Regional Initiatives in Dental Education: Interprofessional Learning for Dental, Dental Hygiene and Medical Students

Regional Initiatives in Dental Education (RIDE)
An Interprofessional, Inter-institutional Partnership
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Panel Overview
- The RIDE story
- RIDE curriculum model
- RIDE Educational Technology
- Medical-Dental collaboration – early data
- Dental- Dental Hygiene – early data
- Challenges and lessons learned
- Early impact and benefits of RIDE

The RIDE Story
- The rationale
- The inspiration
- The work that went before
- Factors in success

The Rationale ....
- Percent of Grads Going to Rural Areas, 1971-5 to 2001-5 (ADA)

RIDE Goals
- Address workforce shortages in rural and underserved areas of Washington
- Develop intensive community-based training
- Promote social responsibility, cultural competency
- Create interprofessional experiences
- Foster team-based approaches to care
- Achieve educational efficiencies and innovation- 3 universities, many CHCs partners

The Inspiration....and the work that went before

The WWAMI Program
- UW program for distributed medical education - 35 yrs in Washington, Wyoming, Alaska, Montana and Idaho (WWAMI)
- WWAMI Curriculum Model:
  - First year of medical school at a regional university
  - Return to UWSOM in Seattle for 2nd year
  - Third / fourth yr clerkships at sites across 5 states
  - Integrated primary care clerkships – 5 months
  - Extensive GME - 18 family medicine residencies- also int. medicine, psychiatry, pediatrics, OB-GYN
**WWAMI Outcomes**
- Higher return of students to states/region
- Improved partnering with communities
- Educational equivalence out of the “ivory tower”
- Curriculum innovation often tried in regional sites first
- Rural health and workforce research centers
- Students love it!

**Montana – My WWAMI pediatrics experience (1979)**

**UW’s first “Dental WWAMI” 1978-1980**
- “Dental WWAMI “ curriculum developed for first year for Pocatello (ISU) and Salt Lake City (UU), and Bozeman (MSU)
- Federal funding eliminated 1980
- ID and Utah partnered with Creighton U
- These first year programs have a 30 yr history

**RIDE model – put together successful programs**
- First year program at a regional university
- Summer first year rural/underserved opportunities program (RUOP) - SOM
- Extended rotations in 4th year - SOM “WRITE” program (WWAMI Rural Integrated Training Experience), dental schools (U Colo, Columbia)
- Put all together

**RIDE Curriculum Model**
- **First year** at Eastern Washington Univ – (Dental Hygiene) in conjunction w new WWAMI medical site at Washington State Univ in Spokane
- **One month summer rotation** at rural or underserved community health center (CHC)
- **Return to Seattle for 2-3 rd years of school**
- **Senior year: 4-6 months in community health centers (CHCs)**

**RIDE Curriculum Innovations**
- Introduction to Clinical Medicine/Dentistry – year long “doctor-patient” course (MD, DDS)
- Dental hygiene courses- introduction to dental assisting; perio (DDS, RDH)
- Medical info for decision-making (MD, DDS)
- “Electives-” Local anesthesia/DA skills; behavioral dentistry; write their own code of ethics
- Joint orientation and kick-off activities
- (Anatomy and Histology - as in Seattle )

**RIDE Timeline: 2003-2012**

*From Vision to Implementation*
- RIDE Task Force, 2003-2006
- RIDE-WWAMI legislative funding, 2007
- First RIDE cohort (8) accepted, 2007
- First RIDE cohort (8) matriculated, 2008
- RIDE fully subscribed (32), 2011
- CODA RIDE Accreditation, 2012
- First cohort graduates, 2012
Factors in Success

- People
- Timing
- Resources
- Critical partnerships
- Lots and lots and lots of work….

