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Assessing Changes in Attitudes Toward Collaborative Practice Among Dental Hygiene Students: A quasi-experimental study of interprofessional hospital rotations

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ABSTRACT

Purpose Interprofessional education is an essential component of dental hygiene education; however, limited research has examined the impact of hospital-based interprofessional experiences across stages of training. The purpose of this study was to evaluate the effect of a hospital rotation on dental hygiene students' perceptions of collaborative practice, including teamwork, roles and responsibilities, and patient-centered care.

Methods A quasi-experimental pre–post design study was conducted using a nonprobability convenience sample of first- and second-year dental hygiene students enrolled in a single program. First-year students had no exposure to the hospital rotation, whereas second-year students had completed an interprofessional hospital-based rotation. Data were collected at baseline (beginning of the academic year) and post-intervention (end of the academic year) using the validated Student Perception Interprofessional Clinical Education Instrument (SPICE-R2). Descriptive statistics were calculated, and inferential analyses included independent-samples *t*-tests and a two-way mixed analysis of variance. Statistical significance was set at $p < 0.05$.

Results At baseline, second-year participants reported significantly higher perceptions related to role clarity, understanding of other health professionals' training requirements, patient satisfaction, and health care cost reduction. Post-intervention comparisons demonstrated fewer group differences; however, second-year students continued to report significantly greater understanding of professional roles and stronger perceptions of patient-centered collaborative care. No significant differences were observed for perceptions related to teamwork ability.

Conclusion Interprofessional hospital-based rotations may enhance dental hygiene students' understanding of professional roles and patient-centered collaborative practice. These findings support the integration of structured interprofessional clinical experiences within dental hygiene curricula to promote competency development aligned with accreditation standards and prepare graduates for collaborative practice.

Keywords dental hygiene education, hospitalized patients, oral health education, curriculum innovation, interprofessional education

NDHRA priority area, **Professional development: Education** (educational models).

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INTRODUCTION

Interprofessional education (IPE) has become an essential component of dental hygiene education; effective collaboration among health care professionals has been associated with improved patient outcomes and enhanced care coordination.[1-3] The World Health Organization defines IPE as occurring "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes."[4] Collaborative practice is essential in health care, where complex patient needs require coordinated efforts across disciplines. Evidence suggests that IPE fosters mutual respect, enhances communication skills, and positively influences attitudes toward teamwork among students.[5,6] Within this evolving landscape, dental hygienists are uniquely positioned to contribute to interprofessional teams through their expertise in oral health promotion and disease prevention.[7,8] However, preparing dental hygiene students to function effectively within interprofessional environments remains an ongoing educational challenge.[9-13]

The integration of IPE into dental hygiene education has gained momentum due to the growing recognition of oral health as an integral part of systemic health.[4] The Commission on Dental Accreditation (CODA) Standard 2-15 also emphasizes the importance of IPE by requiring dental hygiene programs to offer students opportunities for collaborative learning experiences with other health care disciplines.[14] Hospital-based interprofessional rotations represent a unique and immersive approach to IPE, allowing students to engage in real-world collaborative care.[15] Research suggests that interprofessional hospital rotations can provide significant educational value for dental hygiene students by enhancing their knowledge, fostering interprofessional belonging, and increasing confidence in providing patient care.[15] For dental hygiene students, these experiences may be particularly impactful, as they provide exposure to medical teams and inpatient care settings, fostering a deeper understanding of the role of oral health in systemic disease management.

While existing literature supports the value of IPE, limited studies have examined hospital-based interprofessional experiences for dental hygiene students or explored their perceptions across different stages of professional training.[15] Addressing these gaps is critical for informing curriculum design and ensuring alignment with accreditation standards that require interprofessional competencies. Therefore, the purpose of this study was to evaluate the impact of an interprofessional hospital rotation on dental hygiene students' attitudes toward collaborative practice, specifically the differences in perceptions related to teamwork, roles and responsibilities, and patient-centered collaborative practice when compared to students without such exposure.

METHODS

This quasi-experimental study was granted exempt status by the Mayo Clinic Institutional Review Board (protocol number 24-008614) and the Rochester Community and Technical College Institutional Review Board (protocol number 2025-0001).

