Wish to Reality: Students Become Interprofessional Collaborative Practice Professionals

Dental Hygiene Section Meeting
American Dental Educator’s Association 2011

Interprofessional Education for Better Health

Laura MacDonald, Associate Professor
Salme Lavigne, Professor
Kyle Conrad, Alumnus
School of Dental Hygiene, University of Manitoba
"If you build it they will come"

- University of Manitoba (UM)
  - **School of Dental Hygiene**
    - Faculty and students
  - Foundation blocks:
    a) UM faculty IPE research/scholarly activity
    b) IPE champions: administrators, faculty, students, profession
    c) Creation of a UM IPE Office: grounded in IPE principles/concepts, curriculum blueprint, competencies, structure/strategies

- DH faculty active participants in ALL areas

Integral part of the active interprofessional education & practice community
1. Analyze the **connections** between the **educational and professional systems’** value and importance.

2. Discuss the **client's care and well-being** as the central purpose of interprofessional education and collaborative practice.

3. Compare the **experience and lessons learned** of one dental hygiene program's interprofessional curriculum with other established or planned ones.

4. Discuss challenges and highlights of the **creation of a student-run dental hygiene clinic as part of an interprofessional student-run clinic**.

5. Outline essential **steps to create a interprofessional curriculum** and an interprofessional student-run health clinic inclusive of a dental hygiene clinic.
A Wish

I wish...with
I wish...from
I wish...about

Wish...for...client health and wellness

Nissan & Moran, AIPPEN
Dental Hygiene

• Oral Health/Health
• Client
• Environment
• Dental Hygiene Actions

Darby and Walsh 2009
What do you wish for regarding interprofessional education?

• I wish our dental hygiene students learned _______ with ________ students

• I wish they learned ______ from each other

• About each other and about ______

…knowledge, skill, concepts, practice frameworks, models, abilities, expectations, ways of being with the patient/client/person…

“With, from, about” “for”
Hope to see you at the 3rd IPE~IPP Crossing Borders Conference (USA~Canada) in Tuscon, Arizona, from Nov 19-21, 2011.
A Wish transformed to A Reality

The IPE Mantra: “With, from, about”

Mantra: sound, syllable, word (group) capable of ‘creating transformation’

- Root of the word ‘Man’ means ‘to think’
- Suffix ‘tra’ means tool or instrument

Proper recitation of mantra brings about (realizes) inherent truth in them

- an expression of ‘being’ and ‘right working’
- recitation crucial to maintenance of order & being

Wish ‘with, from, about’, keep it for real…

Be transformed to ‘with, from and about’
Worthy of a ‘Must’
That’s the Reality of It!

• Accreditation of Interprofessional Health Education Funded by Health Canada
  • 8 accrediting organizations for 6 professions
    – Med, Nur’g, Pharm, Soc W, PT, OT
  – Two phases
    • Phase I (2007): Shared principles of IPE standards
    • Phase II (2011): Ensure integration of IPE standards into accrediting programs
      – Principles and Practices document
      – Academic IPE Assessment Tool (in near future)
The Reality of IPE: Definition

• “Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE 2002)”

—“With, from, about” 2+

• Attitude, Skill, Knowledge, Beliefs, Values, Behaviors...practice, standards...

• Effectively, creating a change

—DNA of the health professional (Evans et al 2011)
Health Canada Funded Projects (20)

Nearly $2M in Manitoba alone!
Learning with, from & about each other

‘Mission Possible’
Learning with, from & about each other

‘Mission Possible’

Research Questions

• Is IP learning at practice sites better than IPE alone, in developing the knowledge, attitudes, perceptions and skills that foster collaborative patient care?

• Does the degree of participation affect students’ ability to demonstrate beginner-level knowledge, attitudes and skills in collaborative patient-centred practice?

