



**Doctor of Nursing Practice
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 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 Graduate Studies in the School of Nursing (SON) led the development and implementation of an IPE plan for the Doctor of Nursing Practice (DNP) program through the contributions and efforts of an IPE Task Force that recently transitioned into a formal standing Committee on Interprofessional Education (CoIPE), which is made up of members drawn from SON.

Profession-Specific Accreditation Mandate

The Commission on Collegiate Nursing Education (CCNE) recommends the integration of IPE into the graduate nursing program curriculum, as evidenced by the following standards/expectations:

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 SON Graduate programs (BSN to DNP; Post MSN to DNP) are accredited by CCNE, the integration of IPE into the Graduate Program curricula is an essential element. This is evidenced by the following standards/expectations found in the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

DNP team members have advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. Therefore, DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.

The Doctor of Nursing Practice program prepares the graduate to:

1. *Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standard of care, and/or other scholarly products.*
2. *Lead interprofessional teams in the analysis of complex practice and organizational issues.*
3. *Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.*

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.” [CCNEhttps://www.aacnnursing.org](https://www.aacnnursing.org)

Graduate (Doctor of Nursing Practice) IPE Plan

Process:

The SON IPE Task Force conducted an analysis of existing IPE experiences delivered during the 2019-2020 academic year based on faculty responses to survey questions. 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 included:

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

A DNP working group reviewed this list and selected the following IPEC sub-competencies as targets for the DNP IPE Plan:

Values/Ethics	Roles & Responsibilities	Communication & Collaboration	Team & Teamwork
VE - 1	RR - 3	CC - 2	TT - 4
VE - 3	RR - 5	CC - 7	TT - 6
VE - 4	RR - 7	CC - 8	TT - 9
VE - 8	RR - 8		

	RR - 10		
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Students were admitted to the new BSN to DNP program in Fall 2019. The full-time students are beginning year 3 of the BSN to DNP program. All courses are new; taught for the first time this academic year. Periodically, during DNP monthly curriculum working group meetings, faculty discuss opportunities to imbed IPE activities in courses. Incoming students complete the LINC Common IPE Experience during their first semester.

In accordance with HPAC recommendations, the SON's DNP 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 4 other schools through the University's Quality Enhancement Plan while also enhancing current student achievement of DNP 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

IPE an essential curricular activity whereby students can achieve the IPEC competencies necessary for preparation for advanced nursing practice. The 15 identified IPEC sub-competencies will be mapped to IPE activities within specific courses and distributed across the program. Not all 15 IPEC sub-competencies are addressed by current course activities. IPE experiences will be developed, or current activities revised, to ensure all 15 IPEC sub-competencies are reflected in future IPE Plans. Achievement of the IPEC sub-competencies build toward satisfactory completion of the activity and course level objectives. The DNP program outcomes are mapped to the IPEC sub-competencies below.

DNP Program Outcomes	IPEC Sub-Competencies			
1. Integrate nursing science, ethics, biophysical, psychosocial, analytical, and organizational sources to provide the highest level of specialty nursing practices.	VE1 VE3	RR5	CC2	TT4
2. Develop, implement, and evaluate healthcare practices in healthcare systems that ensure quality improvement and patient safety.		RR5	CC7 CC8	
3. Use analytic methods and evidence based practices to improve practice outcomes and the practice environment.		RR10		
4. Implement and evaluate ethical healthcare information systems and patient care technology to improve the quality of patient health outcomes and care systems.	VE8			

5. Advocate for healthcare practices that advance social justice, equity, and ethical policies within all healthcare arenas.	VE1 VE3 VE4 VE8		CC2 CC7 CC8	
6. Employ interprofessional collaborative teams to improve patient and population health outcomes and healthcare delivery systems.		RR3 RR5 RR7 RR10	CC7	TT4 TT6 TT9
7. Lead the integration and institutionalization of (evidence based) clinical prevention and population-based health guidelines.		RR10		
8. Use clinical judgment, systems thinking, accountability, and specialized knowledge to design, deliver, and evaluate evidence based, culturally proficient care to improve patient, population, and health systems outcomes.	VE1 VE3 VE4		CC7	

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	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	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	Dr. Cynthia L. Wall Dr. Sara Gill	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PA), Kelly Lemke (SOD), Bobby Belarmino (SHP-PT), Daniel Saenz (GSBS), Sadie Trammell Velasquez (LSOM), and (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)
Anytime	Health Equity and the Environment: (Co-Curricular IPE)	Open to all student learners	Elective	Dr. Adelita Cantu	Dr. Raymond Palmer (LSOM) Roger Perales (LSOM)	Spring 2022
Year 3 Spring	Interprofessional Training with APN, Dietetic & Pharmacy Students using Nutrition Focused Case Studies (Co-Curricular IPE)	DNP Dietetic (UTSA) Pharmacy	Volunteer	Dr. Paula Christianson-Silva	TBD	Spring (Feb)

