

Working Together to Achieve Something Greater

Rebecca Boss*

Registered Dental Hygienist, UMB, Chesapeake Dental, Churchton Dental Care, USA

***Corresponding Author:** Rebecca Boss, Registered Dental Hygienist, UMB, Chesapeake Dental, Churchton Dental Care, Owings, Maryland, USA.

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With a growing heterogeneous population and new advances in medical technology and knowledge, the importance of inter professional collaboration is growing. Too often we develop tunnel vision that causes us to see only what is going on in our own profession. We then work on improving ourselves as providers but despite how much professional excellence we achieve, it cannot be shared if we work in isolation. So the message to nurses, physicians, social workers, lawyers, dentists, and pharmacists should be: "why don't we work together so that patients can receive comprehensive care in a more balanced health care system?"

Every time we see a patient it is an opportunity to teach. Teaching comes naturally as we all are educators, helping patients learn how to better care for themselves. If we teach them from our own professional perspective, they are hearing the message from only one person. The argument for daily flossing, for example, may not seem that great if the patient hears the message repeatedly from the dental hygienist. But what if that patient hears it again from her nurse or physician? Would the teaching moment not have more impact? The same example can be applied to a patient who is not taking his blood pressure medication on a daily basis. His physician may tell him to, but what if a nurse and dental hygienist say the same thing? Each professional can reinforce the same core message in his or her own way. By all of us collaborating and sharing knowledge, our patients can receive consistent preventive messages from multiple sources and, in turn, hopefully be more compliant and receptive.

I have had several experiences in the inter professional world as a student and they have been eye opening. At the University of Maryland, School of Dentistry, I worked in the President's Clinic where diverse health and service professionals collaborate while treating pediatric patients. Inter professional collaboration is the philosophy of the clinic. Working with professional peers from nursing, medicine, pharmacy, law, and social work was a memorable experience. It was great to listen and learn from other professionals. I now may apply some of their knowledge and insights to my own practice.

An informational exchange between nursing and dental hygiene students is another learning experience that I have had. As guest speakers, nurse practitioner students came to the dental hygiene lecture hall and spoke about childhood development and how children act and interact differently at each stage in life. In just that brief lecture, our class learned key points concerning the psychology of our patients. Learning from another profession enables us to be better oral health care providers as it became easier to understand the need for a modified care plan and altered approach for each young patient. Although not a true inter professional educational learning experience since there was no time for a group-on- group, content sharing also expands one's approaches to patient care.

In another instance, a classmate and I went and spoke to entry-level nursing students about the oral systemic link. We demonstrated how to conduct a comprehensive intra-extra oral exam as a part of a head and neck cancer screening. We educated the nursing students on technique, oral structures, tooth and gum health, and deviations from normal. The student and the supervising nursing faculty had many questions regarding oral health. Their eagerness for information was so encouraging. It was a great feeling to know that they learned something that cannot only benefit them in their career, but benefit their patients as well.

I also worked with nursing students at a nursing home. I was paired with a nursing student and we provided physical and oral assessments to assigned patients. This experience gave us the chance to really collaborate inter professionally and exchange real-life interactions. As the nursing students did a full review of systems, I stepped in and conducted the oral exam, pointing out any areas of concern; abnormalities associated with age versus pathology, and recommended appropriate oral hygiene care. Many of the patients were edentulous so denture care was important information to provide. For residents who did not wish to have an oral exam, it was still a good learning experience to see how a full review of systems is conducted.

In the United States, one of the populations that experiences inaccessibility to care is the geriatric population. The University of Maryland however has provided many conferences and workshops for faculty, professionals, and students to attend that are related to gerontology. One of the workshops I attended last semester focused on real life case studies. The room was structured so that each table had a mixed group of inter professional students working together to devise a treatment plan for a specific patient. It was fantastic to see how well we all worked together and looked for and respected each other's opinions and input. Had that been a real life situation, it is my sincere belief that the patient would have had the best care because professionals were working together to achieve something greater.

The University of Maryland's Division of Dental Hygiene has provided me with many opportunities to engage in inter professional activities. These teaching/learning sessions have helped me educate other health care and service provider students about the dental hygienists preventive and health promotive role. Their understanding of the dental hygiene profession will help them realize how our profession can be a valuable addition to an inter professional team.

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