



**Long School of Medicine  
MD Degree Program  
Interprofessional Education Plan  
Academic Year 2025-2026**

**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 Vice Dean for Undergraduate Medical Education is leading the development and implementation of the Long School of Medicine's (LSOM) IPE Plan. In FY21, the LSOM Curriculum Committee approved an IPE Plan proposed by an IPE Task Force made up of members drawn from the LSOM MD Degree Program. Following approval and implementation of that initial plan in FY21, primary responsibility for reviewing and recommending modifications to the LSOM IPE Plan has shifted to the LSOM Curriculum Committee, particularly its Design & Integration Subcommittee.

**Profession-Specific Accreditation Mandate**

The Liaison Committee on Medical Education (LCME) requires the integration of IPE into the Doctor of Medicine (M.D.) Degree curriculum, as evidenced by the following standards/expectations:

Element 7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

**Doctor of Medicine IPE Plan**

In accordance with the Health Professions Accreditors Collaborative (HPAC), of which the LCME is a founding member, this IPE plan consists of four components: rationale, outcome-based goals, deliberate design, and assessment & evaluation. Details for each component are included below:

**Rationale**

By designing a program with the goal of developing students who are competent in collaborating as a member of an interprofessional team by the time of graduation, we meet LCME accreditation standard 7.9 (Interprofessional Collaborative Skills) and align with the institution's QEP. The program is built on a framework that incorporates relevant medical education and IPE conceptual frameworks:

- *Entrustable Professional Activities (EPAs)* - Central to the design, delivery, and evaluation of undergraduate medical education are the “Core Entrustable Professional Activities for Entering Residency” (AAMC 2014). EPAs are defined as “units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.” Specifically, EPA 9 is “Collaborate as a member of an interprofessional team.”
- *Physician Competency Reference Set (PCRS)* - The PCRS is a list of common learner expectations utilized in the training of physicians. It was developed through the Association of American Medical Colleges (AAMC) to provide a common competency framework for the goals and outcomes of medical education, and it is based on the six core competencies within the ACGME framework: patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.
- *IPEC Competencies* – The IPEC competencies are designed to identify individual-level interprofessional competencies for health professionals in training, compiled into four core competencies: values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication, and teams and teamwork.

A review of the details of these frameworks quickly reveals the intersection, overlap, and interplay between them. To facilitate the design and capture of our IPE activities in relevant ways to different stakeholders and constituent groups, we cross-mapped the competencies we targeted across the three frameworks (see *Table 3. LSOM IPE Strategic Program Goals*).

### **Outcome-based Goals**

The overarching goal of the LSOM IPE Strategic Plan is to create learners who collaborate effectively as members of interprofessional teams by creating and delivering experiences for medical students that develop their knowledge, skills, and attitudes in the following areas: professional roles and responsibilities within health care teams; effective communication in the delivery of patient care; and effective teaming and collaboration for patient-centered care.

In order to guide our efforts, we used AAMC EPA 9 (“Collaborate as a member of an interprofessional team”) as the anchor, selected most but not all of the “expected behaviors for an entrustable learner” within this EPA, and cross-referenced them with the 2023 update to the IPEC Competencies, and PCRS domains of competence.

**Table 1. LSOM IPE Plan – Goals Identified through Crosswalk of Interprofessional Practice-Relevant EPAs and Competency Frameworks**

Expected Behaviors for Entrustable Learners	PCRS Domains of Competence	IPEC Sub-competencies	SOM Sub-competencies
1. Articulate the unique contributions and roles of other healthcare professionals	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 the patients and populations served	VE5 - Value the expertise of health professionals and its impacts on team functions and health outcomes.  RR4 - Differentiate each team member’s role, scope of practice, and responsibility in promoting health outcomes.  TT1 - Describe evidence-informed processes of team development and team practices.	3.7.6 - List interdisciplinary health services and the role they might play in the management of a given common condition or disorder
2. Actively engage with the patient and other team members to coordinate care and provide care and provide for seamless care transition	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 the patients and populations served  SBP 2 - Coordinate patient care within the health care system relevant to one’s clinical specialty  ICS 3 – Work effectively with others as a member of leader of a health care team or other professional group.	VE5 - Value the expertise of health professionals and its impacts on team functions and health outcomes.  RR3 - Incorporate complementary expertise to meet health needs including the determinants of health.  TT1 - Describe evidence-informed processes of team development and team practices.  TT3 - Practice team reasoning, problem-solving, and decision-making.	3.9.4 - Given a specific clinical situation, demonstrate effective and appropriate communication of medical information to patients, patient family members, other physicians, interdisciplinary team members

