**CITATION:**
Van Dam L, Rock LD, Price SL. Exploring interprofessional education for collaborative practice in oral health education: a scoping review. *Can J Dent Hyg.* 2025;59(3):206–216.

**Supplementary Table S1.** Characteristics of studies retrieved

| Authors, year, country | Aims and purpose | Population and sample size | Methodology, intervention, duration | Key findings | Gaps in research identified |
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| Phillips and Keys (2018)[31]<br><br>USA | To explore a classroom-based elective IPECP course centred on teaching primary care (PC) principles and practice considerations to students from 7 health professions. | 84 students across 3 academic course years (dentistry, n = 7; medicine, n = 16; nursing, n = 11; pharmacy, n = 14; physician assisting, n = 9; public health, n = 17; social work, n = 2; Other, n = 2) | Quantitative<br><br>**IPECP model:** Classroom-based lecture/discussion, problem-solving activities, and a PC clinician observation experience<br><br>**Duration:** 12-week course; single half-day practice observation | 99% of students reported practice observation to be the highlight of their IPECP experience. Seeing PC principles, real patient scenarios, practice challenges, and witnessing care teams at work were most impactful for learning the value of collaborative teamwork. Dentistry students expressed concerns that their siloed training did not adequately prepare them for IPC and desired more opportunities to learn with other health professions students. | There is a need to develop IPECP that includes a diverse array of health professions and is embedded into the curriculum.<br><br>Research exploring long-term impacts of IPECP on student readiness for interprofessional collaboration upon entry to practice is needed. |
| Heath et al. (2019)[32]<br><br>USA | To implement and evaluate outcomes of a pilot program/clinical service-learning experience for dental and health professions students on students' development of competencies for IPC. | 113 students (dentistry, n = 65; nursing, n = 33, Other, n = 14 [pharmacy, social work, public health, physical therapy, health communication]) | Quantitative<br><br>**IPECP model:** Team-building session (1) and collaborative service-learning experience<br><br>**Duration:** 2.5 days | Opportunities within IPECP for students to use their professional skills in an authentic setting and to learn the roles of others were impactful for developing understanding of professional roles and responsibilities and contributions of other health professionals to patient care. Some students reported feeling like an "add on" to the IPECP curriculum and could not recognize their role or value to the interprofessional team. | Early and routine IPECP experiences that provide authentic and immersive scenarios for students are needed.<br><br>Increasing hands-on and immersive clinical experiences is recommended to bridge gaps between IPECP theory and clinical practice. |
| Barker et al. (2018)[43] | To apply a quality improvement model | 31 dental hygiene students, paired | Quantitative | Dental hygiene students described the IPECP experience as valuable to their | IPECP research needs to include the perspectives of both dental |

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| USA | to the development of an intraprofessional education experience between dental hygiene and dentistry students, preparing them for collaborative practice. | with third-year dentistry students | **IPECP model:** Paired (dental hygiene and dentistry students) clinical experience performing oral assessments and treatment planning oral care needs for patients<br><br>**Duration:** Single-day clinic rotation | learning with and developing mutual understanding of their dentistry peers. IPECP also increased dental hygiene students' confidence in communicating and working with other professionals. The experience enabled understanding of the need and value of collaborative team-based care but dental hygiene students desired more active participation in patient evaluation and assessment. | hygiene and dentistry student groups to inform the development of meaningful IPECP experiences. IPECP experiences for students, throughout their education, that are aligned with authentic expectations of health care practice are needed. |
| Gambacorta et al. (2022)[44]<br><br>USA | To evaluate dental students' perceived competence in interprofessional collaborative practice (IPCP) skills following participation in 2 IPECP forums with students from other health professions. | 185 students (2 cohorts: fall 2018–2019; spring 2019–2020) | Quantitative<br><br>**IPECP model:** Interprofessional discussions and collaborative problem-solving/case-based activities<br><br>**Duration:** 2 forums across 2 semesters (2.5–3 hours each) | Students reported substantial gains in interprofessional skills following participation in the fall forum. However, significant declines (70%) in perceived gains in skills were reported by students between the fall and spring sessions. Students did not have opportunities to engage in collaborative practice outside the IP forums. | Consistent, long-term IPE activities and opportunities for interprofessional collaboration need to be embedded in the curriculum to optimize students' IPC skills development. Authentic experiences of collaboration with other professionals and constructive faculty-led clinical environments are lacking. |
| Ostroski Olsson et al. (2022)[54]<br><br>Brazil | To explore the effects of integrating a community-based service-learning IPECP model into the dentistry curriculum and perceived impacts | 38 dentistry students (n = 30 survey respondents; n = 8 interviews) | Qualitative<br><br>**IPECP model:** interprofessional community-based service-learning clinic experience; interprofessional teams (8 students) | The IPECP experience allowed students to better recognize their contributions to an interprofessional team and enhance their appreciation of the specialized knowledge and role of other professions and teamwork overall. IPECP facilitated socialization between oral/health professions students which allowed groups to | There is a need for IPECP experiences that provide oral health students exposure to other professions, role models/faculty, and collaborative teamwork in practice settings. IPECP experiences integrated throughout the curriculum are |

