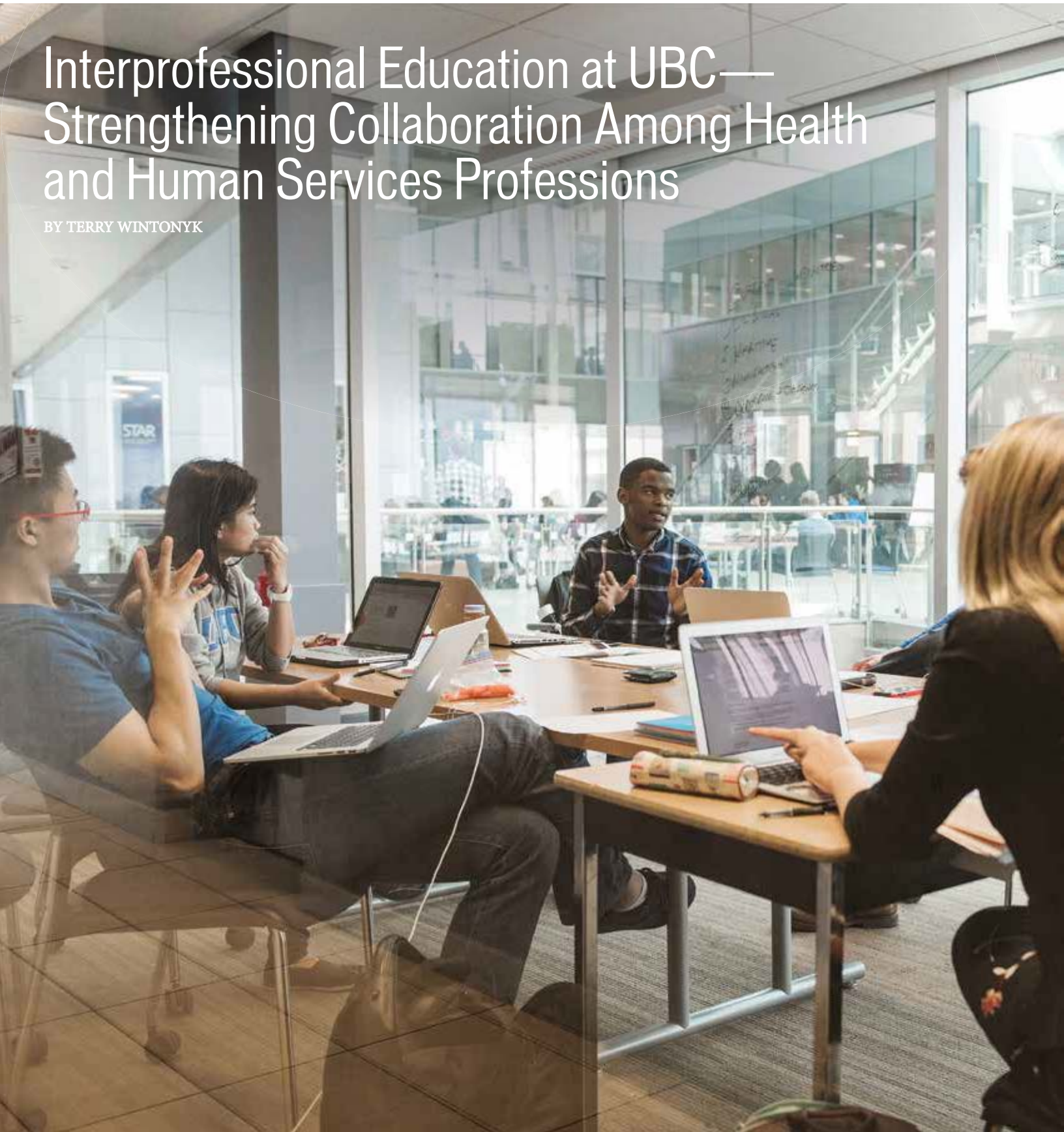


Interprofessional Education at UBC— Strengthening Collaboration Among Health and Human Services Professions

BY TERRY WINTONYK



Faintly flickering as a concept in the 1960s, interprofessional education (IPE) today blinks loud and clear on the radar screens of health-related entities—professionally and academically, nationally and globally.

As coined by the World Health Organization (WHO), interprofessional education occurs “when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” This definition is ubiquitous, found word-for-word throughout health-related communications, policy documents, journals and other institutional writings. The WHO sees IPE as a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs and help alleviate the dearth of capital and human resources that hinders delivery of care in health systems worldwide.

In Canada, Roy Romanow’s 2002 report for the Commission on the Future of Health Care in Canada stated: “If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement.” Recommendation 17 of the report states: “The Health Council of Canada [closed in 2013 by the then federal government] should review existing education and training programs and provide recommendations to the provinces and territories on more integrated education programs for preparing health care providers, particularly for primary health settings.”

Today, the Commission on Dental Accreditation of Canada requires elements of interprofessional education to be offered to dental and dental hygiene students wherever other health science programs exist. At the University of British Columbia, the faculties of Applied Science, Arts, Education, Land and Food Systems, Medicine, and Pharmaceutical Sciences all exist alongside the Faculty of Dentistry.