Sample

A nonprobability convenience sampling method was used, consisting of first- and second-year associate-level dental hygiene students enrolled in a community college dental hygiene program during the study period. Inclusion criteria included enrollment as a first- or second-year student in the dental hygiene program and willingness to participate in both the baseline and follow-up survey administrations. Exclusion criteria included students not enrolled during the full academic year or those who declined participation. The sample included 32 eligible dental hygiene students enrolled during the study period, consisting of 16 first-year and 16 second-year students.

Prior to survey distribution, faculty members not directly involved in the study read a script explaining the purpose of the study, survey procedures, measures taken to maintain confidentiality, and the voluntary nature of participation. They highlighted that participation was entirely voluntary and that choosing not to participate, skipping questions, or withdrawing

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from the survey at any time would not affect course grades, academic standing, or relationships with faculty. Students were instructed that completion and submission of the survey at both the beginning and end of the academic term indicated implied consent to participate. Students who did not wish to participate were able to decline participation by returning a blank survey or choosing not to submit the survey.

Procedure

A quasi-experimental pre–post design was used to evaluate the impact of an interprofessional hospital rotation on dental hygiene students' attitudes toward collaborative practice during the 2024–2025 academic year. Since the intervention occurred within an existing educational program where random assignment of students was not feasible, the quasi-experimental pre–post design was most appropriate. The study sought to evaluate naturally occurring differences between first-year dental hygiene students who had not yet participated in the interprofessional hospital rotation and second-year students who completed the experience as part of their curriculum. Because students were assigned cohorts based on their progression within the dental hygiene program rather than randomization, a true experimental design was not possible. Additionally, the pre–post structure allowed researchers to measure changes in students' attitudes toward interprofessional collaboration over time, before and after exposure to the hospital rotation experience. This design also provided a practical method for assessing the educational impact of the intervention in an authentic academic setting while maintaining the integrity of the existing curriculum and student learning experiences.

The interprofessional hospital rotation immersed second-year dental hygiene students in a collaborative health care environment where they provided oral assessments, oral health education, and oral care to hospitalized patients while working alongside a diverse health care team. Prior to participation in the hospital rotation, the dental hygiene students received limited formalized IPE, specifically focused on an introduction to the roles of the critical care health care providers. Therefore, the hospital rotation served as an experiential learning opportunity in which students observed and interacted directly with health care professionals in authentic clinical settings. This team-based experience included engagement with professionals from nursing, physical and occupational therapy, respiratory care, critical care physicians, advanced practice providers, language services, and child life specialists. Through these experiences, students were exposed to interdisciplinary collaboration in hospital-based patient care settings, with opportunities for interprofessional communication and team-based approaches to supporting collaborative patient-centered care outcomes.

The primary outcome measured was the students' perceptions and attitudes toward interprofessional collaboration, including teamwork, professional roles and responsibilities, and patient-centered collaborative practice. The study was conducted by the primary investigator, a licensed dental hygienist (SH) employed by both the Mayo Clinic and Rochester Community and Technical College and practicing under a Minnesota Collaborative Practice Agreement. The PI's role in both dental hygiene education and interdisciplinary hospital-based patient care provided the foundation for examining the educational impact of interprofessional clinical experiences. Two cohorts were compared: first-year dental hygiene students who had not yet participated in the hospital rotation and second-year dental hygiene students who completed the interprofessional rotation. Baseline data in the form of a validated paper survey were collected at the beginning of the academic year in each cohort, with follow-up data collected at the end of the same academic year.

Survey Instrument

The Student Perception interprofessional Clinical Education Instrument (SPICE-R2) was used to capture students' perceptions at baseline and following completion of their respective program year, allowing for comparison between the students who had participated in the hospital-based interprofessional rotation and those who had not. The SPICE-R2 was developed by

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Zorek and colleagues, who provided a standardized and reliable means to evaluate the perceived impact of interprofessional clinical experiences among all health professions toward collaborative practice in health care settings.[16-18]

