



**School of Health Professions
Doctor of Physical Therapy Program
Interprofessional Education Plan
Academic Year 2023-2024**

Background

UT Health San Antonio's Strategic Plan for fiscal years 2023-2027 continues to emphasize Teamwork & Collaboration as a core value. The Quality Enhancement Plan (QEP), *Linking Interprofessional Networks for Collaboration (LINC)*, is an institution-wide effort to advance our Strategic Plan 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 Commission on Accreditation in Physical Therapy Education (CAPTE) requires the integration of interprofessional education into the UT Health San Antonio Doctor of Physical Therapy Program curriculum, as evidenced by the following standard:

CAPTE Criteria 6F: The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

Narrative:

- Describe learning activities that involve students, faculty and/or practitioners from other health care professions.
- Describe the effectiveness of the learning activities in preparing students and graduates for team-based collaborative care.

Doctor of Physical 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 mission of the UT Health San Antonio Department of Physical Therapy in accordance with the School of Health Professions and UT Health San Antonio is to make lives better by promoting health and wellness through excellence in education, research, patient care and service while advancing the profession of physical therapy.

The goals of the program state that our Physical Therapy Department will:

1. Through its faculty & students, demonstrate a commitment to the public and professional communities through activities of health promotion, continuing education, service, and advocacy for the PT profession,
2. Deliver an accredited, entry-level physical therapy education program which incorporates the core values of the profession,
3. Prepare the graduate to be an autonomous Doctor of Physical Therapy who practices in a safe, ethical, and legal manner, and
4. Prepare the graduate to accept the responsibility for continuous professional development.

To meet these goals, physical therapists must work together with other healthcare professionals and the community they serve. More importantly, physical therapists have been granted the ability to see patients without a referral (direct access) in the State of Texas as well as in other states. The physical therapist must understand the roles and responsibilities of other healthcare providers, so patients can be appropriately referred when patient presents with a condition that is outside the scope of physical therapy practice.

The Physical 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

The Department of Physical Therapy assesses itself in the manners it meets the following criteria set forth by the Commission on Accreditation in Physical Therapy Education (CAPTE):

6E: The curriculum plan includes a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

6F: The didactic and clinical curriculum includes interprofessional education learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

6I: The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

6J: The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

6L: The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to:

- 6L1** management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;
- 6L2** practice in settings representative of those in which physical therapy is commonly practiced;
- 6L3** involvement in interprofessional practice.

The Physical Therapy Department uses the 2023 Interprofessional Education Collaborative (IPEC) core competency framework to guide curricular development to enable graduates to work effectively with other health care providers for optimal patient outcomes. We use the four Core Competencies for Interprofessional Collaborative Practice to assess student objectives for collaborative practice.

Competency 1:

Values and Ethics – Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.

The Physical Therapy Department values the following sub-competencies in this area:

- VE1. Promote the values and interests of persons and populations in health care delivery, One Health, and population health initiatives.
- VE3. Uphold the dignity, privacy, identity, and autonomy of persons while maintaining confidentiality in the delivery of team-based care.
- VE5. Value the expertise of health professionals and its impact on team functions and health outcomes.

Competency 2:

Roles and Responsibilities – Use the knowledge of one’s own role and team members’ expertise to address individual and population healthy outcomes.

The Physical Therapy Department values the following sub-competencies in this area:

- RR2. Collaborate with others within and outside of the health system to improve health outcomes.
- RR3. Incorporate complementary expertise to meet health needs including the determinants of health.
- RR4. Differentiate each team member’s role, scope of practice, and responsibility in promoting health outcomes.

Competency 3:

Communication – Communicate in a responsive, responsible, respectful, and compassionate manner with team members.

The Physical Therapy Department values the following sub-competencies in this area:

- C3. Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology.
- C4. Promote common understanding of shared goals.
- C5. Practice active listening that encourages ideas and opinions of other team members.

Competency 4:

Teams and Teamwork – Apply values and principles of the science of teamwork to adapt one’s own role in a variety of team settings.

