



Dental Hygiene 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 Dental Hygiene (DH) 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 Dental Hygiene program curricula, as evidenced by the following standards/expectations:

DENTAL HYGIENE PROGRAM

There is one standard that addresses IPE.

- **CODA Standard 2-15**, on patient care competencies, states that graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care. The intent of the standard states that student must have the ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners.

SOD DH IPE Plan

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

Rationale:

In an era of accountability our healthcare system and the public are demanding efficiencies for cost-effectiveness, quality improvement and coordinated care. To meet these demands interprofessional collaborations are a must. Therefore, The University's vision is to "transform health and healthcare for a diverse society"¹ by identifying a teamwork and collaboration plan that meets its core values. The

institution's Quality Enhancement Plan (QEP), Linking Interprofessional Networks for Collaboration (LINC), seeks to increase faculty, staff, and student knowledge and skills related to IPE, demonstrate schools' and programs' adoption of IPE as a strategic priority through increased activities integrated into programs' curricula, and increase opportunities for student IPE experiences across the institution.

Justification for formalizing the DH program's approach through this IPE Plan is drawn from the Commission on Dental Accreditation requirement to integrate IPE into the our curriculum, as evidenced by standards and expectations that mandate graduates are "competent in communication and collaborating with other members of the healthcare team to support comprehensive care."² As such, our approach relies on evidence from the Institute of Medicine that examines the need to measure the impact of IPE on collaborative practice and health system outcomes. Moreover, evidence suggests that a shared team identity helps to solve problems and improve delivery of care.³

The IPEC core competency framework aligns with CODA Standard 2-15. The first competency domain is values/ethics for interprofessional practice, where individuals of other professions maintain a climate of mutual respect and shared values. Next, is the roles/responsibilities domain where the use of 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. This is followed by interprofessional communication, where students learn 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. The final competency domain is teams and teamwork. This element applies 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.

Evidence to comply with CODA Dental Hygiene standard 2-15 are supported by use of reliable and validated IPE outcome tools found in the Kirkpatrick Learning Outcomes listed in the IOM Interprofessional Learning Continuum Model – Reactions, Attitudes/Perceptions, Knowledge/Skills, Collaborative Behavior, and Performance in Practice.

Our collective interpretation of the IPE standards has led us to an agreed strategy where opportunities for IPE within the University were explored. The list below captures didactic, clinical, and co-curricular IPE activities where a unified effort has the potential to meet the mission and vision of the University and the DH program.

Dental Hygiene Rationale References:

1) UT Health San Antonio: Strategic Plan Fiscal Year 2018-2022, page 2. obtained from:
https://issuu.com/hscsa_communications/docs/strategicplan_2018-22_final-filpboo

2) Commission on Dental Accreditation, Dental Hygiene Program: Standard 2-15. Patient Care Competencies. Page 28. Obtained from
https://www.ada.org/~media/CODA/Files/2020_dental_hygiene_standards.pdf

3)-Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes; Board on Global Health; Institute of Medicine. Washington (DC): National Academies Press (US); 2015 Dec 15. <https://www.ncbi.nlm.nih.gov/books/NBK338360/>

Outcome-based Goals:

As an institution, we have chosen IPEC as our shared framework, and the most relevant IPE sub-competencies serve as the overarching outcome-based goals of the Dental Hygiene program. The IPEC sub-competencies selected are in alignment with the University's and SOD's vision for IPE and serve as tangible goals to design our approach. The IPEC sub-competencies for the dental hygiene program are listed in the table below. The constructs of learner outcomes are based on the Kirkpatrick Learning Outcomes listed in the IOM Interprofessional Learning Continuum Model – Reactions, Attitudes/Perceptions, Knowledge/Skills, Collaborative Behavior and Performance in Practice.

IPEC Sub-Competency Selection for the DH IPE Plan

IPE Experience/ Program Objectives	IPEC Domains	IPEC Sub-Competencies Targeted
Health Literacy OSCE Improving the experience of health care and integrating oral to overall health Addressing cultural humility and social determinants of health as an interprofessional collaborative addressing population health outcome with emphasis on inclusion and equity training	Interprofessional Communication Teams and Teamwork	CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible. CC3. 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. CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others. TT8. Reflect on individual and team performance for individual, as well as team, performance improvement. TT11. Perform effectively on teams and in different team roles in a variety of settings.
LINC Common IPE Experience	Teams and Teamwork	TT1 -Describe the process of team development and the roles and practices of effective teams

<p>Demonstrate communication skills and collaboration with other members of the health care team to facilitate the provision of health care.</p>	<p>Interprofessional Communication</p>	<p>TT8 -Reflect on individual and team performance for individual, as well as team, performance improvement</p> <p>TT10 -Use available evidence to inform effective teamwork and team-based practices</p>
<p>Using VR and Case Studies for Improved Dementia Care</p> <p>Promote values and ethics for interprofessional education</p> <p>Recognize roles and responsibilities of each profession to enhance collaborative practices</p>	<p>Roles and Responsibilities</p> <p>Communication</p> <p>Teams and Teamwork</p>	<p>RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.</p> <p>RR4. Explain the roles and responsibilities of other providers and how the team works together</p> <p>CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC3. 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>CC5. 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>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p> <p>T11. Perform effectively on teams and in different team roles in a variety of settings</p>
<p>Poverty Simulation</p>	<p>Values and Ethics</p>	<p>VE1- Place interests of patients and populations at center of interprofessional</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>health care delivery and population health programs and policies, with the goal of promoting span.</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>
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Deliberate Design:

To achieve the identified outcome-based goals, a sequenced series of classroom, extracurricular, and clinical learning activities were integrated into the existing or proposed professional curriculum, spanning the entire length of the program. This includes content and instructional formats appropriate to the level of the learner and to the outcome-based goals. A detailed narrative with the chronological sequence and sub-competencies follows.

