





Associate Professor, Bachelor's program in nursing

UiT The Arctic University of Norway Faculty of Health Sciences





IPE from a historic perspective



- From urban legends to global strategies, extensive documentation, and research
- From local initiatives to global movement
- "Interprofessional science: An international field of study reaching maturity" (Xyrichis, 2020)















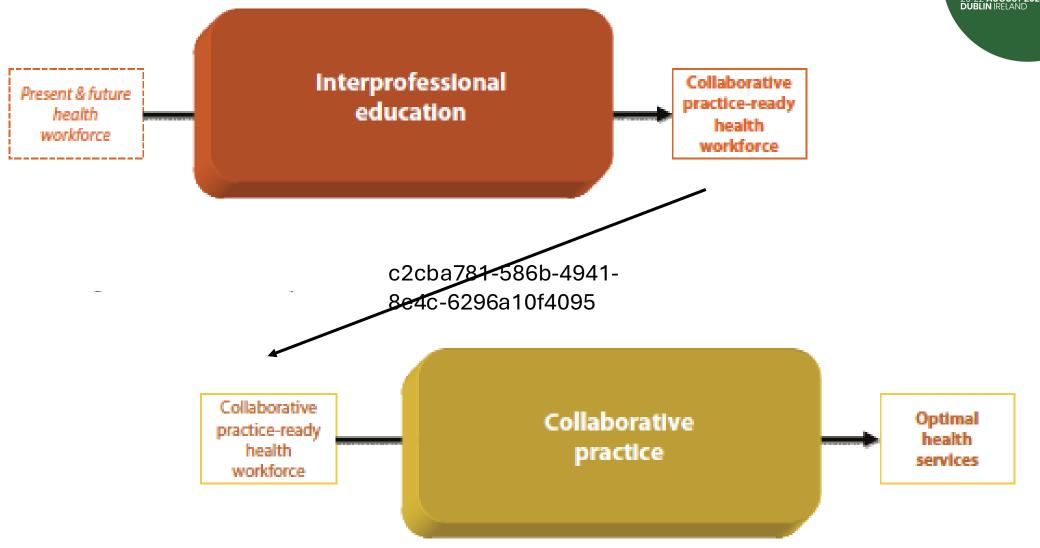
CENTRAL DEFINITIONS

Interprofessional Education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010)



Collaborative Practice in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings. (WHO, 2010)





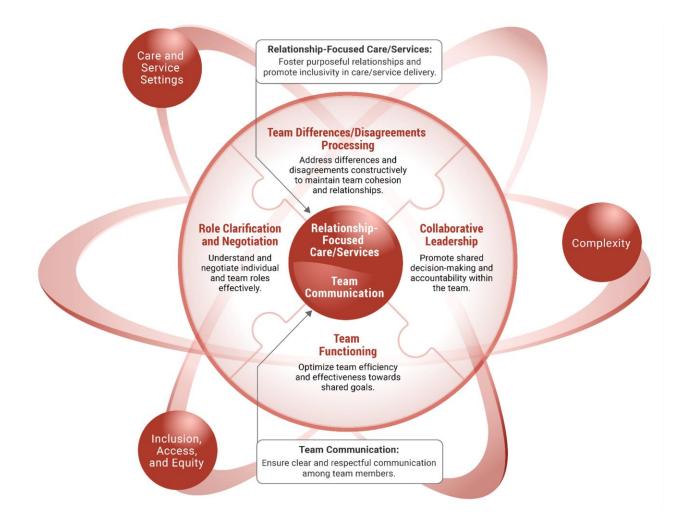
IPEC Interprofessional Core Competencies





- Values and Ethics
- Roles and responsibilities
- Communication
- Teams and teamwork