People
In Memory, John Coombs, MD Associate Dean for Regional Affairs, UWSOM
In Memory, Lawrence H. Meskin, DDS, PhD R Katz, Oct 2010 JDR

RIDE – Support of UW Leadership (and others)
- Martha Somerman, DDS, PhD, Dean UWSOD
- Tom Norris, MD, Vice-Dean/ Acad Affairs, SOM
- John Coombs, MD, Assoc Dean Reg Affairs, SOM
- Paul Robertson, DDS, PhD, Dean Emeritus, SOD
- Sam Dworkin, DDS, PhD, Prof Emeritus, SOD
- Richard McCoy, DDS, Chair Emeritus RESD/PROS
- Joel Berg, DDS, Chair Pediatric Dentistry, SOD
- ELAM! 2006-2007

RIDE “Team” at UW
- Wendy Mouradian, MD, MS RIDE Director
- John Evans, DDS, OMFS, RIDE Associate Director; Chair, Curriculum Committee
- Frank Roberts, DDS, PhD, PERIO
- Bea Gandara, DMD, MS, ORALM
- David Pitts, DDS, ENDO
- Dorothy Stewart, RDH, DDS, RESD/PROS
- Johnny Wang, DDS, MPH, PERIO

RIDE “Team” at UW (con’t)
- Doug Schaad, PhD, Medical Education
- Pam Nagasawa, PhD, Medical Education
- Randy Jackson, MS, PhD, Director of Academic and Learning Technologies
- Hongjun Wang, MD, Educational Technology
- Capable administrative team – Mary Fusco, RDA, MS; Jennifer Scott; Rebecca Rooney

RIDE “Team” at UW (con’t)
- “Extended” RIDE team includes:
- All first year and pre-doc program directors
- All administrative units – Student Services, Admissions, Student Progress/ Curriculum Committees, Student Committees
- The students! RIDE involves coordination across the continuum of dental school experience

RIDE “Team” at EWU
- Judd Case, PhD, Dean Health Sciences / HIST
- Byron Russell, RPT, PhD, Associate Dean / ANAT
- Rebecca Stolberg, RDH, MS, Chair, DH-EWU
- Art DiMarco, DMD, Spokane RIDE Director
• Richard McCoy, DDS, Dent Anat/Occlusion/Operative
• Jim Sledge, DDS, EWU faculty, UW RIDE Clinical Rotation Director (community dentist in Spokane)
• Sarah Jackson, RDH, MS, Course director, DPHS, Introduction to Clinical Dentistry
• Lisa Bilich, RDH, MS, Course director, PERIO
• All first year course directors...

RIDE “Team” at WSU
• George Novan, MD, WWAMI Associate Director; ICM Course Director
• Ken Roberts, PhD, WWAMI Director; Course Director, Trunk Gross Anatomy
• David Conley, PhD, Course Director, Head and Neck Gross Anatomy
• Bob Wilson, PhD, Dir, Pathology
• Matt Layton, MD, PhD, Course Dir, Behavioral Dentistry
• Kenn Daratha, PhD, Course Director, Medical Information for Medical Decision-making

Factors in Success
• People
• Timing
• Resources
• Critical partnerships
• Lots and lots and lots of work....

Spokane, WA – New Riverpoint Health Sciences campus
• WSU – Nursing, Pharmacy, Medicine (WWAMI)
• Main campus Pullman, WA (Veterinary Medicine, other pre-doctoral and graduate programs)
• EWU – Dental Hygiene, Physical Therapy, Communication Disorders, Dentistry (RIDE)
• Main campus Cheney, WA (other pre-doctoral and graduate programs)
• Academic Center
• Health Sciences Building

Other timing factors
• A new WWAMI site in Spokane
• Spokane community and three universities behind it
• No major political partners opposed
• Elected officials in support (Gov, Senate maj)
• State with resources (then!)
• Emerging trends in dental education
• RWJ Pipeline grant
• ADEA Commission on Change and Innovation

Factors in Success
• People
• Timing
• Resources
• Critical partnerships
• Lots and lots and lots of work....

