

The OHNEP Interprofessional Oral Health Faculty Toolkit

Family Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment of Families
- Health Promotion of Families
- Primary Care of Families
- Resources



INTRODUCTION

The **Oral Health Nursing Education and Practice (OHNEP)** program has developed an **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Family Nurse Practitioner Program.

Oral health and its relation to overall health has been identified as an important population health issue. *Healthy People 2020* (2011), the 2011 IOM Reports, *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, as well as the IPEC Competencies (2016), challenged HRSA to develop interprofessional oral health core competencies for primary care providers. Publication of the HRSA report, *Integration of Oral Health and Primary Care Practice* (2014), reflects those interprofessional oral health competencies that can be used by Family Nurse Practitioners for faculty development, curriculum integration and establishment of “best practices” in clinical settings.

The HRSA interprofessional oral health core competencies, the IPEC competencies and the NONPF core competencies provide the framework for the curriculum templates and resources. Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in the classroom, link to simulated or live clinical experiences and involve community-based service learning, advocacy and policy initiatives as venues you can readily use to integrate oral health into your existing primary care curriculum. The Family Nurse Practitioner Program curriculum template illustrates how oral health can be integrated into health promotion, health assessment and clinical management courses.

The *Smiles for Life* interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the **HEENT** component of the history and physical exam to the **HEENOT** approach. In that way, you and your students will **NOT** forget about including oral health in patients encounters.

Chronic diseases managed by Family Nurse Practitioners, such as diabetes, Celiac, HIV and Kawasaki, are but a few of the health problems that have oral manifestations that can be treated or referred to our dental colleagues. It is important for nurse practitioners on the frontline of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your Family Nurse Practitioner Program. If you need additional technical assistance, please feel free to contact us at **OHNEP@nyu.edu**.

FNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment of Families

HEALTH ASSESSMENT ACROSS THE LIFESPAN		1) EXPOSURE: INTRODUCTION		2) IMMERSION: DEVELOPMENT		3) COMPETENCE: ENTRY-TO-PRACTICE	
<p>IPEC</p> <p>Competencies: Values and Ethics, Roles and Responsibilities</p> <p>Interprofessional Communication, Teams & Teamwork</p>		<p>KNOWLEDGE: ORAL CARE OF INFANT, CHILD AND ADOLESCENT</p> <p>Goal: Understand oral care of infant, child and adolescent</p> <p>Read:</p> <ul style="list-style-type: none">• Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al, 2015)• Open wide and say a-ha: Adding oral health content to the nurse practitioner curriculum (Kent & Clark, 2018)• Complete Smiles for Life (SFL) Modules #1, 2, 6, including Clinical Cases, and submit Certificates of Completion• Review the oral health recommendation in the Recommendations for Preventive Pediatric Health Care (Appendix 1)		<p>SKILL/BEHAVIOR</p> <p>Goal: Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in infant, child and adolescent during simulation lab</p> <ul style="list-style-type: none">• Review the Mia Jones Unfolding Case (National League for Nursing)• Compare two pediatric risk assessment tools AAP Oral Health Risk Assessment Tool (Appendix 2) and ADA Caries Risk Assessment Form 0-6 (Appendix 3)• Review Oral Abnormalities in the SFL Photo Gallery on the mobile app		<p>SKILL/BEHAVIOR</p> <p>Goal: Identify oral pathologies in infant, child and adolescent in clinical experience</p> <ul style="list-style-type: none">• Watch Knee-to-Knee video on SFL website• Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in newborns, infants, children and adolescents during pediatric clinic or simulation lab	
<p>HRSA Oral Health</p> <p>Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>		<p>KNOWLEDGE: ORAL CARE OF ADULT</p> <p>Goal: Understand oral care of adults</p> <ul style="list-style-type: none">• Complete Smiles for Life (SFL) Modules #3, 5, 7, including Clinical Cases, and submit Certificates of Completion		<p>SKILL/BEHAVIOR</p> <p>Goal: Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in adult during simulation lab</p> <ul style="list-style-type: none">• Read and discuss ADA Adult Caries Risk Assessment Tool for patients over age 6 (Appendix 4)• Review Oral Abnormalities in the SFL Photo Gallery on the mobile app		<p>SKILL/BEHAVIOR</p> <p>Goal: Identify oral pathologies in adult in clinical experience</p> <ul style="list-style-type: none">• Watch Oral Health for the Primary Care Provider video on SFL website• Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in adults during adult clinic	
<p>NONPF</p> <p>Competencies: Delivers evidence-based practice for patients throughout lifespan; Obtains and accurately documents relevant health history for patients of all ages and in all phases of individual and family lifecycle using collateral information, as needed</p>		<p>KNOWLEDGE: ORAL CARE OF OLDER ADULT</p> <p>Goal: Understand oral care of older adults</p> <ul style="list-style-type: none">• Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of Completion		<p>SKILL/BEHAVIOR</p> <p>Goal: Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in older adult during simulation lab</p> <ul style="list-style-type: none">• Read and discuss CAMBRA: Best Practices in Dental Caries Management (Hurlbutt, 2011)• Review Oral Abnormalities in the SFL Photo Gallery on the mobile app		<p>SKILL/BEHAVIOR</p> <p>Goal: Identify oral pathologies in older adult in clinical experience</p> <ul style="list-style-type: none">• Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in older adults during adult clinic by documenting in clinical system such as Typhon	
CONSTRUCTS							

