

The Role of Interprofessional Education in Dentistry: A Student Narrative

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Abstract

Dentistry is treated as a separate entity from the main healthcare systems in America. Specifically, there is a distinct disconnect between dental students and interprofessional education. This detachment is problematic because dentists utilize interprofessional collaboration to accomplish complex patient care. Interprofessional education is an important part of the Doctor of Dental Surgery curriculum because consideration of both oral and systemic health is necessary during dental treatment. Interprofessional education provides opportunities to educate dental students about other disciplines, educate other disciplines about dentistry, and foster collaboration between healthcare students.

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The mouth is a window to the body and provides insight to its systemic health. Despite oral health being closely tied to overall health, research has acknowledged that “the American health system has historically separated oral healthcare from overall healthcare in the health professions’ education, practice, and payment systems” (United States Department of Health and Human Services Oral Health Coordinating Committee, 2016, p. 245). The department of Health and Human Services advocates for the advancement of interprofessional collaborative practice to improve health outcomes for patients throughout the country.

The Louisiana State University Health Sciences Center (LSUHSC) works to advance collaborative practice in healthcare by introducing interprofessional education (IPE) to students within the LSU School of Dentistry’s (LSUSD) Doctor of Dental Surgery and Dental Hygiene programs. IPE is implemented into the curriculum of the two programs early in the first academic year. To improve efficacy, LSUHSC uses an institutional student committee to refine the IPE student experience. Members of the LSUHSC student committee recognized a disconnect between students of various disciplines and the IPE experience. However, the disengagement of dental students from the IPE experience was especially notable. Some dental students have discussed their difficulty relating to the group discussions and exercises presented during the IPE course. Other dental students felt that most information presented during the IPE course was better suited for medical and nursing students.

The challenge of creating effective IPE experiences are not unique to LSUHSC. A similar disconnect has been found among dental students at other institutions

where “substantial challenges remain in implementing IPE and assessing...the impact of these experiences amongst oral healthcare trainees as they move through various stages of professional development” (McGregor, Lanning, & Lockeman, 2018, p.7). The separation between dental students and interprofessional education may reflect the disconnect between oral health and systemic health in the American healthcare system. To create influence amongst future oral health professionals and improve overall health outcomes, IPE must make efforts to mend the mental separation within collaborative healthcare that has developed due to the historical separation of dentistry from overall healthcare.

The historical separation of dentistry and medicine has had negative impacts on interprofessional collaboration. Research conducted by the Institute of Medicine claims that dentistry is vulnerable due to “relative isolation from the broader university, from other health professions, from the restructuring of healthcare delivery, and financing that characterizes most of the healthcare system” (1995, p.26). The separation may also hinder medical professionals from being appropriately aware of oral healthcare. Acknowledgment of the importance of oral health by medical professionals is especially important considering 108 million Americans annually visit a physician without ever visiting a dentist. The National Academy of Medicine acknowledged that physicians often missed opportunities to provide patients with oral health education by rarely asking about oral health and associated symptoms such as dry mouth, bleeding gums, and other risk factors (Atchison, Rozier, & Weintraub, 2018). The disconnect between dentistry and overall healthcare clearly manifests in the clinic as well as in the IPE classroom. The LSUHSC IPE program is valuable because it provides students with the opportunity to learn about other healthcare disciplines, the roles of providers within those disciplines, and the opportunity to ask questions to students studying those disciplines. Dental students should use their IPE experience to educate students in other fields of study on the importance of oral health and provide them with resources they can use to benefit their future patients.

Numerous studies support the claims that dental students feel disconnected from the IPE experience. However, there is no singular explanation for why dental students feel this separation. A study by Mc-

Gregor et al. (2018) determined that dental students have the smallest measurable increase in positive perceptions regarding IPE after completion of the course. Conversely, dental hygiene students have the greatest increase in positive perceptions of IPE compared to other disciplines. Similar patterns were discovered amongst nursing students and medical students. Nursing students experienced more positive attitude and behavior changes towards IPE compared to medical students. McGregor et al. concluded that the outcomes of their study suggests that healthcare professionals, who are trained to be leaders, value collaboration less than those whose roles involve supervision. Dental students that are beginning their training may hold the belief that their practice will be largely independent of other healthcare professionals. This is problematic because effective “application of IPE [requires] students to perceive it as relevant” (McGregor et al., 2018, pp.12-13). Dental and dental hygiene students that feel disconnected from the IPE curriculum are encouraged to consult with their IPE course director or representative student committee to voice their concerns and offer suggestions on how to make the IPE experience more fulfilling for everyone involved.