Through UBC Health, a dedicated group of faculty and staff from across the university collaborate to develop and implement integrated curricula based on common learning, as well as interprofessional education activities for the health-profession programs.

“Systemically, the whole human body is linked, and so we should be bringing the various health disciplines together to collaborate on best practices as members of a holistic health care team,” says Prof. Zul Kanji, director of the Dental Hygiene Degree Program and chair of the UBC Health Curriculum Committee for 2016-2017. The committee provides leadership for issues and initiatives related to theory and practise-based interprofessional education. Kanji points to the overarching goal of UBC’s interprofessional education: to foster and graduate collaborative health care practitioners, ultimately aiming to improve health outcomes for the public.

Historically, dentists and dental hygienists, who specialize in care of the mouth, have worked in isolation from the physicians, nurses, physiotherapists, dietitians and others who specialize in other body systems. However, says Kanji, as research sheds more light on the connection between oral health and systemic health, it makes absolute sense to integrate dental and dental hygiene students with other health-profession students.

Through IPE, dental and dental hygiene students not only learn more about other health care areas, but they gain a much deeper understanding of their own role and how it relates to the entire human body. They also become “in-the-field” advocates for the oral health profession, educating those in the other health professions about the significance of

oral health and its relation to systemic health.

At UBC, interprofessional education is structured in two ways: as elective activities outside respective curricula, and in just the last year, as activities embedded in curriculum shared across the health and human services programs.



Zul Kanji

Electives Outside the Curriculum

The Interprofessional Education (IPE) Passport program operates outside curricula. Students in UBC’s various health and human service programs either partake in a specified number of IPE Passport activities, or they earn a predetermined number of points for taking part in IPE Passport activities. Individual students track their elective IPE activities online under two streams: Exposure-Level Learning Objectives and Immersion-Level Learning Objectives.

Exposure-level activities are typically one-time sessions where junior students gain a deeper understanding of their own profession while gaining a preliminary appreciation of different world views and the roles other professions play. For example, students may meet for one interprofessional session to collaborate around topics such as eating, feeding and dysphagia (difficulty swallowing). A panel of practising health care professionals, ranging from



UBC Health: A partnership of 12 UBC health and human service academic programs

Audiology & Speech Sciences

Dental Hygiene

Dentistry

Dietetics

Genetic Counselling

Medicine

Midwifery

Nursing

Pharmacy

Physical Therapy

Occupational Therapy

Social Work

occupational therapists and speech therapists to nurses and dental hygienists, interacts with the students to help them examine the various professionals' roles on a health care team. This includes discussions about shared decision-making, role clarification and team functioning.

Immersion-level activities, aimed at senior students, are extended IPE experiences—up to 16 weeks—that require active performance and contribution. The students learn about the strengths and limitations of their profession, and their ways of thinking and interacting with others are challenged. The desired outcome is for learners to acquire an interprofessional world view that incorporates multiple perspectives and accepts and encourages the contributions of others. The long-running UBC Interprofessional Health Mentors Program is an immersion-level activity, as is the newer Nutrition and Oral Health Resources Development activity (see more later in this article).

Embedding a Shared Curriculum

Shared Curriculum in the Faculty of Dentistry

Within the Faculty of Dentistry at UBC, the Doctor of Dental Medicine (DMD) and dental hygiene undergraduate programs have identified common areas of learning, and now the two cohorts come together to study these topics. The integrated curricular topics include clinical ergonomics, local anaesthesia, head and neck anatomy (lectures, prosections and cadaver-dissection lab sessions), social determinants of health, addiction medicine, gender diversity, and Indigenous health cultural competency.

In addition to these interactive classroom and

laboratory sessions, students from both programs have been paired in the clinical-practice setting to build their roles as co-therapists during the process of care. Such integration helps students recognize the commonalities between the two oral health professions and become familiar with each other's scope of practice; it also fosters collaborative-practice behaviours post-graduation.



Shared Curriculum Across UBC Health Programs

Studying ethics is common to all the health professions. However, all the health professions studying ethics together is not so common—until now at UBC. Integrated Ethics (iEthics), the first topic of common learning to be embedded in the integrated curricula across the health and human services programs, was launched in fall 2015. Comprised of 12 hours of integrated online and onsite learning, iEthics is meant to complement, or build upon, professions-specific ethics learning. By their graduating year, all health-profession students will have studied ethical decision-making together.

In their junior years, health and human

services students learn the ethical principles that are specific to their own professions—each of the professions have their own code-of-ethics documents. As the iEthics curriculum begins, students from various health and human services disciplines get together to compare and contrast each other’s code-of-ethics documents. In doing so, they learn how similar ethical guidelines are among all the health care professions.

As students progress through their education, they come together to apply their ethical principles to simulated cases they might encounter as members of a health care team. Informed consent, electronic documentation management, confidentiality and anonymity, and moral distress (distress that may arise when one has a conflicted view of the ethically appropriate action to take)—these are issues that span across all the professions, Kanji explains. And, while the task at hand is for students to work through the ethics cases together, he emphasizes that the shared decision-making process is what helps students gain a broader recognition of their and others’ roles on a health care team.

