



**School of Nursing
Bachelor of Science of Nursing
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 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. On April 6, 2021, AACN membership approved *The Essentials: Core Competencies for Professional Nursing Education*. This is evidenced by the following standards/expectations from [The Essentials: Core Competencies for Professional Nursing Education \(AACN, 2021\)](#).

Domain 6: Interprofessional Partnerships

Descriptor: *Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance healthcare experience, and strengthen outcomes.*

Competencies

- 6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.*
- 6.2 Perform effectively in different team roles, using principles and values of team dynamics.*
- 6.3 Use knowledge of nursing and other professions to address healthcare needs.*
- 6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values*

Contextual Statement: *Professional partnerships that include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge*

and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional partnerships require a coordinated, integrated, and collaborative implementation of unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on the needs of the individual, community, population, and context of care.

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.aacnursing.org/CCNE>

Bachelor of Science in Nursing IPE Plan

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 and AACN Essentials necessary for preparation as a baccalaureate-prepared nurse. The 11 identified IPEC sub-competencies are mapped to IPE activities within specific courses and distributed across the four semesters.

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.

This year (2022-2023), the AACN Re-envisioned Essentials are included in this crosswalk alongside the previous version of the AACN Essentials. As the COIPE and COUS committees work toward curriculum revision, this document will provide guidance for COIPE collaboration with COUS to transition existing IPE activities as well as

guide development of new IPE activities to reflect the Interprofessional Competencies and Sub-competencies from the new AACN Essentials Domain 6: Interprofessional Partnerships. The 2022-2023 SON IPE Plan for BSN will reflect the updated AACN Essentials with leveled competencies and sub-competencies.

Table 1. Bachelor of Science in Nursing IPE Plan – Goals Identified through Crosswalk of Interprofessional Practice-Relevant Competency Frameworks

	OUTCOMES FOR ESSENTIAL Domain 6. Collaborative Partnerships	AACN Domain 6: Interprofessional Partnerships	IPEC Sub-Competencies				Kirkpatrick Learning Outcomes
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).	6.1 <i>Communicate in a manner that facilitates a partnership approach to quality care delivery.</i> 6.2 <i>Perform effectively in different team roles, using principles and values of team dynamics.</i>	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.	6.3 <i>Use knowledge of nursing and other professions to address healthcare needs.</i> 6.3 <i>Use knowledge of nursing and other professions to address healthcare needs.</i> 6.4 <i>Work with other professions to maintain a climate of mutual learning, respect, and shared values</i>				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

<p>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</p>	<p>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.</p>		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
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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 live 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

Table 2. IPE Activities within the Bachelor of Science in Nursing 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: Traditional Spring 2024 Graduating cohort	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/ Fall 5th Semester Cohort	Cynthia L. Wall	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), Bobby Belarmino (SHP-PT), Noorpreet Kaur (SOD), Daniel Saenz (GSBS), and Sadie Trammell Velasquez (LSOM) 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) FALL ONLY
Year 1: Traditional Fall 2023 Graduating cohort	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 3206/ Fall 6th Semester Cohort	Cynthia L. Wall	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), Bobby Belarmino (SHP-PT), Noorpreet Kaur (SOD), Daniel Saenz (GSBS), and Sadie Trammell Velasquez (LSOM) 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) FALL ONLY
Year 1: Accelerated Summer 2023 Graduating cohort	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/ Fall 6th Semester Cohort	Cynthia L. Wall	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PAS), Bobby Belarmino (SHP-PT), Noorpreet Kaur (SOD), Daniel Saenz (GSBS), and Sadie Trammell Velasquez (LSOM) 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) FALL ONLY
Year 2: Traditional Spring 2023 Graduating cohort	In-Hospital Crisis Management (Clinical & Simulation IPE)	SOM – Year as available SHP-PA – Year as available	NURS 4316/ Fall 7th Semester Cohort	Kevin Voelker James A. Cleveland	Ross E. Willis (LSOM)	Fall (Oct) FALL ONLY

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Year 2: Accelerated Summer 2023 cohort	Skills with PA Students Clinical & Simulation IPE)	SHP-PA – Year 1	NURS 4533/7th Semester Cohort	Glenn Ermer	SHP-PA Instructor	Spring (Jan to May) SPRING ONLY
Year 2: Traditional Fall 2023 Graduating cohort	Adult II Simulations with Residents or PA students (Clinical & Simulation IPE)	SHP-PA – Year 1	NURS 4316/ Spring 7th Semester Cohort	Kevin Voelker	SHP – PA Instructor	Spring (Mar) SPRING ONLY
Year 2: Traditional Spring 2023 Graduating cohort	Population Health – Oral Health Education with Dental Students (Clinical & Community based IPE)	As available	NURS 4217/8th Semester Cohort Wednesdays ONLY	Rebekah Salt	Moshtagh Farokhi (SOD) Adelita Cantu (SON) Moonju Lee (SON) Martha Martinez (SON) Rachel Adler (SON) Viola G. Benavente (SON)	Spring (Jan to May) SPRING ONLY
Year 1: Accelerated (Summer 2024 cohort)	Foundations skills with PA students	SHP-PA – Year 1	NURS 3371/ 5th Semester Cohort	Julie Peterson	SHP – PA Instructor	Summer (Jul) SUMMER ONLY
TBD	LINC Simulation IPE Experience (Didactic IPE – Simulation)	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.	TBD	Kathryn Parke	LINC Simulation IPE Initiative Members: Sadie Trammell Velasquez (LSOM), James Cleveland (SON), Diane Ferguson (LSOM), Rebecca Moote (LSOM), David Ojeda Diaz (SOD) and Bridgett Piernik-Yoder (SHP-OT) 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