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

Smiles for Life: A National Oral Health Curriculum

Access Smiles for Life Modules and Resources here:

<https://smilesforlifeoralhealth.org>



Smiles for Life: A National Oral Health Curriculum

Download Smiles for Life Modules

To download the SFL Modules for classroom instruction:

1. Go to
<https://www.smilesforlifeoralhealth.org>
2. Select "Teach Curriculum"
3. Select the course(s) you would like to download.
4. Select "Download Module"

Download PowerPoint Presentation

Instructions



1. Click the appropriate link below
 2. Select "**Save**" (NOT "Open")
 3. Browse to choose desired location, and save file (some browsers may default to saving to the Downloads folder)
- The presentation is a PowerPoint **slide show** (.pps) which when opened will automatically display in presentation mode.
 - To run the slide show, click on the file. Advance the slides using your mouse or the space bar. To exit slide show, click the ESC button.
 - These presentations are locked and are not intended to be editable.
 - PowerPoint presentations are only compatible with PC systems.
 - A Mac compatible version of the presentation is available.

Download Module



Module 2:
Child Oral
Health

Teaching Case for Small Group Instruction: Pediatric

[Learner Version](#)
[Moderator Version](#)



Speaker Notes



Download Video

Knee-to-Knee Child Oral Exam



Mac compatible
version

Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

Download the Smiles for Life mobile app to access the Photo Gallery.

FNP Students should find and review the following oral abnormalities:

- Linea Alba
- Geographic tongue
- Fissured tongue
- Aphthous ulcers
- Oral papilloma from HPV
- Candidiasis
- Herpes
- Denture Stomatitis
- Angular cheilitis
- Dental caries
- GERD
- Gingival Recession
- Gingivitis
- Periodontitis
- Abscess
- Hairy Leukoplakia



APPENDIX 1

Health Assessment Across the Lifespan

Recommendations for Preventive Pediatric Health Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.
Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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AGE ^a	Prenatal ^b	Newborn ^c	3-5 d ^d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Initial Interval																																
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index ^e		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ^f		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision ^g		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing ^h		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening ⁱ									•			•		•																		
Autism Spectrum Disorder Screening ^j												•																				
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment ^k		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment ^l																						•	•	•	•	•	•	•	•	•	•	•
Depression Screening ^m																						•	•	•	•	•	•	•	•	•	•	•
Maternal Depression Screening ⁿ																						•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION^o		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES^p																																
Newborn Blood		• ¹⁹	• ²⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Bilirubin ^q		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Critical Congenital Heart Defect ^r		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization ^s		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia ^t									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead ^u									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculosis ^v									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dyslipidemia ^w																						•	•	•	•	•	•	•	•	•	•	•
Sexually Transmitted Infections ^x																						•	•	•	•	•	•	•	•	•	•	•
HIV ^y																						•	•	•	•	•	•	•	•	•	•	•
Cervical Dysplasia ^z																						•	•	•	•	•	•	•	•	•	•	•
ORAL HEALTH^{aa}									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Varnish ^{ab}									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Supplementation ^{ac}									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ANTICIPATORY GUIDANCE		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

ORAL HEALTH¹³									• ³³	• ³³	•																					
Fluoride Varnish ¹⁴									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Supplementation ¹⁵									•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

