

Leadership Opportunities for Collaborative Change in Health Care

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The World Health Organization (WHO) has conveyed the importance of interprofessional education (IPE) to achieve teamwork among health care professionals, highlighting the need for collaborative practices to strengthen health care systems and improve health outcomes.¹ As our population ages and health complexities increase, an emphasis has been placed on person-centered integrated care models to improve timeliness and quality of care, support interprofessional relationships, and serve to mitigate the global health workforce crisis.¹ The Institute of Medicine (IOM) states that, “health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team...” noting that patient care may be delivered with higher quality when provided in effective health care teams that communicate well and understand one another’s roles.²

Interprofessional education (IPE) strives to create synergistic opportunities for students from two or more health professions to learn about, from and with each other.¹ Collaborative practice (CP) is characterized as having multidisciplinary health care teams trained in interprofessional education to optimize skills to deliver the highest quality of care.³ Both share a common goal of maximizing professional strengths in concert to provide optimal patient care.

Professional silos in education create nonfunctional relationships based on power, hierarchy, and competition.⁴⁻⁵ Students who have learned in these fragmented systems are expected to provide team-based care later on in practice, yet they are not equipped with the essential skills. IPE promotes sharing of knowledge, effective communication, breakdown of professional stereotyping, and ultimately the development of high-quality care.⁶⁻⁷

There is a sense of urgency to incorporate IPE and CP models as the population needs are evolving at a faster rate than our ability to adapt. Leaders in education are partnering

to create commonality in accreditation standards to connect program competencies and training approaches. The Health Professions Accreditors Collaborative (HPAC) was created to achieve collaboration and calibration between various accreditors; the Commission on Dental Accreditation is a member of this organization. The HPAC and the National Center for Interprofessional Practice and Education recently published guidelines for the development of quality interprofessional education programs in health care.⁸ Development of these guidelines further reiterates the need of health professions programs to partner and create consistent learning IPE experiences to prepare the future workforce for integrated team care.

In order for meaningful creation and implementation of IPE to occur, the academic culture must shift. Dental hygiene educators must develop partnerships to create opportunities for intra- and inter-professional integration and collaboration. This is not only critical for promotion of the profession and sustaining our role in the evolving health care system, it is key in advocating for our patients who currently navigate a fractured and inefficient health care system.

Dental hygiene education has historically been a late adopter of these IPE standards and interdisciplinary collaborations, leaving the profession comfortably siloed but ultimately threatened as change happens around and to us. We must adapt, lead, change, and strive to enhance our delivery of care. It is our responsibility to empower the profession and lead initiatives that will prepare future oral health care providers to be nimble and practice-ready. Dental hygiene educators are central to these changes and must leverage partnerships with other health disciplines and lead collaborative teaching initiatives to create meaningful impact for our students, patients, and profession. IPE can serve as a high-impact teaching opportunity fostering critical thinking and active

learning, while promoting a holistic person-centered approach bending the learner's lens beyond the mouth.

While IPE emphasizes learner experiences, it is also critical for the current workforce to gain interprofessional knowledge to develop integrated health care delivery systems. The drive for increased IPE and CP initiatives will continue as global health care models utilize task shifting; integrating dentistry and medicine; thus, impacting the future of our profession by providing opportunities to expand our relevance and contribute to enhanced patient experiences. However, we must first be cognizant of these changes and engage in conversations to ensure we are not missing this opportunity to integrate, collaborate, and grow. In his editorial, "Dentistry at a Crossroads," Dr. Michael Glick addresses the necessity to embrace change while preserving our professional autonomy through the demonstration of evidenced-based practices that promote our role as oral health care experts.⁹ Glick states, "Unless we embrace the tools to critically appraise the readily available scientific evidence that inform our practices, we will fall behind and may no longer be invited to sit at the table where the future of health care is being discussed."⁹ This is a critical time for the dental hygiene profession to define our role and highlight our relevance in the future health care workforce model, with IPE and CP at the centerpiece of these transformations.

As dental hygienists, we must advocate for our profession. Opportunities and challenges come with change, but as a profession, we can thrive in this new model by cultivating partnerships to make meaningful contributions to the development of interprofessional team-based care. Dental hygiene leaders must partner to advocate for collaborative practice both within the profession and to other health professionals as we promote our professional value and advocate for improved health care outcomes. We need to solicit engagement and commitment from stakeholders and create relationships through networking to collaborate on the development of intentional, sustainable, and meaningful interprofessional strategies. The dental hygiene profession must demonstrate the courage to lead changes that will define our role and shape our impact in the future health care system.

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References

1. World Health Organization. A framework for action on interprofessional education and collaborative practice. [Internet]. Geneva: World Health Organization; 2010 [cited 2019 March 1]. Available from: http://www.who.int/hrh/resources/framework_action/en/index.html
2. Institute of Medicine (US) Committee on the Health Professions Education Summit; Greiner AC, Knebel E, editors. Health Professions Education: A Bridge to Quality. Washington (DC): National Academies Press (US); 2003. 191p.
3. Gilbert JV, Yan J, Hoffman SJ. A WHO Report: framework for action on interprofessional education and collaborative practice. *J Allied Health*. 2010 Fall; 39 Suppl 1:196-7.
4. Goodman SR, Blake CA. The future of interdisciplinary research and training: how to conquer the silo guardians. *Exp Biol Med (Maywood)*. 2006 Jul;231(7):1189-91.
5. Shaver J. Interdisciplinary education and practice: moving from reformation and transformation. *Nurs Outlook*. 2005 Mar-Apr;53:57-8.
6. McNair R. The case for educating healthcare students in professionalism as the core content of interprofessional education. *Med Educ*. 2005 May;39(5):456-64
7. Buring SM, Bhushan A, Broeseker A, et al. Interprofessional education: definitions, student competencies and guidelines for implementation. *Am J Pharm Educ*. 2009 Jul 10; 73(4):59
8. Health Professions Accreditors Collaborative. Guidance on developing quality interprofessional education for the health professions [Internet]. Chicago: Health Professions Accreditors Collaborative; 2019 Feb 1 [cited 2019 March 1]. Available from: <https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf>
9. Glick M. Dentistry at a crossroads. *JADA*. 2018 Jul; 147(9):565-566.