The importance of social determinants of health and the intersections of Medical and Dental Education

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Abstract

The expanding "Global village" in which we live often leads modern healthcare to plunge itself into a diversity of cultural backgrounds and social-economics contexts that often pose a challenge not only for patients' management but, more importantly, generates the need to provide medical and dental students with the necessary competences to overcome the challenges set forwards for these particular environments, which can also be found in socially deprived contexts of the so called "rich countries".

As social determinants of health and social accountability become perceived as pivotal for the undergraduate medical and dental curricula, the actual delivery of the curriculum, design of courses and preparation of learning and assessment materials will present new challenges to medical and dental faculty, calling for a growing collaboration between these two healthcare professions (and others), in a rather demanding process that needs to be implement since the first stages of the students education, while at the undergraduate level.

Keywords: social determinants of health; social accountability; global health; interprofessional education

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In 2000 the heads of state of the United Nations signed the Millennium Declaration establishing eight development goals for the 15-year period following 2000. These were known as the Millennium Development Goals (MDGs), with Health, overall, occupying a dominant role in this vision of development.1,2 After 2015 the 8 Millennium Development Goals gave rise to the 17 Sustainable Development Goals (SDGs).3 The task set before us, Healthcare providers, until 2030 is, to say the least, highly demanding, in the sense that Health-related SDGs are been regarded as crucial streamers that must and will be monitored in order to enforce National and Global accountability regarding the well-being of the World's population.1,3
We often forget that according to the World Health Organisation, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Hence, when we think about Dental Education and overall services' provision, we cannot help but feel that we are currently at a crossroad: one that demands us to move "outside the box" of our Dental Schools and Dental offices, while engaging with the needs of our communities at home and vulnerable communities across the world. Education, even at the undergraduate level, and service provision are, therefore, intricately linked. We have to accept that we need to train dentists who are far more than just competent technicians, but rather health professionals responsible for oral health and health in general. Dentists need to get to know their patients and their communities better if they are to provide truly effective care. There is a need for those involved in Dental Education to take the lead on incorporating global health into the undergraduate dental curriculum and to boost global health in postgraduate practice. The key focus should be to provide better dental care to patients at home, work on improving access (for free or at low cost) for patients at home, and to fill the gap where dentists are scarce.

Due to socio-economic, cultural and political reasons, large segments of the world’s population have limited or no access to regular dental care. Assisting the development of dental services in these areas should be regarded as a win-win strategy for both the developed and developing world as opportunities for training, practice and research lend themselves to twinning established successful programs at home with programmes for the world's most vulnerable communities. Dental Educators should set the standard in establishing a global dental programme, that promotes an holistic approach of our patients, based on sound principles of Interprofessional Collaborative Care (IPCC) and Social Accountability.

According to the World Health Organization, Interprofessional Education (IPE) is a necessary step in planning a "collaborative practice-ready" health workforce that is better prepared to respond to local and global health needs. A similar opinion is shared by ADEE's American colleagues from ADEA. Still, the important thing is how we, educators, can use a potentially good idea and put it to good use, ensuring that our students get the best possible training, in line with the most recent FDI definition of oral health, as an "integral part of general health and well-being". Hence, being, as we are, well-aware and committed to this evolving educational paradigm of Interprofessional Education and Learning and Interprofessional Collaborative Practice (IPCP), one must also consider the prospects of a partnership that makes the best out of each other's know-how, while keeping in mind that the European Directive 2005/36/EC, issued by the European Parliament and by the Council, establishing the EU legal foundations for the recognition of professional qualifications, makes it even more pertinent, not to say imperative, that both ADEE and AMEE join efforts in a combine approach advocating for new European Directives calling for a competencies-based approach for the education of dentists and physicians.

It's within this context, that, as we look through the feedback of the ADEE and AMEE meetings and workshops in global health, it becomes clear the enthusiasm for global health across all the medical disciplines. This enthusiasm seems centered on clinical practice: global health in the workplace, renewed focus on ensuring that the most vulnerable of our patients receive the best of clinical care, setting an example in the workplace to trainees who are going the extra mile to ensure that they address ALL the health needs of their patients and moving forward together to address the determinants of health in our undergraduate teaching programmes. Thus, as ADEE and AMEE discuss the modern teaching agenda, we remind ourselves that global health is comprehensive healthcare and research.

When ADEE and AMEE started to engage in a more active and insightful collaboration, they did so under the assumption that Medicine and Dentistry share a privileged and unique relation both in terms of education, as well as patients' management. We believe that our legacy in the broader field of Healthcare Education and the intersections between our educational specificities will allow us to provide the most need leverage for important and common
educational issues, while highlighting the practicability of the educational outcomes as ways to enhance our students' competences. Just like in Research and Development, also in Education we can no longer work under a paradigm of isolation. On the contrary, we must embrace and foster the kind of collaborations that reach out for innovative experiences.

We need to think outside the box…

**Take Home Messages**

**Notes On Contributors**

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Appendices

Declarations

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