Dr. Leandra Best, associate dean, Academic Affairs, and Dentistry’s representative on the iEthics Curriculum Working Group, states that the iEthics curriculum model is intended to serve as a template for other common IPE topics in the health science programs. Best and a team of colleagues in Dentistry, Pharmaceutical Sciences and Physical Therapy have initiated and are implementing other IPE learning activities with their students in the current academic year. These include the use of inquiry-based cases and hands-on neuroscience laboratory activities. Additionally, E-health and Indigenous Health Cultural Competency are two modules that will soon be embedded into the respective curricula of the UBC health disciplines.

Student and faculty feedback is being sought to ensure that such experiential learning activities are relevant and meaningful.



Shaping the Future

The long-term intended outcome, Kanji admits, is to inform positive change in the health care system. “When we have students learning together from the ground up—learning and appreciating everyone’s role in a health care team—then it will seem normal to practise that way. And it will seem abnormal or impractical to practise the way we currently do—which, in the case of many health professions, including oral health care practice environments, has traditionally been in our discipline-specific silos.” Kanji is hopeful that this groundwork of an integrated curriculum and the concomitant benefits of its IPE learning experiences will pay off in how the health and human services professions work together in the future to benefit society.

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IPE Electives at UBC Dentistry

Interprofessional Health Mentors Program

The UBC Interprofessional Health Mentors Program is a unique educational experience in which groups of students from different disciplines learn together from, and with, mentors. Health mentors may be adult patients/clients with chronic conditions and/or disabilities, or they may be caregivers who provide long-term care to loved ones. Mentors are “experts” in their own lives, and they help students learn how health care providers can give support.

Kerri-Lyn Chong, DMD 2018 candidate, when in her first year, was one of 20 dental students who participated in the Health Mentors Program. In her group of four, she was matched with a nursing student, an occupational therapy student and a pharmacy student. The group met with their mentor, a young woman with multiple sclerosis, twice a semester over the course of the 16-month program.

The long-term benefits to the oral health

professions are apparent to Kerri-Lyn. When asked what she thought the other students learned by having a dental student in the group, she said: “They didn’t realize before then that dental health can affect overall health—that the oral environment can be an indicator of systemic health.” The other students came to recognize that some larger health problems could initially be detected at regular dental and dental hygiene appointments. “Students in the other professions saw that dentists and dental hygienists could be part of the team, not just an outlier who only takes care of the teeth,” she says.

What did Kerri-Lyn learn from the other students? “I saw that the professions are more open-minded than one would think and that everyone is in a silo—traditionally, you see that in education and practice. But when you are in a group with all the other students for over a year, you see that everyone is trying to reach out to help the patient.”

Breaking out of one’s health-care-field bubble and into the realm of patient-centred care was a core outcome for Kerri-Lyn, who recommends the program for all students. “You understand how the different health care fields approach the patient, and that opens your mind to the idea that there is no one right way to treat a patient.”



Kerri-Lyn Chong (R) shares a moment with Janet Cawley, her health mentor.

Nutrition and Oral Health Resources Development

This innovative IPE project was inspired by SuperChefs Cookery for Kids founder Dr. Greg Chang, DMD 1986. Chang wanted to work with the distinct perspectives of dental hygiene students and dietetics students from the Faculty of Land and Food Systems to develop an interprofessional educational activity. Initiated by Dr. Leeann Donnelly, assistant professor in the Department of Oral Biological & Medical Sciences, the project resulted in the publication of consumer articles that link nutrition with oral health.

Over the course of 15 hours, in four face-to-face meetings, the two groups—each with two dental hygiene students and two dietetics students—collaborated to write recipes for *ChopChop*, a quarterly, fun, family magazine about food, nutrition and health. The magazine is used by pediatricians, hospitals, schools and community organization in the United States. This was the first oral health component in the publication. (Read *ChopChop* online at www.chopchopmag.org/magazine.)

The project was launched under the aegis of the IPE Passport program in the spring 2016 semester. Donnelly, whose teaching area includes community service learning, says the interprofessional learning that students experienced in the program was explicit.

“The project started with each learner describing their profession and how they envision their role in the project,” she explains. “Conflict resolution skills—crucial in the real world of team-based professionals—were central to the experience in order to produce a balanced deliverable that took into consideration the expertise brought by each discipline.”

Donnelly and her counterpart in Land and Food Systems, Dr. Gail Hammond, are proud of the outcome: outstanding, easy-to-follow recipes designed for both general and oral health, which are now used by their individual professions, patients and allied health care professionals on a large scale. The IPE activity is now in its second year.

Each year, at the end of the project, success is celebrated with SuperChefs Cookery for Kids. The IPE student groups, faculty and children from a local elementary school assemble at UBC for cooking demonstrations and student presentations. Watch the 2016 event online at bit.ly/2b7tKGM and the 2017 event at bit.ly/2mR0Jrv.

Chang, Donnelly and Hammond won UBC Health’s 2016 Practice Education Team Award for this innovative interprofessional education project. Read about this award on page 7.



Dental hygiene students and dietetics students celebrate their interprofessional educational activity.