



Doctoral Dental Surgery School of Dentistry 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 School of Dentistry's (SOD) Associate Dean for Academic, Faculty and Student Affairs led the development and implementation of the Doctor of Dental Surgery (DDS) IPE Plan with contributions from an IPE Task Force made up of members drawn from SOD.

Profession-Specific Accreditation Mandate

The Commission on Dental Accreditation requires the integration of IPE into the DDS program curricula, as evidenced by the following standards/expectations:

Doctoral Dental Surgery Program

There are two standards that address IPE.

- **CODA Standard 1-9** says the dental school must show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.
- **CODA Standard 2-20** says graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care. The intent of this standard is to attain competence in understanding the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.

SOD DDS 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

Alignment with campus partners through the University's QEP provides a framework and justification. In addition, graduates need to be competent in communicating and collaborating with other members of the health care team. Collaboration among health professionals is critical for dental disease

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prevention and optimal oral health. Moreover, an aging population with an increased prevalence of polypharmacy and polymorbidity place growing demands on dental practitioners for coordinated care to achieve safe outcomes.

Outcome-based Goals

As an institution, we have chosen IPEC as our shared framework, and the IPEC sub-competencies will serve as the overarching outcome-based goals of the DDS program. In addition to the outcome-based goals, each program needs to meet educational outcomes. Each educational outcome is tied to IPEC sub-competencies under the four broad IPEC Competency Domains.

IPE Experience/ SOD Program/ Program Objective	IPEC Domains of Competence	IPEC Sub-Competencies Targeted
Ergonomics SHP Promote values and ethics for interprofessional education Recognize roles and responsibilities of each profession to enhance collaborative practices	Roles and Responsibilities Interprofessional Communication	RR4 -Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease. CC5 - Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
LINC Common IPE Experience All UTHSA Schools Demonstrate communication skills and collaboration with other members of the health care team to facilitate the provision of health care.	Teams and Teamwork Interprofessional Communication	TT1 -Describe the process of team development and the roles and practices of effective teams TT8 -Reflect on individual and team performance for individual, as well as team, performance improvement TT10 -Use available evidence to inform effective teamwork and team-based practices
HENOT-Head, Ear, Nose, Oral Cavity & Throat SOD & SOM Foster interprofessional communication practices	Teams and Teamwork	TT7 -Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.

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Promote values and ethics for interprofessional education		
<p>SBP – School-Based Prevention Program SOD & SON</p> <p>Improving the experience of health care and integrating oral to overall health</p> <p>Addressing cultural humility and social determinants of health as an interprofessional collaborative addressing population health outcome with emphasis on inclusion and equity training</p>	Values and Ethics	<p>VE1 -Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting span.</p> <p>TT5 - Apply leadership practices that support collaborative practice and team effectiveness.</p>
<p>San Antonio Refugee Health Clinic SOD & SOM</p> <p>Improving the experience of health care and integrating oral to overall health</p> <p>Addressing cultural humility and social determinants of health as an interprofessional collaborative addressing population health outcome with emphasis on inclusion and equity training</p>	<p>Values and Ethics</p> <p>Interprofessional Communication</p>	<p>VE4- Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p> <p>CC7 - 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>

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Deliberate Design for Each Academic Year

The IPE Plan for the DDS program is designed to (1) incorporate all three IPE educational approaches (didactic IPE, clinical IPE, and co-curricular IPE) and (2) address the IPEC sub-competencies listed under Outcome-Based Goals, via required and selective coursework across the DS1 to DS4 curriculum.

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 Program	Faculty Leader(s) from Other Programs
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.	IP5001-DS1-requirement	Dr. Kelly Lemke	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PA), Bobby Belarmino (SHP-PT), 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)
Year 1 Spring	Patient Care Foundations - Ergonomics module with OT and PT (Didactic & Simulation IPE Longitudinal)	DS1 students SHP- OT Year 2 SHP-PT	DIPC 5001	Dr. Juanita Lozano-Pineda	Dr. Michael Geelhoed (SHP-PT) Dr. Ricky Joseph (SHP-OT)
Year 1 Spring	Ergonomics module with OT (Didactic & Simulation IPE Longitudinal)	DS3 students SHP- OT		Dr. Juanita Lozano-Pineda	Kimatha Oxford Grice (SHP-OT)

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Year 2 Fall	HENOT, Head Ear Nose Oral Cavity and Throat (Didactic/Clinical IPE Longitudinal)	DS2 Students MD-2	DIPC-6002	Dr. David Ojeda Diaz Dr. Arthur Shaw	Dr. Sadie Trammell Velasquez (SOM)
Year 2 Fall	2nd Year Patient Care Foundations (Simulation/Didac tic IPE)	NSIV Students	DIPC-6002	Dr. Moshtagh Farokhi	Dr. James Cleveland (SON) Dr. Wesley Richardson (SON)
Year 2 Spring	TeamSTEPPS Training (Simulati on/Didactic IPE)	NS4 Students	DIPC-6002	Dr. Moshtagh Farokhi	Dr. James Cleveland (SON) Dr. Wesley Richardson (SON)
Year 2 Spring	2nd Year Patient Care Foundations– School Based Prevention Program (Didactic/Clinical IPE)	NS4 Students DS2	DIPC-6002	Dr. Moshtagh Farokhi	Dr. Rebekah Salt (SON) Dr. Adelita Cantu (SON)
Year 3 Entire Year	Pre-Prosthetic Surgery (Clinical IPE)	Senior Pharmacy	SELC 8088	Dr. Tam Van	Dr. Rebecca Moote (UT College of Pharmacy)
Year 3 Spring	Interprofessional Community Service Learning 2 (Clinical and Co- Curricular IPE)	NS4, MSII, MSIII students	Selective 7115	Dr. Moshtagh Farokhi	Dr. Heidi Worabo (SON), Dr. Branden Skarpiak (LSOM)
Year 4 Fall	Interprofessional Community Service Learning 1 (Didactic IPE)	MS2	Selective 7114	Dr. Moshtagh Farokhi	Ms. Melanie Stone (LSOM), Dr. Jason Rosenfeld (LSOM)
Year 4 Spring	Interprofessional Community Service Learning 2 (Clinical and Co- Curricular IPE)	NS4, MS2, MS3 students	Selective 7115	Dr. Moshtagh Farokhi	Dr. Worabo (SON), Dr. Branden Skarpiak (LSOM)

