



## **School of Health Professions Respiratory Care 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.

### **Respiratory Care 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 Division of Respiratory Care strives to be recognized as the leader in Respiratory Care education, service, and scholarship. As such our graduates will excel in interprofessional communication, teamwork, and provision of safe, ethical patient centered care.

The mission of the Division of Respiratory Care will create an educational environment that foster critical thinking, clinical excellence, and the promotion of the respiratory care profession. To achieve this, we will integrate Interprofessional Education Collaborative Core Competencies into our curriculum by the above mentioned "Shared IPE Framework" to:

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

The Division of Respiratory Care will work with the other departments throughout UT Health San Antonio by collaborating within the University's QEP.

## Outcome-based Goals

**Table 1.**

<b>Expected Behaviors for RC Student</b>	<b>Domains of Competence</b>	<b>IPEC sub-competencies</b>	<b>Division of RC Sub-competency</b>
Demonstrates the ability to communicate effectively with patients, families, and healthcare professionals as individuals and in teams.	IPEC 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><b>CC3.</b> Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p><b>CC5.</b> Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.</p> <p><b>CC7.</b> Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).</p>	Communicate opinions based on unique expertise with confidence, clarity and respect to the healthcare team providing patient care, including constructive feedback to team members to enhance patient care and outcomes.

## Deliberate Design

**Table 2.**

Program Year & Semester	Name of IPE Activity (Type of IPE Activity)	Learners from Other Programs Involved (Abbreviation & Year)	Associated Course/Place in Curriculum (If Applicable)	Faculty Leader(s) from RC	Faculty Leader(s) 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.	Program Requirement		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	Faculty Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 1			Dr. David Henzi	Fall (Dec)
Year 1 Fall	Student Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 1			Dr. David Henzi	Fall (Dec)
Year 1 Spring	TeamSTEPPS Training (Didactic IPE – Collaborative Online Learning)	OT, PT, SLP, MLS, PA, EHS Year 1			Cordelia Kudika	Spring (May)
Year 1 Spring	Faculty Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 1			Dr. David Henzi	Spring (May)
Year 1 Spring	Student Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 1			Dr. David Henzi	Spring (May)
Year 1 Spring	Adult, Pediatric and Neonatal Clinical Simulation (Didactic IPE)	BSN Year 2		Thomas Stokes Kristina Ramirez	Dr. Becky Fenton (SON)	Spring (May)
Year 2 Fall	Faculty Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 2			Dr. David Henzi	Fall (Dec)
Year 2 Fall	Student Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 2			Dr. David Henzi	Fall (Dec)
Year 2 Spring	Asthma Co-education (Co-Curricular IPE)	MD Year 1		Dr. Ruben Restrepo	Mandie Svatek (LSOM)	Spring (Mar)
Year 2 Spring	Poverty Simulation	OT Year 1 PA Year 1	IPE Partners	Thomas Stokes Megan Carreon	Dr. Salma Elwazeer (SOD)	Spring (Mar)

	(Didactic IPE -- Simulation)	DDS Year 1			Dr. Leticia Bland (SHP-PA) Dr. Magda A. de la Torre (SOD) Dr. Bridgett Piernik-Yoder (SHP-OT)	
Year 2 Spring	Faculty Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 2			Dr. David Henzi	Spring (May)
Year 2 Spring	Student Grand Rounds (Co-Curricular IPE)	OT, PT, SLP, MLS, PA, EHS Year 2			Dr. David Henzi	Spring (May)

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.