Anderston, Ateah, et al, in press
Research Design

Group 1, Controls:
• Orientation only — day 1 for 3 hours

Group 2, Preparation:
• Orientation + 2.5 days of IP learning

Group 3, Full Participants:
• Orientation, 2.5 days of IP learning + 9 days at IP practice site + 1 day wrap-up

All Groups:
• 5-month Follow-Up Surveys (N=51)

Approved by UM Health Research Ethics Board

Anderston, Ateah, et al, in press
Table 3. Summary changes in ratings about professions by Full-Participant group (n=18) between Baseline (Survey #1) and Post Immersion (Survey #3) for academic ability, interpersonal skills, and decision making

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Note: *indicates statistical significance at p<.05

Ateah et al 2010
CIHC IPE~IPP Evolving Framework

IPE of Learner

Collaborative Patient/Care

Education System

Professional System

Systemic Factors Model

Institutional Factors Model

Teaching Factors Model

Professional Learner Competencies

Leadership Resources

Facilitative Leadership

Educators

Learner context

Learning context

Professional System

Patient/Care

Patient/Care

Learner

Patient

Government Policies: Federal/Provincial/Regional/Territorial

Social & Cultural Values

Research to Inform & to Evaluate

D’Amour & Oandasan 2004
Evaluation of IPE and IPP Using Framework

Framework now offers a home for cataloguing IPE and IPP evaluation tools, methods, instruments.

Ex: 27 evaluation tools for faculty development

An interactive page

• Click/hover over element/variable
  • definition of evaluation tools

• Each evaluation tool
  • Educational Outcome (Kirkpatrick)
  • Validity of tool
  • History of use by project with link

D’Amour & Oandasan 2004
Evidence Base in IPE
Evidence Base in Oral Health

1927!

Nathe 2005

D’Amour & Oandasan 2004

Client Care Central to IPE & CP

• Client/patient care -- “end” goal for all health professionals
  – If in silos...have silos view point...implications...
• “End” goal...the wish of all...work together...collaboratively for the client
• Oral-systemic linkages are paving the way re value of interprofessional collaboration (and hence education)
The Synergy of More than One Health Professional!

- IPE recognizes that “together” we can radically improve the health outcome of our clients through collaborative practice.
- As the IPE movement spread, more opportunities began to arise for such collaboration as other health care professionals became more aware of the importance of oral health in relation to overall health.
Oral-Systemic Associations

• Diabetes, Metabolic Syndrome and Obesity
• Cardiovascular Disease
• Cerebrovascular Disease
• Adverse Pregnancy Outcomes
• Aspiration Pneumonia
• End-Stage Renal Disease
• Arthritis
• Alzheimers Disease

Oral Health is on Medicine’s Radar and in their Journals!
Opportunities...the Collaboration Begins

• Potential oral link with preterm birth to OBGYN physicians and nurses (Grand Rounds in OBGYN in local hospital)

• Nurses in the Respiratory Unit of one hospital regarding the links between oral bacterial infection and ventilator-associated pneumonia
  – Best practice re oral health campaign
Collaborative Research Opportunities in Oral-Systemic Health

• Preterm Low Birth Weight Baby Study (Dentistry and Medicine)
• Vision Study (Outcomes of Cardiovascular surgery & oral health) Dent., DH and Medicine
• Inflammatory Biomarkers and oral health interventions (DH, Medicine, Dentistry)
Opportunity Strikes @ UM

• International Center for Oral~Systemic Health
  – A new Dean ~ A new Vision
  – A perfect fit with IPE and CP

• Deans of multiple Faculties came “On Board”

• Faculty of Dentistry became the 1st Faculty to launch a collaborative project
  – multiple health professions
  – Collaborative design of a IPE curriculum

Perfect Fit...Reality Shaping!
University of Manitoba: IPE Infrastructure

Interprofessional Education (IPE) Organizational Structure

- Representation: Vice-President (Academic) and Provost, (Chair) or designate, Vice-Provost (Academic Planning and Programs), IPE Coordinator, Deans/Dept. Heads of academic units, ex officio members (Winnipeg Regional Health Authority, Council of post Secondary Education, Manitoba Health)

