

*Creating awareness around oral health among other health professionals can bring a host of benefits to our institutions and our field.*

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, shares his summer reflections on dentistry's place in a multidisciplinary endeavor: interprofessional education.*



## **Crossing the Interprofessional Divide**

Would it surprise you to learn that one of oral health's strongest advocates is a physician? Not if you know Dr. Wendy Mouradian. This daughter of a dentist grew up, attended medical school, became a pediatrician, and rose through the ranks to become director of the craniofacial program at a major medical center. Along the way she discovered a basic truth about her education and embarked on a journey to bring medicine and dentistry closer together.

"We don't learn much about oral health in med school," Wendy lamented when we spoke recently. "In the health professions, we don't even speak the same language." Wendy should know. Her experience at Children's Hospital and Regional Medical Center in Seattle, overseeing the work of health professionals from 14 different disciplines, started her on what she calls "a long crusade" to raise physicians' awareness of the importance of oral health. She chaired the U.S. Surgeon General's Conference on Children and Oral Health in 2000, "The Face of a Child," and returned to Seattle determined to work at the intersection of medicine and dentistry.

"We need a shared vocabulary, understanding, and respect. These will lead to future communication. There's been an underlying fear in dentistry that if doctors know what dentists do, they'll want to do it themselves. My experience has been just the opposite. I think the more you understand another person's area, the more likely you are to involve them in a patient's care."

Today Wendy works at the [University of Washington School of Dentistry](#) (UWSD) as Associate Dean for Regional Affairs and Curriculum, which brings me to a topic I've been mulling over all summer, interprofessional education (also known by the acronym IPE). Wendy has spent the last few years developing and directing a doctoral degree program called [Regional Initiatives in Dental Education](#) (RIDE), which accepted its first cohort in 2008. Although designed primarily to encourage graduates to practice in underserved communities, RIDE incorporated IPE from the start by bringing small cohorts of dental students to regional training sites in underserved rural areas, where they study alongside their peers in medicine and dental hygiene.

RIDE students begin their studies at Spokane's [Riverpoint Campus](#), a joint venture of [Eastern Washington University](#) (EWU) and [Washington State University](#). The Riverpoint Campus provides an interprofessional learning environment for students of dental hygiene, pharmacy, nursing, communication disorders, physical therapy, public health, and (with the addition of the RIDE program) medicine and dentistry.

The RIDE cohort of UWSD dental students and [EWU dental hygiene students](#) works as a team right from the start of their education. In the first year, they take periodontology together, and a common Introduction to Clinical Dentistry course places them side-by-side in the dental clinic. The dental students then return to UWSD's Seattle campus for most of years two and three. In year four, they return to the eastern part of the state for clinical placements. Many of these are in community health centers, which afford students the opportunity to work side-by-side with other health professionals.

Perhaps the most innovative IPE component of the program is the Introduction to Clinical Medicine and Dentistry course, shared by medical and dental students. They learn patient interviewing skills and how to conduct physical and oral exams. They

study professionalism, ethics, cultural competency, and topics such as addiction that can be important in the clinical context. Dental students gain more of a systemic health perspective than they would in the typical dental school, and dental preceptors are present to point out the relevance of dental issues to medical students.

The RIDE program has its roots in the [WWAMI](#) program at the [University of Washington School of Medicine](#). This collaboration in regional medical education encourages students to practice in underserved rural communities in Washington, Wyoming, Alaska, Montana, and Idaho. Wendy did her residency through the WWAMI program, and she believes strongly in its goals and effectiveness. As we all know, dental students are most likely to practice where they train. "At UWSD, we supply most of the state's general dentists," Wendy tells me. "We hope this correlation applies regionally, too."

It's too soon to tell what impact the RIDE program will have in fostering interprofessional practice or addressing Washington's access to care problems. Nevertheless, this approach bears watching. IPE has the potential to increase awareness around oral health among other health professionals while sensitizing dentists to the larger health and social issues that lead to health disparities. More concretely, students who train together develop a habit of talking to each other, which (in theory) should lead to a pattern of cross referral.

Unfortunately, the RIDE program is the exception, or I should say one of the exceptions, that proves the rule. While [New York University's](#) incorporation of nurse practitioners in its dental school clinic comes immediately to mind (see February 2009 [Charting Progress](#)), as does [Harvard's](#) long-standing practice of placing its medical and dental students together during preclinical education, most dental schools are not nearly as far along in interprofessional education as its proponents would like.

"A few schools have integrated dental with medical or nursing students in the classroom, but that's typically as far as it goes," says Rebecca S. Wilder, Professor at the University of North Carolina at Chapel Hill School of Dentistry and Director of both Faculty Development and Graduate Dental Hygiene Education. In a 2008 paper in the [Journal of Dental Education](#), Rebecca and her co-authors argue that organized and academic dentistry must take the lead in incorporating IPE in dental education or the profession will be left behind.