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| | on IPC skills development and readiness for team-based health care practice. | | led by 2 faculty members in a primary care setting with practising professionals<br><br>**Duration:** 4 months (60 hours) | explore conflicts and differences early on, enhancing teamwork. Dentistry students identified that their curriculum was largely uniprofessional and their clinical learning settings did not reflect collaborative teamwork or provide opportunities to further develop skills learned in IPECP. | lacking; uniprofessional curricula and clinical training environments persist. |
| Claiborne et al. (2021)[45]<br><br>USA | To pilot an online IPECP applied learning activity (ALA) between dental hygiene and public health students to understand students' socialization and valuation of IPECP and interprofessional teams. | **Pre-test:** 73 students (dental hygiene, n = 38; Master of Public Health [MPH], n = 35)<br><br>**Post-test:** 57 students (dental hygiene, n = 33; MPH, n = 24) | Quantitative<br><br>**IPECP model:** online team-based case study activity centred on a community health setting and targeted population<br><br>**Duration:** not reported | Post-IPECP, dental hygiene students showed significant improvements in their perception of themselves as someone who engages in interprofessional practice and as a leader within a team. However, no changes were observed in their valuation of the opinion of others or of sharing research evidence across disciplines in a team setting.<br>Core competency domains such as roles and responsibilities, and interprofessional communication did not improve in this study. | Development of online IPECP offerings requires increased focus on activities that allow students to learn about roles/responsibilities and develop communication skills. |
| Price et al. (2021)[7]<br><br>Canada | To longitudinally explore processes of professional identity development and the early expectations/perceptions of IPC among health professions students in IPECP during their first program year. | **Timepoint 1:** 44 students (first-term interviews); dentistry, n = 5; medicine, n = 12; nursing, n = 10; pharmacy, n = 8; physiotherapy, n = 9<br>**Timepoint 2:** 39 students (first-year interviews); dentistry, n = 4; | Qualitative<br><br>**IPECP model:** Multimodel and blended cohort activities; case-based and treatment planning activities; simulated practice, clinical observation and | A lack of understanding of their own profession was an impediment to learning about others early in their program. By end of year, students demonstrated increased understanding of IPC and early development of an interprofessional identity. Exposure to professional role models, socialization, and collaborative experiences in clinical settings/simulation were most impactful for students' interprofessional socialization. | Professional and interprofessional socialization and identity formation develop over time, requiring attention to the timing and sequencing of students' IPECP experiences. Consistent experiences of collaboration are needed throughout students' prelicensure education programs to developing collaborative skills, attitudes, and behaviours for interprofessional practice. |