<p>3. Communicate bidirectionally to keep team members informed and up to date.</p>	<p>IPC 3 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations</p> <p>ICS 2 – Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health-related agencies</p> <p>P1 – Demonstrate compassion, integrity, and respect for others</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>C5 - Practice active listening that encourages ideas and opinions of other team members.</p>	<p>3.9.3- Demonstrate an understanding of the importance of each of the elements of effective and appropriate communication of medical information to patients, patient family members, other physicians, and interprofessional team members.</p> <p>3.9.4 - Given a specific clinical situation, demonstrate effective and appropriate communication of medical information to patients, patient family members, other physicians, and interdisciplinary team members .</p>
<p>4. Tailor communication strategy to the situation.</p>	<p>ICS 2 – Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health-related agencies</p> <p>ICS 7 - Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</p> <p>IPC 3 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations</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>C7 - Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.</p>	<p>3.9.3- Demonstrate an understanding of the importance of each of the elements of effective and appropriate communication of medical information to patients, patient family members, other physicians, and interprofessional team members.</p> <p>3.9.4 - Given a specific clinical situation, demonstrate effective and appropriate communication of medical information to patients, patient family members, other physicians, and interdisciplinary team members.</p>

<p>5. Support other team members and communicate their value to the patient and family.</p>	<p>P1 – Demonstrate compassion, integrity, and respect for others</p> <p>IPC 1 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust</p>	<p>VE7 - Practice trust, empathy, respect, and compassion with persons, caregivers, health professionals, and populations.</p> <p>C7 - Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.</p>	<p>1.3.2 - Demonstrate an understanding of the importance of behaviors indicative of respect for human dignity, privacy, and autonomy.</p> <p>1.3.3 - Behave in a manner indicative of respect for human dignity, privacy, and autonomy.</p> <p>1.5.2 - Behave in a manner consistent with the institutional and professional codes of conduct.</p> <p>3.7.6 - List interdisciplinary health services and the role they might play in the management of a given common condition or disorder</p>
<p>6. Anticipate, read, and react to emotions to gain and maintain therapeutic alliances with others.</p>	<p>P1 – Demonstrate compassion, integrity, and respect for others</p> <p>ICS 7 - Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</p> <p>IPC 1 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.</p>	<p>C5 - Practice active listening that encourages ideas and opinions of other team members.</p> <p>C7 - Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.</p> <p>TT6 - Reflect on self and team performance to inform and improve team effectiveness.</p>	<p>1.3.2 - Demonstrate an understanding of the importance of behaviors indicative of respect for human dignity, privacy, and autonomy.</p> <p>1.3.3 - Behave in a manner indicative of respect for human dignity, privacy, and autonomy.</p> <p>1.5.2 - Behave in a manner consistent with the institutional and professional codes of conduct.</p>

This process revealed that our desired entrustable behaviors and PCRS competency domains align with XX IPEC sub-competencies. We compiled a list of relevant LSOM , co-curricular, and clinical IPE activities and classified the activities as either IPE, clinical IPE, or co-curricular IPE<sup>1</sup>. Next, we mapped the activities by both phase of curriculum (pre-clinical/clinical and semester) and by alignment of learning objectives to the 12 aligned IPEC sub-competencies. A visual summary of our findings is demonstrated in Table 2.

**Table 2. LSOM IPE Plan – IPEC Sub-competencies Targeted by Current IPE Activities**

Program Year & Semester	Values/Ethics for Interprofessional Practice (VE)	Roles/Responsibilities (RR)	Communication (C)	Teams and Teamwork (TT)
Year 1 Fall	<b>VE5, VE7</b>	<b>RR4, RR3</b>	<b>C2, C3, C5, C7</b>	TT1, <b>TT3</b> , TT6
Year 1 Spring	<b>VE5, VE7</b>	RR4	C2, C3, C5, C7	TT3
Year 2 Fall	<b>VE5, VE7</b>	<b>RR4, RR3</b>	<b>C2, C3, C5, C7</b>	TT3, TT6
Year 2 Spring		RR3	C2, C3, C7	TT1, TT3, TT5, TT6
Year 3 <sup>b</sup> Fall	<b>VE5, VE7</b>	<b>RR4, RR3</b>	<b>C2, C3, C5, C7</b>	<b>TT1, TT3</b> , TT6
Year 3 Spring	<b>VE5, VE7</b>	<b>RR4, RR3</b>	<b>C2, C3, C5, C7</b>	<b>TT1, TT3</b> , TT6
Year 4 Fall				
Year 4 Spring				

