



## **Bachelor of Science of Nursing School of Nursing 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 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 Undergraduate Studies in the School of Nursing is leading the development and implementation of the BSN IPE plan through the contributions and efforts of the Committee on Interprofessional Education (CoIPE) comprised of individuals from the School of Nursing, and the appropriate curriculum governing body, the Committee on Undergraduate Studies (COUS).

### **Profession-Specific Accreditation Mandate**

The American Association of Colleges of Nursing (AACN) promotes excellence in academic nursing and publishes *The Essentials Series*. The *Series* outlines the necessary curriculum content and expected graduate competencies for each degree. The accrediting arm of AACN is the Commission on Collegiate Nursing Education (CCNE). Because the Bachelor of Science in Nursing (BSN) program is accredited by CCNE, the integration of IPE into the BSN program curriculum is essential. This is evidenced by the following standards/expectations noted on Page 22 of the *Essentials of Baccalaureate Education for Professional Nursing Practice (2008)*:

### **Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**

#### ***Rationale:***

*Effective communication and collaboration among health professionals is imperative to providing patient-centered care. All health professions are challenged to educate future clinicians to deliver patient-centered care as members of an interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics (IOM, 2003a). Interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care (Freeth, Hammick, Koppel, & Reeves, 2002). Teamwork among healthcare professionals is associated with delivering high quality and safe patient care (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Collaboration is based on the complementarities of roles and the understanding of these roles by the members of the healthcare teams. Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better*

*patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intraprofessional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision-making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team.*

*The baccalaureate program prepares the graduate to:*

- 1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).*
- 2. Use interprofessional and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.*
- 3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.*
- 4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.*
- 5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.*
- 6. Advocate for high quality and safe patient care as a member of the interprofessional team.*

On April 6, 2021 AACN membership approved *The Essentials: Core Competencies for Professional Nursing Education*. Member schools have 3 years to incorporate these “new” essentials. The SON curriculum committees will begin work during AY 2022.

**Commission on Collegiate Nursing Education (CCNE):** “Officially recognized by the U.S. Secretary of Education as a national accreditation agency, the Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and nurse residency programs.” CCNE <https://www.aacnnursing.org/CCNE>

### **Bachelor of Science in Nursing IPE Plan**

#### **Process:**

Based on faculty responses to survey questions, the SON IPE Task Force conducted an analysis of existing IPE experiences delivered during the 2019-2020 academic year. The Task Force delineated 23 priority IPE competencies deemed to be the most salient for student achievement. In the survey, faculty were asked to identify the top three IPEC competencies from the list of 23 competencies for each described IPE activity. The chosen competencies include:

VE2	RR1	TT1	CC2
VE4	RR2	TT3	CC3
VE6	RR4	TT5	CC4
VE7	RR6	TT6	CC5
VE8	RR10	TT8	CC6
VE9		TT10	
VE10			

COUS provided feedback. The analysis of the 23 IPEC competencies resulted in the identification of 11 prioritized competencies for the program plan. These are the 11 competencies:

PRIMARY FOCUS: 11 Sub-Competencies:

VE4	RR1	RR2	RR4	RR6	TT1	TT3	TT8	CC3	CC4	CC6
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Next, a plan to build on existing IPE activities was developed. The LINC Common IPE Experience has been embedded within that plan. Sub-competencies not already addressed will be the focus of IPE activities targeted for development during the 2020-2021 academic year.

In September 2021, results of the 2020-2021 plan were discussed during the COUS meeting. During September and at the October 2021 COUS meeting, COUS garnered input from course faculty, then revised and approved the 2021-2022 BSN IPE plan.