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| | | medicine, n = 12; nursing, n = 9; pharmacy, n = 7; physiotherapy, n = 7 | experiential clinical practice<br><br>**Duration:** varied across 1 academic year | | |
| Claiborne et al. (2020)[33]<br><br>USA | To pilot a service-learning IPECP experience targeted at pediatric oral health delivery among dental hygiene and nurse practitioner students and to assess impacts on professional socialization. | 12 students (dental hygiene, n = 9; nurse practitioner, n = 3) | Quantitative<br><br>**IPECP model:** Innovative collaborative service-learning (ICSL) experience; blended format-online activities/ oral health education plan and content development followed by in-person educational plan delivery and clinical experience<br><br>**Duration:** not reported | Students highly valued collaboration following their ICSL experience. Both cohorts reported working as a team and collaborative decision-making to be valuable. However, post-test responses indicated that all students scored their lowest level of agreement with the statement that practising as member of an interprofessional team is preferred over uniprofessional practice. Disagreement level was highest among dental hygiene students. | Further research is needed that includes longitudinal study design to understand how student beliefs, attitudes, and values change over time and with repeated/prolonged experiences in IPECP. The types of IPECP activities used in dental hygiene education are not well documented, limiting understanding of how IPECP occurs and how dental hygiene students are educated in IPC. |
| Infante et al. (2015)[46]<br><br>USA | To explore an IPECP experience with students from 4 health professions working together on a service-learning project and impacts on students' | 48 students (dental hygiene, n = 12; dentistry, n = 12; nursing, n = 12; medicine, n = 12) | Mixed methods<br><br>**IPECP model:** Facilitated team-building exercises, collaborative population | Student pre-and post-IPECP agreed that teamwork was important and should be part of their clinical training. Students reported higher self-confidence in their professional role and improved understanding of the roles and responsibilities of others post-IPECP participation. Facilitated | Sustained and consistent exposure to IPECP and other professions in settings that reflect authentic clinical practice are needed. Longitudinal research is needed to improve understanding of IPECP impacts on students' attitudes, beliefs, |

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| | knowledge and appreciation of each other/other professions and valuation of IPC. | | assessment, and treatment-planning activities<br><br>**Duration:** 5 weekly 4-hour sessions | "get to know each other" activities at the outset of the IPECP experience were important socialization and team-bonding experiences. Students across all 4 professions reported this IPECP experience to be their first longitudinal experience in a clinical setting. | and behaviours towards teamwork and IPC. |
| Thompson et al. (2016)[34]<br><br>USA | To evaluate changes in the interprofessional attitudes of students from 13 health professions throughout their experience in a blended classroom/team-based clinical IPECP experience. | 80 students (n = 4 to 8 students from each profession: dentistry, dental hygiene, physician assisting, medicine, nursing, pharmacy, occupational therapy, physical therapy, language pathology, nutrition sciences, social work, and public health) | Quantitative<br><br>**IPECP model:** Classroom-based blended cohort sessions (team-building and case-based activities) and collaborative service-learning clinical experience (interprofessional teams of 10 students)<br><br>**Duration:** 2 academic semesters; fall (4 x 4-hour classroom-based sessions) and spring (4 x 4-hour clinical patient care experiences) | Increases in students' perceptions of interprofessional team members, relationships, and communicating with others in clinical scenarios were reported following the service-learning experience. Over time, and with increased exposure to working within interprofessional teams, student perceptions of health care teams evolved. Greater inclusion of oral health was reported and oral health students reported enhanced perceptions of themselves as interprofessional team members post-IPECP. | Longitudinal IPECP curriculum that blends didactic theory, informal socialization opportunities, and authentic practice experiences are required. Longitudinal research is needed on IPECP in the health professions to explore impacts of prolonged interprofessional group contact on students' socialization, team building, and collaboration skills. |
| Caratelli et al. (2020)[35]<br><br>USA | To explore an IPECP course aimed at preparing health professionals | 9 students (dentistry, n = 3; kinesiology, n = | Quantitative<br><br>**IPECP model:** blended cohort | Students from pre-test to post-test demonstrated increased knowledge and abilities across core IPC competency domains, including interprofessional | A need for IPECP curriculum design that moves beyond didactic classrooms/theory to include practical application and |

