

# Interprofessional Education: Opportunity for Advancement

Danielle Furgeson, RDH, MS, DHSc



Since the early 2000's, oral health has gained prominence as an integral part of total health. At the same time, interprofessional education (IPE) and interprofessional collaboration (IPC) were also emerging as a new way to approach health care in a manner that addressed the complex needs of patients. IPE refers to when students from at least two disciplines have courses together either discretely, or across the entire curriculum.<sup>1</sup> Dentistry was slow to engage in this emerging practice model, struggling internally over whether or not to join the IPE movement.<sup>2</sup> Almost ten years following the Surgeon General's Report on Oral Health in America, dentistry included explicit IPE statements in their accreditation standards. Dental hygiene accreditation standards, however, continued to remain silent on the subject until 2016.

Continued demands for access to oral health care, dental hygiene's focus on primary and secondary prevention, and the significant educational background required for analyzing the impact of systemic conditions and medications on oral health, have made incorporating the dental hygienist on IPC teams a logical fit.<sup>3-4</sup> The introduction of the Affordable Care Act (ACA) in 2010 completely changed the way we look at health care, with its focus on prevention and health outcomes over procedure-based care, making IPE and IPC imperative. The ACA also came at a time when the momentum that had been building for the expansion of dental hygiene workforce models to address access to care was also beginning to get traction. Workforce models continue to expand across the country today, with 10 states now having legislation for dental therapy. Dental hygiene now stands at the convergence of these developments, with a potential future of significant opportunity for the profession to continue advancing by taking a prime role in IPE and IPC.

The stage has been set for dental hygiene to raise its profile by engaging with other disciplines outside of dentistry to demonstrate the value of the dental hygienist as an integral

part of the IPC team. In order to seize this opportunity, it is imperative to incorporate IPE into dental hygiene education and practice. Any paradigm shift towards engagement in IPE must originate with our educators.<sup>2,5</sup> In 2016, dental hygiene joined the ranks of health-related disciplines with accreditation standards geared towards IPE. Standard 2-15 of the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Hygiene Education was amended to state, "Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care."<sup>6</sup> This simple but significant amendment effectively charges dental hygiene education programs to include IPE in order to prepare a dental hygiene workforce that can engage with other health care providers as part of IPC teams.

It is often said that clinicians will practice how they have been taught once they obtain licensure; anywhere from how they approach a given clinical procedure to brand product purchases. Professional identity is also learned during the education experience, with the education process itself being a cultural immersion into the discipline. Dental hygiene education should be the place where the acculturation process includes learning to be an fundamental part of the IPC team.

The integration of IPE and IPC into dental hygiene education is definitely a culture shift that requires buy-in from educators. Such changes do not come without challenges. Dental hygiene educators are hard-pressed to add anything extra to their curricula, demands on faculty time are substantial, and lack of support from administration are all challenges that cannot be taken lightly. However, the risks of not seizing this opportunity are significant.

There are potential dangers in choosing not to embrace IPE and IPC in dental hygiene education. At the extreme end of the spectrum, disrespect, lack of teamwork and engagement can cause psychological harm and lead to low career satisfaction.<sup>7</sup> Professional identity can also be impacted

when IPE experiences are missing from the curriculum. Lack of collaborative engagement with other disciplines in health professions curricula has frequently resulted in misconceptions regarding the education and scope of practice of other health care providers.<sup>8</sup> This has often been the case for dental hygiene, even within dentistry. These misperceptions have created hierarchies that are difficult barriers to surmount in creating IPE experiences as well as in clinical practice.

Negative perceptions of a particular discipline have been shown to not only impact the manner in which other professions engage with that discipline, but also how members of that particular discipline perceive themselves as professionals.<sup>8</sup> One particular study noted that dental hygienists were perceived, more than any other participating discipline, to be lacking in academic ability, decision-making, and leadership skills. However, these negative perceptions were shown to be significantly diminished after the IPE intervention.<sup>8</sup>

Changing perceptions can often be that simple. For example, a recent IPE course at the University of Michigan brought together graduate dental hygiene, graduate social work, and doctor of nurse practitioner students. The Student Stereotype Rating Questionnaire used in the previously mentioned study was given to participants pre- and post-IPE course. Across the board, perceptions of dental hygienists significantly improved after the IPE experience. One participant stated, “It was helpful having dental hygiene here because I learned so much about their studies and practice.” If other health care disciplines do not work with dental hygiene during their education, how will they learn how valuable dental hygienists can be to their patients’ care?

Herein lies rich opportunity to promote the profession by engaging our students and faculty with other disciplines during the education process. Who knows better than our own educators how qualified dental hygienists are, by virtue of the breadth and depth of their education, to competently and confidently contribute to IPC? As the profession’s scope of practice continues to rapidly evolve, IPE will not only become more inherently necessary, it will continue to offer a pathway to advocate for and advance the profession as part of the IPC team.

**Danielle Furgeson, RDH, MS, DHSc** is a clinical assistant professor and Director of the Graduate Dental Hygiene Program, Department of Periodontics and Oral Medicine, University of Michigan School of Dentistry, Ann Arbor, MI.

## References

1. Formicola AJ, Andriue SC, Buchanan JA, et al. Interprofessional education in U.S. and Canadian dental schools: an ADEA team study report. *J Dent Educ.* 2012 Sep; 76(9):1250-68.
2. Wilder RS, O’Donnell JA, Barry JM, et al. Is dentistry at risk? A case for interprofessional education. *J Dent Educ.* 2008 Nov;72(11), 1231-7.
3. Goldie M. The future of the dental hygiene profession. *Int J Dent Hyg.* 2012 Feb;10(1):1-2.
4. Jones ML, Boyd LD. Interdisciplinary approach to care: the role of the dental hygienist on a pediatric feeding team. *J Allied Health.* 2012 Winter; 41(4):190-7.
5. Hammick M, Freeth D, Koppel I, et al. A best evidence systematic review of interprofessional education: BEME guide no. 9. *Med Teach.* 2007 Oct; 29(8):735-51.
6. American Dental Association. Accreditation standards for dental hygiene education programs. [Internet] Chicago: Commission on Dental Accreditation.c2019 [cited 2019 July 19]. Available from: [https://www.ada.org/-/media/CODA/Files/2019\\_dental\\_hygiene\\_standards.pdf?la=en](https://www.ada.org/-/media/CODA/Files/2019_dental_hygiene_standards.pdf?la=en)
7. Sikka R, Morath JM, Leape L. The quadruple aim: care, health, cost and meaning in work. *BMJ Qual Saf.* 2015 Oct;24(10):608-10.
8. Ateah CA, Snow W, Wener P, et al. Stereotyping as a barrier to collaboration: does interprofessional education make a difference? *Nurse Educ Today.* 2011 Feb; 31(2):208-13.