The SPICE-R2 was revised to assess dental hygiene students' perceptions of IPE within the context of an interprofessional hospital rotation.[16-18] The 10-item instrument measured attitudes related to teamwork, roles and responsibilities, and patient-centered collaborative care, with each item rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Four items were related to Interprofessional Teamwork and Team-based Practice, such as "Working with health professionals from different disciplines enhances my education." Three items related to Roles and Responsibilities for Collaborative Practice, such as "I understand the roles of other health professionals within an interprofessional team." Lastly, three items measured attitudes about Patient Outcomes from Collaborative Practice, such as "Patient-centeredness increases when care is delivered by an interprofessional team." Prior to implementation, the survey was pilot tested with 8 doctoral students from diverse health care and education backgrounds to assess clarity, feasibility, and appropriateness for the target population, with feedback incorporated into the final version.

Data Analysis

To assess the overall effect of the interprofessional hospital rotation, a two-way mixed analysis of variance (ANOVA) was performed with group (first-year vs. second-year) and time (baseline vs. post-intervention). Changes within groups, first-year students who did not participate in the rotation (serving as the control group), and second-year students who participated in the rotation, were evaluated using independent-samples *t*-tests. Statistical significance was set at $p < 0.05$, and all analyses were conducted using a statistical software program (BlueSky Statistics LLC, Chicago, IL, USA). Descriptive statistics, including means and standard deviations, were calculated to summarize attitude scores by group at both baseline and post-intervention time points. Inferential analyses were conducted to examine differences between groups and changes over time associated with participation in the interprofessional hospital rotation. Data analysis was conducted by an independent biostatistician who was not directly involved in the study design, participant recruitment, or the intervention implementation.

RESULTS

A total of 32 dental hygiene students participated in the study, consisting of first-year students (n = 16) and second-year students (n = 16). All eligible students consented to participate; however, one baseline survey from the first-year cohort was not returned and was therefore excluded from baseline analysis. Survey responses were organized according to the SPICE-R2 domains of teamwork, roles and responsibilities, and patient-centered collaborative practice, and are presented as pre- and post-intervention comparisons between first- and second-year dental hygiene students.

Baseline Comparisons

Pre-intervention baseline survey responses were compared between first-year participants (serving as the control; n = 15) and second-year participants (intervention cohort; n = 16) shown in Table I. There were no statistically significant differences observed between groups for perceptions that working with health professionals from different disciplines enhances education ($p = 0.876$), that IPE enhances the ability to work on an interprofessional team ($p = 0.051$), that health professionals from different disciplines should be educated to establish collaborative relationships with one another ($p = 0.518$), and that during their education health professionals should be involved in teamwork with health professionals from different disciplines to understand their respective roles ($p = 0.895$).

However, statistically significant differences were identified for several items. Second-year participants reported significantly higher agreement than first-year participants that their role within an interprofessional team was clearly defined ($p = 0.004$) and that patient satisfaction is improved when care is delivered by

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Table I. Comparison of Baseline Scores Between Groups

Domain	First-year (n=15) Mean ± (SD)	Second-year (n=16) Mean ± (SD)	*p*-value*
Teamwork			
Working with health professionals from different disciplines enhances my education.	4.467 (0.516)	4.438 (0.512)	0.876
Participating in educational experiences with professionals from different disciplines enhances my ability to work on an interprofessional team.	4.533 (0.516)	4.000 (0.894)	0.051
Health professionals from different disciplines should be educated to establish collaborative relationships with one another.	4.333 (0.724)	4.125 (1.025)	0.518
During their education, health professionals should be involved in teamwork with health professionals from different disciplines to understand their respective roles.	4.467 (0.743)	4.500 (0.632)	0.895
Roles and Responsibilities			
My role within an interprofessional team is clearly defined.	3.800 (0.862)	4.625 (0.500)	0.004*
I understand the training requirements of other health professionals.	2.933 (1.163)	4.750 (0.577)	< 0.001*
I understand the roles of other health professionals within an interprofessional team.	3.533 (1.060)	4.062 (1.181)	0.199
Collaborative Patient-Centered Care Outcomes			
Patient satisfaction is improved when care is delivered by an interprofessional team.	4.000 (0.845)	4.875 (0.342)	0.001*
Health care costs are reduced when patients are treated by an interprofessional team.	3.000 (0.926)	4.250 (0.775)	< 0.001*
Patient-centeredness increases when care is delivered by an interprofessional team.	4.067 (0.961)	4.562 (0.727)	0.120

*$p < .05$

an interprofessional team ($p = 0.001$). Second-year participants also demonstrated significantly greater understanding of the education and training requirements of other health professionals ($p < 0.001$) and greater agreement that health care costs are reduced through interprofessional care ($p < 0.001$).