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| | for IPC and improving collaboration between professions using a blended format of classroom-based seminars and experiential learning in a community-based service-learning clinic. | 3; Pharmacy, n = 3) | course; classroom-based sessions and service-learning clinical experiences within an interprofessional team<br><br>**Duration:** 14-week curriculum (5 x 90-minute seminars; 4 x 4-hour clinical experiences) | communication, values/ethics, roles and responsibilities, and teams and teamwork. Students also reported increased comfort working with an interprofessional team and reported the clinical site component was valuable to their learning and interest in interprofessional practice. | experiential learning is identified. Research centred on individual experiences of IPECP, including the qualitative exploration of students' personal preconceptions of IPECP and collaborative teamwork, is limited. |
| Reutter and Alexander (2022)[36]<br><br>USA | To evaluate the effect of a simulation-based IPECP activity on dental hygiene and nursing students' attitudes towards IPC. | 80 students (dental hygiene, n = 35; nursing, n = 45) | Quantitative<br><br>**IPECP model:** online course module and IPECP simulated practice activity<br><br>**Duration:** not reported | Pre-IPECP survey results indicated students had a high regard for IPC prior to the simulation activity and were aware of the importance of collaboration. Across IPC domains, student scores improved following the IPECP experience except for interprofessional value. Students demonstrated an enhanced ability to apply team-based approaches to patient-centred care and used effective communication and team leadership following participation. | More IPECP between oral health and health professions is needed to improve understanding of the oral–systemic implications of disease and to promote inclusive health care teams. Longitudinal and multiple IPECP experiences throughout the curriculum are recommended, and collaboration across health faculties is needed to support the creation and implementation of authentic and meaningful experiences. |
| Otsuka et al. (2016)[37]<br><br>Japan | To develop, implement, and evaluate a peer-led simulation-based IPECP program in which dental | 184 students (dental hygiene, n = 22; dentistry, n = 110; medicine, n = 52) | Quantitative<br><br>**IPECP model:** Simulated patient and clinical peer-teaching activities | Dentistry and medical students reported the dental hygiene-led peer-teaching sessions enhanced their knowledge of the role and responsibilities of other professions. Students reported a better | Increasing practical clinical experiences between oral and health professions students is needed. Simulation-based IPECP is recommended as a strategy to better prepare |

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| | hygiene students instruct medical and dental students on oral health care for older patients in long-term care. | | **Duration:** Not reported | understanding of the need for collaboration and value of working interprofessionally for patient care. Students reported that IPECP offered learning experiences that could not happen in the classroom. | students and teams for collaborative patient care. Development of longitudinal IPECP experiences and peer-teaching opportunities are warranted to improve understanding of roles and collaboration to support IPC in practice. |
| Van Diggele et al. (2021)[38]<br><br>Australia | To explore students' experiences of participation in an interprofessional case-based learning activity and to identify perceived value of the experience for students across 11 health disciplines. | 1674 students from 11 health disciplines (dentistry, n = 30) | Quantitative<br><br>**IPECP model:** Mixed-cohort teams in a case-based learning activity (min 4 health disciplines per team)<br><br>**Duration:** Not reported | Student responses were analyzed by health discipline. Dentistry students identified the most beneficial aspects of the IPECP as opportunities for peer learning and collaboration, informal networking and socializing with other health professions students, and opportunities to practise as part of an interprofessional team. Students reported that the case studies lacked relevancy for certain professions, and dentistry students reported the highest dissatisfaction with cases for relevancy and applicability to their professional knowledge and skills. | Increased exploration of patient-centred case-based IPECP activities is warranted to understand impacts on health care students' skills in interprofessional teamwork. IPECP experiences that are inclusive of multiple professions and represent authentic experiences of practice are needed to enable learning and understanding of professional roles, collaborative skills, and the value of collaboration in practice. |
| Luebbers et al. (2022)[39]<br><br>USA | To explore the experience of students in an interprofessional classroom-based interactive workshop through analysis of written reflections. | 314 students (medicine, dentistry, social work) | Qualitative<br><br>**IPECP model:** Classroom-based interprofessional workshops; Mixed-profession group activities<br><br>**Duration:** 2 academic terms (fall/spring); | The IPECP experience was found to be impactful for students across 3 themes: 1) appreciation of similarities and differences between professions; 2) recognition of the contributions and importance of different professions in patient-centred care; 3) understanding of their own professional role. Catalysts for student learning were identified as opportunities for consistent socialization and bonding as a group and case-based learning exercises that reflected authentic | Early and staged IPECP experiences that begin with basic interprofessional learning and skill building to enhance team-based IPECP experiences and students' professional development are needed.<br><br>Research is required on IPECP activities that include interpersonal conflict scenarios and purposeful case design to be |

