

# **ADEA Commission on Change and Innovation (ADEA CCI) in Dental Education**

## **ADEA CCI 2.0 Tool 2:**



## **Preparing for Person-Centered Care**

## **Exercises and Suggested Timelines**

**EXERCISE 1:** The Tooth, the Patient and the Person (30-45 min)

**EXERCISE 2:** Educating to the Person (60-90 min)

**EXERCISE 3:** Challenges to the Transformation of Person-Centered Care (60 min)

**EXERCISE 4:** Intentions of Practice: The Person-Centered Care Mind Set (30-45 min)

**FINAL CONSENSUS REPORT:** ADEA CCI Liaisons group exercise (60-90 min)

**Total time: 4.0–5.5 hours**

All times are suggestions for those who work better with them. Feel free to work at your own pace.

## **Completing the Tool**

The Microsoft Word version of the ADEA CCI 2.0 Tool 2 Consensus Report can be found here: <http://www.adea.org/cciconsensus-t2/>

The completed ADEA CCI 2.0 Tool 2 Consensus Report must be saved as a pdf and then uploaded to the ADEA CCI 2.0 web page via the ADEA CCI 2.0 Tool form: [www.adea.org/ccitoolboxform2/](http://www.adea.org/ccitoolboxform2/).

ADEA CCI liaison work group members can view their completed tools and all uploaded completed tools from other academic dental institutions here: [www.adea.org/ccitoolbox2/](http://www.adea.org/ccitoolbox2/)

All instructions and ADEA CCI 2.0 Tool resources can be found here: [www.adea.org/ccitoolresources](http://www.adea.org/ccitoolresources)

## **Purpose and Plan**

### **ADEA CCI 2.0 Tool 2: Preparing for Person – Centered Care**

(Competencies: reflective thinking, critical thinking, collaboration)

ADEA CCI liaisons are facilitators of change and will serve as the point persons between ADEA CCI and their institution, through which a bidirectional flow of information shall occur.

Each ADEA CCI liaison and institution will self-organize, however they see fit, to facilitate conversations guided by this tool and, when appropriate, the associated white paper.

Since this tool begins with the individual, the ADEA CCI Liaison may first want to present the tool and its several parts and timeline to the group of individuals identified as those who will work most closely on completing the tool—the ADEA CCI liaison work group. ([What is an ADEA CCI liaison work group?](#))

There is no “one way” to complete this tool. Each academic dental institution will determine their own process.

One suggestion is to have the ADEA CCI liaison work group members individually reflect upon and respond to the four exercises. Then have the ADEA CCI liaison work group bring their responses to a full meeting to share responses and complete the Consensus Report at the end of this tool. Another suggestion would be to work in groups from the start.

The strength of this and other ADEA CCI 2.0 tools will be the collective knowledge that emerges when motivated, curious, thoughtful people envision *and shape* their future, together.

## **EXERCISE 1: The Tooth, the Patient and the Person**

When one thinks of engaging in the health care community or simply visiting a doctor, the word “patient” is often the first to come to mind. This makes sense since most people seek health care when they are not feeling well or have a problem or pain hence the word “patient” is derived from the Latin “sufferer.” The doctor treats the “disease” and patient becomes “disease free.”

Health care specialists provide treatment not only to the “patient” but also to a specific organ or body part that is “diseased.” We visit a cardiologist if we are experiencing arrhythmia, a physical therapist if our muscles are aching. For much of the public, the dental profession takes care of the teeth. Yet as change within the [five domains](#) continues to rapidly advance, the health professions are realizing the the old adage of the “foot bone is connected to the ankle bone” is true—our body’s function in systems, are interconnected, and are best studied and treated in this manner. One cannot be “healthy” without physical, mental and for our profession—oral health. By focusing on the health of the individual rather than the disease, also known as person centered care, the health professions face a transformative shift in how we perceive health care, teach health care and deliver health care.