<sup>a</sup> Bolded IPEC sub-competencies occur two or more times in the semester

<sup>b</sup> Fall of year 3 is the approximate demarcation between preclinical and clinical curricular phases

The Design & Integration Subcommittee reviewed the alignment (Table 3) and curricular mapping (Table 4) processes to make the following conclusions and recommendations that have informed our deliberate design:

1. The D&I Subcommittee determined that the Module and Clerkship Directors, as well as the UME leadership should be commended for successfully maintaining the IPE initiatives.
2. The D&I Subcommittee felt that the selected IPEC sub-competencies were adequately covered within the curriculum.
3. The D&I Subcommittee determined that it was appropriate to continue with the current plan.

**Table 3. LSOM IPE Plan – Deliberate Design of IPE Activities for Academic Year 2025-2026**

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	<a href="#">LINC Common IPE Experience</a> (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 Common IPE Initiative Members: Bobby Belarmino (SHP-PT), and Cynthia Wall (SON), with support from the LINC faculty Members and Joseph Zorek (LINC Executive Director)	Fall (Sept to Oct)
Year 1 Fall	<a href="#">Interprofessional Education: The role of Physical Therapy</a> (IPE Type: Curricular IPE Sub-type: Classroom)	MD Year 1 PT Year 1	CIRC 5007: Molecules to Medicine		Bradley Tragord (SHP-PT)	Fall (Aug)
Year 1 Fall	<a href="#">General Appearance /Vital Signs Laboratory</a> (IPE Type: Curricular IPE Sub-type: Blended – Classroom & Simulation)	MD Year 1	CIRC 5005: Clinical Skills		SON	Fall (Aug)
Year 1 Fall	<a href="#">Interprofessional Education to Enhance the Integration of Oral Health and Medicine: A Longitudinal Study</a> (IPE Type: Curricular IPE Sub-type: Blended – Classroom & Simulation))	MD Year 1	CIRC 5005: Clinical Skills		David Ojeda Diaz (SOD)	Fall (Sept)
Year 1 Fall	<a href="#">A Patient-Centered Approach for Reducing Preanalytical Errors Between Medical Laboratory Sciences and Medical Students</a> (IPE Type: Curricular IPE Sub-type: Classroom)	MD Year 1 MLS Year 2	CIRC 5009: Attack & Defense		Cordelia Kudika (SHP-MLS)	Fall (Nov)
Year 1 Spring	<a href="#">Interprofessional Conference and Synthesis Case with Respiratory Therapy and Medical Students</a>	MD Year 1 RC Year 2	CIRC 5013: Respiratory Health		Reuben Restrepo (SHP-RT)	Spring (Feb)

	(IPE Type: Curricular IPE Sub-type: Classroom)					
Year 2 Fall	<a href="#">Interprofessional Ethics &amp; Communication Workshop</a> (IPE Type: Curricular IPE Sub-type: Classroom)	MD Year 2 OT Year 2	CIRC 5001: Medicine, Behavior and Society		Bridget Piernik-Yoder (SHP-OT, PT)	Fall (Sept)
Year 2 Fall	<a href="#">Interprofessional Education to Enhance the Integration of Oral Health and Medicine: A Longitudinal Study</a> (IPE Type: Curricular IPE Sub-type: Blended – Classroom & Simulation)	MD Year 2	CIRC 5005: Clinical Skills		David Ojeda Diaz (SOD)	Fall (Dec)
Year 2 Spring	<a href="#">LINC Simulation IPE Experience</a> (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: Dr. Amir Begovic, members to be determined	Spring (Jan to Mar)
Year 3 Spring	<a href="#">LINC Clinical IPE Experience</a> (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: Angela Kennedy (SHP), members to be determined	Spring (Mar to Apr)

