Charting Progress

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A Monthly Newsletter from ADEA Executive Director Richard W. Valachovic, D.M.D., M.P.H.

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, contemplates the road ahead for interprofessional education and practice and previews some of the conversations that will take place at the 2011 ADEA Annual Session & Exhibition.

Paving the Road to Interprofessional Practice

Without inter-professional education, we will continue to treat symptoms and body parts without seeing our patients as whole human beings.

In less than one month, many of us will meet face-to-face in San Diego to consider how we prepare students for a future in which teams of health professionals collaborate to improve the health of their patients. Despite the years of talk about interprofessional educational (IPE), most of us are still struggling to make this concept a reality at our institutions. We have made strides in integrating the basic and clinical sciences. We have brought dental, dental hygiene, and (in some schools) dental laboratory students and dental residents and fellows together in clinical education settings. Many of our students share a didactic course or two with students of medicine, nursing, or pharmacy. But true IPE demands much more. It involves students in various health professions education programs learning together while involved in team-based patient care with the ultimate goal of improved patient care and better health.

Dr. Sandra Andrieu, ADEA President and Associate Dean of Academic Affairs at the Louisiana State University (LSU) School of Dentistry, has been a champion of IPE for years and encouraged the ADEA Annual Session Program Committee (ADEA ASPC) to choose it as the theme of the 2011 ADEA Annual Session & Exhibition in San Diego, California.

"With the ever-increasing complexity of disease and with people living longer and having more complex medical histories," Sandra told me, "it is imperative that our students are better prepared to work with and share a common language with other health care professionals. Not only can such an education positively impact patient care, it also provides opportunities to gain respect across professions and, one hopes, reduce medical error."

Fortunately there are intrepid pathfinders among us, Sandra included, who have begun to smooth the rocky road to interprofessional education and practice, and they are eager to share models the rest of us can emulate. At LSU School of Dentistry, an innovative Dental Rounds curriculum that brings dental students from all four years together for case-based learning will soon anchor an IPE curriculum involving LSU's schools of medicine, nursing, allied health, and public health.

LSU is not alone. Many of our schools are integrating IPE components into their curricula, and some are designing their entire program around IPE. Many of them will describe their efforts to you at the 2011 ADEA Annual Session & Exhibition, notably at these sessions:

• ADEA Presidential Symposium "Models of Interprofessional Curriculum in Dental Education," on Sunday, March 13, at 10:00 a.m., which will explore three models of IPE: the University of Florida, the University of Minnesota, and the Western University of Health Sciences
• "The Road to Collaboration Is Paved With Good Intentions: Challenges Developing an Interprofessional Education Framework at New York University College of Dentistry," on Sunday, March 13, at 2:00 p.m., about the transformation of health professions education through the 2005 merger of the NYU College of Dentistry and the NYU nursing program

• "Introducing Interprofessional Education to Dentistry and Dentistry to Interprofessional Education," on Monday, March 14, at 3:00 p.m., with presenters discussing the IPE experiences of the University of Kentucky, Western University of Health Sciences, University of Minnesota, and Medical University of South Carolina

If there are skeptics among you who wonder why I and others have jumped on the IPE bandwagon, let me start by saying that it's about a lot more than just getting to know our colleagues. It's also about developing respect between and among health care professionals, a crucial first step in developing a common language. Without this, we will continue to treat symptoms and body parts without seeing our patients as whole human beings. This new, patient-centered orientation is the ultimate goal of IPE. It will prompt us to ask the right questions, reduce medical error, and improve patient care.

Toward these ends, ADEA joined with our sister organizations in allopathic and osteopathic medicine, nursing, pharmacy, and public health last year to foster a common vision of education to support team-based patient care. Under the auspices of the Association of American Medical Colleges, the Interprofessional Education Collaborative (IPEC) brought together an expert panel to develop foundational core competencies for interprofessional collaborative practice that can guide curricula development at all health professions schools. The committee's report will be finalized next month and provide a basis for the continuing integration of IPE in health professions schools in the United States and Canada.

