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.

Respiratory Care 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 Division of Respiratory Care strives to be recognized as the leader in Respiratory Care education, service, and scholarship. As such our graduates will excel in interprofessional communication, teamwork, and provision of safe, ethical patient centered care.

The mission of the Division of Respiratory Care will create an educational environment that foster critical thinking, clinical excellence, and the promotion of the respiratory care profession. To achieve this, we will integrate Interprofessional Education Collaborative Core Competencies into our curriculum by the above mentioned “Shared IPE Framework” to:

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

The Division of Respiratory Care will work with the other departments throughout UT Health San Antonio by collaborating within the University’s QEP.
### Table 1. Division of Respiratory Care IPE Plan – Goals Identified through Crosswalk of Interprofessional Practice-Relevant Competency Frameworks

<table>
<thead>
<tr>
<th>Expected Behaviors for RC Student</th>
<th>Domains of Competence</th>
<th>IPEC sub-competencies</th>
<th>Division of RC Sub-competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates the ability to communicate effectively with patients, families, and healthcare professionals as individuals and in teams.</td>
<td>IPEC 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.</td>
<td><strong>CC3.</strong> 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.</td>
<td>Communicate opinions based on unique expertise with confidence, clarity and respect to the healthcare team providing patient care, including constructive feedback to team members to enhance patient care and outcomes.</td>
</tr>
</tbody>
</table>

**CC5.** Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

**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).
Deliberate Design
Table 2. IPE Activities within the B.S. & M.S. Respiratory Care IPE Plan

<table>
<thead>
<tr>
<th>Program Year &amp; Semester</th>
<th>Name of IPE Activity (Type of IPE Activity)</th>
<th>Learners from Other Programs Involved (Abbreviation &amp; Year)</th>
<th>Associated Course/Place in Curriculum (If Applicable)</th>
<th>Faculty Leader(s) from Program</th>
<th>Faculty Leader(s) from Other Programs</th>
<th>Timeframe to be Completed (Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 Fall</td>
<td><strong>LINC Common IPE Experience</strong> (Didactic IPE – Collaborative Online Learning)</td>
<td>Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 4 and group composition varies as a result.</td>
<td>NTD 5031</td>
<td>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)</td>
<td>Fall (Sept to Oct)</td>
<td></td>
</tr>
<tr>
<td>Year 1 Fall</td>
<td><strong>School of Health Professions Faculty Grand Rounds</strong> (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 1</td>
<td></td>
<td>David Henzi (SHP)</td>
<td>Fall (Dec)</td>
<td></td>
</tr>
<tr>
<td>Year 1 Fall</td>
<td><strong>School of Health Professions Student Grand Rounds</strong> (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 1</td>
<td></td>
<td>David Henzi (SHP)</td>
<td>Fall (Dec)</td>
<td></td>
</tr>
<tr>
<td>Year 1 Spring</td>
<td><strong>IPE Simulation</strong> (co-curricular IPE)</td>
<td>OT, PT, NS, RT Year 1</td>
<td>Megan Carreon</td>
<td>Bobby Belarmino (SHP-PT) Autumn Clegg (SHP-OT) Mei-Ling Lin (SHP-OT) Isabell Stoltz (SON) Kevin Voelker (SON)</td>
<td>Spring (February)</td>
<td></td>
</tr>
<tr>
<td>Year 1 Spring</td>
<td><strong>TeamSTEPPS</strong> (Didactic IPE – Collaborative Online Learning)</td>
<td>OT, PT, SLP, MLS, PA Year 1</td>
<td>Cordelia Kudika (SHP-MLS) David Henzi (SHP) Venessa Kodosky (SHP)</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1 Spring</td>
<td><strong>School of Health Professions Faculty Grand Rounds</strong> (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 1</td>
<td>David Henzi (SHP)</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1 Spring</td>
<td><strong>School of Health Professions Student Grand Rounds</strong> (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 1</td>
<td>David Henzi (SHP)</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1 Spring</td>
<td><strong>Adult and Pediatric Clinical Simulation</strong> (Didactic IPE)</td>
<td>RC Year 1 BSN Year 2</td>
<td>Thomas Stokes, Jr. Kristina Ramirez Megan Carreon</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2 Fall</td>
<td>School of Health Professions Faculty Grand Rounds (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 2</td>
<td>David Henzi (SHP)</td>
<td>Fall (Dec)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2 Fall</td>
<td>School of Health Professions Student Grand Rounds (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 2</td>
<td>David Henzi (SHP)</td>
<td>Fall (Dec)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2 Spring</td>
<td>Asthma Co-education (Co-Curricular IPE)</td>
<td>RC Year 2 MD Year 1</td>
<td>Thomas J. Stokes, Jr.</td>
<td>Mandie Svatek (LSOM)</td>
<td>Spring (Mar)</td>
<td></td>
</tr>
<tr>
<td>Year 2 Spring</td>
<td>School of Health Professions Faculty Grand Rounds (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 2</td>
<td>David Henzi (SHP)</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2 Spring</td>
<td>School of Health Professions Student Grand Rounds (Co-Curricular IPE)</td>
<td>OT, PT, SLP, MLS, PA Year 2</td>
<td>David Henzi (SHP)</td>
<td>Spring (May)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>LINC Simulation IPE Experience (Didactic IPE – Simulation)</td>
<td>Learners from all programs at UT Health San Antonio will be placed in interprofessional groups of 4 and group composition will vary as a result.</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>LINC Clinical IPE Experience (Didactic IPE – Collaborative Online Learning &amp; Clinical IPE)</td>
<td>Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 4 and group composition will vary as a result.</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
Assessment & 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 3. Tools and Targeted Learning Outcomes of the LINC Core IPE Measurement Plan

<table>
<thead>
<tr>
<th>Level</th>
<th>Measurement Tool**</th>
<th>Constructs</th>
<th>Items</th>
</tr>
</thead>
</table>
| 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 Level 3 Behaviors | 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 |
| | 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 1. Administration Schedule of the LINC Core IPE Measurement Plan

![Program Duration Diagram]

**CORE IPE MEASUREMENT PLAN ADMINISTRATION LEGEND**

- **A**: Interprofessional Reactions Tool (IPRT)
- **B**: Student Perceptions of Interprofessional Clinical Education—Revised, Version 2 (SPICE-R2)
- **C**: Interprofessional Education Collaborative Competency Self-Assessment Tool, Version 3 (IPEC-3)
- **C**: Interprofessional Collaborative Competency Attainment Scale—Revised (ICCAS-R)

LINC Core IPE Measure A1 (pre) is administered in August, LINC Core IPE Measure B is administered in June, and LINC Core IPE Measure A2 (post) & C are administered in April.

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

The initial RC IPE Plan was then updated and approved by the Division of Respiratory Care in the Department of Health Sciences on October 26, 2022.

The approved AY2022-2023 RC IPE Plan was submitted to LINC on October 26, 2022.