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 and Evaluation

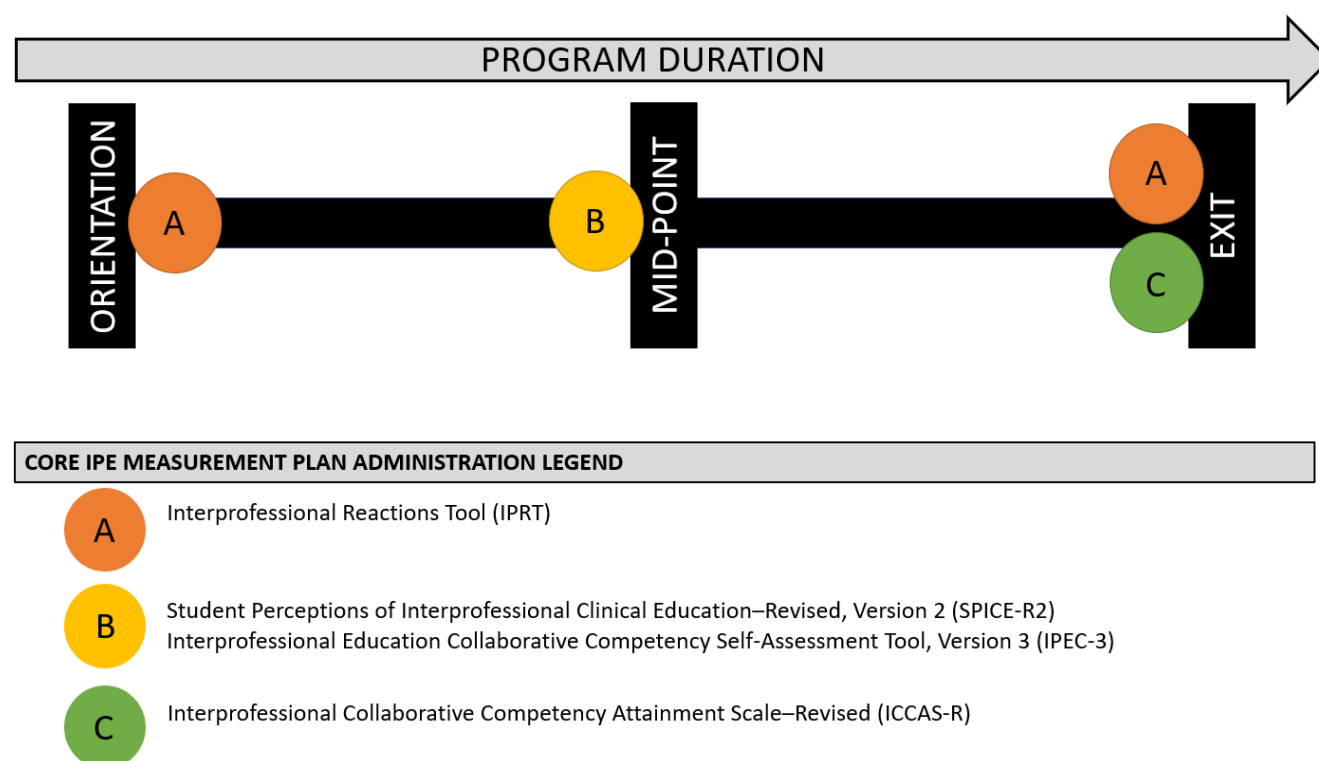
The Core IPE Measurement Plan at UT Health San Antonio forms the backbone of IPE assessment/evaluation for all UT Health San Antonio program-specific IPE plans. Valid and reliable tools to measure change in reactions, attitudes/perceptions, skills, and behaviors, as depicted in the progression of learning 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)	<ul style="list-style-type: none"> • Preparation • Relevance • Importance • Satisfaction 	13 self-reported items: <ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 Level 3 Behaviors	Interprofessional Education Collaborative Competency Self-Assessment Tool, Version 3 (IPEC-3)	<ul style="list-style-type: none"> • Interprofessional Interactions • Interprofessional Values 	16 self-reported, quantitative items using a 5-point Likert-type response scale

	Interprofessional Collaborative Competency Attainment Scale–Revised (ICCAS-R)	<ul style="list-style-type: none"> • 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
<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 2. Administration Schedule of the Core IPE Measurement Plan



Approved by COGS on October 6, 2021
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