The Physical Therapy Department values the following sub-competencies in this area:

- TT1. Describe evidence-informed processes of team development and team practices.
- TT3. Practice team reasoning, problem-solving, and decision-making.
- TT6. Reflect on self and team performance to inform and improve team effectiveness.

Assessment of the student's learning effectiveness will be measured using Kirkpatrick's Four Levels of Training Evaluation (Reaction, Learning, Behavior, and Results). This is measured through several mechanisms to include role playing practical exams, community activities such as health fairs and health promotion activities, and group presentations/activities. Finally, assessment of the student's application and use of the learned knowledge and skills is continually measured in their day-to-day performance during clinical rotations through onsite evaluations by the clinical instructor.

Deliberate Design

Table 1. IPE Activities within the Doctor of Physical 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 (IPE Type: Curricular IPE Sub-type: Classroom-Collaborative Online Learning)	Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 3-4 and group composition varies as a result.	Program Requirement	Bobby Belarmino	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PA), 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 Executive Director)	Fall (Sept to Oct)
Year 1 Fall & Spring	Faculty and student grand rounds (throughout the 3 years) (IPE Type: Co-Curricular IPE Sub-type: Classroom)	PT, SLP, MLS, RC, PA, Year 1	Program Requirement	Greg Ernst	David Henzi (SHP) and faculty from other programs	Fall & Spring
Year 1 Fall	Interdisciplinary Rounds: The Role of Physical Therapy (IPE Type: Curricular IPE Sub-type: Classroom)	PT Year 1 MD Year 1	PHYT 7001	Bradley Tragord	Elizabeth Hanson (LSOM)	Fall (Sept)
Year 1 Spring	Professional Issues in Healthcare – with PT, OT, MLS (IPE Type: Curricular IPE Sub-type: Classroom)	PT Year 1 MLS Year 1 & 2 OT Year 1	PHYT 8122	Michael Geelhoed	Ricky Joseph (SHP-OT) George B. Kudolo (SHP-MLS)	Spring (May)
Year 1 Spring	LINC Simulation IPE Experience (IPE Type: Curricular IPE Sub-type: Blended – Classroom-Collaborative Online Learning & Simulation)	Learners from all programs at UT Health San Antonio are placed in interprofessional groups of 3-4, and group composition varies as a result.	Program Requirement		LINC Simulation IPE Initiative Members: Sadie Trammell Velasquez (LSOM), James Cleveland (SON), Diane Ferguson (LSOM), Rebecca Moote (LSOM), David Ojeda Diaz (SOD), Bridgett Piernik-Yoder (SHP-OT), and Kathryn Parke (SON) with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Meredith Quinene	Spring (Jan to Mar)

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					(SHP), Temple Ratcliffe (LSOM), Kathleen Stevens (SON), and Joseph Zorek (LINC Executive Director)	
Year 2 Fall and Spring	Ergonomics and Musculoskeletal Disorder Interprofessional Education (IPE Type: Co-Curricular IPE Sub-type: Blended – Classroom & Simulation)	PT Year 2 DDS Year 1	PHYT 8002	Brad Tragord and Michael Geelhoed	Lozano-Pineda (SOD) Ricky Joseph (SHP-OT)	Fall and Spring
Year 2 Fall and Spring	Musculoskeletal Journal Club (IPE Type: Co-Curricular IPE Sub-type: Classroom)	PT Year 2 MD Year	PHYT 8002 and 8114	Brad Tragord and Greg Ernst	Aditya Raghunandan (LSOM)	Fall and Spring
Year 2 Spring	Critical Care Simulation Experiences of Students from PT/OT/Nursing (IPE Type: Curricular Sub-Type: Blended – Classroom & Simulation)	PT Year 2 OT Year 2 BSN Year 4 RC Year 1	PHYT 8013	Bobby Belarmino	Autumn Clegg (OT), Mei-Ling Lin (OT), Isabell Stolz (SON) and Kevin Voelker (SON), Megan Llamas (RC)	Spring (May)
Year 3 Spring	Rehabilitation Research Day (IPE Type: Co-Curricular IPE Sub-type: Blended-Classroom & Community)	PT Year 3 PM&R residents	Program Requirement PT 8102	Greg Ernst	Brian Connolly (LSOM)	Spring (May)
Year 3 Spring	LINC Clinical IPE Experience (IPE Type: Curricular IPE Sub-type: Blended – Classroom-Collaborative Online Learning & Clinical)	Learners from all programs at UT Health San Antonio will be placed in interprofessional groups of 3-4 and group composition will vary as a result.	Program Requirement		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 Executive Director)	Spring (Jan to Mar)