Read these two short commentaries ([Commentary 1](#) and [Commentary 2](#)) on the transition from patient to person-centered health care and reflect on these questions:

1. Mezzich, et.al posit that moving to a person-centered care model is an “ethical” decision? Do you agree? Why?
2. Why are many of our health professions focused more on surgical intervention rather than health promotion? Explain. How is this true for dentistry (or not)?
3. How have changes in the domain of technology transformed the public’s perception of health?

## EXERCISE 2: Educating to the Person

For academic dental institution faculty to graduate person-centered care practitioners, their education program must also be person centered. Is your dental education program student, patient or person centered? Walji, et.al. published a paper in the November 2017 issue of the JDE regarding this question.

Read the [Person-Centered Care paper](#) and using [Table 1](#) and [Table 2](#) reflect on these questions below.

Watch the recorded [ADEA webinar](#) by these authors.

### Reflection questions for dental educators

|  |
|--|
| <p>1. Referring to Table 1:</p> <ul style="list-style-type: none"><li>a) How would you classify your current academic dental institution clinic (student-, patient- or -person-centered, or a hybrid)?</li><li>b) Identify two to three reasons why you believe the student-centered care and/or patient-centered care models are prevalent in many of our academic dental institutions and programs.</li></ul>  |
| <p>2. In the <i>person-centered care “teaching” clinic of the future</i> scenario:</p> <ul style="list-style-type: none"><li>a) Identify elements that support the person-centered care model.</li><li>b) Of the elements that you identified, which could be changed readily in your current clinic model that would move your academic dental institution clinic closer to a person-centered model?</li><li>c) How is the dental intraprofessional team nurtured in your current clinic model?</li><li>d) How could the dental intraprofessional team function differently in a person-centered care clinic model?</li></ul> |
| <p>3. Referring to Table 2: How would the following aspects of dental education need to change, if at all, to fulfill the promise of a person centered care model?</p> <ul style="list-style-type: none"><li>a) Academic dental institutions’ and programs’ missions</li><li>b) Admissions processes</li><li>c) Curriculum</li><li>d) Faculty development programming</li><li>e) Accreditation standards</li><li>f) Licensure</li></ul>  |
| <p>4. How can oral health research help support the person-centered care model?</p>  |

### **EXERCISE 3: Challenges to the Transformation of Person-Centered Care**

By simply lifting the veil of disease away from a patient, the full person is revealed and the model of healthcare is transformed. Increases in chronic illnesses, big health data collections, genomics, and the collective impact of social media's consumer engagement mentality, have provided health care the opportunity to begin personalization of health care. Person centered care can be viewed as the [“GPS” to overall health](#). But this change of perspective entails multiple challenges that must be addressed for person-centered care to be effective. It is a long road in which multiple small steps can, over time, bring the promise of person centered care into fruition.

Read [Meeting the Challenges of a More Person – Centered Future for US Healthcare](#) and reflect on these questions:

1. In Table 1, the authors explain that the provider-patient-person model is more flexible than previously noted.
  - What do you think of this flexibility and what benefits or challenges would this pose for clinical dental education?
  
2. In Table 4, the authors demonstrate what a transformed person-centered care health education system would look like. Pages 56-58 detail elements essential to a person centered care model.
  - Which of these elements is your school currently implementing?
  - Are they clearly communicated to students that they are associated with person – centered care?
  - What are the constraints you see to implementing more of these elements?

## **EXERCISE 4: Intentions of Practice-The Person-Centered Care Mind Set**

Person centered care is more than just treating the people who seek our care with kindness and empathy. It is a transformative way to see “patients” as complex beings who are more than the broken tooth or sick person that needs to be “fixed.” This complexity in perception challenges health care professional to rethink their role and their patients’ role in delivering and engaging in good health. In addition to changes in how and what we teach our students, this change demands intentions of practice—new mental models regarding how we perceive ourselves as well as our relationships with people who seek our care.

In *Looking Within: Intentions to Practice for Person-Centered Care*, Dr. Ventres reflects on his intentions of practice that guide his daily encounters while delivering health care. [Read his reflection piece](#) and think about your responses these questions:

1. How do these “intentions of practice” improve the health care experience for the health care provider as well as the person seeking care?
2. Which of these “intentions of practice” do you already value and employ?
3. Which of these “intentions of practice” do you believe you could incorporate into dental education in its current state? How would you do this?