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| | | | single event 2.5-hour duration | practice scenarios. Exercises featuring role-play/practice simulation were found to best engage students in direct dialogue, exploring interprofessional teamwork, conflict resolution, and working towards a common goal. | inclusive of collaboration from all team members/professions. |
| Rivera et al. (2018)[40]<br><br>USA | To explore use of an interprofessional standardized patient exercise (ISPE) with health professions students for developing understanding of professional roles, interprofessional collaboration, and contributions of IPC to patient care. | 520 students (dentistry, n = 93; physical therapy, (n = 46; medicine, n = 138; nurse practitioner, n = 86; pharmacy, n = 116; social work, n = 7; nutrition, n = 20; chaplaincy, n = 14) | Quantitative<br><br>**IPECP model:** ISPE using interprofessional teams of students for a collaborative case-study exercise<br><br>**Duration:** single event (3 hours), preceded by a program-mandated foundational course on IPC principles | The ISPE case-study experience was highly valued by students, who appreciated the interactive qualities of the exercise. Observing other professional students interacting with the SP and opportunities to experience the professional scopes and knowledge of others during care planning and delivery were impactful for learning about other professions and developing an appreciation for their contributions to patient care. Participants desired more IPECP experiences like this as part of their education. | Further exploration of ISPE experiences for developing IPC competencies in health are required. Intentional IPECP case studies that showcase the professional knowledge and skills of all professions are needed for students to recognize complementary areas of expertise and collaborative opportunities.<br>experiences integrated throughout students' |
| Kersbergen et al. (2020)[51]<br><br>Netherlands | To evaluate the perceptions of dentistry and dental hygiene students about professional roles and IPC following participation in a 4-month curriculum embedded clinical IPECP experience and again 2 years post-graduation. | 100 students<br>**Timepoint 1** (program completion) (dentistry, n = 62; dental hygiene, n = 38)<br>**Timepoint 2** (2 years post-graduation)<br>53 graduates | Qualitative<br><br>**IPECP model:** Oral health clinical practice, interprofessional teams of 12 students (dentistry: 8; dental hygiene: 4) responsible for co-management of patients' oral | IPECP clinical experiences enabled students' understanding of professional roles and responsibilities in practice and fostered mutual understanding between the professions, contributing to collaborative attitudes in professional practice. Limited long-term impacts of the IPECP experience for IPC in practice were attributed to students' only beginning to experience and understand interprofessional collaboration in their final program year. At final follow-up, participants | Early and consistent IPECP is required throughout education programs to improve students' understanding of team-based collaboration and to develop IPC skills, attitudes, and behaviours for practice. IPECP curriculum and experiences that better reflect real-world clinical practice are required. Longitudinal IPECP research is limited but needed to understand the evolution of students' |

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| | | (dentistry, n = 27; dental hygiene, n = 26) | health care delivery<br><br>**Duration:** 4-month rotation, 1x/week | reported challenges in engaging in interprofessional collaboration in practice as they identified few role models for collaboration in practice. | professional socialization and impacts for IPC in practice. |
| Kanji et al. (2020)[47]<br><br>Canada | To explore dental hygiene students' readiness for interprofessional learning and collaborative practice following a 4-week IPECP curriculum with students from 11 other health programs. | 23 dental hygiene students | Mixed methods<br><br>**IPECP model:** Classroom-based workshops using team-based learning (blended cohort teams)<br><br>**Duration:** 4 in-person workshops (1/week; 2 hours) over 1 month | Post-IPECP, students had increased understanding of their professional role and showed positive development of learning a professional identity. Students were more open to developing clinical-based problem-solving skills with other professions post-intervention. Focus group revealed impacts of the experience on learning and attitudes post-intervention, such as greater role clarification, recognition of shared and complementary knowledge bases and practice with other professions, and enhanced cultivation of a professional identity, collegiality, and respect for other professions. | Research exploring the experiences of dental hygiene students in IPECP and their perceptions and attitudes towards interprofessional learning and collaborative practice remains limited. More research on integrated IPECP curriculum and longitudinal outcomes to better understand IPECP impacts on students and their development of collaborative behaviours, attitudes, and readiness for collaborative-practice is required. |
| Colonio Salazar et al. (2017)[48]<br><br>United Kingdom | To explore and compare the attitudes of students trained at a dental institution towards dental interprofessional education. | 132 students (dentistry, n = 80; dental hygiene/therapy, n = 38; dental nursing, n = 14) | Quantitative<br><br>**IPECP model:** Clinical experience in a team-based oral health clinic; blended-cohort classroom-based tutorials, and case discussions<br><br>**Duration**: 8 weeks | Most students had positive attitudes towards IPECP and believed shared learning was beneficial for teamwork and collaboration to gain skills and professional relationships. Dental hygiene and dental therapy students reported a stronger sense of professional identity and a significantly higher preference for an inclusive approach to learning compared to dentistry students. Dentistry students had a higher preference for an exclusive professional identity when compared with other students and a | Siloed education of oral health professionals creates barriers for students' development of collaborative skills and valuation of collaborative practice. Integrated IPECP experiences in oral health education and more research on the impacts of shared clinical experiences between students are needed to understand how IPECP affects professional identity development. More qualitative research is required |