"Medicine has so much to deal with right now," she cautions. "Oral health is not seen as a priority. It's not even covered in most health care plans. If dentistry wants the importance of oral health to be fully recognized, we must take the lead in advancing IPE."

One major initiative bringing dental and medical faculty and students together is [MedEdPORTAL](#), developed by the Association of American Medical Colleges (AAMC) as a free publishing venue and dissemination portal to support educators and learners as they create and use online teaching materials, assessment tools, and faculty development resources. In March 2008, ADEA and AAMC established a collaboration to expand MedEdPORTAL to include dental education submissions. The partnership increases cross-disciplinary education, provides a more integrated approach to improving health, fosters a convergence of the basic sciences, and promotes our shared commitment to the scholarship of teaching and learning. And it's working: dental and medical educators are viewing each other's resources, and educators in both professions are creating resources of value for teaching both dental and medical students.

There's no doubt in my mind that the future of dentistry within the health professions lies in our ability to collaborate. We have often thought of ourselves as different from our health professions colleagues, because we practice independently. That may soon change.

The ability of existing integrated health systems to produce some of the best patient outcomes at markedly lower cost has given birth to a growing number of champions for team-based, patient-centered health care. Even if it takes a generation or more before independent practice ceases to be the dominant model of dental care, the aging of the patient population and changes in the way medicine is practiced will have profound implications for the dental community.

The 2004 Institute of Medicine report [Dental Education at the Crossroads](#) stated that participation in cross-disciplinary education was imperative "to prepare future practitioners for more medically based modes of oral health care and more medically compromised patients." To accomplish this, we need to begin by acculturating dental students within the culture of the other health professions, especially medicine, nursing, and pharmacy. Of course these things are easier said than done.

"If you were to ask medical or dental school deans what they think of IPE, I doubt any of them would disagree with it," Rebecca told me. "It's when you get down to the nuts and bolts that you run into problems. Each profession is wedded to its own educational sequence, so scheduling and coordination are extremely difficult."

Nevertheless, we have seen progress. According to the 2009 Dental School Curriculum Format and Innovations Survey, conducted by ADEA and the Academy for Academic Leadership, students at 35% of dental schools now take at least some basic science courses with students of other health professions. More impressively, 62% of responding schools offer joint clinical experiences where dental and dental hygiene students collaborate on patient care, and 45% have students provide patient care in community health centers alongside other health professions students. (A full report of the findings will be published in the *Journal of Dental Education* later this year.)

Several of the newest dental schools and those still in the planning stages intend to build their programs around both interprofessionalism and community-based learning opportunities (see August 2009 [Charting Progress](#)). One of the fundamental principles of the [ADEA Commission on Change and Innovation in Dental Education](#) (ADEA CCI) is the belief that health care teams are critical to meeting the health care needs of the public; ADEA CCI is also fostering innovative models of IPE. Together, these could create a groundswell of valuable models for establishing community-based programs and building partnerships.

In May of this year, I attended the "Collaborating Across Borders II" conference in Halifax at [Dalhousie University](#), whose Faculty of Health Professions has made significant strides in encouraging interprofessional education among nine schools and two colleges. The international gathering provided a unique opportunity for scholarly discourse around IPE, the sharing of best practices, and networking among the more than 450 health care practitioners, administrators, and educators in attendance. I was impressed by the spirit of good will, cooperation, and collaboration among the participants, who included physiotherapists, occupational therapists, speech language pathologists, social workers, hygienists, nurses, doctors and, of course, dentists.

Oral Health America is sponsoring a symposium next month, "[Collaborative Health Care for Older Adults: A Symposium for Creating Dialogue Between Medicine and Dentistry](#)," that will continue into 2010 through online briefings. Connections like these with our counterparts in medicine, nursing, and pharmacy are just one way to pursue and support IPE, and our efforts come none too soon. I share the concerns that Rebecca and her colleagues have articulated—yes, we need to pick up the pace—and Wendy's conviction that interprofessionalism can bring a host of benefits to our institutions and our field.

"The isolation of dentistry has hurt it," Wendy asserts. "Dentists may be the leaders in addressing oral health, but there aren't enough of them to address all the issues on their own. Dental education is stretched financially. Research has also suffered. We're not looking for the efficiencies we could achieve through greater collaboration. Working together also bolsters our advocacy efforts. It made a difference when the American Academy of Pediatrics strongly supported including dental care in the Children's Health Insurance Program. Sharing knowledge with physicians may be one of the best avenues for getting oral health on the public's mind."

We know that what students learn in school, they carry into practice. Several of our member institutions are leading the way, providing ready models for implementing IPE. Let's embrace their efforts and help disseminate them widely. If we wait for others to take the lead, we will have to live with the results for decades to come.



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