ADEA Policy Brief Interprofessional Education and Practice–An Imperative to Optimize and Advance Oral and Overall Health

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Executive Summary

Interprofessional education (IPE) occurs when learners in two or more health professions collaborate to advance the health of individuals and communities.¹ Established in 2009, the Interprofessional Education Collaborative (IPEC) has been a leader in promoting the integration of IPE activities to advance health professions pedagogy. As one of IPEC's founding members, the American Dental Education Association (ADEA) promotes the integration of interprofessional education within academic dental institutions as well as with other health professions schools and programs to improve oral health care and outcomes. In 2018, more than 82% of graduating dental seniors self-reported that interacting across the health professions during their academic careers improved their understanding of how to better care for patients.² IPE allows dental students to strengthen their education while also inspiring them to serve as leaders in the promotion of collaborative practice and team-based care.

Context of the Problem

As oral health disparities persist in the United States, academic dentistry has joined forces with health care professions across various disciplines to optimize health care delivery and tackle the public health challenges of tomorrow. In 1995, the Institute of Medicine's (IOM) Dental Education at the Crossroads: Challenges and Change³ proposed that dentistry and medicine should be integrated across multiple levels of the health care system to support research, education and patient care. Subsequently, in 2000,⁴ the IOM endorsed IPE as a best practice across two or more health education professions to leverage their expertise and improve community health and patient outcomes through learning and collaboration. Dental educators, joined by professionals from medicine, nursing, pharmacy, public health and others, are shifting the siloed health paradigm and preparing students to practice in team-based care settings.

Oral health requires a unified health care workforce that addresses the overall health of the patient. IPE programs emphasize teamwork, communication, collaborative spirit and understanding of other health professions' roles and responsibilities⁵ in the health care sector. As a provision of the Affordable Care Act (ACA), team-based care via the patient-centered medical home model is a transformative approach in the U.S. health care system that underscores the importance of affordable care, comprehensive care coordination, implementation of care teams and population health management. As dental safety net providers,⁶ dental educators support IPE programs and team-based care as imperatives that reduce health care costs, promote oral disease prevention and treatment and mitigate oral health disparities.

Current Setting and Rationale for Policy

In 2009, ADEA, in collaboration with five national health professions education associations, established the IPEC to promote the advancement of interprofessional training and team-based care.⁷ In 2011, IPEC developed a set of core competency domains for interprofessional collaborative practice. These core competencies, updated in 2016, include:

- Values/Ethics
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

IPEC is a leader in IPE. To help bridge the divide that often exists across the health care professions, the IPEC Faculty Development Institutes are a forum for members of health professions schools to create and reinforce collaborative partnerships. In a six-year period, from 2012-2018, 14 IPEC Institutes have been held, with dental educators in attendance at most. The Institutes have included faculty from 39 U.S. dental schools, one Canadian dental school, six dental hygiene programs at ADEA member institutions

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not affiliated with a dental school, and one staff dentist from the dental department of a nonmember hospital. Twenty of the U.S. dental schools have been represented at two or more IPEC Institutes. There are also 14 instances of dental school faculty and administrators serving as invited speakers at an IPEC Institute. Through participation in the IPEC Institutes, dental education is committed to IPEC's mission in building an integrative health care system dedicated to advancing oral health as part of overall health of the public as well as addressing population oral health disparities.

Interprofessional education has received global recognition. The World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice published in 2010 was an opportunity to engage global leaders in health and education to identify mechanisms and practices of IPE. The WHO framework "provides strategies and ideas that help health policymakers implement the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction"⁸ (Figure 1). This framework also assists policymakers in identifying opportunities of intersectionality across health services and education systems and supports innovative approaches to improve health services and patient outcomes globally.

The integration and inclusion of dentistry in IPE activities are incorporated in academic accrediting standards. The Commission on Dental Accreditation (CODA) Dental Hygiene Standard 2-15 and Predoctoral Dental Standard 2-20 emphasize that graduates from academic dental institutions and dental hygiene programs meet competencies in effective communication, understand the social determinants of health and collaborate with other members of the health care sector in the provision and support of patient oral care. IPE experiences allow dental graduates to enhance their didactic and clinical training, cross-train with other health disciplines and develop new skills to improve health care delivery. Data from the ADEA Survey of Dental School Seniors, 2018 Graduating Class indicate that more than 82% of graduates agree that working with other health professions students helped them gain a better understanding of other professions and their roles in caring for patients.⁹ The top three professions dental graduates reported interacting with were nursing, allopathic/osteopathic medicine, and pharmacy students in interprofessional didactic classroom activities and preclinical and clinical activities (Table 1).

Most academic dental institutions have implemented IPE and team-based care programs into their curriculum protocols. By 2014, 90% of academic dental institutions **Table 1:** Percentage of dental school seniors reporting

 interprofessional interactions with specific professions.

Professions	Percent*
Allopathic/Osteopathic Medicine	43.7%
Nursing	67.7%
Occupational Therapy	24.3%
Pharmacy	63.9%
Physical Therapy	33.0%
Physician Assistants	21.7%
Psychology	8.6%
Public Health	29.7%
Social Work	30.5%
Speech Pathology	8.8%
Veterinary Medicine	5.9%
Other	1.3%

* Totals exceed 100 as students could select more than one response Source: American Dental Education Association, ADEA Survey of Dental School Seniors, 2018 Graduating Class

offered IPE experiences.¹⁰ For example, dental and dental hygiene students at the University of Detroit Mercy School of Dentistry are exposed to interprofessional teams early in their education to apply interpersonal and communication skills needed to effectively manage and promote the health and well-being of all patients.¹¹ In 2015, A.T. Still University Arizona School of Dentistry & Oral Health (ATSU-ASDOH) was awarded a Health Resources and Services Administration grant to increase IPE among dental, medical and physician assistant students. The grant-funded project, "Expanding Dental Workforce Training Within Collaborative, Team-Based Care Targeting Federally Qualified Health Centers and Underserved Populations," aimed to enhance students' competency and training through didactic and clinical IPE activities within ATSU-ASDOH dental clinics.¹² Additionally, the Louisiana State University School of Dentistry published three years of baseline data that reveal positive perceptions of IPE curriculum among first-year dental students.¹³ Dental schools and programs have become the epicenter of integrative care while fostering collaboration among dental students and students of other health professions.



Policy Considerations

Although historically the health professions have been fragmented and siloed, IPE strives to alleviate barriers by exposing students to health modalities outside of their specific disciplines. While IPE is generally encouraged and supported within dental education, the following policy considerations serve as guidance to the oral health education community and to other health professions education seeking to strengthen their collaborative approach to oral health:

- 1. Foster and promote the integration of dental education into team-based care settings.
- **2.** Enhance interprofessional collaborations among dental and other health professions to mitigate oral health disparities and improve overall health outcomes.

- **3.** Participate and engage in collaborative learning environments such as the IPEC Faculty Development Institutes for leadership development and continue to build the capacity of educators across the health professions.
- **4.** Integrate IPEC core competencies and the WHO Framework for Interprofessional Education and Collaborative Practice into health professions pedagogies.

As a national leader in promoting the integration and inclusion of oral IPE activities, ADEA will continue to partner with IPEC to support efforts to expand IPE initiatives within academic health institutions. Our aim is simple—to prepare future-ready graduates poised to engage in collaborative practice.



Figure 1: Framework for Action on Interprofessional Education and Collaborative Practice

Source: WHO, 2010⁸

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