## **FINAL CONSENSUS REPORT**

Complete **ADEA CCI 2.0 Tool 2 Consensus Report (Word Doc)** ([www.adea.org/cciconsensus-t2/](http://www.adea.org/cciconsensus-t2/))

After the individuals that compose your ADEA CCI liaison work group complete all sections of this tool individually, **arrange a meeting to discuss the following questions**. Consider using a flip chart to collect responses and/or identify a person to take notes. Then complete the **ADEA CCI 2.0 Tool 2 Consensus Report (Word Doc)** (<http://www.adea.org/cciconsensus-t2/>).

### **Regarding responses to EXERCISE 1: The Tooth, the Patient and the Person**

1. What does “person - centered care” mean to you?
2. How does person-centered care differ from patient-centered care?
3. During your D1 orientation, which images are the students first exposed to: teeth, patients, or people? How do you think this can influence a student’s socialization to the profession?
4. How can you make the case to faculty and students to adopt a person-centered care model of health care?

### **Regarding responses to EXERCISE 2: Educating to the Person**

1. How would you classify your current academic dental institution clinic (student-, patient- or - person-centered, or a hybrid)?
2. Identify two to three reasons why you believe the student-centered care and/or patient-centered care models are prevalent in your academic dental institutions.
3. Referring to Table 2: How would the following aspects of dental education need to change at your institution, if at all, to fulfill the promise of a person-centered care model?
  - a) Academic dental institutions’ and programs’ missions
  - b) Admissions processes
  - c) Curriculum
  - d) Faculty development programming
  - e) Accreditation standards
  - f) Licensure

### **Regarding responses to EXERCISE 3: Challenges to the Transformation of Person- Centered Care**

1. In Table 4, the authors demonstrate what a transformed person-centered care health education system would look like. Pages 56-58 detail elements essential to a person-centered care model.
  - Which of these elements is your school currently implementing?
  - What are the constraints you see to implementing more of these elements?
  - How do you think a “patient” would respond to being viewed as a “person”?

### **Regarding responses to EXERCISE 4: Intentions of Practice-The Person-Centered Care Mind Set**

1. Which of these “intentions of practice” do you already value and employ?
2. Which of these “intentions of practice” do you believe you could incorporate into dental education in its current state? How would you do this?

**Upload your ADEA CCI 2.0 Tool 2 Consensus Report (in pdf format) to the  
ADEA CCI 2.0 Tool Box:**

[www.adea.org/ccitoolboxform2](http://www.adea.org/ccitoolboxform2)

**Table 1: Comparing Student-, Patient-, and Person-centered Care**

| <b>Student-centered care</b>   | <b>Patient-centered care</b>   | <b>Person-centered care*</b>  |
|--|--|---|
| Focuses on the student provider and which patients may be suitable for gaining sufficient experiences. | Focuses on patient during individual visits.   | Focuses on the person and their interrelationships with provider over time.   |
| Focuses on completing treatments based on the ability to pay.  | Focuses on the management of the disease.  | Focuses on disease management in the context of personal, social, religious, ethnic, and other factors.                           |
| Views patients as a means to performing specific dental procedures based on student training needs.    | Generally views body systems as separate from each other and separate from the psychosocial domain.  | Generally views patient in a holistic fashion with all systems interrelated.  |
| Sequences treatments based on difficulty and/or availability of supervising faculty.                   | Uses coding systems based on professionally defined conditions.                                      | Uses professionally defined conditions but allows modifications using people’s health concerns and social determinants.           |
| Selects treatment based on supervising faculty recommendation and/or student needs.                    | Bases diagnosis and treatment on large cohort studies where individual information is “homogenized.” | Modifies diagnosis and treatment from large cohort studies, taking into consideration individual information and desire for care. |
| Bases treatment outcomes on completion of procedures and the treatment plan.                           | Bases outcomes of treatment on general population outcomes.  | Bases outcomes on the improvement of the person’s overall health and well-being, taking into consideration multiple factors.      |