Canadian Interprofessional Health Collaborative Framework





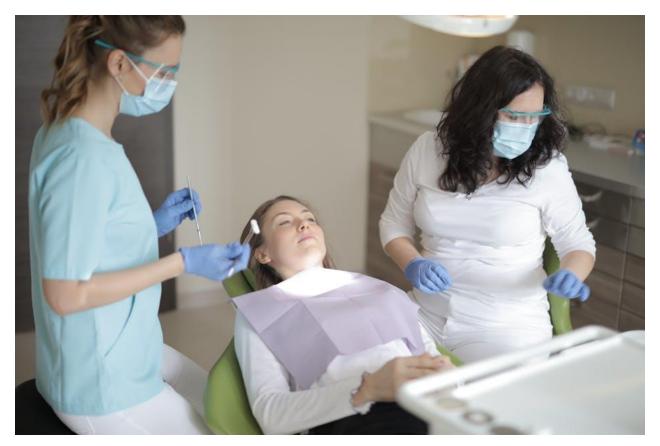
- Collaborative leadership
- Team Functioning
- Role Clarification and Negotiation
- Team
 Differences/Disagreement

 Processing

The patient's role in IPE – the patient as a resource and partner for learning



- From a paternalistic view (doing and deciding for)
- To an understanding of the patient (the person and their family) as a part of the interprofessional team
- Learning with, from, and about the patient (Bleakley, 2014; Bleakley & Bligh, 2008)

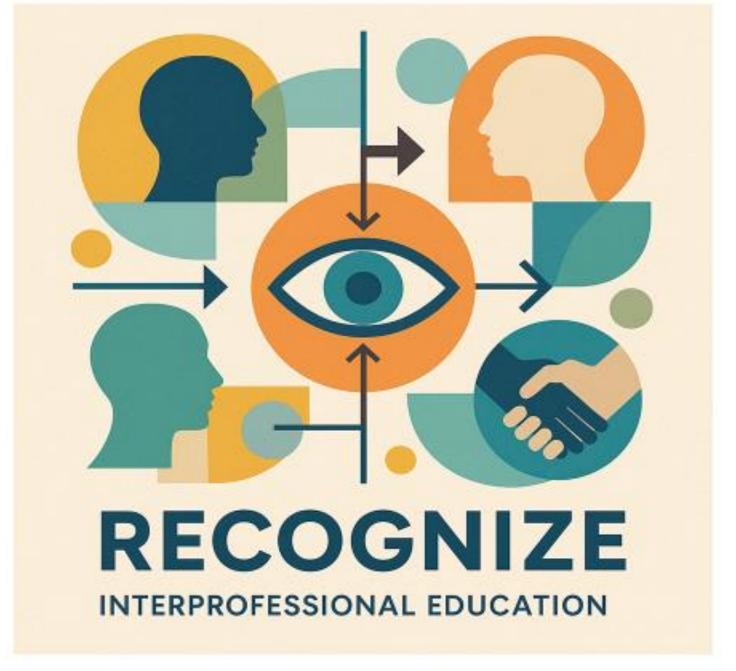




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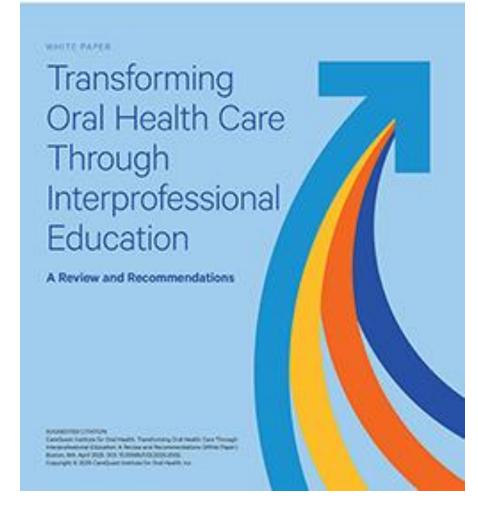




Transforming Oral Health Care Through Interprofessional Education

- Review and Recommendations
- IPE Use Cases (among U.S. Dental Schools)





https://www.carequest.org/resource-library/transforming-oral-health-care-through-interprofessional-education