APPENDIX 2

Health Assessment Across the Lifespan



American Academy of Pediatrics Oral Health Risk Assessment Tool


















Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____	
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____	
RISK FACTORS	PROTECTIVE FACTORS
 Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No  Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No  Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No  Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	 Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No  Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No
CLINICAL FINDINGS	
 White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No  Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No  Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No  Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No  Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No  Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASSESSMENT/PLAN	
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

APPENDIX 3

Health Assessment Across the Lifespan

American Dental Association Caries Risk Assessment Form (Age 0-6)

ADA American Dental Association® <small>America's leading advocate for oral health</small>			
Caries Risk Assessment Form (Age 0-6)			
Patient Name:		Date:	
Birth Date:		Initials:	
Age:			
	Low Risk	Moderate Risk	High Risk
Contributing Conditions			
Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V. Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions			
Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions			
Check or Circle the conditions that apply			
I. Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II. Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III. Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Instructions for Caregiver:			

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APPENDIX 4

Health Assessment Across the Lifespan

American Dental Association Caries Risk Assessment Form (Ages >6)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age >6)			
Patient Name: _____			
Birth Date: _____		Date: _____	
Age: _____		Initials: _____	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions			
Check or Circle the conditions that apply			
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Conditions			
Check or Circle the conditions that apply			
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No	Yes (ages 6-14) <input type="checkbox"/>
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions			
Check or Circle the conditions that apply			
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VII.	Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient Instructions: _____ _____			

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FNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion of Families

HEALTH PROMOTION ACROSS THE LIFESPAN		1) EXPOSURE: INTRODUCTION		2) IMMERSION: DEVELOPMENT		3) COMPETENCE: ENTRY-TO-PRACTICE	
IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork	ENTRY LEVEL ASSESSMENT	KNOWLEDGE: HEALTH PROMOTION IN CHILDREN <i>Goal:</i> Understand importance of maintaining good oral health in children		SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of children		SKILL/BEHAVIOR <i>Goal:</i> Advocate for oral public health within your community	
		<ul style="list-style-type: none">Complete Smiles for Life (SFL) Modules #1, 2, 6, including Clinical Cases, and submit Certificates of CompletionComplete the NYU Oral Health Module Read: <ul style="list-style-type: none">AAP Oral Health Self-Management Goals for Parents/Caregivers (2011)Prevention of Dental Caries in Children From Birth Through Age 5 Years (Moyer, 2014)		<p>Read:</p> <ul style="list-style-type: none">Lift the Lip (Appendix 1)Let's Talk Teeth & Let's Set Goals (Appendix 2) <ul style="list-style-type: none">Write advice column in parenting journal detailing specific oral health issue commonly encountered by parents/caregiversParticipate in interprofessional oral health clinical experience with medical and dental students in head start, community health center, pre-school health fairs or school-based clinic		<p>Read:</p> <ul style="list-style-type: none">State Specific Fluoride Varnish Information on SFL websiteSources of Drinking Water in a Pediatric Population (Jadav et al, 2014)National Center on Health Getting Fluoride for Your Child (Appendix 3)National Center on Health Visiting the Dental Clinic with your Child (Appendix 4) <ul style="list-style-type: none">Develop and present an evidence-based campaign for community water fluoridation	
		KNOWLEDGE: HEALTH PROMOTION IN ADULTS <i>Goal:</i> Understand importance of maintaining good oral health in adults		SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of adults		SKILL/BEHAVIOR <i>Goal:</i> Advocate for smoking cessation in adults	
		<ul style="list-style-type: none">Complete Smiles for Life (SFL) Modules #3, 5, 7, including Clinical Cases, and submit Certificates of Completion Read: <ul style="list-style-type: none">Maintaining Oral Health Across the Life Span (Jablonski et al, 2014)American Cancer Society Fact Sheets		<ul style="list-style-type: none">Read: Evaluation and Managing Dental Complaints in Primary and Urgent Care (Idzik & Krauss, 2013)Using health literacy principles, plan an evidence-based oral health education program with dental students for adults with type 2 diabetesOral Health and Diabetes (Darling-Fisher et al. 2017)		<ul style="list-style-type: none">Read: Promoting Smoking Cessation (Larzelere & Williams, 2012)Read: E-Cigarettes and Smoking Cessation: A Primer for Oncology Clinicians (Zborovskaya, 2017)Develop and engage smoking adults in evidence-based smoking cessation programDevelop and implement evidence-based oral cancer screening program with dental students for smoking adults	
HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education	ENTRY LEVEL ASSESSMENT	KNOWLEDGE: HEALTH PROMOTION IN OLDER ADULTS <i>Goal:</i> Understand importance of maintaining good oral health in older adults		SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of older adults		SKILL/BEHAVIOR <i>Goal:</i> Promote good oral health habits in older adults	
NONPF Competencies: Delivers evidence-Based practice for patients throughout lifespan; Obtains and accurately documents relevant health history for patients of all ages and in all phases of individual and family lifecycle using collateral information, as needed		<ul style="list-style-type: none">Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of CompletionRead: Systemic Diseases and Oral Health (Tavares et al, 2014)Review the materials provided in the ACE.S Teaching Strategies that focus on oral health (NLN)		<ul style="list-style-type: none">Read: Tooth Loss and Its Association with Dietary Intake and Dietary Quality in American Adults (Zhu & Hollis, 2014)Plan evidence-based nutrition and oral health education program with dental students for older adults		<ul style="list-style-type: none">Engage older adults in an evidence-based nutrition and oral health education program at senior centerDevelop list of dental providers in the area to whom you can refer patients who accept Medicaid or sliding scale	
CONSTRUCTS							