- Admin Support (Full time)

- IPE Coordinator (Full time)

- Interprofessional Education Steering Committee

Be present
Be active

- LM Co-chair
- MW
- SS
- LB
- LG
- AG

IPE Initiative
With Experience, comes the lessons

**Four themes** Barker, Bosco, Oandasan 2005

1. Consensus regarding terminology
2. Need for both champions and external support
3. Sensitization regarding professional culture
4. Logistics of implementation
Consensus re Terminology

• **When you say...you mean what?**
  - Unidiscipline, uniprofessional, interdisciplinary, multiprofessional, interprofessional, interprofessional, transdisciplinary, transprofessional
  - Continuum from ‘uni-’ to ‘trans-’

• **Synonyms or not?**
  - Learning outcomes, objectives, competencies, capabilities

• **Intra-wording**
  - Competencies (Barr 2002): common, complementary, collaborative
Champions: On embodying interprofessionalism

• Communicators and convincers:
  – Disseminate information about IPE and CP
  – Consult with potential key partners
  – Ignite others’ interest/enhance the chance for sustainability
  – Develop a cadre of individuals with similar interests with the hope that

“...So what we did early on was we cultivated a group of people across the faculty...our idea group...use that group to bounce ideas off...they came up with the idea for the certificate program...you have to find some champions do this”.

(Barker, Bosco, Oandasan 2005)
University of Manitoba
Champions

Top down~bottom up

• Decision-makers
• Faculty ‘workers’
• Students
• Administrators
Professional Champions

- Regulatory Body
  - College of DH of Manitoba
    - DH Act (2005)
      - Enabling legislation
- Professional Association
  - Mentorship
- Internat’l Dental Hygiene Federation
  - Task Force recommendations
Health Care Champions

– Manitoba Health
  • Regional Health Authorities

– Canada Health
  • Canadian IP Health Collaboration

– World Health
  • World Health Organization
  • Country specific
    – United Kingdom, Australia, etc

Paradigm shift—a very big one in health professional practice and education
Student Leaders

- **National Health Science Student Association** (with chapters)
  - Established 2005, 1st national health science students association

- **Student Administrators**
- **Educators Policy Maker**
- **Public Media**
- **Clinician Interested other**

- Conferences 7th Annual!
Students Leading the Way

• Wish to learn with, from, about each other for client centered collaborative practice

• Reality...follows at University of Manitoba
  – 2006’ish grant money for student group to look into plausibility of running a student-run IPE clinic...working group, IPE faculty advisors

• WISH Clinic is a reality (2008)!
  – Winnipeg Interprofessional Student Run Clinic
A “WISH” for Access to Care

K. Conrad, L. Roberts, K. Hildebrandt, M. Wener & L. MacDonald

WISH clinic
Winnipeg Interprofessional Student-Run Health Clinic
Student initiated and operated within a primary health clinic

- Partners: University of Manitoba, Mount Carmel Clinic, Community
- Student executive committee composed of representation from all faculties
  - Over 10 different health professions involved!
- Operates on Sunday afternoons at no cost to patrons
- Underserved inner city population
- Patrons are cared for interprofessionally
**WISH Mission & Vision**

- **Mission:** To address the health and social needs of the community we serve while facilitating an interprofessional learning environment for students.

- **Vision:** To establish the Winnipeg Interprofessional Student-run Health (WISH) Clinic as a sustainable centre of excellence that enables empowerment and continuity of care in partnership with the community.
Health Promotion

Determinants of Health

- Social Environment
- Life Skills
- Physical Environment
- Personal Health Practices
- Early Child Development
- Social Support Networks
- Education

Start where you can... health promotion... that's what we did!