RIDE Funding
• UWSOD – salary and administrative support
• Robert Wood Johnson Pipeline Grant
• ADA Foundation Grant – planning
• *Washington Legislature – main funding*
• Washington State Department of Health – more student rotations; workforce study
• UWSOD Alumni Association
• Health Resources and Services Administration – equipment for classroom and teledentistry network

Factors in Success
• People
• Timing
• Resources
• Critical partnerships
• Lots and lots and lots of work….

RIDE – Critical Partners
• University of Washington School of Dentistry
• University of Washington School of Medicine
• Eastern Washington University
• Washington State University
• Spokane District Dental Society
• Spokane Chamber of Congress
• Washington State Dental Association
• Washington Dental Service / Foundation
• Community Health Centers in Washington

The Cascade Mountains

RIDE Educational Technology
• WWAMI - 1971– predated technology:
  • Medical curriculum slightly different at each regional university
  • All under same LCME accreditation
  • Common learning objectives / exams
  • Annual course meetings for 5 states
  • RIDE – 2007 – dependent on technology

RIDE Educational Technology -2007-2010
• State of the art DL classroom at UWSOD for synchronous delivery
• Mediasite recorders- for asynchronous delivery
• Dental Simulation clinic - synchronous delivery
• Riverpoint campus has video-teleconferencing for classrooms, seminar rooms, and dental lab
• PVX on remote faculty laptops
• Moodle learningware- students can view missed classes when out on rotations

RIDE Educational Technology -2010-2011
• HRSA ARRA equipment grant for upgrading 2nd classroom for distance learning
• HRSA ARRA grant to State for teledentistry network with bridge located at UWSOD
• Will connect all 8 CHC sites and UWSOD
• Also allows up to 40 end point users from other remote sites
**Timeline**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Plan ICM for medical students</td>
<td>Dental students to be in ICM</td>
<td>Combined ICM begins</td>
</tr>
</tbody>
</table>

**Overcoming Misconceptions**
- “They [dental students] are going to do WHAT?”
- Combined lectures; separate tutorial groups
- Combined lectures, tutorial groups and faculty

**Class Make-up**
- 20 medical, 8 dental students
- Combined lectures
- Three tutorial groups
- 6-7 medical students + 2-3 dental students
- 2 MD faculty + 1 DDS or DMD faculty

**Course Goals**
- Core elements of professionalism
- Medical interviews (in the hospital)
- Complete medical database write-up
- Complete screening PE
- Oral case presentation
- Concepts of clinical reasoning
- Begin role of a physician or dentist

**2011 Faculty Survey, Quantitative Data**

"As a result of teaching in the combined ICM, I am more appreciative and/or informed of:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree %</th>
<th>Disagree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differences between medicine and dentistry</td>
<td>78</td>
<td>22</td>
</tr>
<tr>
<td>Overlap between medicine and dentistry</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>Curricular content of medicine and dentistry</td>
<td>89</td>
<td>11</td>
</tr>
</tbody>
</table>

**My teaching and activities in the combined ICM is:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree %</th>
<th>Agree %</th>
<th>Disagree %</th>
<th>Strongly Disagree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worthwhile and relevant</td>
<td>89</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhances medical student professional skills</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhances dental student professional skills</td>
<td>89</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improves interprofessional communications</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2011 Faculty Survey, Narrative Data

Mixed Initial Attitudes and Perceptions
- “Was unsure how this was going to work out”
- “Always thought it was a good idea to train together”
- Would there be “overstepping of boundaries?”

Changes in Attitudes and Perceptions
- “I am much more aware of the overlap between professions and the skills/services that dentists can offer patients”
- “We have developed a collegiality and appreciation for the many ways the two disciplines are interconnected”

Benefits to the Students
- “Establishing an appreciation for their sister professions from the start”
- “For dental students, it is a huge benefit to understand histories and physical exam findings they will see as they treat medically compromised patients”
- “Both sets of students become aware of each other’s professions and they have common bonds in academic and work situations”

Difficulties and Faux Pas
- Dental student push back had to be overcome
- MD centric teaching
- Scheduling issues
- Negative comments were rare
  - Med student in 2008: “I don’t know why you’re here; you guys [dental students] don’t need any of this.”

