

FACULTY PERSPECTIVE

VIEWS ON DENTAL TOPICS & TRENDS

Emphasizing the Medicine in Dental Medicine

TRADITIONALLY, public perception of the dental profession has mainly focused on ensuring health of the teeth and gingiva. It is still common for individuals to make the distinction between a “doctor” and a “dentist,” rather than distinguishing between a “physician” and a “dentist,” which is the more appropriate terminology for these types of healthcare providers. In recent times, oral healthcare providers have not only been appreciated for maintaining oral health, but also for their ability to identify systemic diseases that initially present with signs and symptoms affecting the oral cavity.¹ Autoimmune, gastrointestinal, and hematologic disorders are but a few systemic conditions that can initially present with oral manifestations, such as ulcers, masses, and/or chemosensory disturbances.¹ Patients with these complaints often present to several healthcare providers for evaluation and management without satisfactory results. In these instances, it is often the dentist who makes the connection between oral and systemic conditions, which starts the patient down the path toward effective management.

The importance of dentists as primary healthcare providers and how they are uniquely positioned to play an expanded role in the detection, early recognition, and management of a wide range of general diseases, has been emphasized recently.² Some advocate for screening of common medical conditions, such as diabetes and cardiovascular disease, in the dental office setting.^{3,4} It has been reported that up to 70% of adults visit the dentist each year, with up to 20% not seeing their physician in the preceding year, which presents an opportunity for dentists to substantially impact the general health of their patients.³



Contributed By: Dr. Eric Stoopler (D'99, GD'02)
Professor of Oral Medicine
President, American Academy of Oral Medicine

Reports also advocate for increased teamwork among dental and medical providers to ensure optimal patient care.^{1,5} Interprofessional collaboration, whereby individuals from two or more professions work together to enable effective partnership and healthcare outcomes, is now an important component of dental education.⁶ Clinical models of patient-centered care based on interprofessional collaboration are part of the current healthcare landscape and will continue to develop.⁷ Interprofessional collaboration has been and will continue to be a cornerstone of education at Penn Dental Medicine and successful partnering with the health science schools at Penn has recently enabled integration of collaborative clinical care models into the dental school curriculum.

It must be recognized that a common underpinning to all facets of modern dentistry is medicine. The concept of medicine may vary according to individual perspectives — as a specific form of healthcare pedagogy, as the core of clinical care, and/or as an influence on professional reimbursement metrics. All these

viewpoints of medicine have some measure of value and, with deference to Aristotle, the whole is typically greater than the sum of the parts. The value of medicine in dental education and clinical care cannot be overstated and should remain a focus of our profession. Many dental schools in the United States require predoctoral students to complete hospital-based dental externships to allow for greater appreciation of the role of the dentist in a hospital environment and to gain additional knowledge in medicine. As a fourth-year student at Penn Dental Medicine, I completed a hospital-based externship, which not only allowed me to understand more fully the oral healthcare provider's role in interprofessional care, but also clearly emphasized the importance of medical training for dental professionals in the comprehensive management of patients. Professional continuing education is a vehicle by which practicing oral healthcare providers can maintain and increase their medical knowledge, especially as it relates to current advances in diagnostic and therapeutic strategies for chronic conditions that are common in individuals seeking dental treatment.

The term “oral physician” has been advocated to more accurately describe the role of dentists in today's healthcare milieu and to align ourselves more closely with physicians in the public eye.^{8,9} Adding another term to describe our profession will not necessarily clarify what we do and may possibly lead to further confusion. At the very least, we must maintain, and more importantly, continually emphasize the “medicine” aspect of “dental medicine.” By doing so, it will continue to ensure that the current and future members of our profession are appropriately educated and clinically trained to comprehensively care for their patients and to ensure a “seat at the table” in our continuously evolving world of interprofessional healthcare. ■
(references on page 29)

Shu, X, Mai, Q-q, **Blatz M**, Price, R, Wang, X-d, & Zhao, K. *Direct and Indirect Restorations for Endodontically Treated Teeth: A Systematic Review and Meta-analysis, IAAD 2017 Consensus Conference Paper. Journal of Adhesive Dentistry.* 2018;20(3): 183-194.

Takata, H, Komine, F, Honda, J, **Blatz, MB**, & Matsumura, H. *An in vitro evaluation of fracture load of implant-supported zirconia-based prostheses fabricated with different veneer materials. Clinical Oral Implants Research.* 2018;29(4): 396-403.

