GUEST EDITORIAL

Interprofessional Education and Practice: A Concept Whose Time Has Come

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At a recent faculty retreat sponsored by the NYU Department of Epidemiology and Health Promotion, we were asked to think of an instance in our professional lives which represented a "peak" experience—one in which we felt both fulfilled and valued, and one which embodied the way in which we would want to work every day. I thought of several "peak" experiences: There was the time I sent a clinic patient to a hematologist to make certain he was checked for a rare but potentially life-threatening disease that would surely affect his dental treatment. Indeed, as a result of my efforts, he was tested and ultimately diagnosed with a condition that had somehow been overlooked by his physician.

I also recalled the time I insisted that my own faculty practice patient see the nurses at the NYU College of Nursing Faculty Practice, located at the NYU College of Dentistry, to have her blood pressure checked. She was ultimately diagnosed with hypertension and is still, years later, being treated and monitored for the condition in our nursing faculty practice. There were also the weekends last spring that I spent with dental faculty and students at Sikh Gurdwara, the Sikh Center of New York, supervising oral health screenings for a medical school project. We worked alongside physicians and nurses who were screening for hypertension and diabetes in an effort to accurately assess the needs of the community regarding general and oral health. To me, these all represented "peak" experiences in that I felt challenged by my situation; was rewarded for my hard work, persistence, curiosity and vigilance; and was pleased by a positive outcome. And, in all cases, the work was interprofessional, a way of teaching, of scientific cooperation, of clinical or public health practice where various and sometimes seemingly disparate groups of educators, researchers, practitioners, and policymakers come together and work toward a common goal.

Why were these instances of "interprofessional collaboration" so central in my mind when asked about positive experiences? We neither live nor work in a vacuum, surrounded only by others like us, but in a busy, sometimes disorganized, sometimes crazy world where input from others, with different training, experiences, and values, is not only important, but often essential to achieving our objectives: educating and training our students and residents, achieving health for our patients or for the population, understanding how a system or a problem can be solved. I have found that, for me, seeing a problem through the lens of another, from that person's point of view, helps me consider factors involved in solving the problem that I had not considered. I have also found that input from those from other disciplines, with different education, knowledge, and skills, improves the final product, whether a lecture or course, a research protocol, a manuscript, or a patient's health. Although I don't actively think about it every day, much of what I now do in my professional life is founded on "interprofessional collaboration."

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Working in Interprofessional Research Teams

In much of my research, I work with physicians, nurses, and dental hygienists to integrate oral and general health care. For example, Mary Northridge and I, with funding from the Clinical Translational Science Institute at the NYU Langone Medical Center, have worked with a team that includes dentists and dental students, dental hygienists, information technology specialists, a nutritionist, and nursing and medical school faculty, to develop a clinical decision support system for dental hygienists to use chairside in private practice. This web-based system, developed with input from private practice hygienists and dentists, and utilizing professional guidelines and best practices, assists hygienists in screening their patients for diabetes, hypertension, and tobacco cessation, and for nutritional counseling. All members of the team had input on this project; indeed, the project would not have been successful *without* the input of all involved.

In other research, I have been working closely with a team comprising obstetricians, nurses, dentists, dental hygienists, and clinic office staff to investigate the efficacy of a dental care referral system for pregnant women. Based on the *New York Oral Health Care During Pregnancy and Early Childhood Practice Guidelines,* a hospital-based prenatal clinic on Long Island has been referring pregnant women who report no recent dental examination to community dentists for evaluation, prevention, and treatment. The prenatal care providers integrated oral health risk assessment and referral into their routine prenatal care and thereby hoped to improve oral health care utilization by their patients. In a survey of the prenatal clinic patients, we found that, among those women who reported they had been referred for dental care by their prenatal provider, 63.4 percent reported having seen a dentist during their pregnancy. In contrast, of those who reported no referral, only 29.0 percent stated they had seen a dentist. We believe that this dental referral program may serve as a model for improving access to, and utilization of, dental care for these low-income pregnant women—a group with traditionally low rates of dental care utilization but with high unmet needs.

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Practicing and Teaching in Interprofessional Contexts

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Empirically, there is evidence that interprofessional collaboration improves educational outcomes, quality of research, and patient and population health outcomes over any one discipline working alone. By bringing together various skills and individual experiences into a team, communication and coordination of care are enhanced, scientific inquiry deepens and expands, and health and safety improve. In addition, meeting the needs of underserved, diverse populations is more achievable when various parties and stakeholders come together to work on a problem together.

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Interprofessional Collaboration Engenders Peak Experiences

Because reaching beyond the borders of our profession is fast becoming a central issue of our time, in this, the second issue of the *Journal of the Academy of Distinguished Educators (JADE),* we are fortunate to have three outstanding contributions that define and expand upon interprofessional collaboration and what it means for dentistry to embrace this model of thinking, teaching, and working.

Our centerpiece article, by Kathleen Klink and Renée Joskow, embraces the vision of integration of oral and general health which originated with the surgeon general's report *Oral Health in America* in 2000 and describes in detail important conferences, reports, and policies which have arisen since then to promote the concept of interprofessional collaboration for oral health professionals. The authors emphasize the need to integrate education across disciplines, using new models of teaching; highlight the importance of engaging the public using outreach and education; and cogently argue for policy and financial changes supporting interdisciplinary partnerships.

In her commentary, Judith Haber effectively argues for a greater integration of oral health and general health in the teaching of dental, medical, and nursing students, and emphasizes that it is our obligation as teachers and educators to "reach across academic silos" to improve oral and overall health. She clearly outlines various challenges to this goal, but is able to envision great opportunities in overcoming these challenges.

In a second commentary, Marko Vujicic discusses how dental care financing in the United States has impacted oral healthcare delivery, access, and utilization. He makes the case that the separation of oral health from overall health in the United States, regarding financing of care, has influenced the oral health of the U.S. population, and highlights how it may be difficult—if not impossible—to reconnect the mouth to the body without rethinking how dental care might be integrated into health payer systems.

As I think further about engendering peak experiences in dental education, research, and clinical practice going forward, I recall the words of Ryunosuke Satoro, a Japanese poet, which I believe embody the essence of interprofessional collaboration: "Individually, we are one drop. Together, we are an ocean." Would you rather be a drop or an ocean?

References

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