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| | | | | higher valuation of profession-specific learning. | to explore students' attitudes towards IPECP in greater detail. |
| Howey and Yoon (2022)[56]<br><br>Canada | To explore IPECP programming in dental hygiene and dentistry programs, examining the experiences of dental hygiene students in an IPECP clinical activity with dentistry students and impacts on understanding roles, addressing professional hierarchies, and building IPC skills. | 40 dental hygiene students | Qualitative<br><br>**IPECP model:** Rural setting; IPC clinical practice experience ("the satellite rotation")<br><br>Dental hygiene (n = 2) and dentistry (n = 2) students live together and work collaboratively in this practice setting for 2 weeks during their final year of training<br><br>**Duration:** 2x 2-week long rotation in satellite setting | Dental hygiene students had positive and negative perceptions of their IPECP experience. Students noted benefits from collaborating with others in an authentic setting that reflected "real" practice. Students expressed that their preparedness for IPC in practice would have benefitted from more consistent and longitudinal exposure to realistic clinical experiences with dentistry students to learn their professional role and working. Dental hygiene students reported that IPECP improved their confidence and countered sentiments of feeling less knowledgeable than other health professionals. Time for socialization and connection enhanced collaboration and teamwork in practice. | Increased integration of longitudinal IPECP experiences throughout students' prelicensure education and consistent exposure to other team members and opportunities for socialization are needed. Research is needed to explore historical professional hierarchies, stereotyping, and how they may be reinforced in oral health education as part of students' professional identity development. |
| Reinders and Krijnen (2023)[11]<br><br>The Netherlands | To explore whether interprofessional identity is a source of intrinsic motivation for interprofessional collaboration and team membership. | 88 students (dentistry, n = 47; dental hygiene, n = 41) | Quantitative<br><br>**IPECP model:** Online IPECP course employing collaborative, team-based discussion on predetermined questions related | More effort in team-based collaboration was found in the high interprofessional identity groups and findings suggest that interprofessional identity partially determines interprofessional group efforts. Higher group identity was associated with higher group performance. High interprofessional identity among students was correlated with | Comparing online versus in-person education settings for interprofessional socialization and interprofessional identity formation is underexplored. Research is needed to clarify impacts on interprofessional identity formation. Evidence is lacking on the interplay between interprofessional identity, |

