ADEA Charting Progress

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A Monthly Newsletter from Executive Director Richard W. Valachovic, D.M.D., M.P.H. The views and opinions expressed in this letter are those of the author and do not necessarily reflect those of the American Dental Education Association.

In this month's letter, ADEA Executive Director Dr. Rick Valachovic considers how the interprofessional education imperative will help dental schools to establish closer relationships with their colleagues in the academic health center.

Getting in Step with Interprofessional Education

"Dental schools will embrace the IPE movement to ensure their leadership roles within the academic health center."

Fourteen years ago, in the aftermath of seven dental schools closing their doors, I sat down with several colleagues to discuss the relationship between dental schools and the universities that house them. These conversations coincided with the 75th anniversary of our Association and informed a paper that we published in the *Journal of Dental Education* on the topic. Its primary message?

> [T]he good relationship between dental schools and their universities is not one that dental educators can afford to take for granted.... [T]he isolation on university campuses into which dental schools have occasionally fallen in the past cannot be permitted if they are to survive and thrive.

This concern came back to me last month as I pondered our collective future in an era when interprofessional education (IPE) will be widely introduced in many of our academic health centers (AHCs). The AHC has traditionally functioned as a collection of individual schools of the health professions, but on many campuses we are now seeing significant cross-fertilization. The University of Colorado, with its new integrated Anschutz Medical Campus immediately springs to mind, but I could name many other examples. The new Commission on Dental Accreditation Standard 1-9, which requires that "the dental school must show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems," will help guide more of our schools in this direction.

While our community is well aware of the relationship between oral health and overall well-being and we can boast of our involvement in many interprofessional initiatives, there's no getting around the fact that dentistry as a whole has had difficulty integrating its educational programs with the other health professions. This difficulty reflects dentistry's historic isolation. Setting ourselves apart may have some advantages, but to my mind, we do so at our peril.

Team-based health care is already a reality for a growing number of Americans who receive their care through integrated health care providers like Kaiser Permanente ®, Geisinger Health System, and the U.S. Department of Veterans Affairs. The Marcus Welbys of the world are now in the minority, with 51% of American physicians employed by others. What is more, these employers are coming to AHCs and saying that they're concerned about the cost of retraining recent graduates to work more collaboratively in a team-based approach to caring for patients.

I discussed these realities with our outgoing ADEA President Dr. Leo E. Rouse and our current ADEA President Dr. Gerald (Jerry) N. Glickman during a day-long program coordinated by the ADEA Leadership Institute Alumni Association at this year's ADEA Annual Session & Exhibition. Leo pointed out that our Canadian colleagues are far

ahead of us in IPE and warned that our Congressional supporters on Capitol Hill are becoming impatient. He reported that Senator Barbara Mikulski (D-Md.) keeps asking, "Can you all learn to get along?"

Jerry expressed concern about the existence of silos even within some departments in dental schools, and said he has started to see the merits of the comprehensive dentistry departments favored by some of our schools. When I asked him if he thinks dental schools stand to lose something if they don't get involved with IPE, he replied, "We'll be left in the dust."

I hope by now you are all aware that our Association has been making a concerted effort these past few years to ensure that such a scenario does not come to pass. ADEA leaders Drs. Sandra C. Andrieu and Leo E. Rouse played key roles in formulating the Core Competencies for Interprofessional Collaborative Practice released last year at the National Press Club in Washington, D.C., by the Interprofessional Education Collaborative (IPEC). Since the core competencies' release, IPEC has become a permanent force for change that is actively pursuing several exciting initiatives. The leaders of IPEC's six affiliated associations, which represent educators in allopathic medicine, dentistry, nursing, osteopathic medicine, pharmacy, and public health, meet every week to discuss what is happening in our communities and what we need to do next. These weekly meetings signify an unprecedented commitment across our organizations to shaping a more interprofessional future for health professions education.

This month, IPEC leaders met with Dr. Mary Wakefield, the Director of the Health Resources and Services Administration (HRSA), to discuss our collaboration. We are meeting soon with Ms. Marilyn Tavenner, the Acting Administrator of the Centers for Medicare & Medicaid Services (CMS), to discuss these issues as well. ADEA and the other IPEC associations are also founding sponsors and members of the Institute of Medicine Global Forum on Innovation in Health Professional Education, which aims to apply an ongoing, multinational, multidisciplinary approach to exploring promising innovations in health professions education, including IPE. You'll be hearing more about this approach as the project unfolds in the year ahead.

Next week, IPEC will host its first faculty development institute, "Building Your Foundation for Interprofessional Education," not far from Washington, D.C., in Herndon, Va. The institute will bring together teams representing a minimum of three health professions to strategize about specific issues they are confronting in implementing IPE at their institutions and to create a plan for addressing them. Amazingly, six hours after opening registration, the institute sold out, and now an additional 60 teams are on a waiting list for a future institute.

"That in and of itself is the indicator that our schools are really ready to learn together about how to make IPE sustainable and have it reach the largest number of students," Dr. Lucinda L. Maine commented when we last spoke. Lucinda is my counterpart at the American Association of Colleges of Pharmacy (AACP). The AACP has developed similar institutes over the years and is taking the lead in this initiative. Not surprisingly, pharmacy is well represented on the teams attending the institute. Pharmacy is a natural fit within IPE, since the use of medication cuts across most health-care encounters. But I am pleased to report that dentistry is also well represented, with 10 schools taking part.

In addition to its faculty development work, IPEC has plans to build an interprofessional portal within MedEdPORTAL, our collaboration with the Association of American Medical Colleges (AAMC). IPEC has also put out a call for submissions of new interprofessional resources, and the Josiah Macy Jr. Foundation has awarded grants to partially fund their creation. Yet another sign of our commitment to collaboration: All the IPEC member associations will be cosponsoring the fourth annual AAMC Integrating Quality Meeting. The program will bring together health care professionals, trainees, and students from our various professions to share strategies for enhancing the culture of quality in clinical care and health professions education.

All of these developments bode well for IPE; nevertheless, obstacles remain. Even within our fields, there are cultural divides based on training, philosophy, and conflicts over scope of practice. I spoke to Dr. Carol A. Aschenbrener, AAMC's Chief Medical Education Officer, after she returned from the association's annual meeting, and she had some interesting observations in this regard. Carol believes we have "profound work to do" to reshape the culture within our schools, but she sees significant rewards if we persist. She noted that in the past, concerns about bringing

students together at different stages in their educations were commonly cited as reasons not to pursue IPE, but at this year's AAMC meeting, she detected a growing awareness that mixing things up has its benefits.

"One of the benefits of putting first- and second-year medical students with nursing students in clinical settings is that the medical students quickly discover that the nursing students may have more clinical experience," she told me. "This discovery may be disconcerting at first, but they quickly acknowledge they can learn from each other. This awareness is the beginning of a different mental model—one that is more collegial and less hierarchical."

The same can be said of all of our professions. Fortunately we now have a growing assortment of tools—the IPEC competencies, faculty development institutes, the soon-to-be released ADEA Study Group report, and additional resources in the MedEdPORTAL pipeline—to help us implement IPE.

Dental schools must embrace this movement if they want to ensure their leadership roles within the academic health center. In some cases, senior university leadership is insisting on it. In others, IPE is generating movement at the grassroots. Either way, dentistry needs to get in step. Connecting with our colleagues across the professions is not only good for our schools; it's what's best for the health of the patients we serve.

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