



**School of Health Professions
Doctor of Occupational Therapy Program
Interprofessional Education Plan
Academic Year 2022-2023**

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 Accreditation Council for Occupational Therapy Education requires the integration of interprofessional education into the UT Health San Antonio Occupational Therapy Doctorate Program curriculum, as evidenced by the following standard:

ACOTE Standard B.4.25. Principles of Interprofessional Team Dynamics

Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.

Department of Occupational Therapy 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 vision of the UT Health San Antonio's Department of Occupational Therapy is to be the Occupational Therapy education program of choice in the State of Texas as evidenced by the transitioning of entry-level occupational therapy practitioners into the healthcare work-place who add value and improve health outcomes by excelling in interprofessional communication, teamwork, and provision of safe, ethical patient, and population-centered care.

The mission of the Department of Occupational Therapy in accordance with the mission of the School of Health Professions and the University of Texas Health Science Center at San Antonio, is to make lives better by serving the people of Texas and the nation through excellence in education, research, health care and community

engagement. We will achieve this by integrating the Interprofessional Education Collaborative (IPEC) Core Competencies into our curriculum as a vehicle to:

- Educate a diverse student body to become excellent occupational therapists
- Advance the occupational therapy profession through research and scholarship
- Provide compassionate and evidence-based occupational therapy
- Engage in service to the profession and the community

The Occupational Therapy Department will also be aligned with the departments in the School of Health Professions and UT Health campus partners through the University's QEP.

Outcome-based Goals

Table 1. Department of Occupational Therapy IPE Plan – Goals Identified through Crosswalk of Interprofessional Practice-Relevant Competency Frameworks

Expected Behaviors for OTD Student	Domains of Competence	IPEC sub-competencies	Department of OT Sub-competency
Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles	<p>IPC 4 – Apply 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.</p> <p>IPC 3 - 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.</p> <p>IPC 2 - Use the 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.</p>	<p>TT1. Describe the process of team development and the roles and practices of effective teams</p> <p>TT2. Develop consensus on the ethical principles to guide all aspects of teamwork.</p> <p>TT3. Engage health and other professionals in shared client-centered (patient, group, population) problem-solving.</p> <p>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.</p> <p>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.</p> <p>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p> <p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p> <p>CC1. Choose effective communication tools and techniques, including information system and communication technologies, to facilitate discussions and interactions that enhance team function.</p>	<p>Identify the principles of interprofessional team dynamics that enable interdisciplinary health services team members to perform effectively in different team roles</p> <p>Demonstrate the ability 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.</p> <p>Use the 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.</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>CC4. Listen actively and encourage ideas and opinions of other team members.</p> <p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</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> <p>CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p> <p>RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals</p> <p>RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.</p>	
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Deliberate Design

Table 2. IPE Activities within the Doctor of Occupational Therapy IPE Plan

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.	INTD 5031		LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), Bobby Belarmino (SHP-PT), Noorpreet Kaur (SOD), Daniel Saenz (GSBS), Sadie Trammell Velasquez (LSOM) and Cynthia L. Wall (SON), with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Temple Ratcliffe (LSOM), Kathleen Stevens (SON), and Joseph Zorek (LINC Director)	Fall (Sept to Oct)
Year 1 Fall	TeamSTEPPS (Didactic IPE – Collaborative Online Learning)	PT, SLP, MLS, RT, PA Year 1	INTD 5032	Bridgett Piernik-Yoder (contact)	Bobby Belarmino (SHP-PT) Cordelia Kudika (SHP-MLS) David Henzi	Fall (Nov)
Year 1 Summer	HELP for Better Health: The Use of Global Attainment Scaling for the Developmentally Disabled (Co-Curricular IPE)	OT, Dental, & MD Years 1-2		Bridgett Piernik-Yoder	Melanie Stone (LSOM)	Summer (Jun)
Year 2 Fall	Interprofessional Ethics & Communication Workshop (Didactic IPE – classroom)	MD Year 2	OCCT 7020	Angie Benfield	Jason Morrow (LSOM) Sylvia Botros-Brey (LSOM)	Fall (Oct)
Year 2 Spring	Interprofessional Seminar (Didactic IPE)	OT Year 2 PT Year 1 MLS Year 1-2	OCCT 7019	Ricky Joseph	George Kudolo (SHP-MLS) Michael Geelhoed (SHP-PT)	Spring (Mar)
Year 2 Summer	Ergonomics and Musculoskeletal Disorder Interprofessional Education (Co-Curricular IPE)	OT Year 2 PT Year 2-3 DDS Year 1		Ricky Joseph	Michael Geelhoed (SHP-PT) Juanita Lozano-Pineda (SOD)	Summer (Aug to Sep)
TBD	LINC Simulation IPE Experience (Didactic IPE – Simulation)	Learners from all programs at UT Health San Antonio will be placed in interprofessional groups	TBD	Bridgett Piernik-Yoder	LINC Simulation IPE Initiative Members: Sadie Trammell Velasquez (LSOM), James Cleveland (SON), Diane Ferguson (LSOM), Rebecca Moote (LSOM), David Ojeda Diaz	TBD