In accordance with Health Professions Accreditors Collaborative (HPAC) recommendations, the BSN IPE plan consists of four components: rationale, outcome-based goals, deliberate design, and assessment & evaluation. Details for each component are included below:

### Rationale

The purpose of this plan is to align with campus partners in the four other schools through the University's Quality Enhancement Plan, while also enhancing current student achievement of Baccalaureate Essential VI. Additionally, in 2019, AACN published the goals and vision for academic nursing. A major goal is "to increase collaboration between education and practice through expanded and more formalized academic-practice partnerships." Specifically, to:

Engage around curricular design and implementation, joint faculty appointments, preceptor and mentor sharing, joint research and scholarly projects, and joint nursing and interprofessional education initiatives  
Jointly design and offer short courses or learning modules; and,  
Co-create robust models for transition to basic or advanced practice.

### Outcome-based Goals

COUS views IPE as an essential curricular activity in each semester whereby students can achieve the IPEC competencies necessary for preparation as a baccalaureate-prepared nurse. The 11 identified sub-competencies are mapped to IPE activities within specific courses and distributed across the four semesters.

(See the document in Appendix 1 for detailed information.) Not all 11 sub-competencies are addressed by currently designed activities. IPE experiences will be developed, or current activities revised, to ensure all 11

sub-competencies are included. Achievement of the sub-competencies build toward satisfactory completion of the activity and course-level objectives. (See “Simulation Objective Map” in Appendix 2 for example of activity objectives.) Additionally, the following leveled objectives are delineated in the curriculum for achievement across courses within a given semester and mapped to the Baccalaureate Essential Outcome, IPEC sub-competency, and Kirkpatrick Learning Outcomes, as shown in the table below.

**Outcome-based Goals**

	<b>OUTCOMES FOR ESSENTIAL VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes</b>	<b>IPEC Sub-Competencies</b>				<b>Kirkpatrick Learning Outcomes</b>
SEMESTER 5 LEVELED OBJECTIVE: Differentiate inter- and intra- professional communication and collaboration practices that promote safe and effective patient care	Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (e.g., scope of discipline, education and licensure requirements).	TT1 TT8 TT10	CC4 CC6	VE4		Reactions Attitudes/Perceptions Knowledge/Skills
SEMESTER 6 LEVELED OBJECTIVE: Use inter-/intra-professional communication and collaborative skills to advocate for high quality, safe, evidence- based patient-centered care	Use inter- and intra-professional communication and collaborative skills to deliver evidence-based, patient- centered care.  Advocate for high quality and safe patient care as a member of the interprofessional team.				RR4	Knowledge/Skills Collaborative Behavior Performance in Practice
SEMESTER 7 LEVELED OBJECTIVE: Contribute the unique nursing perspective to advocate for high quality and safe patient care as a member of the interprofessional team	Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.	VE 4	RR4	TT8	CC3 CC4	Knowledge/Skills Collaborative Behavior Performance in Practice

SEMESTER 8 LEVELED OBJECTIVE: Collaborate and communicate effectively with healthcare professionals to promote positive working relationships, improve patient health outcomes, and deliver high quality, safe patient care	Incorporate effective communication techniques, including negotiation and conflict resolution, to produce positive professional working relationships.  Demonstrate appropriate team- building and collaborative strategies when working with interprofessional teams.		RR4	TT3	CC4	Knowledge/Skills Collaborative Behavior Performance in Practice
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VE1	VE3	VE4	VE8	RR3	RR5	RR7	RR8	CC2	CC7	CC8
TT4	TT6	TT9								

#### Values/Ethics Sub-competencies:

- 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 health and health equity across the life span.
- VE3:** Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- VE4:** Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
- VE8:** Manage ethical dilemmas specific to interprofessional patient/population centered care situations.

#### Roles/Responsibilities Sub-competencies

- RR3:** Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR5:** Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
- RR7:** Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
- RR8:** Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
- RR10:** Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

**Interprofessional Communication Sub-competencies:**

- CC2:** Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- 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.
- CC8:** Communicate the importance of teamwork in patient-centered care and population health programs and policies.

**Team and Teamwork Sub-competencies:**

- 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.
- 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.
- TT9:** Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.

