



**School of Nursing
Doctor of Nursing Practice
Interprofessional Education Plan
Academic Year 2023-2024**

Background

UT Health San Antonio's Strategic Plan for fiscal years 2023-2027 continue to emphasize Teamwork & Collaboration as core values. 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 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: Competencies for Professional Nursing Education* (AACN, 2021).

Domain 6: Interprofessional Partnerships

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

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.*

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)

Doctor of Nursing Practice 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 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 Domain 6. 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 is an essential curricular activity whereby students can achieve the IPEC 2023 competencies necessary for preparation for advanced nursing practice. The 8 identified IPEC sub-competencies will be mapped to IPE activities within specific courses and distributed across the program. Not all 8 IPEC sub-competencies are addressed by current course activities. IPE experiences will be developed, or current activities revised, to ensure all 8 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.

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

DNP Program Outcomes	IPEC 2023 Sub-Competencies			
1. Integrate nursing science, ethics, biophysical, psychosocial, analytical, and organizational sources to provide the highest level of specialty nursing practices.	VE1 VE4	RR1	C3	
2. Develop, implement, and evaluate healthcare practices in healthcare systems that ensure quality improvement and patient safety.		RR1		
3. Use analytic methods and evidence-based practices to improve practice outcomes and the practice environment.				

4. Implement and evaluate ethical healthcare information systems and patient care technology to improve the quality of patient health outcomes and care systems.				
5. Advocate for healthcare practices that advance social justice, equity, and ethical policies within all healthcare arenas.	VE1 VE4 VE5		C3	
6. Employ interprofessional collaborative teams to improve patient and population health outcomes and healthcare delivery systems.		RR1 RR2 RR3		TT5
7. Lead the integration and institutionalization of (evidence based) clinical prevention and population-based health guidelines.				
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 VE4 VE5			

VE1	VE4	VE5	RR1	RR2	RR3	C3	TT5
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Values and Ethics Sub-competencies:

VE1: Promote the values and interests of persons and populations in health care delivery, One Health, and population health initiatives.

VE4: Value diversity, identities, cultures, and differences.

VE5: Value the expertise of health professionals and its impacts on team functions and health outcomes.

Roles and Responsibilities Sub-competencies:

RR1: Include the full scope of knowledge, skills, and attitudes of team members to provide care that is person-centered, safe, cost-effective, timely, efficient, effective, and equitable.

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 social determinants of health.

Communication Sub-competencies:

C3: Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology.

Teams and Teamwork Sub-competencies:

TT5: Apply interprofessional conflict management methods, including identifying conflict cause and addressing divergent perspectives.

Deliberate Design

Table 2. IPE Activities within the Doctor of Nursing Practice 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)	Assessment Strategies 2023 IPEC Sub-Competencies
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 INTD 5031	Cynthia L. Wall	LINC Didactic IPE Initiative Members: Meredith Quinene (SHP-PA), 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 Executive Director)	Fall (Sept to Oct)	Participating learners complete an individual survey following completion of each module about their learning experience. A cumulative survey is completed by each learner that provides their rationale on a scale of 1-5 of their ability to meet objectives in this learning activity regarding IPEC Interprofessional Communications Practices and Teams & Teamwork Domains.
Year 2 Spring & Summer	Interprofessional Training with Family Nurse Practitioner and Physician Assistant students using Interprofessional Education Objective Structured Clinical Examinations (IPE Type: Curricular IPE Sub-type: Simulation)	DNP – Year 2 FNP PA – Year 2	NURS 6453, NURS 6454	Paula Christianson-Silva Patricia Simpson Heidi Worabo	Steven Skaggs (SHP-PAS) Leticia Bland (SHP-PAS)	Spring (April) Summer (July) and ongoing annually	10 minute Debriefing IPE OSCE Grading Rubric IPE OSCE SOAP Note Grading Rubric Qualtrics Survey with: Demographics, Performance Assessment Communication and Teamwork Tools Set (PACT), & Self-Assessment of Knowledge Acquisition 2023 IPEC Sub-Competencies: RR1, RR2, C3, C6, TT3, TT5
Year 2 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 DNP	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),	Spring (Jan to Mar)	

LINC Academic Affairs Council – Doctor of Nursing Practice – School of Nursing – Approval Date: October 6, 2023.