Oral health promotion & education

Volunteers serve nutritious food in the social room
Students Bring it All Together

- Interprofessional Education (IPE)
- School of Dental Hygiene (SDH)
- Legislation
- Students

WISH
WISHful Thinking

UM IPE students and Faculty
National Health Science Students Association (NaHSSA)

Formed student working group on concept of “WISH Clinic”

Manitoba Health Science Students Association (MaHSSA)

WISH a Reality

Established MaHSSA (chapter to NaHSSA)

Volunteers manning greeting table
WISH Team

- Student Volunteers
- Supports
- Shift Supervisors
- Mentors
- Administration
- Clinic Manager
- Social
- Clinical
- Counselling
School of Dental Hygiene

Curriculum

- Strong background on Determinants of Health and IPE
- Incorporation of health promotion in curriculum

Support of Dean Faculty of Dentistry

+ Support of SDH Director

= Support of Faculty

Prof. Salme Lavigne (Director SDH), Prof. Laura MacDonald, Kyle Conrad, Lorraine Roberts, Micheal Alvermere (DH students) & Dr. Anthony Iacopino (Dean Faculty of Dentistry)
The Dental Hygienists Act

2008 - The Dental Hygienists Act is proclaimed

• Increased Access to Care
• Extended Practice RDH
• CCP Ensures Mentors

“Ensuring the public has access to safe, competent dental hygiene care and expertise that contributes to improved oral and overall health”

Mickey Wener and Kellie Hildebrandt outside of the CDHM main office
Dental Hygiene at WISH

- Access
- Oral/Overall health
- Education & Autonomy

- Promotion
- Legislation
- Interprofessional Practice
- Autonomy

- Holistic Care

- Sustainable
- Students
- Mentors
- Autonomy
DH Care Provided

Scope of Practice in Manitoba

- Assessment
- Dental Hygiene Diagnosis
- Care Plan
- Implementation
- Evaluation

Smiles around with Brad (OT student), & Breanna (Nursing student)
Dental Hygiene Impact

- DH Clinic opened September 2010
- Referrals within WISH – confirms that interprofessional practice works!
- Collaboration
- IP Team meetings before and after  
  - With, from, about

Post Clinic discussion with input from all mentors and students

Opening up the blinds at future site of the DH WISH clinic
Sustainability of WISH/DH

• Assess
  – What has been / is done?
    • Novel
  – What do stakeholders want?
    • Patrons, University, Mount Carmel, WISH, etc.
  – Realistic?
    • Resources and feasibility
  – Autonomy?
    • Our perpetual motion machine
Foundations for WISH/DH

• Community Support
  – Patron Interest, Referral System and Continuity of Care

• Student Support
  – Curriculum involvement, Philanthropy

• Mentor Support (Admin and Clinical)
  – College of Dental Hygienists of Manitoba, Faculty and School of Dental Hygiene

• WISH Clinic Support
  – IP integration

• Mount Carmel Clinic Support
  – Facility and Supplies
Impact and Evaluation for WISH/DH

• Open 7 weeks starting September 19, 2010
  – It worked from first clinic

• Access to Holistic care and education
  – All stakeholders

• IPP is facilitative
  – Reciprocal Learning and inclusion
  – Legislative Progression
  – Innovation
WISH/DH Challenges

• Stakeholders must all Facilitate
  – Constant communication between
  – Continuous information dissemination
  – Patience

• Organizational
  – Innovate and update with changing policies, protocols, needs
  – Facilitate sustainability with turnover
  – Scheduling and continuity of care
  – Curriculum development
  – Scope of Practice

• Realistic while working towards Ideal
  – Resources
Facilitates Leadership

- **Navigation** (Amundsen or Scott)
  - Can we steer or can we chart a course?
    - Identification of long term and innovation
    - Progressive

- **Autonomy**
  - Students, community and Inclusion

- **Process**
  - Develops over time
It’s not just a WISH, it’s a REALITY

Interprofessional Education (IPE)