\*Also known as patient-focused care. Based on Starfield B. 2011.<sup>6</sup>

**Table 2: Characteristics of student-centered care compared with person-centered care**

| Current student-centered care scenario   | Future person-centered care scenario  |
|--|---|
| Little information available about the quality and timeliness of, and patient satisfaction with, the academic dental clinic.   | Quality, timeliness, and patient satisfaction data are publicly available to help patients choose oral health care providers.                                   |
| Making appointments involve long hold times on the phone and access to care may take weeks.  | Mobile apps are used to make immediate appointments.  |
| Lengthy dental treatments that take multiple visits.   | Telehealth, home care, and efficient care workflows are used to minimize clinic visits and waiting times.   |
| New patients need to complete a lengthy past medical and dental history information. Health information from the medical record is not available to the oral health care provider. | Complete and interoperable medical and dental records are available to oral health care providers. Individuals control and provide access to their information. |
| Oral health care providers focus only on dental treatments involving oral cavity.  | Oral health care providers are trained to provide health care intraprofessionally and interprofessionally, and can screen for chronic medical conditions.       |
| Treatment is selected based on supervising faculty recommendation and/or student needs.  | Data driven clinic decision support tools are used to ensure that evidence-based treatment options are discussed with patients.                                 |
| Limited discussions occur with patients on prevention and home care  | Focus is on prevention and home care after dental treatment to improve health outcomes.   |
| Follow-up occurs at next scheduled dental visit.   | Timely follow-up with patients after treatments are provided.   |
| Oral diagnostics is in its infancy at this stage.  | The oral microbiome is determined from salivary sample and used to diagnose and prognosticate treatment options.  |
| Interprofessional team members are scattered and rarely on each other’s health care provider “radar.”  | Interprofessional team members are suggested and, upon their selection, appointments and letters of referral are instantly dispatched.                          |
| Data are often within the institution but rarely across multiple health care providers and institutions.   | All health care data across members of the IP team are integrated and visible to both the provider and patient,   |

## **What is an ADEA CCI Liaison Work Group?**

The ADEA CCI liaison work group is the team, led by their institution's official ADEA CCI liaisons, that will review resources prepared by the ADEA CCI knowledge teams, reflect and respond to educational tools associated with these resources, and ultimately discover and forge a path forward to the future for dental education, research and practice.

### **Diversity of position**

Your ADEA CCI liaison work group will be determined by you and may include individuals who are:

- Predoctoral faculty and students\*
- Allied faculty and students\*
- Advanced education faculty and students\*
- Dental research team members
- Hospital-based dental team members
- Community-based dental team members
- Members of the administration
- Other health professionals
- Patients

\*A representative from these groups **should** be on the team unless your institution does not employ these professionals.

Some institutions may choose to form one large group that works together or, alternatively, form multiple small groups consisting of each of the individuals listed above (i.e., student group, allied dental group, etc.) and then come together for the Consensus Report.

### **Diversity of life**

Diversity of life experiences from the identity wheel ([What is an identity wheel?](#)) can also add important dimension to your responses to these tools. Please consider these identities, at minimum, when forming your ADEA CCI liaison work groups:

- Gender
- Race
- Age
- Ethnicity
- Sexual orientation
- Physical ability

### **Formal roles**

Each ADEA CCI liaison work group may choose to identify formal roles that will help support basic functions of the team. These may include:

- Secretary or note taker for meetings.
- Communicator who ensures the community at the institution is aware of the mission of the ADEA CCI 2.0 project as well as the progress the group has made.

## **FAQ and definitions (a living document)**

**Dental profession:** allied dental, advanced education, predoctoral, researchers, and all practitioner groups in dentistry. (A group missing? [Let us know!](#))

**Dental education community:** includes all members of the dental profession plus students, residents, fellows, administrators, staff, patients. (A group missing? [Let us know!](#))

**ADEA CCI liaison work group:** members of the dental education community that will participate in the ADEA CCI 2.0 project

Something you'd like to see here? [Let us know!](#)

### Identity Wheel