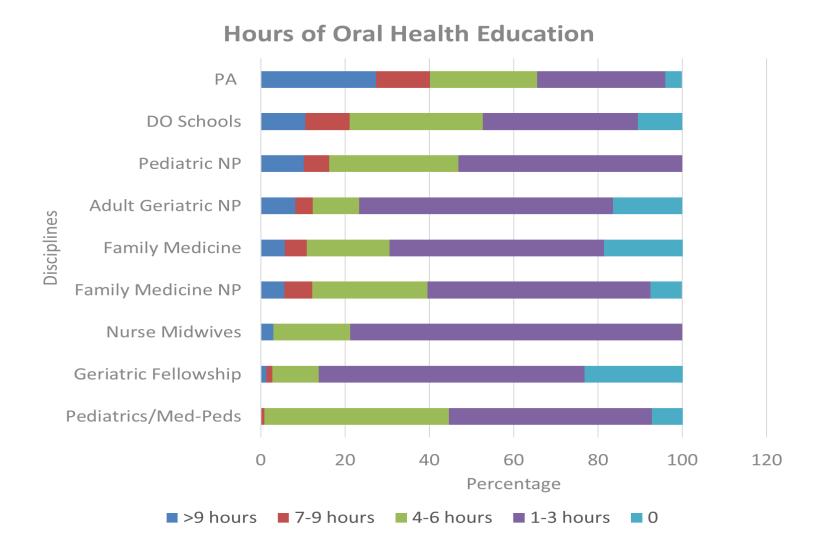
Figure 2: An Abbreviated Timeline of the Development of IPE in Dental and Other Health Professional Education in the United States (see Appendix B for Figure 2 references)

First medical school established in what will be the United States A 1962 First NIDR grant awarded for multidisciplinary study of cleft palate G		First pharmacy school established		First dental college in un de established c es		• 1867 First university-based dental school established in US D		athy shed in US ^E	**The Origin and History of the Dental Hygienist Movement" published ** **2001**Institute of Medicine (IOM) Report: "Crossing the Quality Chasm" published L		• 1948 National Institute of Dental Research (NIDR) established as 3rd NIH Institute ^G • 2003 IOM Report: "Health Professions Education" published ^M	
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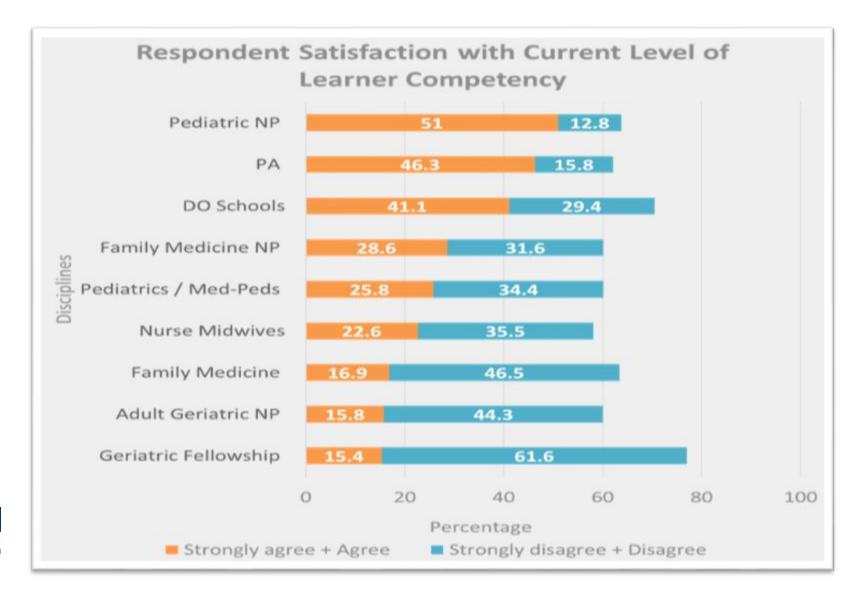
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Percent respondents per number of oral health hours in curriculum