School of Dental Hygiene (SDH)

Legislation

Students
With Experience, comes the lessons

Four themes Barker, Bosco, Oandasan 2005

1. Consensus regarding terminology
2. Need for both champions and external support
3. Sensitization regarding professional culture
4. Logistics of implementation
UM SDH, DH Prof’l Culture, & IPE

• School of DH
  – Not a dept
  – Not a division

• Advocate/the voice for SDH within the Faculty of Dentistry

Collaboration does not mean loss of autonomy
(Way, Jones, Busing 2000)
IPE Learning Event: Determinants of Health

- **Block 1-3pm Tuesday, Sept 9th**
  - Ice breaker in small IP groups
  - PPT mini lecture
  - IP activity: “What would you do?”

- **IECPCP Group Learning Activity**
  - Outside class time...assignment
  - Take a walk together
  - **Create PPT: 10 slides**
    - Title & Introductory Slide
      - Outline, purpose, objectives; value statement
      - Determinants of Health
      - 5 slides each depicting one determinant of health
      - Each slide with 10 word line
    - IECPCP slide: 3 statements of IPE
    - Discussion slide
      - Experience as IP group, focus on DoH
    - Conclusion slide
IPE Learning Event: Determinants of Health

Mutual Trust & Respect

“Each member of the team had to cooperate, communicate, show mutual trust and respect for individual ideas.”

Cooperation

“We need to consider the determinants of health knowing other professionals are doing so to provide holistic health care service.”

Assertiveness

“Just as determinants of health do not act in isolation neither should healthcare providers.”

Coordination

“Although our viewpoints may differ, all our ideas are important. We need to actively listen to one another, incorporating the ideas for benefit of the clients.”

Responsibility

“When we work together, we can have a positive affect on more determinants of health than we could have addressed on our own.”

Communication

“(Way, Jones, Busing 2000)

To provide the best practice, professionals need to understand the help they are offering is dependent on the determinants of health and on the professional ability to work collaboratively with others.”
Sensitization to Professional Culture

• Tree of knowledge--Professions as bodies of knowledge

• As tree grows...new branches/roots
  – Body of knowledge expands/technological advancements ... a new branch/another root
    • Respiratory therapy
    • Dental Hygiene~dental therapist
    • Athletic Therapist

• Tree rings (growth/dev’t)...culture
“Aspects relating to the work of other professions are included in otherwise uniprofessional courses.”

“Each profession looks at the subject from the perspective of its own and other professions.”

- Same trunk
- Different branches
- Same root system
- Different nutrients
- Same tree
  - Different view

Respect Uniprof’l

Ensure Interprof’l

Harden 2000
With Experience, comes the lessons

**Four themes**  Barker, Bosco, Oandasan 2005

1. Consensus regarding terminology
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Logistics of Implementation

- **Profession specific outcomes**: K, S, A of a profession
  - Delivered **uniprofessionally**

- **Generic outcomes**: K, S, A achieved by 2+ professions
  - Delivered **uniprofessionally or multiprofessionally**
  - Also referred to as "**learning in common**" (O’Halloran et al 2006)
  - Makes no difference with respect to mode of delivery

- **Interprofessional outcomes** K, S, A be met by all professions
  - Delivered by way of **interprofessional** education adds value...interaction between the participants enhances outcomes
    - Eg. communication skills, teamwork, collaborative practice

Thistlethwaite, Moran on behalf of WHO 2010; Lit Rev and Synthesis re IPE Lg Outcomes
Challenge of Delivery

“Do people see the value of IPE, relative to everything else? we have all these known professions. external demands more into their own curricula we want you to free up some time. they say well. you know that’s a great idea “but ”. the way around... convince them that they can advance their own discipline skills as part of the team skills involvement”

