

School of Health Professions Department of Communication Sciences & Disorders Interprofessional Education 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 American Speech-Language-Hearing Association (ASHA) joined the Interprofessional Education Collaborative (IPEC) in 2017 and included IPE/IPP language in speech-language pathology scope of practice in 2018. In the newly implemented 2020 Speech-language Pathology Certification Standards, ASHA has added the new language to promote IPE/IPP. ASHA recommends the integration of IPE/IPP into the scope of practice in Speech-language Pathology, as evidenced by the following standards:

*Standard V-B*: Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

## Speech-Language Pathology 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 American Speech-Language-Hearing Association (ASHA) joined the Interprofessional Education Collaborative (IPEC) in 2017 and included Interprofessional Education (IPE)/Interprofessional Practice (IPP) language in Speech-language Pathology Scope of Practice in 2018. In the newly implemented 2020 Speech-language Pathology Certification Standards, ASHA has added the new language to promote IPE/IPP. ASHA recommends the integration of IPE/IPP into the scope of practice in Speech-language Pathology, as evidenced by the Standard V-B (see above).

The speech-language pathology program, under the Department of Communication Sciences and Disorders (CSD), at UT Health San Antonio launched in the spring of 2017. The integration of IPE/IPP in the curricular design and clinical education has been strategic to date. In order to match the growth of the program in both graduate students and faculty, the CSD faculty have set the goal to plan and introduce one IPE/IPP experience per year.

Initially, the speech-language pathology program integrated co-curricular activities sponsored by the School of Health Professions. These activities focused on knowledge of other professions and their respective scopes of practice. In fall 2019, a partnership with the School of Nursing allowed for the beginnings of an IPP experience between nursing and SLP students. This partnership and associated clinical activity were chosen as clinical experience in screening and prevention as those skills are also clinical certification skills and experiences required for SLP students.

The timely and intentional progression of IPE/IPP activities allows the faculty to directly align activities with the overall vision and goals of the department, the research and clinical pursuits of the faculty members, ASHA's standards, and the university's QEP. The SLP program seeks to focus on collaborative interprofessional supervised clinical experiences with current partners within the School of Nursing while also pursuing partnerships with additional schools, departments and/or professions. This will allow SLP graduate students to develop experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Expected Behaviors for	Domains of Competence	IPEC Sub-Competencies	Kirkpatrick's Learning
SLP Student			Outcome Level
1. Demonstrate knowledge	<b>IPEC 2</b> – Use the knowledge	RR1: Communicate one's	Level 2a / 2b
of the principles of	of one's own role and those	roles and responsibilities	
interprofessional team	of other professions to	clearly to patients, families,	
dynamics to perform	appropriately assess and	community members, and	
effectively in different team	address the health care	other professionals	
roles	needs of patients and to	RR10: Describe how	
	promote and advance the	professionals in health and	
	health of populations.	other fields can collaborate	
		and integrate clinical care	
		and public health	
		interventions to optimize	
		population health	
2. Demonstrate	IPEC 4 - Apply relationship-	TT8: Reflect on individual	Level 2a / 2b
collaboration through	building values and the	and team performance for	Level 3
communication and patient	principles of team dynamics	individual, as well as team,	
care within an	to perform effectively in	performance improvement	
interprofessional team	different team roles to plan,	TT11: Perform effectively on	
	deliver, and evaluate	teams and in different team	
	patient/population-	roles in a variety of settings	
	centered care and		
	population health programs		
	and policies that are safe,		

### Outcome-based Goals Table 1.

timely, e	ficient, effective,	
and equi	table.	

### **Deliberate Design**

Ex (D Cc	xperience Didactic IPE – ollaborative Inline Learning)	in interprofession al groups of 4 and	Common Interprofessional Educational Experience - LINC		LINC Didactic IPE Initiative Members: M eredith Quinene (SHP- PA), Bobby	Fall (Sep to Oct)
		group composition varies as a result.			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 (SO N), Keith Krolick (GSBS), Temple Ratcliffe (LSOM), Joseph Zorek (LINC Director)	
		OT, PT, MLS, SLP, RT, EMS	INTD 5032: TeamSTEP PS - Interprofessional Education Course		Dr. Bridget Piernik- Yoder (SHP-OT) Dr. George Kudolo (SHP-MLS) Dr. Tammy Harris (SHP-PA) Dr. Bobby Belarmino (SHP-PT)	Spring (Jan to Feb)
Cc Cli	dult ommunication linic (Clinical & o-Curricular IPE)	OT – Year 1		Dr. Angela Kennedy Dr. Cathy Torrington Eaton	Dr. Autumn Clegg (SHP-OT)	Summer (Jur to Jul)

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 professional (PPAC, 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 and Evaluation**

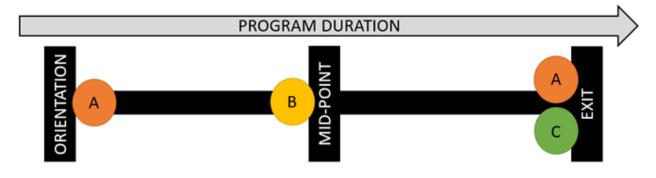
The LINC Core IPE Measurement Plan at UT Health San Antonio forms the backbone of IPE assessment/evaluation for all UT Health San Antonio program-specific IPE plans. Valid and reliable tools to measure change in reactions, attitudes/perceptions, skills, and behaviors are included. Table 3 and Figure 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> <li>Preparation</li> <li>Relevance</li> <li>Importance</li> <li>Satisfaction</li> </ul>	<ul> <li>13 self-reported items:</li> <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> <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> <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> <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	
* Modified Kirkpatrick levels 2b (skills) and 3 (behaviors) are combined in this table because IPEC-3 and ICCAS-R report to measure both levels				
** See Appendices I-IV for complete versions of selected measurement tools				

## 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 SLP IPE Plan was initially approved by the SHP IPE Committee and SHP Curriculum Committee on **November 18, 2020.** 

The initial SLP IPE Plan was then updated and approved by the SLP Division within the Department of Communication Sciences & Disorders on **September 10, 2021.** 

Sent to LINC on October 12, 2021