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

IPEC Competencies:
Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork

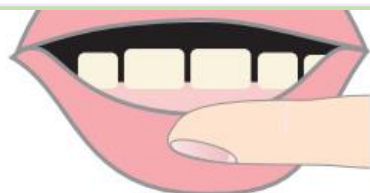
HRSA Oral Health Competencies:
Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education

NONPF Competencies:
Delivers evidence-Based practice for patients throughout lifespan; Obtains and accurately documents relevant health history for patients of all ages and in all phases of individual and family lifecycle using collateral information, as needed

APPENDIX 1

Health Promotion of Families

Lift the Lip



LIFT THE LIP



Early Decay
Chalky white lines at the gum line
can be healed – See a dentist at once.
Use fluoride toothpaste.



Moderate Decay
Looks like teeth are "melting or chipping."
See a dentist at once.



Severe Decay
Must see a dentist to avoid damage
to permanent teeth.

Adapted from Alberta Health Services – Oral Health
September 2013



Hershel S. Horowitz Center for Health Literacy
School of Public Health

DentaQuest
FOUNDATION



Healthy Baby Teeth



Look closely along the gum
line for white lines on
the front of teeth.



TO KEEP BABY CAVITY FREE:

- Clean baby's gums and teeth daily with a clean washcloth.
- When baby is about one year, clean teeth with a soft toothbrush and a smear of fluoride toothpaste.
- Lift baby's lip once a month to look for early cavities – white lines near the gum line.
- Never put a baby to bed with a bottle.
- Wean baby from bottle by 12-14 months.
- Take your child to a dentist by the first birthday.
- Ask your doctor about fluoride varnish.

Moms and other care givers need to see
a dentist and brush with fluoride toothpaste.

APPENDIX 2

Health Promotion of Families

Cavity Free Kids: Let's Talk Teeth & Let's Set Goals

Let's Talk Teeth!

Parent's Name: _____ Child's Name: _____ Child's Age: _____

Answer the following questions about your child: (note: some questions may not apply based on the age and developmental stage of your child.)

- | | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. If your child has teeth, do you brush them?
IF YES: Times per day _____ Times of day _____ Days per week _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child drink anything besides water between meals and snacks?
IF YES: What does she drink? _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child go to bed with a bottle filled with anything besides water?
IF YES: What type of drink? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child eat between meals?
IF YES: What does he/she eat? _____ When? (times of day) _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child have a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had your child's teeth checked by a dentist or medical provider?
IF YES: When? _____ By whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child have cavities or pain in his/her mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have concerns about his/her teeth or mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are pregnant, answer the following questions: | | | |
| 1. Do you brush your teeth?
IF YES: Times per day _____ Times of day _____ Days per week _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you drink anything but water between meals and snacks?
IF YES: What do you drink? _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you eat between meals?
IF YES: What? _____ When? (times of day) _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you seen the dentist during your pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have cavities or pain in your mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have concerns about your teeth or mouth?
IF YES: What? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Cavity Free Kids™ Oral Health Education for Home Visiting with Pregnant Women and Parents of Children Birth to Age Five • Copyright © 2015 WDSF

Let's Set Goals

Select the oral health goals you would like to accomplish. Goals should be set based on your child's oral health needs or your needs if you are pregnant.