Interprofessionalism 
Interprofessionality

Mind
Heart
Action
Frame of Lg Out to Prof Dev
Charles, Bainbridge and Gilbert (2004)

Continuum:
• Exposure in early years
• Immersion in later ones
• Mastery towards the end
• Experise full achievement through involvement in practice

UM IPE Curriculum Blueprint
— Iterative process, drafting as we speak
— Modeled on this framework
UM IPE Curriculum Blueprint Competencies

- Interprofessional & Communication Skills
- Patient-centered/family-focused care
- Collaborative Practice
  - Collaborative decision-making
  - Role/responsibility
  - Team functioning
- Continual Quality Improvement
UM IPE Curriculum Blueprint
At what level?

- Reaction
- Modification of attitude/perception
- Acquisition of knowledge/skill
- Behavior change
- Change in organizational practice
- Benefits to patient/client

Modified Kirkpatricks Model of Learning Outcomes
(Kirkpatrick 1996, Freeth et al 2002)
Drafting the IPE Curriculum

**Early Curric (Knowledge)**
- ‘Describe interpersonal communication behaviours that either facilitate or hinder group/team effectiveness’

**Mid Curric (Skills)**
- As you participate in an IP student team, reflect on and improve your own and your team’s interpersonal communication behaviours

**Late Curr (Beh change)**
- ‘Effectively expresses one’s knowledge and opinions to others involved in care’
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<th>Faculty</th>
<th>Time Slot (e.g. M 8-9)?</th>
<th>Elective/Mand</th>
<th>Vol/Mand Case</th>
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<td>Resp Therapy</td>
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Managing the Nightmare Reality Check

• “When **two or more** are gathered...”
• UM IPE curriculum blueprint (‘standard’)
  – At some time in each professions curriculum
• Infrastructure of support
  – Coordinator of
  – Support staff for
  – E-technology
IPE Competencies
Free of Content

• IPE competencies
  – Collaboration (decision-making, role/responsibilities, teaming), patient/family-centered, communication, continual quality improvement

• Topics/issues
  – Are the scenarios (and as well profession specific curricular content)

• Learning sites (clinic, workshops, on-line)
  – Place were students come together
DERCA (Diabetes Education Resource Centre for Children and Adolescents)

- Children's Hospital
- Interprofessional practice
- Teaching site: Med, Ng, Diet, DH, Kinesio, etc

DH students 'externship'

Focus on daily oral hygiene - diabetes management

Each client/family 10 minutes with DH

Pre clinic meeting (IP team), clinic, debrief (students re IP experience)

Interprofessional Practice/Education

Curriculum

Cultural Safety

Immersion

Acq of K/S

Type 2 diabetes (Youth)

Oral health systemic Health

Content/issues

Competencies

Type 2 diabetes (Youth)

Oral health systemic Health

Curriculum

Content/issues

Competencies
Lessons from 20 years of IPE (Sweden)
(Wilhelmsson et al 2009)

• Process: evaluate, revise and discuss
  – Critical mass of faculty members from the different programs in the IPE: co-design, co-solve, co-propel

• Leadership and champions
  – Diplomatic IP skills, regularly meet re curriculum, content and perspectives of the subjects
  – Involve students in process!

• Universal sense of ownership and conviction

• IPE curriculum: Select, design, fit from logistic and organizational aspects
“With, from, about” “for”

I wish our dental hygiene students learned __________ with ______________ students

I wish they learned ____ from each other

About each other and about ___________

...knowledge, skill, concepts, practice frameworks, models, abilities, expectations, ways of being with the patient/client/person...

It is our reality...it can be yours too!
ADEA Dental Hygiene Section
Session Objectives

1. Analyze the *connections* between the *educational and professional systems'* value and importance.

2. Discuss the *client's care and well-being* as the central purpose of interprofessional education and collaborative practice.

3. Compare the *experience and lessons learned* of one dental hygiene program's interprofessional curriculum with other established or planned ones.

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