--	--	--	--	--

Deliberate Design

Table 2. IPE Activities within the Doctor of Occupational Therapy IPE Plan

Program Year & Semester	Name of IPE Activity (Type of IPE Activity)	Learners from other Programs Involved & Year	Associated Course/Place in Curriculum	Faculty Leader(s) from OT	Faculty Leader from Other Programs	Timeframe to be Completed (Month)
Year 1 Fall	LINC Common IPE Experience (Didactic IPE – Collaborative Online Learning)	Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 4 and group composition varies as a result.		N/A	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PA), Bobby Belarmino (SHP-PT), Kelly Lemke (SOD), Daniel Saenz (GSBS), Sadie Trammell Velasquez (LSOM), and Cynthia L. Wall (SON), with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Gretchel Gealogo (SON), Keith Krolick (GSBS), Temple Ratcliffe (LSOM), Joseph Zorek (LINC Director)	Fall (Sep to Oct)
Year 1 Fall	ADA Environmental Assessment - community institutions, organizations, & businesses (Didactic IPE)	PT, SLP, MLS, RT, PA, EHS Year-1	OCCT 7003	Dr. Ana Allegretti		Fall (Oct)
Year 1 Spring	TeamSTEPPS Training (Didactic IPE)	PT, SLP, MLS, RT, PA, EHS Year-1	INTD 5032	Dr. Bridget Piernik-Yoder Dr. David Henzi	Dr. Bobby Belarmino (SHP-PT) Cordelia Kudika (SHP-MLS)	Spring (Jan to Feb)
Year 1 Summer	"HELP for Better Health: The Use of Global Attainment Scaling for the Developmentally	OT, Dental, & MD Years 1-2		Dr. Bridget Piernik-Yoder	Melanie Stone (LSOM)	Summer (Jun)

	Disabled (Co-Curricular IPE)					
Year 2 Fall	8-Hour Interprofessional Workshop (Didactic IPE)	MD Year 2	OCCT 7020	Dr. Bridget Piernik-Yoder Dr. Kimatha Oxford Grice		Fall (Oct)
Year 2 Spring	Ethics and Healthcare delivery (Didactic IPE)	OT – Year 2 PT – Year 1 MLS- Years 1-2	OCCT 7019	Dr. Ricky Joseph	Dr. George Kudolo (SHP-MLS), Dr. Michael Geelhoed (SHP-PT)	Spring (Mar)
Year 2 Summer	Pediatric Case Study Simulation (Didactic IPE)	OT – Year 2 SLP Year 1-2	OCCT 7015	Dr. Mei-Ling Lin		Summer (Aug)
Year 2 Summer	Ergonomic Assessment & Consultation (Co-Curricular IPE)	OT – Year 2 PT – Year 2-3 DDS – Year 1		Dr. Kimatha Oxford Grice Dr. Ricky Joseph	Dr. Michael Geelhoed (SHP-PT) Dr. Juanita Lozano-Pineda (SOD)	Summer (Aug to Sep)
<p>The World Health Organization's definition of IPE, which is endorsed by IPEC, is "When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010; IPEC, 2016). This emphasis on students aligns well with UT Health San Antonio's QEP, and the expectation is that student-to-student interprofessional learning will constitute the majority of IPE activities on campus. That said, HPAC provided guidance that offers an expanded interpretation of "from" and "with" highlighting the importance of student learning that takes place from and/or with practitioners or professionals (HPAC, 2019). Student-to-practitioner and/or student-to-professional IPE should be included in this table if it exists in the program.</p> <p>Didactic IPE = IPE activities that take place in classroom and simulation settings as part of formal curricula (i.e., credit-bearing coursework); Co-Curricular IPE = IPE activities that take place outside of formal curricula (volunteer experiences that augment learning/professional development); Clinical IPE = IPE activities that take place in clinical settings as part of formal curricula (i.e., credit-bearing coursework).</p> <p>IPE Partners = Students from other professions/programs involved including their year(s) of study</p>						