		of 4 and group composition will vary as a result.			(SOD), Kathryn Parke (SON) with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Meredith Quinene (SHP), Temple Ratcliffe (LSOM), Kathleen Stevens (SON), and Joseph Zorek (LINC Director)	
TBD	LINC Clinical IPE Experience (Didactic IPE – Collaborative Online Learning & Clinical IPE)	Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 4 and group composition will vary as a result.	TBD		LINC Clinical IPE Initiative Members: Temple Ratcliffe (LSOM), Angela Kennedy (SHP), Rebecca Moote (LSOM), Elena Riccio Leach (SOD) and Marta Vives (SON) with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Meredith Quinene (SHP), Kathleen Stevens (SON), and Joseph Zorek (LINC Director)	TBD

DEFINITIONS

Interprofessional Education (IPE) = Proposed by the World Health Organization and endorsed by IPEC, takes place “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. This table is reserved for student-to-student IPE activities.

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

Table 3. IPE Activities Currently Under Development with Implementation Planned for Academic Year 2023-2024.

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)
2023 Spring	Critical Care Simulation Activity	PT, OT, Nursing, & RC		Autumn Clegg Mei-Ling Lin	Bobby Belarmino (SHP-PT), Kevin Voelker & Isabelle Stoltz (SON) & Megan Llamas (SHP-RC)	December
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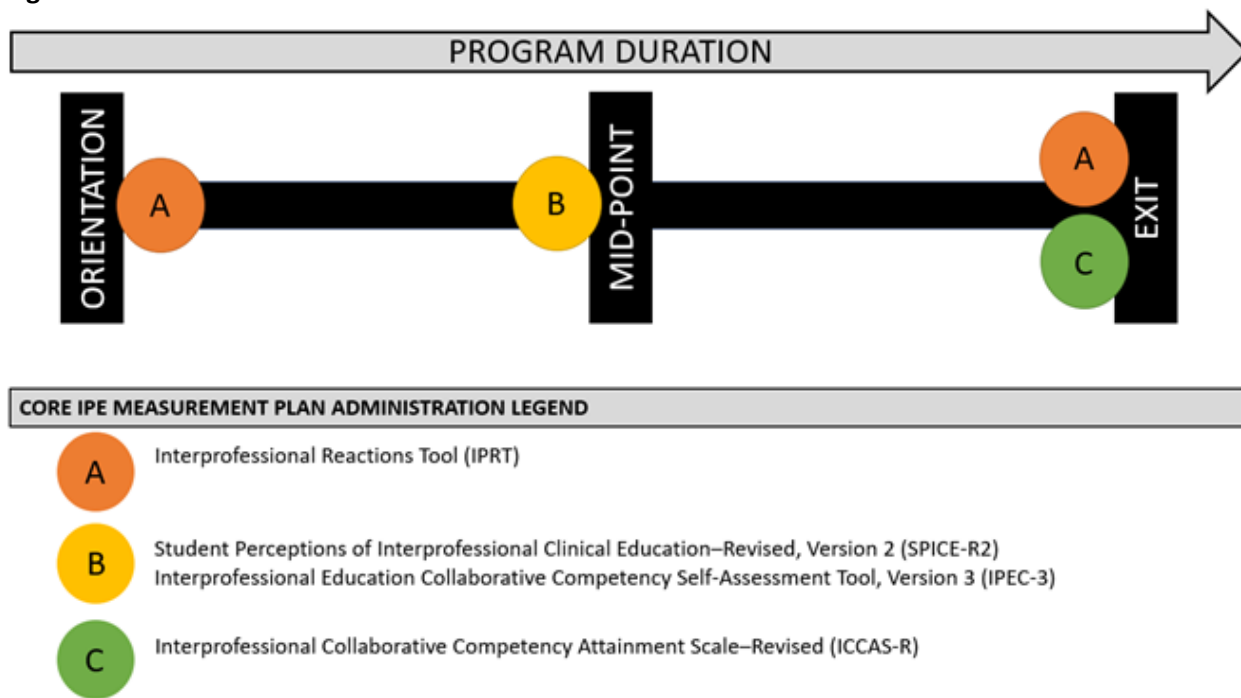
Assessment and Evaluation

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 5 and Figure 1 below provide additional information on tools and administration schedules for the LINC Core IPE Measurement Plan.

Table 4. 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 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	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
Level 3 Behaviors	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
* 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 Measure A1 (pre) administered in May, Core IPE Measure B administered in September, and Core IPE Measure A2 (post) & C administered in April.

The OT IPE Plan was initially approved by the SHP IPE Committee and SHP Curriculum Committee on November 12, 2020.

The initial OT IPE Plan was then updated and approved by the OT Department on October 25, 2022.

The approved AY2022-2023 OT IPE Plan was submitted to LINC on October 25, 2022.