

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 and Student Affairs and the Associate Dean for Academic 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 Joint Review Committee on Education in Radiologic Technology (JRCERT) suggests the integration of IPE into the Imaging Sciences curriculum, as evidenced by the following standards/expectations:

Standard 4.2 provides a well-structured curriculum that prepares students to practice in the professional discipline.

Imaging Sciences 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 Imaging Sciences program is a relatively new program. It is actively aligning with campus partners through the University's Quality Enhancement Plan (QEP). The QEP provides a framework that fosters collaboration between the Imaging Sciences program and other healthcare professions—including physicians, nurses, physical and occupational therapists, speech-language pathologists, and respiratory therapists—who work together to provide patient care. Many of these patients undergo imaging procedures that are diagnosed using imaging science modalities such as x-ray, computed tomography, and magnetic resonance imaging within the radiology department.

Interprofessional education (IPE) enables healthcare professionals and students to learn from and with each other, promoting mutual respect, equality, and a reduction in professional hierarchy. For example, Imaging Sciences professionals help other members of the healthcare team understand the processes involved after an imaging procedure has been requested. Through participation in interprofessional education (IPE) activities, the Imaging Sciences and other healthcare programs not only enhance student learning but also work to address inefficiencies and communication barriers that can exist within a

fragmented healthcare team. Improved interprofessional collaboration ultimately leads to better coordination, increased patient safety, and more effective healthcare delivery.

Outcome-based Goals

Table 1. Division of Imaging Sciences IPE Plan – Goals Identified through Crosswalk of Interprofessional Practice-Relevant Competency Frameworks

Expected Behavior for MSIS Student	Domains of Competence	IPEC sub-competencies	Division of MSIS sub-competency
1. Students will demonstrate effective verbal communication.	IPEC Competency 3- Communication	<p>C1: Communicate one’s roles and responsibilities clearly.</p> <p>C6: Use constructive feedback to connect, align, and accomplish team goals.</p>	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.
2. Student will demonstrate effective written communication.	IPEC Competency 4- Teams and Teamwork	<p>T8. 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>	Demonstrate a genuine appreciation for the diverse cultural backgrounds and perspectives of team members, recognizing the value of cultural diversity in enriching problem-solving, decision-making, and creativity within the team.

Deliberate Design

Table 2. IPE Activities within the Master of Science in Imaging Sciences 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 starting September 1 (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 starting September 1 (SHP), and Kathryn Parke (SON) with support 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)	Spring (Jan to Mar)
Year 2 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	Program Requirement		LINC Clinical IPE Initiative Members: Temple Ratcliffe (LSOM) Rebecca Moote (LSOM), Angela Kennedy (SHP), Elena Riccio Leach (SOD) and Marta Vives (SON) with support from the LINC Faculty Council Members:	Spring (Jan to Mar)

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		composition will vary as a result.			Moshtagh Farokhi (SOD), Rekha Kar (GSBS), Cathy Torrington Eaton (SHP), Representative starting September 1 (SON), and Joseph Zorek (LINC Executive Director)	
Year 2 Fall	Student Grand Rounds (IPE Type: Co-Curricular IPE Sub-type: Classroom)	MSIS Year 2		Dr. Jamie Tucker Vanessa Flores Tomio Calhoun		Fall (Nov)

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.

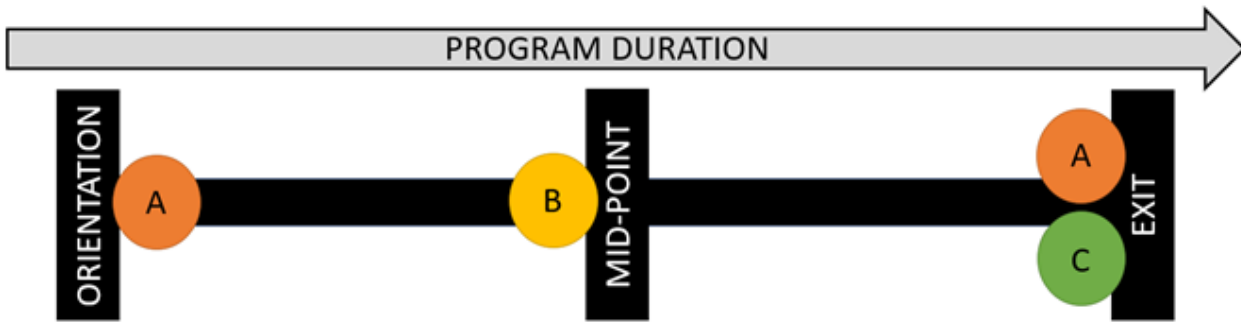
Assessment and Evaluation

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 are included. Table 4 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 June, and LINC Core IPE Measure A2 (post) & C are administered in April.

The MSIS IPE Plan was initially approved by the SHP IPE Committee and SHP Curriculum Committee on [Click or tap here to enter text.](#)

The initial MSIS IPE Plan was then updated and approved by the MSIS Division within the Department of Health Sciences on 11/3/25

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