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| | | | to professional roles/responsibilities and collaborative practice<br><br>**Duration:** 2 weeks (3 team meetings and a debriefing session) | willingness to collaborate, asking questions of others, more equal communication, and mutual engagement between members. Social interaction was found to enable team formation. However, the extent of socialization may have been impeded by the online format of the IPECP experience. | settings, and individuals' professional skills/competency as predictors for enabling IPC and effective teams in practice. |
| Rothmund et al. (2017)[49]<br><br>USA | To evaluate the effect of an IPECP education module on dental hygiene and physician assistant students' knowledge of oral manifestations of menopause and confidence in treating conditions in the context of collaborative care planning and interprofessional teams. | 36 students (dental hygiene, n = 25; physician assistant, n = 11) | Mixed methods<br><br>**IPECP model:** Classroom-based workshop; team-based case-study/care planning exercise using a standardized patient (SP), followed by a debriefing session<br><br>**Duration:** 3 hours | The IPECP experience contributed to the students' knowledge development on the module topic and provided valuable opportunities for socialization. Experience working within a team strengthened students' confidence in communicating with other disciplines and positively influenced their perceptions of collaborative teamwork. Students reported an improved understanding of the professional roles and responsibilities of each profession in patient care and improved attitudes and perceptions towards IPC. | Direct impacts on interprofessional identity development could not be determined in this study. Repeated and integrated IPECP experiences between students in the oral health, medical, and primary care fields and research that follows students longitudinally to explore impacts of long-term exposure to IPC on professional/interprofessional identity development during their programs are required. |
| Storrs et al. (2023)[50]<br><br>Australia | To qualitatively evaluate and explore the contextual factors relating to positive outcomes of oral health students' experiences in an interprofessional team-based | 46 students (dentistry, n = 20; dental technology, n = 15; oral health therapy, n = 4; dental prosthetics, n = 7) | Qualitative<br><br>**IPECP model:** Collaborative team-based treatment planning (TBTP) activities and clinical patient care | Improved confidence in collaborating with other students, self-assurance in their profession-specific and interprofessional roles, and improved teamwork skills post-IPECP were reported. Students valued opportunities to socialize and to learn from others. Most students reported that team activities facilitated understanding of overlapping and complementary | IPECP experiences threaded throughout students' education, and which include socialization opportunities and group work leading into team-based experiences in simulation/practice, are needed. The degree to which TBTP experiences during education may impact or change attitudes |

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| | treatment planning program. | | **Duration:** not reported | knowledge bases. A minority of dentistry respondents felt IPECP interfered with their training and instead favoured learning profession-specific skills for practice rather than interprofessional collaboration. | and behaviours towards interprofessional collaboration upon entry to practice remains to be explored. |
| Kersbergen et al. (2023)[55]<br><br>The Netherlands | To explore changes in attitudes held by students in the oral health professions on interprofessional learning and collaboration following a 1-year experience in a student-run dental clinic. | 424 students (dental hygiene, n = 221; dentistry, n = 203) | Quantitative<br><br>**IPECP model:** Student-run dental clinic (SRDC) rotation within blended cohort teams (5 dental hygiene students; 11 dentistry students) and classroom-based team treatment planning sessions<br><br>**Duration:** 2.5 days/week for 1 academic year | Attitudes of dental hygiene and dentistry students towards interprofessional collaboration were almost equally positive at baseline. After 1 year in an SRCD IPECP model, dental hygiene students had a significantly higher valuation of collaboration and teamwork than dentistry students whose attitudes did not change over time. Differences were potentially attributed to unequal participation opportunities between professions owing to increasingly overlapping scopes between dental hygiene and dentistry. | More research in settings where oral health students have opportunities to learn and work together in a team dynamic is needed to compare the effects of IPECP and students' experiences and perceptions of collaboration. Research is needed on impacts of faculty role models in IPECP on students' experiences and perceptions of collaborative practice. |
| Numasawa et al.[41] (2021)<br><br>Japan | To explore the readiness of dental, medical, and nursing students for interprofessional learning before and after IPECP workshops and to identify readiness differences and rationale for | 378 students (dentistry, n = 92; medicine, n = 190; nursing, n = 96)<br><br>Focus groups with dentistry students only (n = 17) | Mixed methods<br><br>**IPECP model:** IPECP workshop using interprofessional teams of 7–8 students to discuss and collaboratively problem solve/formulate care plans for | All professions with the exception of dentistry showed improvements across IPC domains following participation. Focus group follow-up with dentistry students found they had a low valuation of interprofessional collaboration and perceived dentistry as a profession that does not require IPC. Students indicated they had no prior exposure to collaboration with other health care professionals in their education and that IPECP workshop activities were not relevant to their | Increased development of IPECP experiences that are inclusive and designed with cases and opportunities for all students to contribute their professional skills and knowledge are needed. Increasing opportunities in oral health education for students to experience and observe interprofessional collaboration and experience scenarios that reflect real-world practice are |