**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).

**IPE Partners** = Students from other professions/programs involved including their year(s) of study

### Assessment & Evaluation

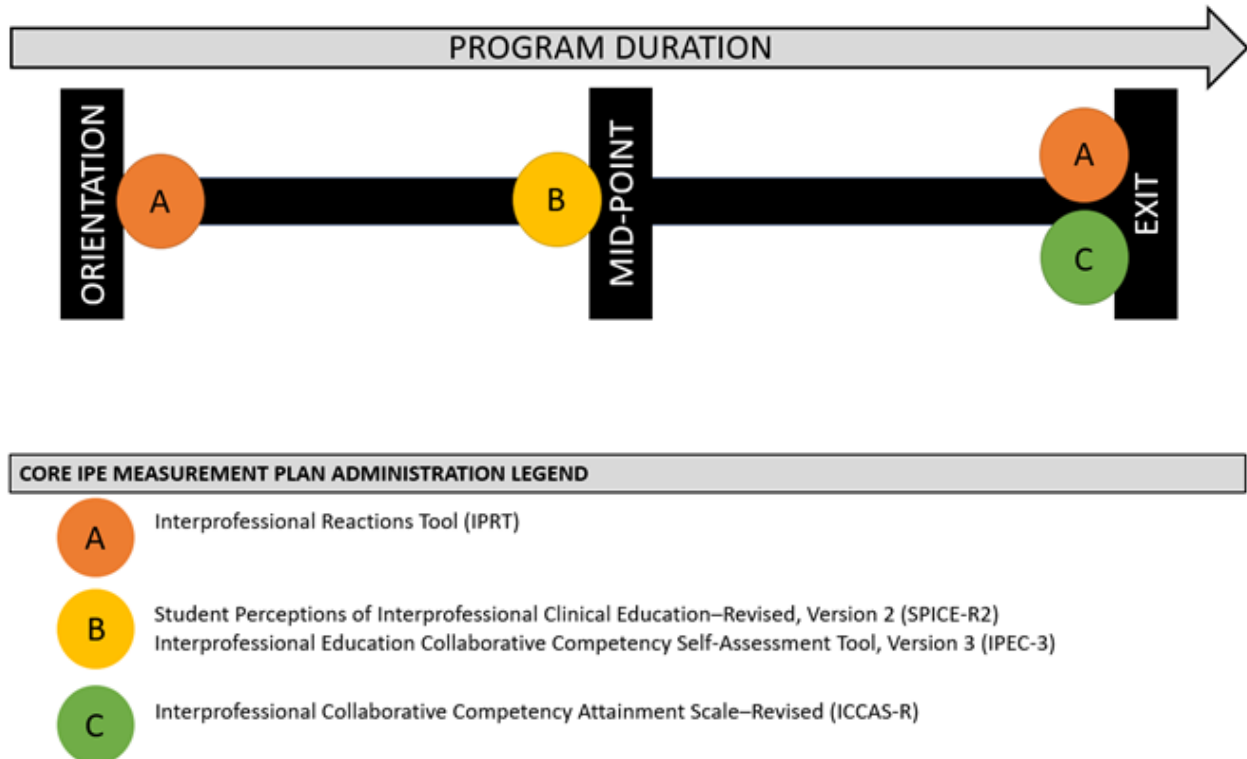
The LINC Core IPE Measurement Plan at UT Health San Antonio forms the backbone of IPE assessment/evaluation for all UT Health San Antonio program-specific IPE plans. Valid and reliable tools to measure change in reactions, attitudes/perceptions, skills, and behaviors are included. Table 3 and Figure 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"> <li>Preparation</li> <li>Relevance</li> <li>Importance</li> <li>Satisfaction</li> </ul>	13 self-reported items: <ul style="list-style-type: none"> <li>9 quantitative items using a 5-point Likert-type response scale; and,</li> <li>4 qualitative items soliciting written responses to open-ended prompts</li> </ul>

Level 2a Attitudes/ Perceptions	Student Perceptions of Interprofessional Clinical Education– Revised, Version 2 (SPICE-R2)	<ul style="list-style-type: none"> <li>• Interprofessional Teamwork and Team-based Practice</li> <li>• Roles &amp; Responsibilities for Collaborative Practice</li> <li>• Patient Outcomes from Collaborative Practice</li> </ul>	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"> <li>• Interprofessional Interactions</li> <li>• Interprofessional Values</li> </ul>	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"> <li>• Communication</li> <li>• Collaboration</li> <li>• Roles &amp; Responsibilities</li> <li>• Collaborative patient-family centered approach</li> <li>• Conflict management/ resolution</li> <li>• Team functioning</li> </ul>	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**



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

The initial RC IPE Plan was then updated and approved by the Division of Respiratory Care in the Department of Health Sciences on November 19, 2021.

Sent to LINC on November 19, 2021