Although some details of the document remain to be ironed out, I can tell you that the competencies fall into four domains:

1. Values and ethics for interprofessional practice
2. Roles and responsibilities for collaborative practice
3. Interprofessional communication
4. Interprofessional teamwork and team-based care

In the words of the draft report, these competencies "will guide the professional socialization of future health care professionals to deliver interprofessional, collaborative care that is timely and consistent in quality."

Sandra Andrieu and Leo Rouse (Dean of the Howard University College of Dentistry and ADEA President-elect) serve as ADEA representatives to IPEC. In reflecting on the potential of the IPEC competencies to smooth the road ahead for IPE, Leo told me that the term "socialization" stands out for him. "It reflects the public health piece of this effort," he said. "It's about how you make sure that the next generation provides team-based care, and about how these core competencies can be used to integrate health care delivery so that everyone recognizes their responsibility to optimize patient care."

One way Howard University has addressed these questions is through an interprofessional ethics course that involves all of the university's health professions students. Howard's next step will be to move interprofessionalism into the clinic setting. An idea Leo shared with me involves bringing medical students into the dental clinics to take health histories alongside fourth-year dental students. He is also considering inviting pharmacy students to discuss medications with clinic patients, and asking nursing students to participate in care coordination and delivery.

This approach sounds promising, but I know from talking to many of you that a number of obstacles often get in the way of implementing even the most well-conceived IPE programs. These can be as mundane as scheduling conflicts and as intractable as space constraints. Sandra points out that at LSU, the School of Dentistry is physically separated from the rest of the Health Sciences Center by miles. Many older schools were not designed with IPE in mind and lack spaces large enough to accommodate the combined classes of several health professions schools, not to mention the type of smaller spaces conducive to team-based learning. Technologies that allow students in disparate locations to connect offer some help, but they don't always provide the immediacy and face-to-face contact among faculty, students, and patients that IPE warrants.

The scarcity of faculty in all of the health professions may be one of the biggest barriers. We are already working hard to recruit and retain faculty given current curricular demands. If it is difficult to find enough faculty to lecture to groups of 100 students, how much harder will it be when that lecture becomes 10 discussion groups of 10? The introduction of more clinical education in the curriculum, a hallmark of IPE, will require further adjustments to the faculty/student ratio. Add in the complexity of coordinating the use of faculty across several schools, and the problem can seem overwhelming.

Nevertheless, the move toward interprofessional education and practice is imperative. I think Sandra says it best: "When you have an ill person you care about, and you go from provider to provider and see that they don't have a common language, and that the patients really suffer, it gives you the impetus and the drive

to make this a priority."

Leo is equally passionate about pursuing this goal. Following a surgical procedure last month, he made a point of asking his anesthesiologist, "Did you look in my mouth?" Initially she was taken aback, but soon they were engaged in a lively discussion about the importance of interprofessional practice and the responsibility of all health professionals to refer the patients they encounter for appropriate care.

"One of the good things about coming to Howard for dental care," Leo says, "is that part of our screening program for all patients is to take their blood pressure and to refer patients for a consult if there is an indication of hypertension. Every year I get letters from people with high blood pressure saying, 'Thank you. That dentist or that dental hygienist saved my life!'"

With so many people lacking access to care or a regular primary care provider, it is critical that all health professionals understand their common responsibility to provide a gateway to appropriate care. The current generation of students seems to grasp this better than their predecessors. Thanks to regular communication with friends studying other health disciplines, they have a broader awareness of the interconnections between our professions. They are actively engaged in the interprofessional offerings on their campuses and are clamoring for more. Indeed, students may be the catalyst that drives this movement forward.

I am eager to hear what all of you have to say on this topic. What more should we be doing to pave the way forward? We'll pick up this conversation when we meet in San Diego.

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