



**School of Health Professions
Doctor of Occupational Therapy Program
Interprofessional Education Plan
Academic Year 2024-2025**

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 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.3.22. Principles of Interprofessional Team Dynamics

Demonstrate knowledge of the principles of intraprofessional and 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 our 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

Table 1. Outcome-based Goals

Expected Behaviors for OTD Student	Domains of Competence	IPEC sub-competencies	Department of OT Sub-competency
<p>Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles</p>	<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 evidence-informed processes of team development and team practices.</p> <p>TT2. Appreciate team members’ diverse experiences, expertise, cultures, positions, power, and roles towards improving team function.</p> <p>TT3. Practice team reasoning, problem-solving, and decision-making.</p> <p>TT5. Apply interprofessional conflict management methods, including identifying conflict cause and addressing divergent perspectives.</p> <p>TT6. Reflect on self and team performance to inform and improve team effectiveness.</p> <p>TT8. Facilitate team coordination to achieve safe, effective care and health outcomes.</p> <p>TT10. Discuss organizational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the team.</p> <p>C2. Use communication tools, techniques, and technologies to enhance team function, well-being, and health outcomes.</p> <p>C3. Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology.</p> <p>C4. Promote common understanding of shared goals.</p> <p>C5. Practice active listening that encourages ideas and opinions of other team members.</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>

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		<p>C6. Use constructive feedback to connect, align, and accomplish team goals.</p> <p>C7. Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.</p> <p>RR2. Collaborate with others within and outside of the health system to improve health outcomes.</p> <p>RR3. Incorporate complementary expertise to meet health needs including the determinants of health.</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 (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		LINC Didactic IPE Initiative Members: Moshtagh Farokhi (SOD), Bobby Belarmino (SHP-PT), Aesha Aboueisha (LSOM), Daniel Saenz (GSBS), and Cynthia L. Wall (SON), with support from the LINC Faculty Council Members: Cathy Torrington Eaton (SHP), Rekha Kar (GSBS), Temple Ratcliffe (LSOM), Representative TBD (SON), and Joseph Zorek (LINC Executive Director)	Fall (Sept to Oct)
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), Representative TBD (SHP) , and Kathryn Parke (SON) with support	Spring (Jan to Mar)

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					from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Cathy Torrington Eaton (SHP), Temple Ratcliffe (LSOM), Representative starting September 1 (SON), and Joseph Zorek (LINC Executive Director)	
Year 1	<u>Type 2 Diabetes Mellitus Lifestyle Intervention: People with Serious Mental Illness</u> (IPE Type: Co-Curricular IPE Sub-type: Clinical)	OTD Year 1 & 2 DPT Year 2	Program Requirement	Chinyu Wu	Brad Tragord (DPT)	Fall (December)
Year 1- Fall & Spring	<u>Faculty and student</u> grand rounds (throughout the 3 years) (IPE Type: Co-Curricular IPE Sub-type: Classroom)	PT, OT, SLP, MLS, RC, PA, MSIS Year 1	Optional	Fang-Ling Lu	David Henzi (SHP) and faculty from other programs	Fall & Spring
Year 2 Fall	<u>Interprofessional Ethics & Communication Workshop</u> (IPE Type: Curricular IPE Sub-type: Classroom)	MD Year 2	OCCT 7020	Bridgett Piernik-Yoder	Jason Morrow (LSOM) Sylvia Botros-Brey (LSOM)	Fall (Aug)
Year 2 Fall	SLP AT IPE making decisions on seating and augmentative communication as a team	OT, SLP	OCCT 7018	Ana Allegretti	SLP Michelle Parish, SLPD, CCC-SLP	Fall (Dec)
Year 2 Spring	<u>Interprofessional Seminar</u> (IPE Type: Curricular IPE Sub-type: Classroom)	OT Year 2 MLS Year 1-2	OCCT 7019 – course is going away after the Spring of 2026	Chinyu Wu – no patient care in this course but guest lectures and group activities	Terri Murphy-Sanchez	Spring (Mar)
Year 2 Summer	<u>Ergonomics and Musculoskeletal Disorder Interprofessional Education</u> (IPE Type: Co-Curricular IPE Sub-type: Blended – Classroom & Simulation)	OT Year 2 PT Year 2-3 DDS Year 1		Kimberly Ferland	Michael Geelhoed (SHP-PT) Juanita Lozano-Pineda (SOD)	Summer (Aug to Sep)
Year 2 Spring	<u>Critical Care Simulation Activity</u> (IPE Type: Curricular IPE Sub-type: Blended – Classroom & Simulation)	PT, OT, Nursing, & RC	OCCT 7027	Kimberly Ferland	Bobby Belarmino (SHP-PT), Kevin Voelker & Isabelle Stoltz (SON) & Megan Llamas (SHP-RC)	Spring – April
Year 3 Spring	<u>LINC Clinical IPE Experience</u> (IPE Type: Curricular)	Learners from all programs at UT Health	TBD		LINC Clinical IPE Initiative Members: Temple Ratcliffe (LSOM) Rebecca	Spring (Jan to Mar)