Improvements
- Dental student now readied for course
- MD centric teaching improved with:
  - Sharing pictorial quiz at end of lecture
  - Combined physician/dental panels
- No negative MS comments since early 2008
- Word filtering down from prior classes?

Hints and Advice
- Importance of the “sell”
- Model collegiality
- Leadership has to be invested
- Faculty with desire and forward thinking

Conclusions
- Unfamiliarity breeds misperceptions
- Familiarity breeds respect
- It takes work
- It gets better each year
WWAMI / RIDE Introduction to Clinical Medicine  
and UW School of Dentistry First Year Oral Medicine Curriculum  
Comparison of Content and Attitudes  
Beatrice Gandara, DDS, MSD  
Department of Oral Medicine  
Director of Educational Partnerships and Diversity  
Clinical Associate Professor  
UW School of Dentistry  
bgandara@u.washington.edu

UW Seattle Dental Class Make-up
- 55 dental students
- Lectures, clinic sessions, small group seminars over 2 quarters
- 8 groups:
  - 6-7 dental students
  - 1 DDS or DMD faculty, 3rd or 4th year dental student

Course Goals

<table>
<thead>
<tr>
<th>WWAMI/RIDE</th>
<th>UW Seattle Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core elements of professionalism</td>
<td>Core elements of professionalism</td>
</tr>
<tr>
<td>Medical interviews (in hospital)</td>
<td>Medical interviews (in dental clinic)</td>
</tr>
<tr>
<td>Complete med. database <strong>write-up</strong></td>
<td>Complete med. database <strong>review</strong></td>
</tr>
<tr>
<td>Complete screening PE</td>
<td>Partial screening PE</td>
</tr>
<tr>
<td>Oral case presentation</td>
<td>Oral case presentation</td>
</tr>
<tr>
<td>Concepts of clinical reasoning</td>
<td>Concepts of clinical reasoning (not in depth)</td>
</tr>
<tr>
<td>Begin role of a physician or dentist</td>
<td>Begin role of a dentist</td>
</tr>
</tbody>
</table>

Comparison of Topics

<table>
<thead>
<tr>
<th>WWAMI / RIDE</th>
<th>UW SOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewing skills</td>
<td>X  X</td>
</tr>
<tr>
<td>History of Present Illness</td>
<td>X  X</td>
</tr>
<tr>
<td>Ethics</td>
<td>X  X</td>
</tr>
<tr>
<td>Difficult patient and interviews</td>
<td>X  X</td>
</tr>
<tr>
<td>POMR + ROS</td>
<td>X</td>
</tr>
<tr>
<td>Images of Physicians and Dentists</td>
<td>X</td>
</tr>
<tr>
<td>Alcohol and Substance Abuse</td>
<td>X</td>
</tr>
<tr>
<td>Continuity Curriculum</td>
<td>X</td>
</tr>
</tbody>
</table>

Comparison of Topics (continued)

<table>
<thead>
<tr>
<th>WWAMI / RIDE</th>
<th>UW SOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric and Adolescent patients</td>
<td>X</td>
</tr>
<tr>
<td>Geriatric Patients</td>
<td>X</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>X  X</td>
</tr>
<tr>
<td>Human sexuality, HIV and STD</td>
<td>X</td>
</tr>
<tr>
<td>Diversity</td>
<td>X  X</td>
</tr>
</tbody>
</table>
Comparison of Topics (continued)

<table>
<thead>
<tr>
<th>Vital Signs, General Survey, Skin</th>
<th>WWAMI / RIDE</th>
<th>UW SOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear, Nose, Throat</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chest, Lungs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cardiac, Abdomen, Pulses</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Extremities, neurological</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Female breast, male genital and rectal exam</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Oral Examination Lab (s)</td>
<td>RIDE only</td>
<td>X</td>
</tr>
</tbody>
</table>

