Dental Hygienists and Interprofessional Collaboration: Thoughts from 1927

The 2000 Surgeon General’s Report on Oral Health in American nationally recognized the importance of the connection between good oral health and good overall health. Since that time, professional groups have been conversing about the need for increased collaboration and education among the various health professional groups. Interprofessional education, including dentistry and dental hygiene, has been a frequent topic at national conferences and written about in professional publications.

But the idea of different health care professionals working together is not a 21st century idea. In 1927, Ethel Covington, the first dental hygiene author of a paper in the Journal of the American Dental Hygienists’ Association (now the Journal of Dental Hygiene), wrote about the risk of specialization and how dental hygienists need to know more about other professions. Below are excerpts from that article:

“As an auxiliary branch of dentistry, having limited field of service, we may be compared to any specialized group with the same grave danger of knowing too little about the things to which our work is related.”

“While we know the value of specialization, and the dental hygienist is a specialist in that her field is limited to oral hygiene, it should be one of the most important aims of our Journal and our American Dental Hygienists’ Association to keep us broadly informed with the greater field of which we are a part, dentistry in its relationship to better health.”

On the limitations of specialization she wrote:

“The Tuberculosis Associations have accomplished a noticeable reduction of tuberculosis in the United States. Psychiatrists and the National Committee for Mental Hygiene have given much information on child training to parents and teachers which is manifest in the attitude of progressive mothers and teachers toward children. State Departments of Health, the Visiting Nurses Association, and other agencies have greatly improved sanitary conditions and reduced the danger of epidemics. The Red Cross, the groups of physicians and dentists interested in health, each has a special part of the great health program to perform. Yet how little we know of the scope and the work of the separate groups.”

“The most rapid progress and the most far reaching good will be accomplished only when there is coordination of effort among all of these related health groups. It should be the aim and the ideal of our American Dental Hygienists’ Association to promote high stands of service through an understanding and appreciate on the value of dental health in its relationship to general health.”

In 2008, a study was published on Periodontal-systemic disease education in United States dental hygiene programs. One of the survey questions asked dental hygiene program directors about interprofessional education regarding oral-systemic disease. Only 4% indicated that they teach periodontal oral-systemic content to interdisciplinary student groups. When interdisciplinary teaching did occur, it was usually with nursing or other allied health students. Two program directors reported that their students conduct a project or patient education related to oral-systemic disease with other health professions students. Hopefully the number of dental hygiene programs who are incorporating interprofessional education and collaboration with dental schools or health sciences/allied/nursing programs has increased since that time.

In May, 2013, Dr. Rick Valachovic (President and CEO of the American Dental Education Association) wrote an interesting article in Charting Progress titled, Interprofessional Education (IPE) is Here to Stay. In it he reports that IPE is maturing. A number of dental schools now have IPE initiatives underway. One of the most interesting collaborations is at New York University (NYU). In 2005, the NYU College of Nursing moved into the NYU College of Dentistry. Since that time the College of Nursing has established a nurse faculty practice in the dental school. A benefit of that collaboration is that nurse practitioners are frequently on the dental clinic floor available for consultation. Twice a week, nursing faculty work with dental students as they
chart medical histories, educating them about conditions that might impact dental treatment. Faculty from each program are teaching in the other programs. Interprofessional collaboration is happening with grant funding and presentations.

Many schools of dental hygiene are located on health sciences campuses that also educate nurses, physical therapists, occupational therapists, pharmacists and other professional groups who should know about the importance of oral hygiene and its relationship to general health. As written by Covington in 1927, "The most rapid progress and the most far reaching good will be accomplished only when there is coordination of effort among all of these related health groups.” Dental hygienists are a vital part of the IPE team. IPE is here to stay and ADHA is working hard to make sure that dental hygienists are a vital part of the team!

Sincerely,

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References


4. Valachovic R. IPE Is Here to Stay. ADEA [Internet]. Available from: http://www.adea.org/about_adea/Pages/ChartingProgress.aspx