**Deliberate Design**

Program Year & Semester	IPE Activities (Type)	Learners from other programs involved & year	Associated Course/Place in Curriculum	Faculty Leader(s)	Approximate Time To Be Completed (Month)
Year 1: Traditional (Fall 2021 cohort) 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.	NURS 3303/5th Semester Cohort	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), 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 (Aug to Oct)
Year 1: Traditional (Spring 2021 cohort) Fall	LINC Common IPE Experience (Didactic IPE – Collaborative Online Learning)	Learners from all programs at UT Health San Antonio are placed in interprofessional	NURS 3306/6th Semester Cohort	Ms. Sherry Megerle LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), Bobby Belarmino (SHP-PT), Kelly	Fall (Aug to Oct)

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		groups of 4 and group composition varies as a result.		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 Geologo (SON), Keith Krolick (GSBS), Temple Ratcliffe (LSOM), Joseph Zorek (LINC Director)	
Year 1: Accelerated (Summer 2021 cohort) 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.	NURS 3373/6th Semester Cohort	Dr. Laura Sisk LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), 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 Geologo (SON), Keith Krolick (GSBS), Temple Ratcliffe (LSOM), Joseph Zorek (LINC Director)	Fall (Aug to Oct)
Year 2: Traditional (Fall 2020 cohort) Fall	Adult II Simulations with Residents or PA students (Clinical & Simulation IPE)	SOM – Year # SHP-PA – Year #	NURS 4316/7th Semester Cohort	Dr. Kevin Voelker (SON) SOM Instructor SHP-PA Instructor	Fall (Oct)
Year 2: Traditional (Spring 2020 cohort) Fall	Population Health oral health education with dental students (Clinical & Community based IPE)	Dental (DDS or DH) – Year #	NURS 4217/8th Semester Cohort	Dr. Rebekah Salt (SON) Dental Instructor	Fall (Aug to Oct)
Year 2: Accelerated (Summer 2021 cohort) Spring	Skills with PA Students (Clinical & Simulation IPE)	SHP-PA – Year #	NURS 4533/7th Semester Cohort	Mr. Glenn Ermer (SON) SHP-PA Instructor	Spring (Jan to May)
Year 2: Traditional (Spring 2021 cohort) Spring	Adult II Simulations with Residents or PA students (Clinical & Simulation IPE)	SHP-PA – Year #	NURS 4316/7th Semester Cohort	Dr. Kevin Voelker (SON) SHP-PA Instructor	Spring (Mar)
	Child & Family Health simulations with respiratory therapy students (Clinical & Simulation IPE)	SHP-RT – Year #	NURS 4211/7th Semester Cohort	Dr. Becky Fenton (SON) SHP-RT Instructor	Spring (Jan to May)
Year 2: Traditional (Fall 2020 cohort) Spring	Population Health oral health education with dental	Dental (DDS or DH) – Year #	NURS 4217/8th Semester Cohort	Dr. Rebekah Salt (SON) Dental Instructor	Spring (Jan to May)

	students (Clinical & Community based IPE)				
Year 1: Accelerated (Summer 2022 cohort) Summer	Foundations skills with PA students (TYPE OF IPE)	SHP-PA – Year #	NURS 3371/5th Semester Cohort	Dr. Julie Peterson (SON) SHP-PA Instructor	Summer (Jul)
<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><b>Didactic IPE</b> = IPE activities that take place in classroom and simulation settings as part of formal curricula (i.e., credit-bearing coursework); <b>Co-Curricular IPE</b> = IPE activities that take place outside of formal curricula (volunteer experiences that augment learning/professional development); <b>Clinical IPE</b> = IPE activities that take place in clinical settings as part of formal curricula (i.e., credit-bearing coursework).</p> <p><b>IPE Partners</b> = Students from other professions/programs involved including their year(s) of study</p>					

### Assessment and Evaluation

COUS and the SON IPE Task Force, now the CoIPE, will utilize the assessment measures identified within each course for the activity and course-level outcome achievement. For simulation experiences, the Simulation Objective Map (SOM) describes the assessment and evaluation plan. The SOM for each simulation will be uploaded as Appendix 3. Consistent with the table summarizing objectives (see preceding section), additional measures from the National Center for Interprofessional Practice and Education's Website will be reviewed by COUS and the CoIPE and implemented as appropriate. Once determined, a comprehensive table of assessment will be generated.