How are we assessing the effects of interprofessional education on medical and dental students?
Presently:
• Questionnaire with 66 items
  o Knowledge domain
    – Example: “Heart burn (reflux of stomach acid) can erode teeth.”
  o Attitudes about interprofessional training
    – Example: “Learning with students from other health care disciplines will help me become a more effective member of the health care team”

University of Washington Tool
Snapshot

Please rate the following statements about learning with students from other healthcare disciplines. (examples)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

• Learning with students from other health care disciplines will help me become a more effective member of the health care team
• Patients would ultimately benefit if health science students worked together to solve patient problems
• Shared learning with students from other health care disciplines will increase my ability to understand clinical problems

Results (trends)
• Dental students have more dental knowledge than medical students at the beginning of the program and at the end of one year in both locations.
• Medical students feel more positively about shared learning than dental students in both locations
• RIDE dental students feel more positively about shared learning than Seattle dental students.

Results - Open-ended Questions
• Both RIDE and WWAMI students wanted more dentistry-medicine connections.
• “Was great to have dental students involved to hear their perspectives on issues and to hear what other medical fields expect of doctors in certain situations.”

Discussion
• RIDE students may have a more positive attitude about interprofessional learning because of selection process of students
• Impact of grading on 4.0 scale in dental school compared to pass-fail system of the medical school?
• Emphasis on technical training for dental students may influence openness to interprofessional training
Anecdotes
- The physician and dentist images panel was well-received
- Dental case presentation of patients with medical issues to RIDE students was centering for the students

Assessment of Effects of Interprofessional Education
Presently:
- Questionnaire – ongoing administration and analysis of results
  o Knowledge domain
  o Attitudes about interprofessional training
- Possible future assessments:
  o Observation of clinical performance, scope and technical ability
  o Extra-mural activities – joint service learning projects?
  o “Selective” or “elective” course choices

Regional Initiatives in Dental Education (RIDE): Training Dental Hygiene and Dental Students Together
Sarah C. Jackson, RDH, MSDH
Assistant Professor, First Year Lead
Eastern Washington University, Department of Dental Hygiene
sarah.jackson@ewu.edu

Training the Dental Team
- Commonly, each member of the dental team is trained separately
- These professionals are put together in practice and must learn to work together
  - Limited knowledge about each other’s training, background, and knowledge

The RIDE Program: A Unique Experience
- 8 1st year dental students from University of Washington are trained alongside baccalaureate dental hygiene students from Eastern Washington University
  - Introduction to Clinical Dentistry
  - Periodontology
- Hygiene faculty also facilitate small group experiences with dental students
  - Clinic
  - Public health

Introduction to Clinical Dentistry: Lectures
- Dental students attend ½ lectures in Pre-Clinic I with 1st year hygiene students
  - Infection control procedures
  - Anatomical structures of the oral cavity
  - Intro to preventive (oral hygiene, fluorides, nutrition)
  - Patient assessment (health history, vitals, periodontal charting, dental charting, etc)
  - Professionalism and ethics in dentistry
  - Radiology
  - Dental assisting
- Topics that don’t overlap between courses are podcasted for the dental students
Introduction to Clinical Dentistry: Clinical Experiences

- Dental students work in partners in the clinic with hygiene faculty to apply skills learned in class
- Communication project
  - Dental students paired up with a 3rd year dental hygiene student who role plays a challenging client
  - Students discuss communication skills and strategies when dealing with difficult issues
- Observation/assisting experiences
  - RIDE students spend 2-3 sessions each quarter in the clinic observing/assisting 2nd or 3rd year students during dental hygiene therapy or restorative