**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 4. 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 3	The Clinical Learning Environment (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)	Exploring Clinical Medicine: Longitudinal Curriculum	Leanna Dolson (Emergency Medicine Clerkship)		Summer (July)
Year 3	Quality Improvement & Patient Safety (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)	Exploring Clinical Medicine: Longitudinal Curriculum	Paola Martinez (Neurology Clerkship)		Fall (Nov)
Year 3	Transitions of Care (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)	Exploring Clinical Medicine: Longitudinal Curriculum	Paola Martinez (Neurology)		Fall (Dec)
Year 3	Clinical Clerkships (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)		Clerkship Directors		Summer, Fall & Spring (July to June)
Year 3	Psychiatry IPE Experience Student observation of IPE Team (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)	Psychiatry Clerkship	Kimberly Benavente (Psychiatry Clerkship Director)		Summer, Fall & Spring (July to June)
Year 3	Health Disparities Curriculum (IPE Type: Curricular IPE Sub-type: Blended – Classroom- & Clinical)	Family Medicine Clerkship	Nehman Andry (Family Medicine Clerkship Director)		Summer, Fall & Spring (July to June)

**DEFINITION**

**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). *Student-to-trainee and/or student-to-practitioner/professional IPE should be included in this table if it exists in the program.*

**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

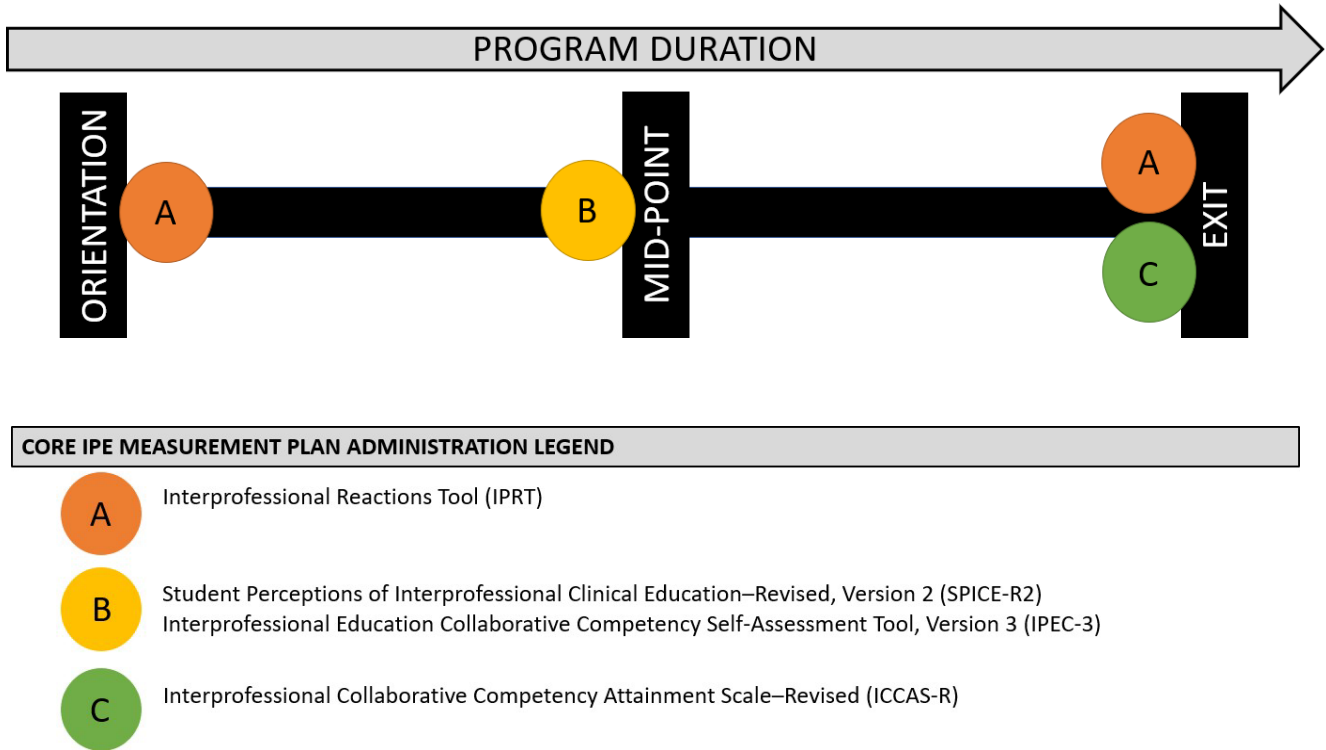
The LSOM IPE assessment and evaluation plan is designed to assess learners on their development and mastery of interprofessional collaborative practice competencies and evaluate the implementation and immediate impact of the IPE plan.