Respondents satisfaction with graduates' competence in oral health





Recommendation: Incorporating Oral Health into IPE Standards

- Creating an oral health standard within each discipline places the topic in a vulnerable position if an accreditation committee is faced with competing priorities.
- Recommendation focuses on the notion that oral health is integral to meeting IPE requirements for primary care training programs' accreditation standards.

coda IPE standards for dental and dental hygiene programs

- 1-9. The dental school must show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.
- 2-20 Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent: In attaining competence, students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.

2-15 Graduates must be competent in interprofessional communication, collaboration, and interaction with other members of the health care team to support comprehensive patient care.

Intent: Students should understand the roles of members of the health care team and have interprofessional educational experiences that involve working with other health care professional students and practitioners. The ability to communicate verbally and in written form is essential to the safe and effective provision of oral health services for diverse populations. Dental hygienists should recognize the cultural influences that affect the delivery of health services to individuals and communities (i.e., health status, health services, and health beliefs).

Percent of U.S. dental school respondents agreed that...

It is important for medical providers to address their patients' basic oral health care issues (96%)

It is important for dental providers to address their patients' systemic health issues (96%)

IPE in dental curricula

Upon graduation, dental students are well prepared to work collaboratively w/ medica providers on oral health issues (60%)

Satisfied with the current level of competence that dental students achieve in IPE by graduation. (24%)



How are U.S. dental schools assessing IPE in their curricula?



Objective Structured Clinical Examination (OSCE) (42%)



Review of clinical documentation (42%)



Direct observation in clinical setting (38%)



Simulation experiences (28%)



No assessment of IPE learning (17%)



Written or computer testing (3%)



Portfolio (3%)



What does IPE look like in U.S. dental schools?

- Implementation of IPE activities
- Longitudinal curriculum, IPE day and episodic events
- In-person and online/virtual learning
- IPE pedagogical approaches
- Facilitation of IPE activities

Who is engaging with oral health in IPE?

Primary Healthcare Professionals (HCPs):

- Primary care providers/Physicians and Physician Assistants
- Nurses (Registered Nurses, Nurse Practitioners)
- Pharmacists
- Social Workers/Behavioral Health Professionals
- Physical/Occupational Therapists

Other HCPs:

- Audiologists
- Nutritionists/Dieticians
- Speech/Language Pathologists
- Respiratory Therapists
- Sports Medicine Physicians/Athletic Coaches



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What challenges do educators face in implementing IPE?

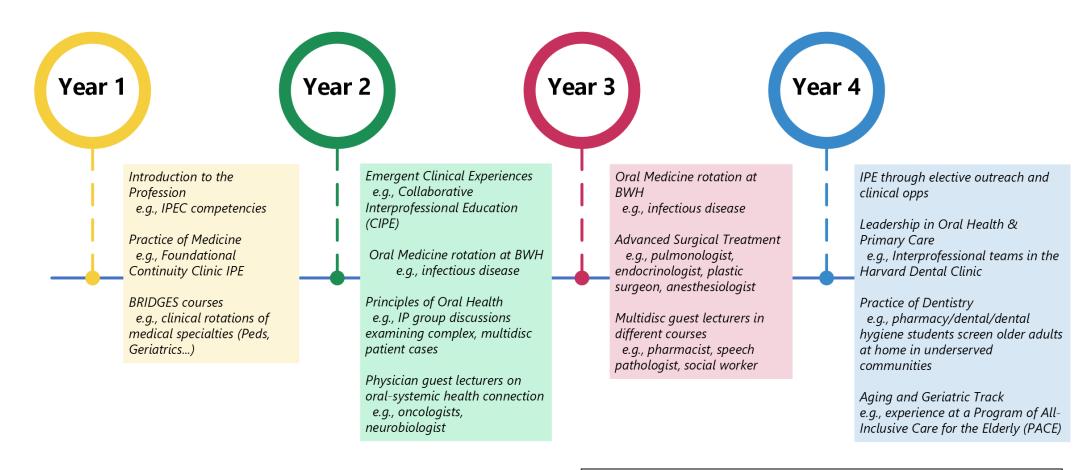
- Scheduling/time issues
- Lack of co-location
- Lack of resources
- Mis-alignment of academic schedules
- Lack of trained faculty and student resistance
- Inconsistent standards for assessment

