

## Clinical interprofessional education and COVID-19



The World Health Organization defines interprofessional education (IPE) as bringing together students from two or more professions to “learn with, about, and from each other to enable effective collaboration and improve health outcomes.”<sup>1</sup> When providers are trained to work as a team, to understand each other’s roles, and to communicate effectively, they can provide higher quality care.<sup>1</sup> Among vulnerable patient populations, the provision of high-quality care is especially important to reduce systemic health disparities. IPE fosters intentional engagement in collaborative care, seeking to create health care systems that enhance well-being and patient-centered care. This is crucial for moving health systems from fragmentation to a position of strength.<sup>1</sup>

The importance of IPE is recognized in educational standards. Eighteen of 21 health professions’ accreditation documents contain statements related to IPE in the United States.<sup>2</sup> In dentistry, for example, Commission on Dental Accreditation (CODA) standards for dental education programs includes “collaboration with other healthcare professionals,” and “interdisciplinary teams.” Frequently, this requirement is fulfilled through a simulated half- or full-day exercise.

### Delivery of IPE

In simulated IPE exercises, student schedules are blocked across campus(es), and groups of interprofessional students meet to review a specifically developed case study, with the aid of faculty facilitators. The benefits of this design include a deep dive into the selected scenario and adequate time for the student team to debrief. Students leave with an increased understanding of the teaching points highlighted in the case, often an oral-systemic case study when dental students are involved. Students have the opportunity to apply and work through the interprofessional core competencies practically. They teach each other and discuss their professional roles and responsibilities and values and ethics. They debrief on the role of teamwork and communication highlighted during the case study as they reflect on their group’s performance. These events provide IPE under ideal conditions.

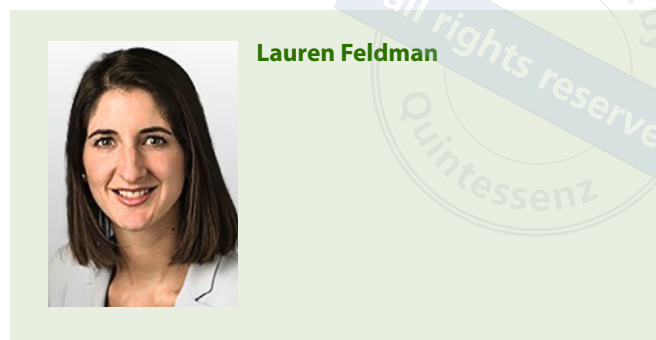
When stay at home orders were enforced during the COVID-19 pandemic in March 2020, many institutions turned simulated IPE sessions into virtual events. UCLA’s medical, nursing, pharmacy, and physician assistant student virtual IPE simulation was successful at producing similar learning outcomes compared to their traditional onsite IPE event.<sup>3</sup> This is a positive finding as, despite efforts made during the 2021 to 2022 academic year to resume in-person educational activities, the nature of cross-school involvement and the coordination of hundreds of students has meant that such events have remained virtual at many institutions.

The simulated case study event at NYU, Teaching Oral Systemic Health (TOSH), was established in 2011. Medical, nursing, midwifery, pharmacy, and dental students complete an exam on a standardized patient and then have an hour to debrief and develop a care plan.<sup>4</sup> The students teach each other and are able to identify the similarities in their training, as well as their particular areas of expertise. To supplement this experience, students also have opportunities for clinical IPE. In the Department of Pediatric Dentistry at NYU Dentistry, students have had the opportunity to work interprofessionally on the clinic floor since 2017. Nurse practitioner students and dietetic interns rotate with dental student teams to provide collaborative care in the dental student and postgraduate student pediatric clinic and outreach sites. Since 2013 at affiliated Bellevue Hospital Center, medical, nursing, and dental students are facilitated by a pediatric postgraduate student for an Interprofessional Pediatric Oral Health Clerkship.<sup>5</sup> The benefits of the design of these clinical IPE opportunities include real-life and real-patient experiences. Students are exposed to a number of patients presenting for routine outpatient care. Importantly, barriers to conducting IPE or interprofessional collaborative practice (IPCP) in a clinical setting need to be overcome by the student teams. Student teams are expected to work efficiently and collaboratively, balancing competing priorities, to meet the expectations of the patient visit and to practice the interprofessional core competencies. Perhaps most importantly, supplemental clinical IPE opportunities mean that the importance of IPE is reinforced during the students’ academic training, and not only in a one-day event.

## The need to resume clinical IPE

While simulated case study events, such as UCLA's, NYU's TOSH, and those of other schools, were able to be completed virtually when stay at home orders were enforced to mitigate the spread of COVID-19, clinical IPE opportunities are less easily translated to a virtual world. Routine outpatient care was suspended for months, and even when resumed, capacity limits at many academic institutions resulted in the temporary suspension of clinical IPE. As social distancing requirements and institutional capacity restrictions lift, effort should be made to reestablish or to establish clinical opportunities for IPE and IPCP that support the integration of oral and systemic health. Providing non-dental students clinical opportunities to work with an interprofessional team in a dental setting helps reinforce the importance of the oral-systemic connection. Academic institutions should support the efforts of faculty working to reinstate clinical IPE at pre-COVID-19 levels or greater, and should support interprofessional continuing education programs for practicing dentists. The more interprofessional practice opportunities students and practitioners have, the more likely they are to feel comfortable integrating these skills in patient care. The World Health Organization's framework for action on interprofessional education and collaborative practice reinforces that training in IPE is necessary for the development of a "collaborative practice-ready workforce that is better prepared to respond to local health needs."<sup>1</sup>

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