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Interprofessional Education Paving the Way for Holistic, Patient-Centered Care

During the 2015-2016 academic school year at the University of New England (UNE), an interprofessional student team began providing in-service trainings for long-term care facility nursing staff. The inaugural team, led by Regina Arey, a dental hygiene student, included occupational therapy and pharmacy students. The start-up of this project was generously funded by the UNE Interprofessional Education Collaborative (IPEC) student mini-grant program.

The UNE IPEC was established formally in 2010. As part of IPEC, students representing a full range of health professions come together to participate in activities aimed at preparing the next generation of health care leaders for team-based practice. IPEC activities include team-based conferences, interprofessional simulations, interprofessional service learning, co-conducted research and scholarship, global immersion experiences, arts and health projects, and interprofessional classroom activities. Through IPEC activities, students come to better understand the roles of other members of the health care team and develop skills to work more effectively together to promote patient-centered care.

As part of the IPEC experience, students may apply for funding for interprofessional projects. The IPEC student mini-grants have funded many projects over the years that have supported program evaluation, health and wellness research, health promotion, health policy advocacy, clinical practice, and health practice and the healing arts. Although the project topics and outcomes vary widely, the one thing they all have in common is that they include multiple professions working together on a common goal.

For Arey, the goal was to improve the quality of oral health care in long-term care settings. She was inspired to begin this project by her uncle, who had spent the last year of his life in an Alzheimer's care unit in a long-term care facility. While she felt he received compassionate care from the nursing staff, she noticed a lack of attention to his oral health. As she became passionate about geriatric oral health and began to research, she found that his was not the only facility in which oral health care could stand to be improved.

Members of the first interprofessional long-term care oral health in-service training team: Sarah Fogg (dental hygiene), Carolyn Dacey (dental hygiene), Cassidy Banville (dental hygiene), Regina Arey (dental hygiene), Casey Fisher (pharmacy), and Kelly Dolyak (occupational therapy). Not Pictured: Heather Smith (occupational therapy).

At UNE, interprofessional education (IPE) is a key component of all health professions programs. Because interprofessional team-based care was ingrained in her training, Arey knew the best way to promote effective change in long-term care facilities was twofold: to approach it from an interprofessional team, and to truly get through to the audience (the long-term care nursing staff). Through observation of her uncle's long-term care experience and her research, she determined the two areas in which long-term care nursing staff could benefit from additional training were modification of oral health care regimens for the geriatric patient and oral health considerations regarding medications. Thus, she began by reaching out to fellow students in the pharmacy and occupational therapy programs.

The pharmacy team member brought a plethora of knowledge about common geriatric medications and easily identified medications that cause dry mouth and other oral concerns. The occupational therapy team members brought important skill sets that could help the patient adapt tasks to their own environment. They offered suggestions on ways to accommodate a variety of geriatric conditions including toothbrush modifications for the arthritic patient, ways to incorporate daily reminders and even ways to modify the sink for easier use.

When the student team met, they brainstormed ideas to include in their presentation to the long-term care nursing staff. As they each shared what they felt was important for inclusion, they had the opportunity to discuss how it was all interrelated. As an example, the pharmacy student was easily able to identify which medications have oral side effects such as dry mouth. After discussion with the den-

tal hygiene students, the pharmacy students learned why reduced salivary production is so detrimental to oral health. During the preparation for this presentation, the interprofessional team learned an extraordinary amount not only about each other's professional perspective, but also about the key pieces required to paint a more complete picture of an issue while viewing it from a holistic, patient-centered perspective. Witnessing their conversation was like watching mini-lightbulbs lighting up over their heads!

In January 2016, the interprofessional team travelled to the first long-term care facility to share their presentation. They worked around the shift change schedule and, in total, provided six hours of education to reach nearly all of the long-term care nursing team. The team discussed identification of oral diseases, proper oral hygiene methods, caries prevention, adaptation of the oral hygiene routine for the geriatric patient and oral-related side effects of common medications.

The topics covered were, of course, quite common to any in-service training in a long-term care facility, but their reception was pure magic. Health professionals including oral health professionals have presented health in-service trainings for years. This, however, was the first time I'd ever seen an interprofessional team present one, and the outcome was incredible. It is one thing to hear about medication-induced xerostomia from the hygienist, but to hear it from the pharmacist seemed to captivate the audience.

Something extraordinary occurred when the audience realized it wasn't just another oral health professional lecturing to them about oral health for their residents. When the occupational therapy students began to discuss an oral health related topic with members of another health profession, it was like all the barriers in the room disappeared. I could almost see the faces of the nursing team read, "If the occupational therapists and the pharmacists are this concerned about oral health, maybe I should take this very seriously as well." It likely wasn't new information for many in the room, but it was as though they were truly hearing it for the first time. I observed an audience that was engaged like I've never seen in an oral health in-service training.

Before Arey graduated, she recruited upcoming students to take over the project she so passionately started. Because of her efforts to create this program and secure subsequent leaders, it stands to achieve a sustainable future. Since its inception, additional professions have been added to the student team. According to Arey, "By providing education to staff that has been developed and delivered by a team that shows a broad cross-section of health professions who are typically involved in the daily care of people experiencing Alzheimer's, I believe we can have a positive impact on the overall health of geriatric patients living in long-term care facilities."

Witnessing this unorthodox approach to a common and traditional health care setting frequency (in-service training), one can believe in both formal interprofessional education and in continued education for providers. The professions represented on this team brought a new perspective to oral health training for long-term care facilities while gaining a deeper understanding of other members of the health delivery team. This program embodies the value in IPE experiences as a means of emerging future leaders in health care focused on holistic, patient-centered care.

Link to the UNE IPEC website: http://www.une.edu/wchp/ipec

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center of the focus on prevention and education. This focus is very empowering, as it allows us to work to the top of our education, which provides a glimpse into what a career in dental hygiene can look like when payers and providers move into value-based care models that prioritize prevention. This keeps what my colleagues and I do rewarding and meaningful.

As reimbursement models change and become more prevention-focused, so will the practice of dentistry and the roles of dentists and dental hygienists. It will not be in the best interest of the practitioners to wait for their patients to come to them, but instead meet them where they are to help ensure their health and well-being. The role of new patient-centric delivery systems such as the commercial teledentistry model will be crucial to this paradigm shift.

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Additional Resources

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