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	Marta Vives	LINC Clinical IPE Initiative Members: Temple Ratcliffe (LSOM), Angela Kennedy (SHP), Rebecca Moote (LSOM), and Elena Riccio Leach (SOD) 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
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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)
ABSN 2024 Graduating Cohort	Palliative Care	TBD	4533 DM 3 Simulation	Megan Lippe	TBD	TBD
TBD	Poverty Simulation for medical students	MD – Year 1	Medical Ethics	Adelita G Cantu	Jason Morrow (LSOM)	10-2022
TBD	Health, Equity and the Environment, Medical, Dental	MD – Year DDS -- Year	INT 5101	Adelita G Cantu	Alex Papanastassiou (LSOM)	Dec 2022
TBD.	Leadership Management			Wesley Richardson		TBD.

<p>DEFINITIONS</p> <p>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. <u>This table is reserved for student-to-student IPE activities.</u></p> <p>Didactic IPE = IPE activities that take place in classroom and simulation settings as part of formal curricula (i.e., credit-bearing coursework)</p> <p>Co-Curricular IPE = IPE activities that take place outside of formal curricula (volunteer experiences that augment learning/professional development)</p> <p>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>

Table 4. Learning Activities Relevant to Preparation for Interprofessional Practice that DO NOT Meet the Formal Definition of Interprofessional Education

Program Year & Semester	Name of IPE Activity (Type of IPE Activity)	Associated Course/Place in Curriculum (If Applicable)	Faculty Leader(s) from Program	Interprofessional Partners Included	Timeframe to be Completed (Month)
Year 1 ABSN Cohorts	Family Course Clinical Community Rotations	3373 Family	Laura Sisk Jasmine Graw	Clinical professions including Dietitians, Nutritionists, Nurse practitioners, School (K-12 teachers, principals aides, public service professionals (fire and police), Specialty clinic nurses, community event organizers, and volunteers, senior center volunteers and professionals, Lactation professionals, other health professionals	Fall Semester.

<p>DEFINITION</p> <p>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. 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 post-graduate trainees (e.g., residents) or practitioners/professionals (HPAC, 2019). <u>Student-to-trainee and/or student-to-practitioner/professional IPE should be included in this table if it exists in the program.</u></p> <p>Didactic Learning = Learning activities that take place in classroom and simulation settings as part of formal curricula (i.e., credit-bearing coursework)</p> <p>Co-Curricular Learning = Learning activities that take place outside of formal curricula (volunteer experiences that augment learning/professional development)</p> <p>Clinical Learning = Learning activities that take place in clinical settings as part of formal curricula (i.e., credit-bearing coursework).</p> <p>Interprofessional Partners = Post-graduate trainees (e.g., residents) or practitioners/professionals from other professions.</p>
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Assessment and Evaluation

COUS and 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 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, as depicted in the progression of learning outcomes. Table 5 and Figure 1 below provide additional information on tools and administration schedules for the LINC Core IPE Measurement Plan.

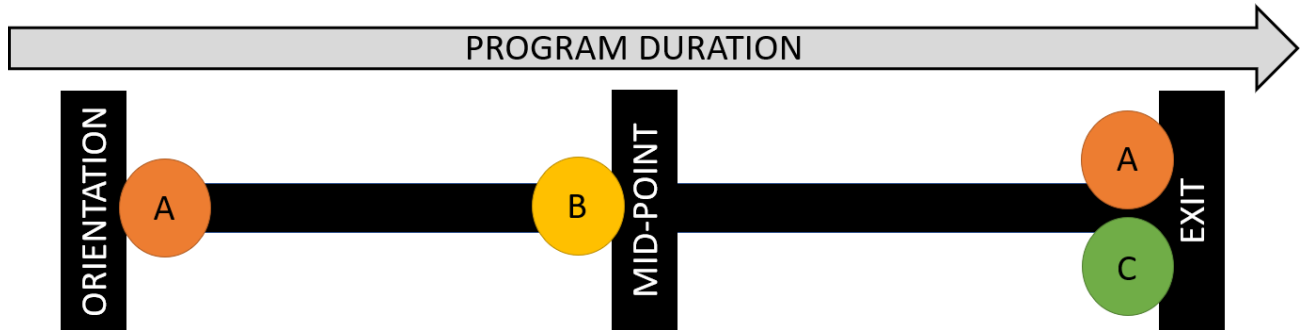
Table 5. Tools and Targeted Learning Outcomes of the LINC Core IPE Measurement Plan

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 MEASUREMENT PLAN ADMINISTRATION LEGEND

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

For the Traditional BSN program with a fall semester admittance, the LINC Core IPE Measure A1 (pre) is administered in August, LINC Core IPE Measure B is administered in August, and LINC Core IPE Measures A2 (post) and C are administered in April.

For the Traditional BSN program with a spring semester admittance, the LINC Core IPE Measure A1 (pre) is administered in January, LINC Core IPE Measure B is administered in January, and LINC Core IPE Measures A2 (post) and C are administered in December.

For the Accelerated BSN program, the LINC Core IPE Measure A1 (pre) is administered in mid-May, LINC Core IPE Measure B is administered in March, and LINC Core IPE Measures A2 (post) and C are administered in July.

Approved by SON Committee on IPE on October 28, 2022.

Approved by COUS on November 4, 2022.

The approved AY2022-2023 BSN IPE Plan was submitted to LINC on October 31, 2022.