SOD, Division of Dental Hygiene Chronological Sequence of Activities:

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.		Carol Nguyen (SOD)	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)
Year 2 Fall	Using VR and case studies for improved dementia care (Co-Curricular IPE)	DH2, OT2 and SON2	N/A-LINC Seed Grant Project	Carol Nguyen (DH), Rebekah Sculley (DH)	Laura Novak (SHP-OT), Carol White (SON)

LINC Academic Affairs Council – Dental Hygiene – School of Dentistry – Approval Not Required

Year 2 Spring	Current Issues in Dental Hygiene - Developing an Objective Structured Clinical Exam (OSCE) for Health Literacy (Co-Curricular IPE)	DH2, OT2, MS4	DENH 4111	Rebekah Sculley (DH)	Melanie Stone (Center for Ethics and Humanities), Kristy Kosub (SOM), Bridgett Piernik-Yoder (SHP-OT), Oralia Bazaldua (PharmD)
<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

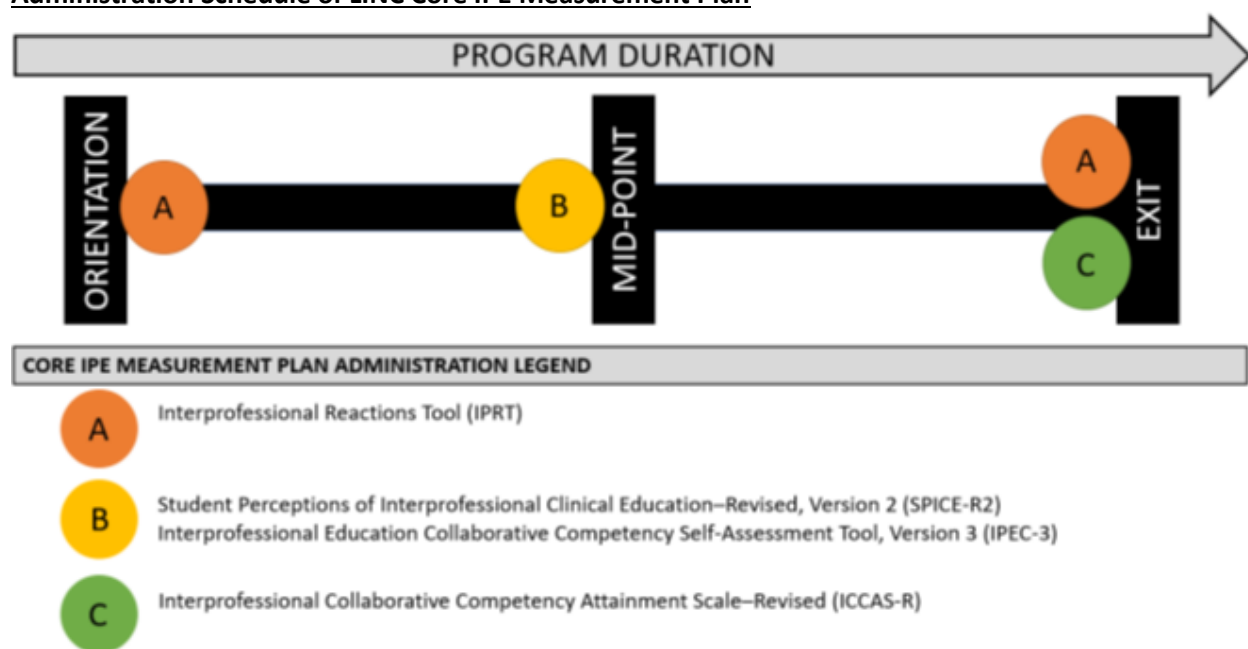
Experts in assessment, evaluation, and compliance are led by the Associate Dean for Academic, Faculty and Student Affairs and academic leaders of the SOD. The SOD IPE Task force was formed to support achievement of QEP goals through measurement of IPE learning outcomes. The production of valid and reliable 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-Assessment Tool, Version 3 (IPEC-3)	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)	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



Additionally, the assessment tools PACT and TeamsSTEPPS were considered as part of a longitudinal-based assessment in the program. The intent is for the two assessments to be given to learners who are enrolled in IPE activities. To that end, we will use the Performance Assessment Communication and Teamwork Tools Set, PACT. The PACT contains 5 instruments: two are self-report, pre-post assessments; and three are observational rating tools developed for raters with different levels of experience. All five tools contain items that reflect the five domains of Team STEPPS: Team structure, Leadership, Situation monitoring, Mutual support, and Communication. The PACT tools are designed to provide assessment feedback for learners, and evaluation information for program faculty. The second assessment tool is the TeamsSTEPPS Team Assessment Questionnaire and Team Performance Observation Tool (TAQ-TPOPT). The TAQ collects individual team members' perceptions of team foundation, functioning, performance, skills, leadership, climate/atmosphere, and identity in a 43-item questionnaire. The T-POT is an observational tool used in situ. It was designed to collect objective observations of team structure, leadership, situational monitoring, mutual support, and communication in 25 behavioral ratings. Used in concert, these two measures allow the capture of team member concerns and objective information on teamwork processes.

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