Preface

The Alphabet Soup of Interprofessional Education and Collaborative Practice Acronyms with Dental Seasoning

Linda M. Kaste, DDS, MS, PhD Leslie R. Halpern, MD, DDS, PhD, MPH
Editors

In 2009, six health professional educational associations came together to enhance efforts to develop team-based approaches to health care and initiated the Interprofessional Education Collaborative (IPEC). IPEC awareness increased as its core competencies for interprofessional practice became disseminated.[1] The Collaborative continued to become incorporated in 2013 with Richard Valachovic, DMD, MPH (President and Chief Executive Officer of the American Dental Education Association) as its President (https://ipecollaborative.org/About_IPEC.html). Notably, while IPEC was in formation, the World Health Organization (WHO) released the report "Framework for action on interprofessional education and collaborative practice"[2] as a foundation for addressing the global health workforce crisis by having "collaborative practice-ready" graduates.[2]

IPEC's role and development are based upon Interprofessional Education (IPE) for preparing health care professional students to work in interprofessional collaborative practice (IPCP or IPC), also known as interprofessional practice (IPP) or collaborative care. An overarching view of IPE and IPCP may be seen as Interprofessional Education and Collaborative Practice (IPECP), which is directed at patient-centered care and the PCP (which might be used to represent either Primary Care Provider or Primary Care Physician).

In addition to IPEC and WHO's efforts, other entities and products have been developed as resources for IPECP. A current list in North America, albeit not remotely exhaustive, includes from the general health professional perspective: the American Interprofessional Health Collaborative (https://aihc-us.org/), National Center for Interprofessional Practice and Education (https://nexusipe.org/), and an increasing number

Dent Clin N Am 60 (2016) xiii–xvi
http://dx.doi.org/10.1016/j.cden.2016.07.001
0011-8532/16/

of interprofessional centers at universities and agencies. Specific efforts have emerged to seek attention to the inclusion of oral health into the training of non-dental health care providers. Examples of these include "Smiles for Life" as a curricular product of the Society of Teachers of Family Medicine,[3] the Oral Health Nursing Education and Practice Interprofessional Oral Health Faculty Toolkit (www.OHNEP.org/faculty-toolkit), and "A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies"[4] directed by the National Network for Oral Health Access in response to the US Department of Health and Human Services Health Resources and Services Administration (HRSA)'s Integration of Oral Health and Primary Care Practice.[5] Haber and colleagues[6] recently emphasized the need for inclusion of oral health in traditional practice with their commentary, "Putting the Mouth Back in the Head: HEENT to HEENOT," where HEENOT becomes the examination "for assessment, diagnosis, and treatment of oral-systemic health" with "the addition of the teeth, gums, mucosa, tongue, and palate" to the "traditional head, ears, eyes, nose, and throat."

Due to a considerable list of interprofessional topics, this issue could not cover all and does not cover some of the more common collaborations. Existing papers providing additional examples include those out of the 2012 Symposium at Columbia University College of Dental Medicine[7] and the 2014 Conference on Interprofessional Education and Practice held by the California Dental Association and the American Dental Association. Topics from the symposia subsequently were published in the *Journal of the California Dental Association* across three issues in January, September, and October, 2014. The topics ranged from a background review of private practice and interdisciplinary collaboration[8] to a craniofacial perspective[9] and consideration given to influences from outside dentistry, such as by "The Patient Protection and Affordable Care Act."[10] Continuation of the foci was presented in the March 2016 issue of the *Journal of the California Dental Association* by showcasing case studies of integrated health systems.[11–13]

The first article in this *Dental Clinics of North America* issue provides further IPECP history and introductory aspects of the topics included in this issue. Dr Southerland and her team, in the second article, provide insight on approaches for chronic diseases, focusing on collaborative practice models not initiated in dentistry. The development of IPECP is a pivotal point for IPE, including dentistry. Drs Gordon and Donoff steer us through examples of challenges and solutions concerning IPE in North American dental schools in the third article.

The next four articles provide review of familiar topics in interprofessional collaborations. Dr Shaefer and coauthors provide insight into working collaboratively for patients needing chronic pain management and identify resources such as International Association for the Study of Pain (http://www.iasp-pain.org/) and NIH Pain Consortium Centers of Excellence in Pain Education (http://painconsortium.nih.gov/NIH_Pain_Programs/CoEPES.html). Dr Glassman and colleagues take us through interprofessional perspectives for collaboratively caring for patients with special needs. Dr Farmer-Dixon and team demonstrate advances on Women's Health, particularly for confronting issues of intimate partner violence and abuse. Dr Kaufman and colleagues share cases concerning examples of care for geriatric patients and benefits of effective interprofessional communication.

The next several articles of this *Dental Clinics of North America* issue present topics that may be less mainstream, but nonetheless important, in the education for and practice of general dentistry. Drs Russell and More examine a health disparities example concerning sexual minority patients and provide guidance through LGBT (lesbian, gay, bisexual, and transgender) and other sexual identities. Dr Colvard and