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

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Assessment and Evaluation

Experts in assessment, evaluation, and compliance are led by the Associate Dean for Academic, Faculty and Student Affairs and academic leaders of the SOD. The SOD IPE Task force was formed to support achievement of QEP goals through measurement of IPE learning outcomes. The production of valid and reliable IPE outcomes data is essential to not only understand the impact of interprofessional learning, but also to support faculty efforts to refine and strengthen approaches to IPE instruction and the IPE learning environments they create. It is for this reason that IPE Assessment and Evaluation was identified as a vitally important component of IPE plans recommended by HPAC and the National Center. Furthermore, robust data are also required for QEP/LINC reporting to SACSCOC and for program-level reporting to national accrediting bodies. Importantly, stakeholders within the QEP/LINC project aspire to elevate the stature of UT Health San Antonio through IPE research and scholarly activities, and an intimate understanding of IPE assessment and evaluation is essential to maximize opportunities through such endeavors.

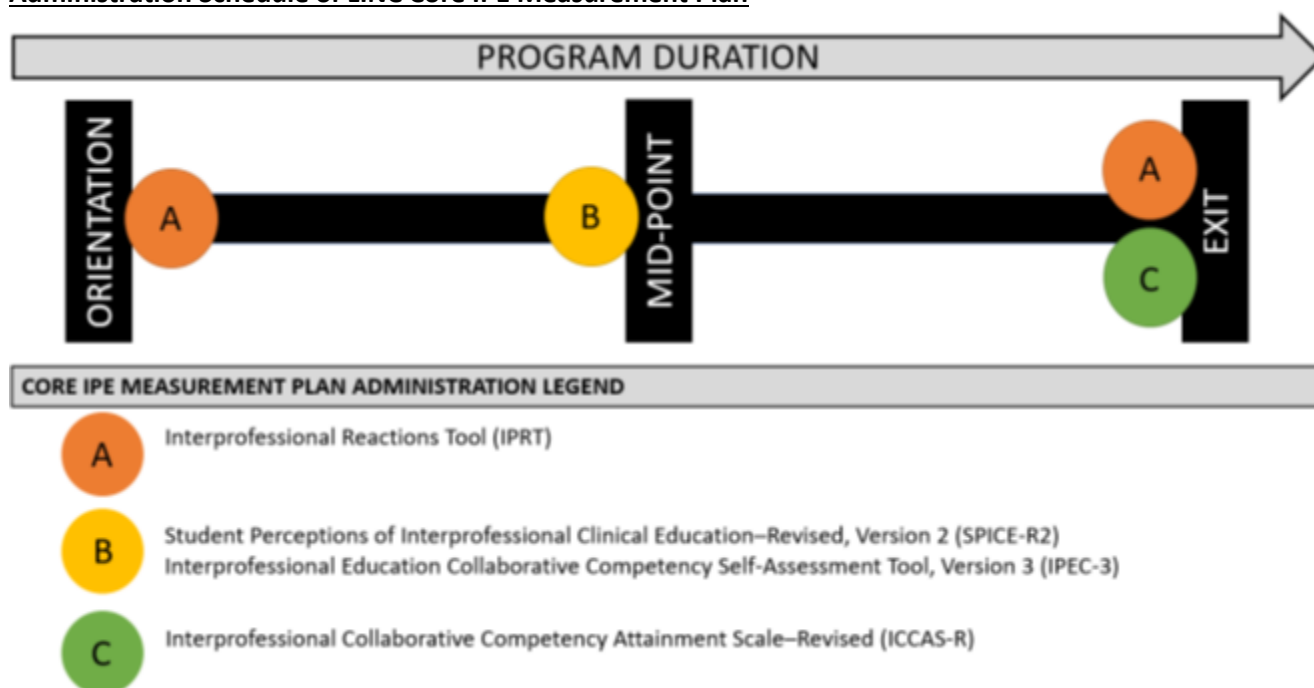
The LINC Core IPE Measurement Plan at UT Health San Antonio consists of four tools administered at three timepoints. Collectively, these tools measure changes in students' reactions, attitudes/perceptions, skills, and behavior related to interprofessional education and teamwork.

Level	Measurement Tool	Constructs	Items
Level 1 Reaction	Interprofessional Reactions Tool (IPRT)	Preparation Relevance Importance Satisfaction	13 self-reported items: 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)	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-	Interprofessional Interactions	16 self-reported, quantitative items using a 5-point Likert-type response scale

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	Assessment Tool, Version 3 (IPEC-3)	Interprofessional Values	
Level 3 Behaviors	Interprofessional Collaborative Competency Attainment Scale–Revised (ICCAS-R)	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
* Modified Kirkpatrick levels 2b (skills) and 3 (behaviors) are combined in this table because IPEC-3 and ICCAS-R report to measure both levels			

Administration Schedule of LINC Core IPE Measurement Plan



Approval of the DDS IPE Plan via faculty governance within the School of Dentistry is not required
Submitted to LINC on November 1, 2021