What strategies can they use to overcome these challenges?

- Modify delivery approach use virtual or online sessions, embed IPE into standing clinical experiences
- Improve student engagement use pedagogical approach to capture student interest (e.g., flipped classroom, peer learning)
- "Daylight" feedback and assessment use reflection and peer assessments grounded by IP competency frameworks

Harvard School of Dental Medicine (HSDM) was the first dental school to be affiliated with a university and a medical school (Harvard Medical School) in the U.S.

At a meeting of the President and Fellows of Hearvard College July 17th 1867. The Committee on the Medical School to whom was referred again the Subject of a Dental School submitted a report recom = mending the adoption of the following votes Noted, to establish a Dental School in the University



HSDM IPE Approach

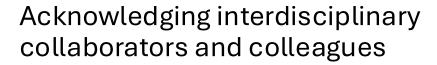
Nurse Practitioner Dentist Model
Oral Medicine Day
Action for Children and Teens in Oral Health Need Clinic

IPE Use Cases Recommendations

- Centralize university-wide IPE offices
- Create a culture of IPE within all health professional schools
- Recruit and retain interprofessional faculty to develop and implement IPE curricula
- Standardize and evaluate IPE curricula utilizing valid assessment tools
- Align IPE to ensure development of a careerready workforce

U.S. Dental Schools Use Cases -Takeaways

- Assessment/evaluation strategies
- Programming structure
- Learner level
- Interprofessional partners
- Institutional structures for IPE
- Novel programming





Dr. Shenam Ticku

Dr. Elizabeth Alpert

Dr. Tien Jiang

Dr. Lisa Thompson

Dr. Hugh Silk

Dr. Peter Maramaldi

"Learn to recognise when you need to know something"

: Bruce Nauman (American artist)

Thank you!



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TRINITY COLLEGE DUBLIN CURRENT IPE PROGRAMME



Students

1600 students participate every year



Facilitators

43 educators facilitated the workshops



Programmes

Students from 13 programmes



Simulations

There are currently two simulation workshops



Workshops

There were 15 workshops delivered last year



Extracurriculars

All-Ireland Interprofessional Healthcare Education Challenge Elective module on suicide prevention

WHERE DOES DENTISTRY FIT IN?



IPE Initiatives

Can be excluded from broader IPE initiatives



Clinical Integration

Many programs still operate in silos, largely due to logistical barriers



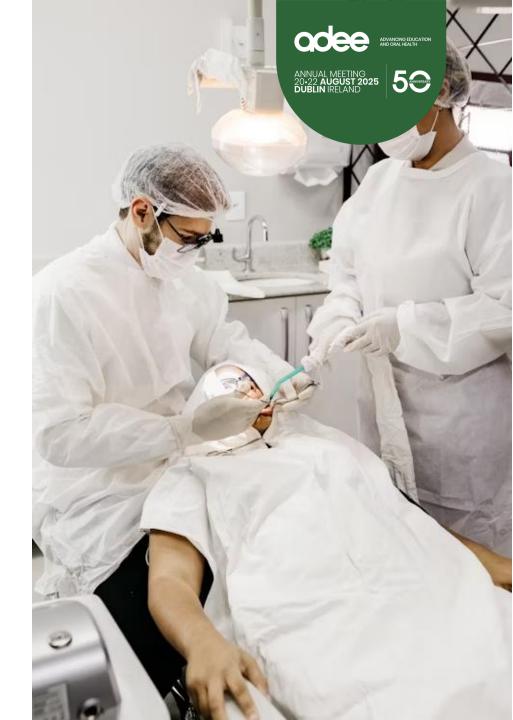
Faculty Preparation

Might not feel prepared to teach in interprofessional settings, can be uncertainty around how to assess IPE outcomes in dental students.