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	IPE Sub-type: Blended – Classroom-Collaborative Online Learning & Clinical)	San Antonio will be placed in interprofessional groups of 3-4 and group composition will vary as a result.			Moote (LSOM), Angela Kennedy (SHP), Elena Riccio Leach (SOD) and Marta Vives (SON) with support from the LINC Faculty Council Members: Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Cathy Torrington Eaton (SHP), Representative TBD (SON), and Joseph Zorek (LINC Executive Director)	
<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. This table is reserved for student-to-student IPE activities.</p> <p>IPE Partners = Students from other professions/programs involved including their year(s) of study</p> <p>IPE Types = <i>Curricular</i>: IPE activities within formal curricula (e.g., credit-bearing courses, clerkships); <i>Co-Curricular</i>: IPE activities outside formal curricula (i.e., volunteer experiences that augment learning/professional development).</p> <p>IPE Sub-types = <i>Classroom</i>: IPE activities in a classroom setting, including in-person and online; <i>Simulation</i>: IPE activities in a simulation setting, including in-person and online; <i>Clinical</i>: IPE activities in a clinical setting allowing for practical experiences involving direct patient care; <i>Community</i>: IPE activities in a community-based setting allowing for practical experiences that do not involve direct patient care; <i>Blended</i>: Any combination of IPE Sub-types.</p> <p>FOOTNOTE</p> <p>See Assessment & Evaluation section for more details on how learning outcomes from this IPE Plan are measured.</p>						

Table 3. Learning Activities Relevant to Preparation for Interprofessional Practice that DO NOT Meet the Formal Definition of Interprofessional Education

Program Year & Semester	Name of Learning Activity (Type of Learning Activity)	Associated Course/Place in Curriculum (If Applicable)	Faculty Leader(s) from Program	Interprofessional Partners Included	Timeframe to be Completed (Month)
Year 1 Fall	Guest Lecture: Assessment and Treatment of Swallowing Disorders	OCCT 6037: O.T. Process: Adult Neuromuscular Dysfunction	Autumn Clegg	Fang-Ling Lu	Fall (Sep)
Year 2 Fall	Guest Lecture: AAC	OCCT 7018 Environmental Technology II	Ana Allegretti	Michelle Parish	Fall (October)
Year 1 Summer	Case-based activity for OT and PT students	Gross Anatomy (OCCT 7050)	Autumn Clegg	Reka Kar, Haley Nation, Mike Geelhoed	Summer

DEFINITION

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

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.

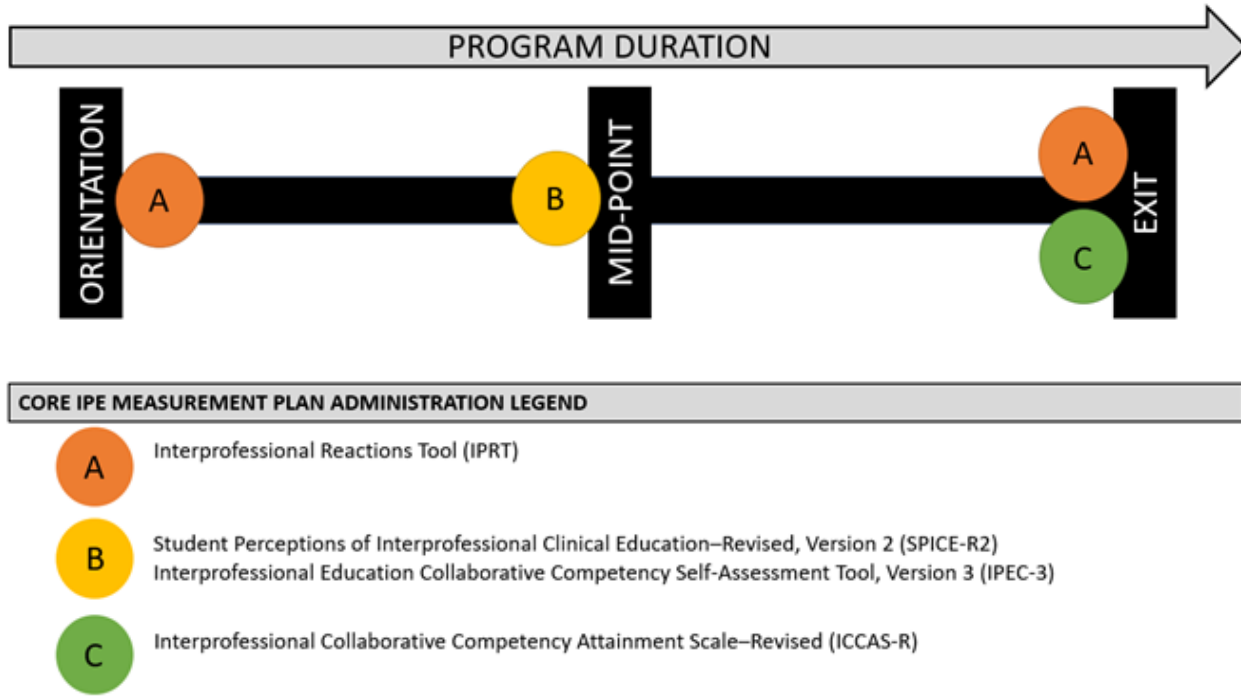
Assessment and Evaluation

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 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



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 OT IPE Plan was then updated and approved by the OT Department on 11/3/25.

The approved AY2024-2025 OT IPE Plan was submitted to LINC on 11/17/25.