Terry, DA, Powers, JM, & **Blatz, MB**. *The Inverse Injection Layering Technique. Journal of Cosmetic Dentistry.* 2018;34(1): 48-62.

Wolff, MS, & Schenkel, AB. *The Anticaries Efficacy of a 1.5% Arginine and Fluoride Toothpaste.* 2018; *Advances in Dental Research.* 29(1): 93.

Division of Community Oral Health NEWS/ACHIEVEMENTS



Dr. Joan Gluch, Division Chief, was recognized by Penn with the 2018 Provost's Award for Teaching Excellence by Non-Standing Faculty.



TEACHING AWARDS

The Class of 2018 recognized faculty with the presentation of the annual teaching awards at Senior Farewell 2018. Pictured with members of the Class of 2018, this year's recipients included (left to right with awards): **Dr. Mel Mupparapu (D'96)**, Professor of Oral Medicine, the Basic Science Award, presented for excellence in teaching within the basic sciences; Art Kofman, C.D.T., Quality Control Coordinator and the Office of Laboratory Affairs Supervisor, the Senior Outstanding Teaching Award, presented to a faculty/staff member who has gone beyond the scope of his/her responsibilities to significantly impact the class's education; **Dr. Patrice Ierardi (MT'80, D'84)**, Clinical Assistant Professor of Restorative Dentistry, the Joseph L. T. Appleton Award, presented to a part-time faculty member for excellence in clinical teaching; **Dr. Frank Smithgall (C'79, D'83)**, Clinical Associate Professor of Restorative Dentistry, the Robert E. DeRevere Award, presented for excellence in preclinical teaching by a part-time faculty member; and **Dr. Steven Wang (D'09, M'12, GD'15)**, Instructor, Dept. of Oral Surgery/Pharmacology, the Earle Bank Hoyt Award, presented for excellence in teaching to a Penn Dental Medicine graduate who is a full-time junior faculty member.

FACULTY PERSPECTIVE, CONT.

REFERENCES

1. Stoopler ET, Sollecito TP. Medical Clinics of North America. Oral medicine: a handbook for physicians. Preface. *Med Clin North Am* 2014; 98: xvii-xviii.

2. Giddon DB, Donoff RB, Edwards PC, Goldblatt LI. Should Dental Schools Train Dentists to Routinely Provide Limited Preventive Primary Medical Care? Two Viewpoints: Viewpoint 1: Dentists Should Be Trained to Routinely Provide Limited Preventive Primary Care and Viewpoint 2: Dentists Should Be Trained in Primary Care Medicine to Enable Comprehensive Patient Management Within Their Scope of Practice. *J Dent Educ* 2017; 81:561-570.

3. Greenberg BL, Glick M. Assessing systemic disease risk in a dental setting: a public health perspective. *Dent Clin North Am* 2012; 56: 863-874.

4. Kalladka M, Greenberg BL, Padmashree SM, et al. Screening for coronary heart disease and diabetes risk in a dental setting. *Int J Public Health* 2014; 59: 485-492.

5. Atchison KA, Weintraub JA, Rozier RG. Bridging the dental-medical divide: Case studies integrating oral health care and primary health care. *J Am Dent Assoc.* 2018 Jul 26. pii: S0002-8177(18)30361-1. doi: 10.1016/j.adaj.2018.05.030. [Epub ahead of print]

6. Andrews EA. The Future of Interprofessional Education and Practice for Dentists and Dental Education. *J Dent Educ* 2017; 81: eS186-eS192.

7. Jones JA, Snyder JJ, Gesko DS, Helgeson MJ. Integrated Medical-Dental Delivery Systems: Models in a Changing Environment and Their Implications for Dental Education. *J Dent Educ* 2017; 81: eS21-eS29.

8. Giddon DB, Swann B, Donoff RB, Hertzman-Miller R. Dentists as oral physicians: the overlooked primary health care resource. *J Prim Prev* 2013; 34: 279-291.

9. Giddon DB. Should dentists become 'oral physicians'? Yes, dentists should become 'oral physicians'. *J Am Dent Assoc* 2004; 135: 438, 440, 442 passim.

This article has been adapted from an Editorial that was previously co-written and published by Dr. Stoopler (Stoopler ET, Sollecito TP. Focusing on the medicine in dental medicine. *Spec Care Dent* 2016; 36: 59.)