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| | disparities between professions. | | simulated clinical scenarios<br><br>**Duration:** 2 days (8 hour) | professional practice or reflective of their interpretations of real-world practice. | needed to support interprofessional identity development. |
| Langford et al.[42] (2020)<br><br>USA | To assess the impact of an IPECP session on opioid use and acute pain management on prelicensure health care students' perceptions of IPC and to evaluate achievement of interprofessional core competencies. | 160 students from 6 health professions. (pharmacy, dentistry, nursing, medicine, and "other" professional schools [prosthetics and orthotics, public health]) | Quantitative<br><br>**IPECP model:** Classroom-based workshop involving case-based, faculty-facilitated learning activities in interprofessional teams (8–10 students)<br><br>**Duration:** 2 sessions (110 minutes) | Participation in the IPECP contributed to improvements in students' understanding of their own professional role and those of others. Discussing patient-centred care strategies as a team improved communication skills. Students valued social opportunities with other students and learning about other professions through peer discussion. The hospital-based case study was found to be less engaging for students from public health and dentistry. | Development of inclusive IPECP programming that reflects the knowledge and skills of all professional learners is needed. Research on longitudinal IPECP experiences for students throughout their education is required to better understand contributions of IPECP for improving skills and knowledge across IPC core competencies. |
| McGregor et al.[52] (2018)<br><br>USA | To identify dentistry and dental hygiene students' attitudes towards IPECP following completion of an IPECP course involving health professions students from 4 other health professions. | 62 students (dental hygiene, n = 16; dentistry, n = 46) | Quantitative<br><br>**IPECP model:** Classroom-based small group/team activities (blended cohort/5-6 students per team) including case-studies, group discussion, and a team video essay on IPC and | Both dental hygiene and dentistry cohorts reported more positive perceptions of IPECP following course completion. Greater positive changes in attitudes towards collaboration were found among dental hygiene than dentistry students. Dentistry student scores only improved under the "understanding roles and responsibilities" post-IPECP experience and showed a greater affinity for a profession-specific identity and approach to practice. | Oral health students continue to be educated in siloes, impeding their identity as interprofessional practitioners. Research is needed to explore ways in which pre-existing professional stereotypes and professional biases may be reinforced in oral health education and implications for the development of team-based attitudes, skills, and perceptions of collaborative practice. |

| Authors, year, country | Aims and purpose | Population and sample size | Methodology, intervention, duration | Key findings | Gaps in research identified |
|---|---|---|---|---|---|
| | | | benefits to patients<br><br>**Duration:** 13 x 60-minute session | | |
| Reinders et al.[53] (2018)<br><br>The Netherlands | To investigate whether comparative versus reflective feedback on interprofessional interaction is effective for decreasing the degree of profession-based dominance in mixed profession groups. | 114 students (dentistry, n = 57; dental hygiene, n = 57) | Quantitative<br><br>**IPECP model:** \ 19 mixed-professions teams (3 dentistry, 3 dental hygiene) involved in team development activities and interprofessional care planning sessions (virtual-patient)<br><br>**Duration:** 4 hours (2 x 2-hour sessions) | Comparative feedback on interprofessional interaction within mixed-profession groups was found to reduce general dominance between professions. Oral health students were found to communicate more equally following IPECP based on group identification. Findings support the theory that intergroup formation and comparison can enhance cohesion and cooperation; precursory behaviours for development of an interprofessional team culture and identity formation. | Changes in interprofessional communication observed between professions cannot determine interprofessional identity development versus temporary group identity. Longitudinal research is needed to determine whether repeated exposure to this type of intervention may influence professional identity formation and may facilitate the integration of an interprofessional identity as part of individual's professional identity. |

**Legend of acronyms. ALA:** applied learning activity; **ICSL:** innovative collaborative service-learning; **IPECP:** interprofessional education for collaborative practice; **IPC:** interprofessional collaboration; **TBTP:** Team-based treatment planning

**CITATION:**
Van Dam L, Rock LD, Price SL. Exploring interprofessional education for collaborative practice in oral health education: a scoping review. *Can J Dent Hyg.* 2025;59(3):206–216.