Post-Intervention Comparisons

Post-intervention survey scores were compared between first-year (n = 16) and second-year (n = 16) participants and are shown in Table II. No statistically significant differences were observed between groups for most survey items, including perceptions that interprofessional collaboration enhances education ($p = 0.681$), improves patient satisfaction ($p = 0.426$), or enhances teamwork ability ($p = 0.387$).

Statistically significant differences were noted for two items. Second-year participants reported significantly greater understanding of the roles of other health care professionals within an interprofessional team as compared to first-year participants ($p = 0.018$). Additionally, second-year participants demonstrated significantly higher agreement that patient-centeredness increases when care is delivered by an interprofessional team ($p = 0.011$). While a difference was also observed for understanding the training requirements of other health care professionals ($p = 0.050$), with second-year participants reporting higher scores, it was not significant.

DISCUSSION

Overall, the findings of this study suggest that structured interprofessional experiences such

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Table II. Comparison of Post-Intervention Survey Scores Between Groups

Domain	First-year (n=16) Mean ± (SD)	Second-year (n=16) Mean ± (SD)	*p*-value*
Teamwork			
Working with health professionals from different disciplines enhances my education.	4.750 (0.447)	4.812 (0.403)	0.681
Participating in educational experiences with professionals from different disciplines enhances my ability to work on an interprofessional team.	4.750 (0.447)	4.562 (0.727)	0.387
Health professionals from different disciplines should be educated to establish collaborative relationships with one another.	4.750 (0.447)	4.688 (0.479)	0.705
During their education, health professionals should be involved in teamwork with health professionals from different disciplines to understand their respective roles.	4.688 (0.479)	4.688 (0.602)	1.000
Roles and Responsibilities			
My role within an interprofessional team is clearly defined.	4.000 (0.730)	4.375 (0.719)	0.154
I understand the training requirements of other health professionals.	2.812 (0.911)	3.438 (0.814)	0.050
I understand the roles of other health professionals within an interprofessional team.	3.188 (0.911)	3.938 (0.772)	0.018*
Collaborative Patient-Centered Care Outcomes			
Patient satisfaction is improved when care is delivered by an interprofessional team.	4.562 (0.814)	4.750 (0.447)	0.426
Health care costs are reduced when patients are treated by an interprofessional team.	3.250 (0.683)	3.500 (0.966)	0.405
Patient-centeredness increases when care is delivered by an interprofessional team.	4.250 (0.856)	4.875 (0.342)	0.011*

*$p < .05$

as hospital rotations may influence students' understanding of patient-centered collaborative practices and roles and responsibilities. The results demonstrated differences in students' perceptions across the domains of understanding roles and responsibilities and patient-centered collaborative practice. While some differences were present at baseline, post-intervention findings suggest areas of convergence between groups, as well as persistent distinctions in role clarity and patient-centeredness. These findings provide important context for interpreting the impact of the interprofessional hospital rotation and inform the discussion of how structured interprofessional experiences may influence dental hygiene students' readiness to engage in collaborative health care environments.

Post-intervention results revealed second-year students continued to report significantly higher understanding of the roles of other health professionals and stronger perceptions of patient-centeredness within interprofessional care. These findings align with existing evidence by McGregor and colleagues, who reported that both dental and dental hygiene students value interprofessional learning experiences, particularly those that enhance understanding of professional roles and teamwork.[9] Similarly, Casa-Levine found strong support for IPE

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among dental hygiene administrators and faculty, underscoring its perceived value within educational programs.[1] Despite these areas of alignment, the impact of structured interprofessional experiences in this study was not uniform across all interprofessional competency domains.