Dental students are also encouraged to remember that they are taught to consider their patients’ overall health instead of focusing solely on issues of the oral cavity. This is especially relevant to dentistry. Although the focus is the mouth, students must remember oral health is related to systemic health. For example, a 2019 paper published in the *Journal of Clinical Periodontology* concluded that “periodontitis and diabetes had the significant direct and indirect effects via each other on increasing CKD [chronic kidney disease] incidence. Oral and systemic morbidities from periodontitis should be emphasized among nephrologists, general practitioners and patients” (Lertpimonchai et al., 2019, p. 638). This correlation is one of the reasons why IPE is important for dental students and why it should remain a part of the LSUSD curriculum. The Interprofessional Education Collaborative (IPEC) subcompetency on roles and responsibilities (RR9) encourages the “use [of] unique and complementary abilities of all members of the team to optimize health and patient care” (Interprofessional Education Collaborative, 2016, p. 12). Optimizing patient care is easiest when all team members regard themselves, each other, and collaboration amongst team

members as important to achieving healthcare goals. Respecting other professions on the healthcare team and remaining open to communication with them is in the patient’s best interest.

LSUHSC students involved with IPE represent concentrations in dentistry, medicine, occupational therapy, audiology and more. There is so much to learn from students in other disciplines. Public health students have provided insight to the impact of screening and the effects of socioeconomic status on healthcare. Occupational therapy students have educated others on how their roles differ from those of physical therapists. IPE provides students from different disciplines with a priceless opportunity to give and garner respect for their profession and that of others.

IPE also introduces students to the important practice of collaborating and communicating with other healthcare providers to enhance patient care. The IPEC sub-competency CC1 encourages students to “choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function” (Interprofessional Education Collaborative, 2016, p. 13). It is important for dentists to communicate relevant concerns to other members of the healthcare team. Dentists have roles within the healthcare team that extend beyond the oral cavity. They frequently perform head and neck cancer screenings and are likely to detect signs of diabetes and oral manifestations of leukemia. Proper communication allows dentists to empower patients to take control of their own health and alert other providers of relevant concerns. The hope is that the principles of communication introduced in IPE at LSUSD and other institutions will stay with students for the duration of their careers.

A communication centered practice that could be implemented in dental practices is placing patients who are health compromised on a medical hold until the relevant concerns are addressed by their physician. The LSUSD currently utilizes this system to ensure safe treatment of compromised patients. Maintaining open communication between dentists and other medical professionals helps to alleviate stigma and foster a stronger healthcare team.

The disconnect between dentistry and overall health-

care may be further alleviated with a common healthcare network that would allow approved healthcare providers to upload and review patient medical information all in one place. A common healthcare network could be very beneficial to patients by creating more efficient communication, saving time, and saving money. Research has shown that collaboration amongst healthcare providers reduces healthcare costs. A Creighton University School of Medicine research study determined that “IPCP [interprofessional collaborative practice] implementation was associated with absolute reductions of 16.7% in emergency department visits, 17.7% in hospitalizations, 0.8% in hemoglobin A1c levels, and 48.2% in total patient charges” (Guck et al., 2019, p. s82). Although nationwide healthcare networks would be difficult to establish, perhaps regional networks could be instituted. The ultimate goal is the same lesson learned during interprofessional education; make communication simple and clear while maintaining information that is accessible to all those who need it.

Ultimately, oral health is an important part of overall health. As a result, dental students should learn the roles of other healthcare team members and how to collaborate with them. IPE has the potential to mend the disconnect between dentistry and other healthcare fields if done effectively. Dental students should use IPE as an opportunity to educate students of different disciplines on their profession and the importance of oral health. Healthcare providers can provide better care to their patients if they know their roles, the roles of others, and feel comfortable communicating with other professionals.

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