					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 Executive Director)		
Spring Pre-requisite is to be in clinical phase of nursing program	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.	LINC Clinical IPE Experience Course in CANVAS	Marta Vives	LINC Clinical IPE Initiative Members: Temple Ratcliffe (LSOM) Rebecca Moote (LSOM), Elena Riccio Leach (SOD) and Angela Kennedy (SHP) 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)	Spring 2024	Participants will engage in virtual group assignments and assessments in CANVAS. At the end of the online clinical learning, the participants will complete a self-reflection exercise. After each session participants will complete a Qualtrics survey.
Year 1, 2, 3, year-round	Student-Led Faculty Collaborative Clinic (IPE Type: Co-curricular IPE Sub-type: Blended)	Learners attend a clinic session at a student-faculty collaborative clinics, including the Refugee Clinic, Pride Clinic. Learners provide patient care in collaboration with the School of Medicine, Dentistry, and undergraduate nursing students.	Throughout the program	Heidi Worabo (RC) Ruth Grubestic (RC) Rebekah Salt (RC) Peter Guarnero (PC)	Moshtagh Farokhi (SOD) Elena Jimenez Gutierrez (LSOM) Sean Garcia (LSOM) Fred Campbell (LSOM) Elizabeth Bowhay-Carnes (LSOM)	Year-round	2023 IPEC Sub-Competencies: RR5, TT2, VE2
Year 2 Fall & Spring	Global Health Foundations IPE Type: Co-Curricular IPE Sub-type: Classroom	Learners from School of Medicine, School of Health Professions, and School of Nursing attend monthly class and journal club x 9 months. The course is a prerequisite to going on a global health trip offered through the Center for Medical Humanities and Ethics.	ELEC 5047	Danet Lapiz Bluhm	Jason Rosenfeld (LSOM)	Sept to Apr	P-F grade for course measures Course is required for SON students to obtain Global Health Distinction

Year 3 Fall, Spring, Summer	Green Wellness Program: Plants-2-Plate IPE Type: Co-curricular IPE Sub-type: Clinical	Clinical Program at Wellness 360 Clinic; students from School of Nursing and UTSA Dietetics participate in Shared Medical Appointments; DNP Project; BSN students in clinical; LSOM Dept of Psychiatry	NURS 7305, 7306, 7307	Heidi Benavides Christiane Meireles Paula Christianson-Silva	Liset Leal-Vasquez (UTSA Dietetics) David Roberts (LSOM)	Year-round	Pre and Post Qualtrics Survey on Health Measures and Patient Satisfaction Patient Biometrics Patient Lab Results Some students participate as part of a course clinical practicum, DNP Project courses, the SON Sunrise Program, or as volunteers 2023 IPEC Sub-Competencies: VE3, RR3, C2, C3, TT5, TT6
Year Round	Enhancing Community and Student Wellness Through a Lifestyle Medicine Interest Group (LMIG): A Co-Curricular Interprofessional Educational Initiative IPE Type: Co-curricular IPE Sub-type: Blended Classroom, Clinical, & Community	Learners from School of Medicine and School of Nursing have formed a new student organization. This American College of Lifestyle Medicine (ACLM) UT Health LMIG will be open to all UT Health students.	N/A	Paula Christianson-Silva Heidi Benavides Christiane Meireles DeAnna Garza, DNP Student	Gail Tomlinson, LSOM Divya Gunukula, LSOM Student Dion Turner, Chef & Dietician	Year-round starting August 2023	Interprofessional Collaborative Competencies Attainment Survey (ICCAS) (Archibald, Trumpower & MacDonald, 2014; revised 2018) Number of students participating in meetings and activities 2023 IPEC Sub-Competencies: VE2, RR3, C3, TT2, TT5

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.

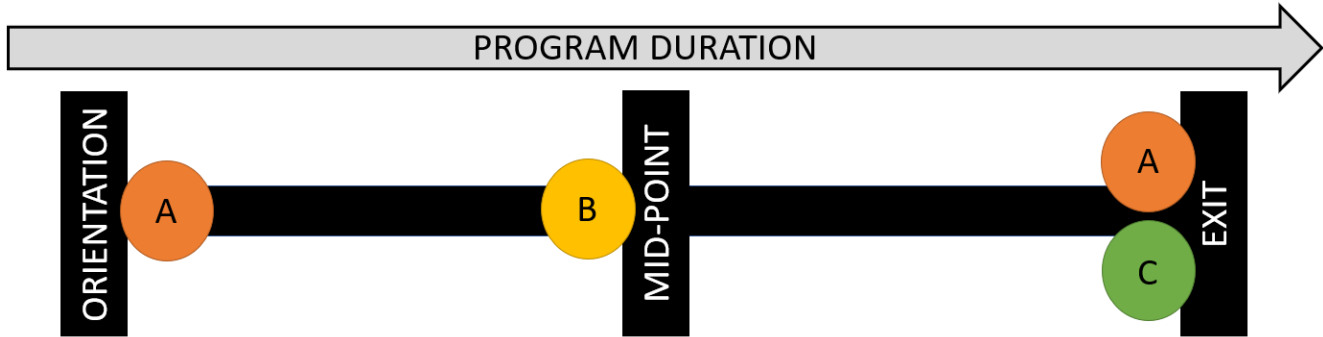
Assessment and Evaluation

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, as depicted in the progression of learning outcomes. 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
* 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

-  Interprofessional Reactions Tool (IPRT)
-  Student Perceptions of Interprofessional Clinical Education–Revised, Version 2 (SPICE-R2)
Interprofessional Education Collaborative Competency Self-Assessment Tool, Version 3 (IPEC-3)
-  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 March, and LINC Core IPE Measures A2 (post) and C are administered in June.

Approved by SON Committee on IPE on September 21, 2023.

Approved by COGS on October 6, 2023.

The approved AY2023-2024 DNP IPE Plan was submitted to LINC on October 23, 2023.