Clinical Survey - Student Outcomes Of Interprofessional Learning: Clinical Survey Results 2010 (N=34)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Shared learning will help me to think positively about other dental professionals</td>
<td>3.971</td>
<td>4.0</td>
<td>0.969</td>
</tr>
<tr>
<td>2 Clients would ultimately benefit if dental professionals would solve client problems together</td>
<td>4.559</td>
<td>5.0</td>
<td>0.824</td>
</tr>
<tr>
<td>3 Shared learning will increase my ability to understand clinical problems</td>
<td>3.912</td>
<td>4.0</td>
<td>1.055</td>
</tr>
<tr>
<td>4 Shared learning will help me become a better dental team member</td>
<td>4.235</td>
<td>4.0</td>
<td>0.955</td>
</tr>
<tr>
<td>5 For shared learning to work, students need to trust and respect each other</td>
<td>4.394</td>
<td>5.0</td>
<td>1.029</td>
</tr>
<tr>
<td>6 Shared learning has helped me understand dentistry to a greater degree</td>
<td>3.588</td>
<td>4.0</td>
<td>1.104</td>
</tr>
</tbody>
</table>

Clinical Qualitative Thematic Data 2010 (N=34)

Advantages

- Respect (11)
  - Understanding profession
  - Build trust
- Teamwork (7)
  - Effective
  - Work with others
  - Build foundation
- Learning from Each Other (4)
  - Shared knowledge
  - Different perspectives

Disadvantages

- Different levels of learning/knowledge (5)
- Little Interaction (3)
- Differences in opinions (2)
  - Can result in stereotype
- Lack of respect (2)
  - Lack of trust for one another

Periodontology

- 1st year dental students join 2nd year dental hygiene students’ Periodontology class
- Subjects covered:
  - Periodontium in health
  - Epidemiology
  - Pathogenesis
  - Host Response
  - Oral-Systemic link
  - Periodontal Classifications

Periodontology “Work Groups”

- Groups are developed in class consisting of 1 dental student and 4-5 2nd yr hygiene students
- Each week after the lecture, groups work on an activity related to subject for that day
- Each activity is built around:
  - Clinical (dental hygiene strength)
  - Histological/microbial (dental student strength)
- Work groups also take a team test together
Periodontology Survey: Student Outcomes Of Interprofessional Learning: Results of Periodontology Survey

1=strongly disagree 2=disagree 3=neither 4=agree 5=strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>2009</th>
<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Median</td>
</tr>
<tr>
<td>1  Shared learning will help me to think positively about other dental professionals</td>
<td>4.278</td>
<td>4.0</td>
</tr>
<tr>
<td>2  Clients would ultimately benefit if dental professionals would solve client problems together</td>
<td>4.750</td>
<td>5.0</td>
</tr>
<tr>
<td>3  Shared learning will increase my ability to understand clinical problems</td>
<td>4.265</td>
<td>4.5</td>
</tr>
<tr>
<td>4  Shared learning will help me become a better dental team member</td>
<td>4.389</td>
<td>5.0</td>
</tr>
<tr>
<td>5  For shared learning to work, students need to trust and respect each other</td>
<td>4.556</td>
<td>5.0</td>
</tr>
<tr>
<td>6  Shared learning has helped me understand periodontology to a greater degree</td>
<td>3.944</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Perio 2009 Qualitative Thematic Data (N=36)

**Advantages**
- Respect (16)
- Learning from each other (13)
  - Sharing of information
  - Added knowledge
  - Point of view
  - Understanding profession
- Teamwork (12)
  - Strengthens relationships/communication
- Enjoyable (10)
- Change (5)
  - New ideas/opinions

**Disadvantages**
- Different levels of learning/knowledge (12)
- Communication issues (3)
- Lack of respect (2)
- Interference in time/projects (2)

Perio 2010 Qualitative Thematic Data (N=34)

**Advantages**
- Respect (15)
  - Understanding profession
- Learning from each other (12)
  - Sharing of information
  - Added knowledge
  - Point of view
- Teamwork (12)
  - Strengthens relationships/communication
  - Learn to work together
- Enjoyable (5)

**Disadvantages**
- Different levels of learning/knowledge (15)
- Lack of respect (4)
- Time not used effectively (4)
- Attitude (2)

Comparing Dental/Dental Hygiene Students
- No statistically significant difference in attitudes regarding interprofessional learning