Oral health – systemic health

Oral health is deeply linked to systemic health. Dental professionals must be part of the broader care team—not working in isolation



Dental Science IPE Learning Units in TCD

#1

Introduction to IP collaboration

Second year dental students. Near-peer facilitators and panel of speakers.

#2
Oral Health and Medication
Management

Third year dental students and second year pharmacy students

#3

Primary Care

Large workshop (seven programmes) including fifth year dental students

#4

Oral Cancer

Large workshop (five programmes) including fifth year dental students

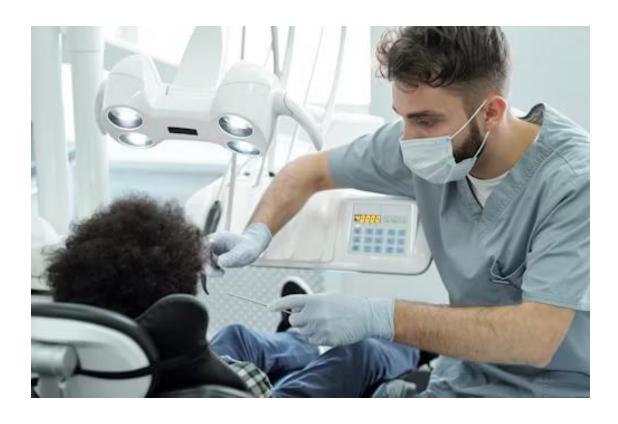


#05

Paediatrics

New workshop to be introduced this year

- Fourth year dental students, fourth year childrens nursing students and second year clinical speech and language therapy students.
- Case study three year old boy with sensory issues, poor oral hygiene and delayed speech
- Working as a team to plan how to respond to different scenarios related to the same case. Then present work to other groups.







EVALUATION OF THE IPE PROGRAMME

The student perspective

How feedback is collected and acted upon:

- Student feedback questionnaires
- Open channels of communication for feedback in real time
- Student IPE Committee 2023

Changes are made to the workshops every year according to student input.



Suggestions from student IPE Committee



In-person

Move away from online workshops



Distribution of students

There can be large numbers of medical students due to that class size



Increase time

So that students can discuss more without feeling rushed



Clinical

Opportunities for IPE in clinical settings



Real case studies

Feel more authentic and engaging



Extracurriculars

Provide more elective IPE opportunities e.g. competitions

Changes that have been implemented:



More IPE Opportunities

Programme is growing yearon-year



Feedback and discussion

Included at the end of workshops so that students have confirmation that what they did was correct



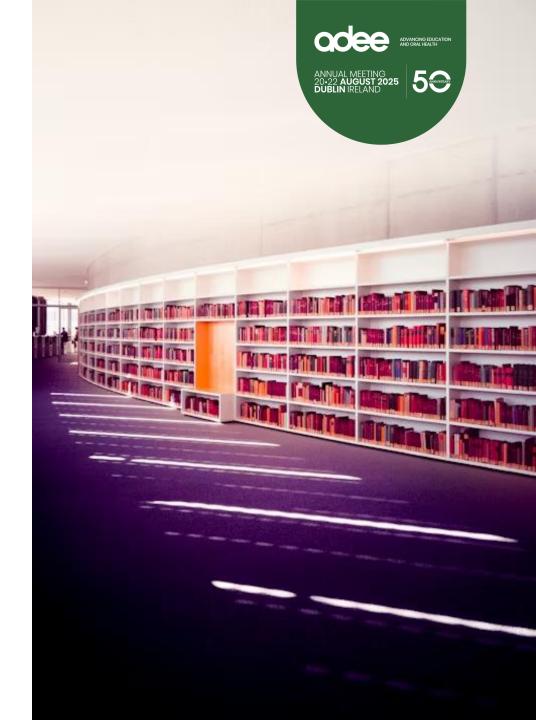
Handouts

Explaining the roles and responsibilities of any student programme not represented in a group