Assessment and Evaluation

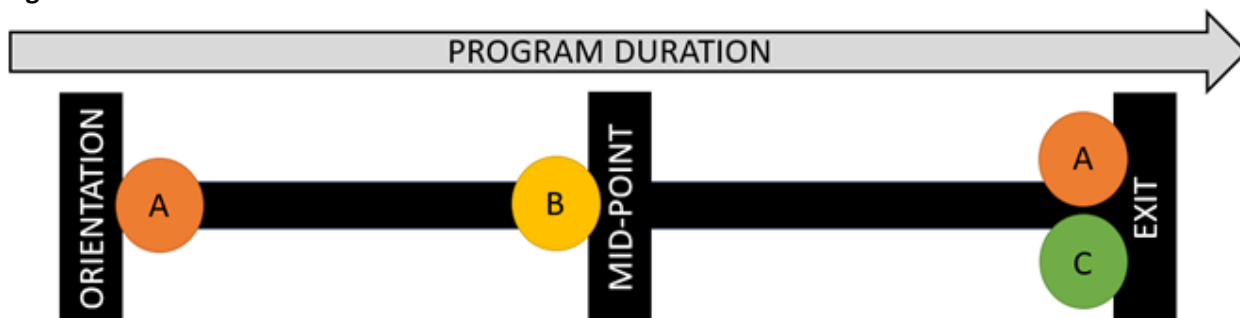
The LINC Core IPE Measurement Plan at UT Health San Antonio forms the backbone of IPE assessment/evaluation for all UT Health San Antonio program-specific IPE plans. Valid and reliable tools to measure change in reactions, attitudes/perceptions, skills, and behaviors are included. Table 3 and Figure 1 below provide additional information on tools and administration schedules for the LINC Core IPE Measurement Plan.

Table 3. Tools and Targeted Learning Outcomes of the LINC Core IPE Measurement Plan

Level*	Measurement Tool**	Constructs	Items
Level 1 Reaction	Interprofessional Reactions Tool (IPRT)	<ul style="list-style-type: none"> Preparation Relevance Importance Satisfaction 	13 self-reported items: <ul style="list-style-type: none"> 9 quantitative items using a 5-point Likert-type response scale; and, 4 qualitative items soliciting written responses to open-ended prompts

Level 2a Attitudes/ Perceptions	Student Perceptions of Interprofessional Clinical Education–Revised, Version 2 (SPICE-R2)	<ul style="list-style-type: none"> • Interprofessional Teamwork and Team-based Practice • Roles & Responsibilities for Collaborative Practice • Patient Outcomes from Collaborative Practice 	10 self-reported, quantitative items using a 5-point Likert-type response scale
Level 2b Skills	Interprofessional Education Collaborative Competency Self- Assessment Tool, Version 3 (IPEC-3)	<ul style="list-style-type: none"> • Interprofessional Interactions • Interprofessional Values 	16 self-reported, quantitative items using a 5-point Likert-type response scale
Level 3 Behaviors	Interprofessional Collaborative Competency Attainment Scale–Revised (ICCAS- R)	<ul style="list-style-type: none"> • Communication • Collaboration • Roles & Responsibilities • Collaborative patient-family centered approach • Conflict management/ resolution • Team functioning 	21 self-reported, quantitative items using a 5-point Likert-type response scale
<p>* Modified Kirkpatrick levels 2b (skills) and 3 (behaviors) are combined in this table because IPEC-3 and ICCAS-R report to measure both levels</p> <p>** See Appendices I-IV for complete versions of selected measurement tools</p>			

Figure 1. Administration Schedule of the LINC Core IPE Measurement Plan



CORE IPE MEASUREMENT PLAN ADMINISTRATION LEGEND



Interprofessional Reactions Tool (IPRT)



Student Perceptions of Interprofessional Clinical Education–Revised, Version 2 (SPICE-R2)
Interprofessional Education Collaborative Competency Self-Assessment Tool, Version 3 (IPEC-3)



Interprofessional Collaborative Competency Attainment Scale–Revised (ICCAS-R)

The OT IPE Plan was initially approved by the SHP IPE Committee and SHP Curriculum Committee on November 12, 2020.

The initial OT IPE Plan was then updated and approved by the OT Department on September 30, 2021.

The approved AY21-22 OT IPE Plan was submitted to LINC on October 12, 2021.