Dental Hygiene Faculty Perceptions: An Informal Survey

**Faculty Challenges**
- Scheduling between institutions/departments
- Faculty had to give up some autonomy of courses
• “It was not as easy as just putting them [dental students] in your existing class"
  – Different knowledge bases to begin the course
  – Different clinical experiences
• DH students begin treating patients 1st year
  – Uncertainty of what is being taught across curriculum
  – Ensuring material is relevant for both groups
  – Developing “fair” equivalent exams
• Technology needs

Faculty Perspectives: Benefits to Students
• Interactions in classrooms, clinics, and labs simulate team experiences in post-educational settings
• Becoming aware of the education/knowledge of their colleagues can lead to:
  – Greater mutual respect in practice
  – Increased dental team communication
  – Improved patient management
• This experience helps to close the gap

Advantages for Faculty
• Despite some initial hesitations, faculty have benefited in many ways
  – Inter-institutional relationships
  – Shared expertise
  – Professional growth/innovations
  – Self-assessment of courses
  – Improved curriculum
  – Economies that come from sharing resources

Faculty Lessons Learned
• Overcoming misconceptions/respect issues
• Increasing interactive participation of the RIDE students in real time courses
• Adding more clinical experience and interaction

Conclusion
• Interprofessional education in the RIDE program has had a positive impact on faculty, dental hygiene students, and dental students
• Faculty and students agree that shared learning (for dental & dental hygiene students) is a worthwhile endeavor

RIDE: Lessons Learned, Impact and Early Benefits of RIDE
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Lessons Learned (the lots and lots and lots of work part....)
RIDE is a slice through dental school education:
• Admissions, student services, student progress, curriculum, student committees/ social activities
• Need to bring on board and provide $ support
Educational equivalence is lots of work:
• Curriculum is equivalent, not equal; enriched
• Common learning objectives / exams / annual meetings,
• Curriculum committee oversight at UWSOD
• In-person meetings at first; now weekly Polycom mtgs
• Can test ideas in a smaller setting
• Accept educational technology

Lessons Learned
RIDEx cohort effect is very powerful:
• Close-knit groups, supportive across the years – integrate well back in Seattle (class president and RIDEx liaison help)
• Pro-active, vocal groups; close faculty relationships; accept innovations fairly well
• Highly professional (under intense scrutiny)

Students need strong academic capacity:
• Longer, more arduous curriculum; less support, no upper class students; do well back in Seattle

Lessons Learned
Expect glitches – need flexibility from all partners
• Scheduling complexities; semester vs quarter systems
• Different institutional policies- grading, acad/student affairs
• Need an MOU, lots of good will, and lots of communication!

Need for on-going tweaking
• Changes in courses, faculty, chairs, administrators, policies – in 3 institutions

Lessons Learned
Early faculty resistance
• Chair of RESD on board at outset - then re-located to Spokane to help launch RIDEx
• Develop relationships - a RIDEx team member from every dept
• Take faculty and administrators “on the road”
• Provide resources to help (faculty w extra work and depts.)
• Don’t give up...

Partnership with SOM essential
• Could not do alone

Benefits / Early Impact
• Curriculum benefits from intense un-packaging and team teaching
• UW doesn’t have a school of Dental Hygiene for equivalent student experiences in Seattle
• Additional DA and ICM training for students going out after their first year (local anes, radiology, health history)
• Other SOD students want “RIDEx” experiences
• Similar educational innovations could not easily happen at Seattle campus

Benefits / Early Impact
• Relationships w community, regional univ, SOM
• Infrastructure expansion/support for SOD:
• Office of Regional Affairs, staff
• Educational technology – equipment and staff
• New data base for long-term student tracking
• Support for core SOD administrative functions, depts
• Increased visibility for SOD in UW and State
• Identified as UW leader in educational technology
• Featured for Board of Regents meeting
• Put dental education in front of the legislature

Challenges going forward
• Budget cuts faced by all universities, UW disproportionately cut
• State adult dental Medicaid cut at the same time
• Still bringing faculty on board with the extended integrated rotations
• WWAMI regional education model may change
• RIDE expansion to enlarge cohort
• Program evaluation - longer term outcomes