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.

IPE Partners = Students from other professions/programs involved including their year(s) of study

IPE Types = *Curricular*: IPE activities within formal curricula (e.g., credit-bearing courses, clerkships); *Co-Curricular*: IPE activities outside formal curricula (i.e., volunteer experiences that augment learning/professional development).
IPE Sub-types = *Classroom*: IPE activities in a classroom setting, including in-person and online; *Simulation*: IPE activities in a simulation setting, including in-person and online; *Clinical*: IPE activities in a clinical setting allowing for practical experiences involving direct patient care; *Community*: IPE activities in a community-based setting allowing for practical experiences that do not involve direct patient care; *Blended*: Any combination of IPE Sub-types.

FOOTNOTE
 See Assessment & Evaluation section for more details on how learning outcomes from this IPE Plan are measured.

Table 2. 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 2 Fall and Spring	Student-Faculty collaborative clinics with MD students (IPE Type: Co-Curricular IPE Sub-type: Clinical)	Program Requirement	Michael Geelhoed	Ruth Morgan (LSOM) Richard Usatine (LSOM)	Fall (Dec) and Spring (May)
Year 2 Summer	Clinical practice in a multidisciplinary environment (IPE Type: Curricular IPE Sub-type: Clinical)	PHYT 7021, 8021	Michael Geelhoed	Community Clinical Partners	Summer (Aug)
Year 3 Fall	Clinical practice in a multidisciplinary environment (IPE Type: Curricular IPE Sub-type: Clinical)	PHYT 8121	Michael Geelhoed	Community Clinical Partners	Fall (Dec)
Year 3 Spring	Clinical practice in a multidisciplinary environment (IPE Type: Curricular IPE Sub-type: Clinical)	PHYT 82221	Michael Geelhoed	Community Clinical Partners	Spring (May)

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IPE Partners = Post-graduate trainees (e.g., residents) or practitioners/professionals from other professions.

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Assessment and Evaluation

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Our Doctor of Physical Therapy Program Curriculum is logically sequenced. The first year consist of basic science courses as well as foundational clinical course. Much of this assessment and evaluation is based on theory exams with some of the foundational clinical content based on performance in practical exams. In addition, the students in the first year have several projects where they work as a team on various clinically based projects. They are assessed on their final product, delivery, and teamwork.

During the second year, the course work progresses to largely clinical courses where the students apply the information learned from the first year to real clinical situations. The assessment and evaluation during this year is based equally on their exams and performance in simulated clinical situations. In addition, students have a professional issues course which discusses the role of PT in the larger realm of the healthcare environment to include how to work with other healthcare professionals. This is a very practical oriented class to prepare the students for the professional aspects of work in hospitals and clinics.

In the third year, students are out in clinics and hospitals seeing patients under supervision. The assessment and evaluation include aspect professionalism, patient management, and the overall management of healthcare delivery.