Workshop structure

More questions to better structure the workshop and aid discussion









Community-based interprofessional opportunities

Real-world collaboration—like dental-medical co-located clinics or integrated patient care teams—where students jointly manage patients.



Simulation-based IPE

Students participate in emergency scenarios using mannequins or chronic disease management simulations alongside other health profession students.





FUTURE DIRECTIONS

Curriculum Integration

IPE needs to be longitudinal—not just a one-off workshop. Embedded across all years of training and during clinical education



Faculty development

Faculty need support, tools, and training to guide interprofessional learning.





FUTURE DIRECTIONS

Assessment

IPE competencies should be assessed in college and clinical settings.



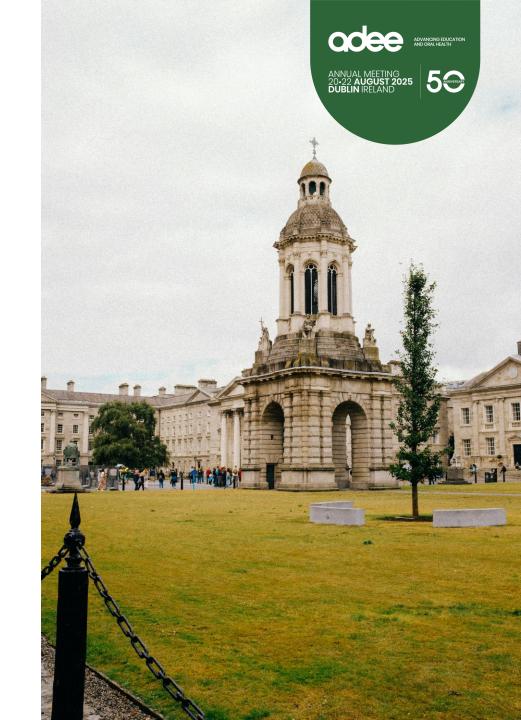
Accreditation and regulation alignment

Unified IPE standards across professions. Accreditation will lead to better assessment and evaluation of interprofessional competencies



Future directions in TCD

- More simulation-based workshops (high and low fidelity)
- Workshops for educators on facilitating IPE
- Incorporate authentic, meaningful, and feasible assessment
- Form collaborations with key patient groups to inform and evaluate the IPE programme
- Student outreach activities in collaboration with Healthy Trinity and community partner(s) to include health promotion activities and screening clinics.







Example from University of Washington

Mobile Health Outreach

Interprofessional clinic includes students from medicine, dentistry, nursing, pharmacy, and other health programs. They work together to provide care for underserved populations.

- Provides supportive bridge-to-care services in collaboration with a community partner
- Free clinic staffed by student volunteers and clinicians
- Longitudinal structure follow patients over time
- Improvements not only in patient care outcomes but also in student satisfaction and team readiness

This model is scalable, and it shows how dentistry can—and should—be deeply embedded in IPE frameworks.



#1

Oral Systemic Health Modules

Joint modules exploring how oral health connects with systemic disease—often in collaboration with nursing or medical students

#2

Joint Screening Programmes

Dental students work with their peers to conduct blood pressure checks, glucose testing, or oral cancer screenings, often in community clinics. #3

Integrated Care Planning

Students across disciplines collaboratively design care plans for shared patients in a clinical setting.

Specific directions for IPE in dentistry