In contrast, the findings of this study indicate that structured interprofessional experiences, such as hospital-based rotations, had limited influence on students' perceptions of their ability to work on interprofessional teams or to what extent collaboration with other health professionals enhanced their education. These findings differ from previous studies that have reported improvements in students' perceived teamwork skills and educational outcomes following participation in structured interprofessional learning experiences.[7-8] Claiborne et al. described an innovative collaborative service-learning model involving dental hygiene and nurse practitioner students that enhanced perceptions of pediatric oral health collaboration.[7] Warren and colleagues likewise reported positive outcomes from interprofessional collaboration between dental hygiene and nursing students caring for oncology patients, highlighting the value of interprofessional experiences in reinforcing teamwork and shared responsibility for patient care.[8] These findings suggest that clinical experiences may be particularly effective in advancing interprofessional learning beyond classroom-based instruction. Despite these contrasting findings in the literature, the present study offers important insights into the role of hospital-based interprofessional experiences within dental hygiene education.

This study contributes to the dental hygiene literature by providing empirical evidence supporting the integration of interprofessional hospital rotations as a meaningful educational strategy. Collectively, these results support ongoing efforts to embed structured interprofessional clinical experiences within dental hygiene education. By fostering greater role clarity, understanding of other health care professionals, and appreciation for patient-centered collaborative practice, interprofessional hospital rotations may help prepare future dental hygienists to contribute effectively in collaborative health care models, particularly in complex medical settings where oral health is often overlooked. Further research with larger, multi-institutional samples and longitudinal designs is warranted to better understand the long-term impact of these experiences on interprofessional competence and professional practice.

Building on these contributions, the implications of these findings are particularly relevant when considered in the context of accreditation standards for dental hygiene education. The findings of this study have important implications for dental hygiene education and practice, particularly in relation to CODA Standard 2-15, which emphasizes interprofessional education and collaborative patient care.[14] Dental hygiene graduates must be competent in communicating effectively with other health professionals, understand professional roles and responsibilities, and contribute meaningfully to team-based, patient-centered care.[14] The results of this study suggest that interprofessional hospital rotations may serve as an effective mechanism for supporting the development of these competencies.

Limitations

This study has limitations. A ceiling effect may have occurred among the first-year participants, as high pre-intervention scores across multiple domains reduced the likelihood of detecting meaningful change over time. As early learners with minimal clinical exposure, first-year students may have entered the program with strong enthusiasm for their chosen profession and a limited appreciation of the complexities inherent in interprofessional care, potentially leading to an overestimation of their perceptions at baseline.

Additional limitations of this study include the use of a nonprobability convenience sample from a single dental hygiene program, limiting the generalizability of the findings. The quasi-experimental design, with group assignment based on academic year rather than randomization, introduces the possibility of baseline differences between cohorts that may have influenced outcomes independent of the intervention itself. The second-year students had completed

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a full year of didactic education and patient care experiences before the intervention, including greater exposure to clinical practice and professional socialization within the dental hygiene curriculum. As a result, differences observed between the first-year and second-year cohorts may reflect variations in educational preparation, clinical experience, maturity, confidence, or preexisting attitudes toward interprofessional collaboration rather than the effects of the intervention alone, limiting direct comparability between the groups.

Potential confounding variables may also have influenced the findings, including prior health care employment, previous exposure to interprofessional environments outside of the study, individual communication skills, and varying levels of interest in hospital-based care. Self-reported survey data are additionally subject to response and social desirability bias, as students may have provided answers they perceived as favorable rather than reflective of their true perceptions. Finally, the small sample size may have reduced statistical power, limiting the ability to detect small but meaningful differences between groups.

CONCLUSION

Results from this study show that interprofessional hospital-based learning experiences may enhance dental hygiene students' perceptions of interprofessional roles, collaboration, and patient-centered care. While first-year students entered the program with high baseline perceptions, participation in an immersive interprofessional rotation was associated with stronger understanding of professional roles and the value of team-based care among second-year students. These findings support the integration of structured interprofessional clinical experiences within dental hygiene curricula to promote competency development aligned with CODA standards and to prepare graduates for collaborative practice in diverse health care settings.