In addition to the above, every year, students make their own self-assessment and faculty advisor assess students on generic professional abilities as follows:

Generic Abilities

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are, nevertheless, required for success in the profession. Ten (10) generic abilities were identified through a study conducted at UW-Madison. The ten abilities and definitions developed are:

Generic Abilities	Definitions
1. Commitment to Learning	The ability to self-assess, self-correct and self-direct to identify needs and sources of learning and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health professional and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem Solving	The ability to recognize and define problems, analyze data, develop and implement solutions & evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate and evaluate elements of logical arguments; to recognize and differentiate facts, illusions, assumptions, and hidden

		assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management		The ability to identify sources of stress and to develop effective coping behaviors.
**Developed by the Physical Therapy Program, University of Wisconsin-Madison. May et al. Journal of PT Education, 9:1, Spring 1995		

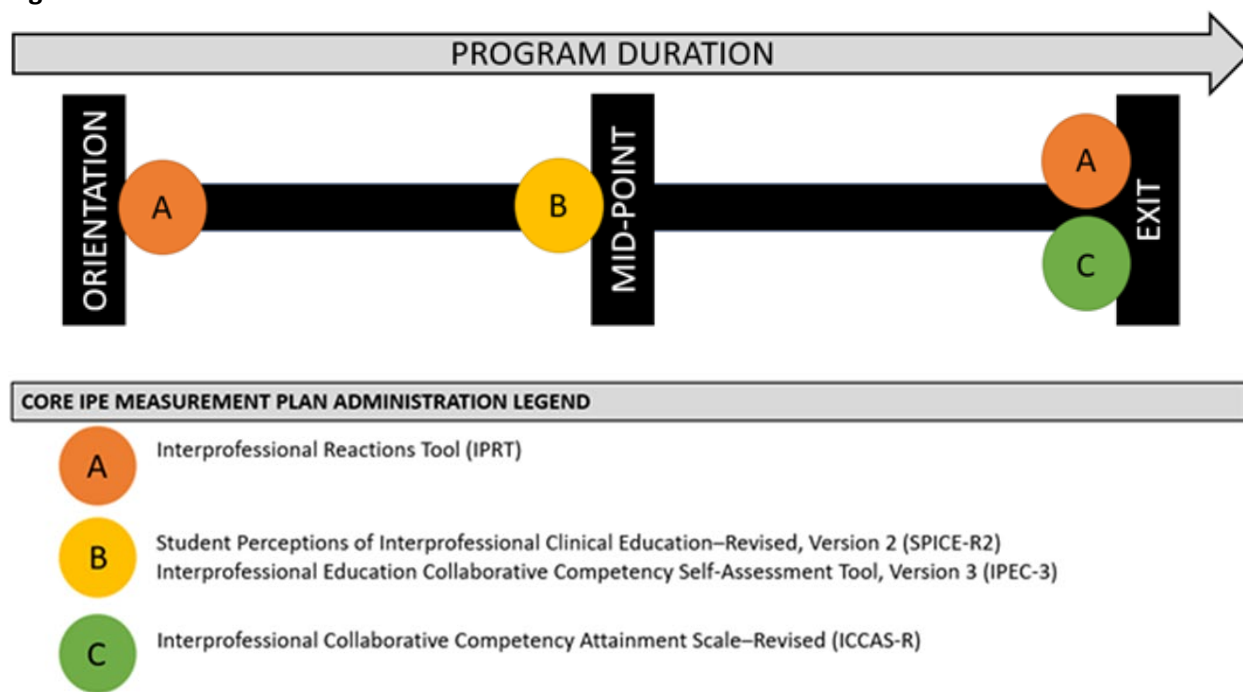
The LINC Core IPE Measurement Plan at UT Health San Antonio forms the backbone of IPE assessment/evaluation for all UT Health San Antonio program-specific IPE plans. Valid and reliable tools to measure change in reactions, attitudes/perceptions, skills, and behaviors are included. Table 3 and Figure 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

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 1. Administration Schedule of the LINC Core IPE Measurement Plan



LINC Core IPE Measure A1 (pre) is administered in May, LINC Core IPE Measure B is administered in December and January, and LINC Core IPE Measure A2 (post) and C are administered in April.

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

The initial PT IPE Plan was then updated and approved by the Department of Physical Therapy on October 25, 2023.

The approved AY2023-2024 PT IPE Plan was submitted to LINC on October 31, 2023.