**Learner Assessment:** All students are assessed three times over the course of their academic program by the LINC Assessment Council following the LINC Core IPE Measurement Plan. The LINC Core IPE Measurement Plan will measure learning outcomes on the modified Kirkpatrick Model Level 1 (reaction), level 2a (attitudes/perceptions), level 2b (knowledge/skills), and level 3 (collaborative behavior) as a student moves through medical school.

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"> <li>• Preparation</li> <li>• Relevance</li> <li>• Importance</li> <li>• Satisfaction</li> </ul>	13 self-reported items: <ul style="list-style-type: none"> <li>• 9 quantitative items using a 5-point Likert-type response scale; and,</li> <li>• 4 qualitative items soliciting written responses to open-ended prompts</li> </ul>
Level 2a Attitudes/ Perceptions	Student Perceptions of Interprofessional Clinical Education– Revised, Version 2 (SPICE-R2)	<ul style="list-style-type: none"> <li>• Interprofessional Teamwork and Team-based Practice</li> <li>• Roles &amp; Responsibilities for Collaborative Practice</li> <li>• Patient Outcomes from Collaborative Practice</li> </ul>	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"> <li>• Interprofessional Interactions</li> <li>• Interprofessional Values</li> </ul>	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"> <li>• Communication</li> <li>• Collaboration</li> <li>• Roles &amp; Responsibilities</li> <li>• Collaborative patient-family centered approach</li> <li>• Conflict management/ resolution</li> <li>• Team functioning</li> </ul>	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



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

Additional assessments are used to enhance understanding of student changes in attitudes and perceptions of other professions, the acquisition of interprofessional collaborative practice knowledge and skills, and the demonstration of behaviors in training and/or practice setting.

**LSOM Assessment Plan**

LSOM Selected IPEC Subcompetencies	Assessment Item	Kirkpatrick Level
VE5 - Value the expertise of health professionals and its impacts on team functions and health outcomes. (3.7.7, 3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
VE7 - Practice trust, empathy, respect, and compassion with persons, caregivers, health professionals, and populations. (1.3.2, 1.3.3, 1.5.2, 3.7.7)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
RR3 - Incorporate complementary expertise to meet health needs including the determinants of health. (3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3
RR4 - Differentiate each team member’s role, scope of practice, and responsibility in promoting health outcomes. (3.7.7)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3
C2 - Use communication tools, techniques, and technologies to enhance team function, well-being, and health outcomes. (3.9.3, 3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
C3 - Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology. (3.9.3, 3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
C5 - Practice active listening that encourages ideas and opinions of other team members. (1.3.2, 1.3.3, 1.5.2, 3.9.3, 3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
C7 - Examine one’s position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts. (1.3.2, 1.3.3, 1.5.2)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2b Level 2b Level 3
TT1 - Describe evidence-informed processes of team development and team practices. (3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3

TT3-Practice team reasoning, problem-solving, and decision-making. (3.9.4)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3
TT5 - Apply interprofessional conflict management methods, including identifying conflict cause and addressing divergent perspectives.	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3
TT6 - Reflect on self and team performance to inform and improve team effectiveness. (1.3.2, 1.3.3, 1.5.2)	Participation (Course Evaluation) Core IPE Measurement B Core IPE Measurement C Core IPE Measurement C	Level 1 Level 2a Level 2b Level 3

**IPE Plan Evaluation:** The evaluation of the IPE plan implementation and its immediate impact represent a multi-prong approach to include the following sources: learner assessment data collected through the LINC Core IPE Measurement Plan and LSOM student performance assessments, IPE plan stakeholder feedback, and observations.

Approved by LSOM Curriculum Committee on [Click or tap here to enter text.](#)

Submitted to the LINC Office on [Click or tap here to enter text.](#)