The 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, as depicted in the progression of learning outcomes in Figure 1 above, are included. Table 3 and Figure 2 below provide additional information on tools and administration schedules for the Core IPE Measurement Plan.

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

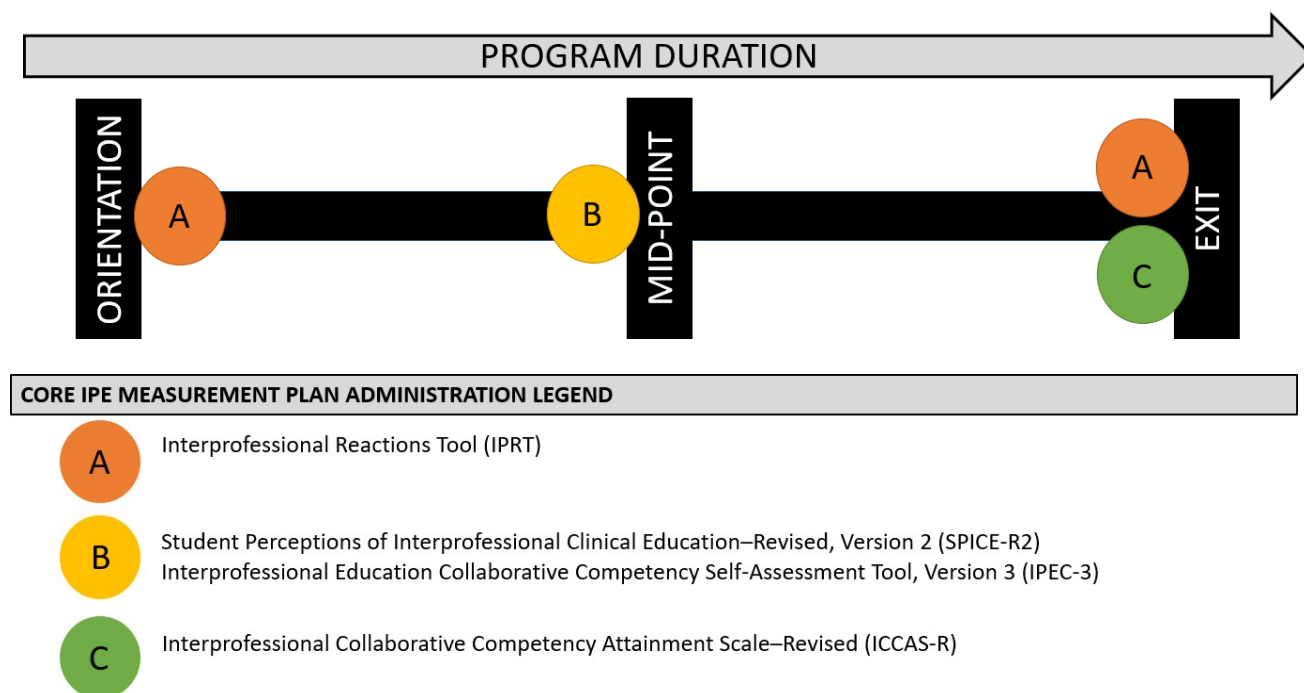
Level*	Measurement Tool**	Constructs	Items
Level 1 Reaction	Interprofessional Reactions Tool (IPRT)	Preparation Relevance Importance Satisfaction	13 self-reported items: 9 quantitative items using a 5- point Likert-type response scale; and, 4 qualitative items soliciting written responses to open- ended 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  
 \*\* See Appendices I-IV for complete versions of selected measurement tools

**Figure 2. Administration Schedule of the Core IPE Measurement Plan**



Approved by COUS on October 1, 2021  
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