IMPLICATIONS FOR DENTAL HYGIENE PRACTICE

- Interprofessional hospital rotations may enhance dental hygiene students' understanding of the roles and responsibilities of other health care professionals, preparing them to collaborate within interprofessional teams.
- Exposure to hospital-based team care reinforces the value of patient-centered practice, highlighting how dental hygienists can contribute to comprehensive care of medically complex patients.
- Integrating structured interprofessional clinical experiences into dental hygiene curricula helps students develop competencies aligned with CODA standards and prepare for practice in diverse health care settings.

DISCLOSURES

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REFERENCES

1. Casa-Levine C. The value of interprofessional education: Assessing the attitudes of dental hygiene administrators and faculty. J Dent Hyg. 2017 Dec 1;91(6):49-58.
2. Ryu M, Ueda T, Sakurai K. An interprofessional approach to oral hygiene for elderly inpatients and the perception of caregivers towards oral health care. Int Dent J. 2021 Aug 1;71(4):328-35.
3. Luebbers J, Gurenlian J, Freudenthal J. Physicians' perceptions of the role of the dental hygienist in interprofessional collaboration: A pilot study. J Interprof Care. 2021 Jan 2;35(1):132-5.
4. World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva (CH): World Health Organization; 2010. WHO/HRH/HPN/10.3.
5. Grand-Guillaume-Perrenoud JA, Cignacco E, MacPhee M, et al. How does interprofessional education affect attitudes towards interprofessional collaboration? A rapid realist synthesis. Adv Health Sci Educ. 2025 Jun;30(3):879-933.
6. Kanji Z, Lin D, Krekoski C. Interprofessional education and collaborative practice. Can J Dent Hyg. 2017 Feb 1;51(1):42-48.
7. Claiborne DM, Poston R, Joufi A. Innovative collaborative service-learning experience among dental hygiene and nurse practitioner students: A pediatric oral health pilot study. J Dent Hyg. 2020 Jun 1;94(3):29-36.
8. Warren D, Stanek J, Dsouza RM, et al. Interprofessional collaboration among dental hygiene and nursing students on the oral health of cancer patients. Nurs Educ Perspect. 2022 Nov 1;43(6):E85-7.
9. McGregor MR, Lanning SK, Lockeman KS. Dental and dental hygiene student perceptions of interprofessional education. J Dent Hyg. 2018 Dec 1;92(6):6-15.
10. Bagge JR, Harbaugh TC, Tabora IG, et al. Dental hygienists' interprofessional education and collaboration experiences: A survey of current behaviors and attitudes. J Dent Hyg. 2021 Aug 1;95(4):32-40.
11. Imafuku R, Nagatani Y, Yamada S. Complexities of interprofessional identity formation in dental hygienists: An exploratory case study. BMC Med Educ. 2022 Jan 3;22(1):8.
12. Henesy MA, Henderson RP, Gross EL, et al. Dental and dental hygiene students' perceptions on intraprofessional education. J Dent Educ. 2025 Mar;89(3):355-62.
13. Haresaku S, Aoki H, Kubota K, et al. Comparison of perceptions, attitudes and performance regarding collaborative oral health care among health-care workers. Int Dent J. 2020 Dec 1;70(6):462-8.
14. Furgeson D, Inglehart MR. Interprofessional education in dental hygiene programs and CODA standards: Dental hygiene program directors' perspectives. J Dent Hyg. 2017 Apr;91(2):6-14.
15. Hoerler SB, Fritz CL. Fostering interprofessional belonging: Dental hygiene students' perceptions of an interdisciplinary hospital rotation. J Dent Hyg. 2026 Feb 1;100(1):51-59.
16. Zorek JA, Fike DS, Eickhoff JC, et al. Refinement and validation of the student perceptions of physician-pharmacist interprofessional clinical education instrument. Am J Pharm Educ. 2016 Apr 25;80(3):47.
17. Nicoteri JA. Evaluating an interprofessional activity with the SPICE-R2. J Nurse Pract. 2023 Oct 1;19(9):104736.
18. Dominguez DG, Fike DS, MacLaughlin EJ, Zorek JA. A comparison of the validity of two instruments assessing health professional student perceptions of interprofessional education and practice. J Interprof Care. 2015 Mar;29(2):144-9.