- ☐ Brush twice a day with fluoride toothpaste.



- ☐ Drink only water between meals.



- ☐ If baby goes to sleep with a bottle, fill it only with water.



- ☐ Eat tooth healthy foods for snacks and meals.



- ☐ Eat during meals and snacks only rather than "grazing" during the day.



- ☐ Find a dentist.



- ☐ Make a dental appointment.



- ☐ Follow-up with treatment appointments.



The client may choose to set another goal that is not listed.

- ☐ Other: _____



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APPENDIX 3

Health Promotion of Families

Healthy Habits for Happy Smiles

Healthy Habits for Happy Smiles



Getting Fluoride for Your Child

Fluoride is found in nature in soil, plants, and water. Fluoride is safe. Drinking tap (faucet) water with fluoride, brushing with fluoride toothpaste, and having a health professional apply fluoride varnish to the teeth are important ways to make teeth strong and prevent tooth decay.



School readiness begins with health!



Fluoride in Water

- Since most water doesn't have enough natural fluoride to prevent tooth decay, many communities add fluoride to their water supply (tap water) used for drinking and cooking.
- Give your child tap water with fluoride. If you are not sure if your water has enough fluoride, ask your child's dental clinic for help in finding out.
- Some bottled waters contain fluoride, and some do not. Check with the bottled water's manufacturer to ask about the fluoride content of a particular brand.
- If your tap water does not have enough fluoride, ask your dental or medical clinic if your child needs fluoride drops or tablets.

Fluoride Toothpaste

- Brush your child's teeth after breakfast and before bed once the first tooth begins to show.
- Use a child-sized toothbrush with soft bristles and fluoride toothpaste.
- See *Healthy Habits for Happy Smiles: Brushing Your Child's Teeth* for more information.

Fluoride Varnish

- Fluoride varnish is painted on a child's teeth to prevent or reduce cavities.
- It is not permanent but keeps fluoride on the teeth for several hours.
- Fluoride varnish has a pleasant taste and is well tolerated by children.



This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #WCHC013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Early Childhood Health and Wellness, 2016. *Healthy Habits for Happy Smiles: Getting Fluoride for Your Child*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

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DEPARTMENT OF
HEALTH & HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
EARLY CHILDHOOD HEALTH AND WELLNESS
Early Childhood Health and Wellness

APPENDIX 4

Health Promotion of Families

Healthy Habits for Happy Smiles

Healthy Habits for Happy Smiles



Visiting the Dental Clinic with Your Child

Children need to visit the dental clinic to keep their teeth and mouth healthy. If children have regular dental visits, the dentist and dental hygienist can take care of their teeth and find oral health problems early. Having regular dental visits also teaches children to value good oral health.



School readiness begins with health!



At the Dental Clinic, the Dental Team Will:

- Check your child's teeth and mouth.
- Talk to you about the best way to take care of your child's teeth. For example, brushing your child's teeth with fluoride toothpaste after breakfast and before bed.
- Share other ways to help prevent tooth decay (cavities). For example, putting fluoride varnish on children's teeth.

Tips for Visiting the Dental Clinic

- If your child asks what will happen at the dental clinic, give a simple answer. For example, say:
 - "They may count how many teeth you have."
 - "They may clean your teeth to make them shiny and bright!"
- If you don't like going to the dental clinic, don't tell your child. That might make your child worry about going, too.
- Set up a pretend dental chair. Pretend to be the dentist or dental hygienist. Look in your child's mouth and count her teeth; then talk to her about brushing her teeth.
- Read books or watch videos with your child about visiting the dental clinic. Don't use books or videos that have words like hurt, pain, shot, drill, afraid, or any other words that might scare your child.
- Let your child bring his favorite toy or blanket to the clinic.
- If you find out that your child will receive a small toy or new toothbrush at the end of the visit, remind your child of this reward.
- Plan a fun activity for after the clinic visit.



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National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Visiting the Dental Clinic with Your Child*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

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ADMINISTRATION FOR
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NATIONAL CENTER ON
Early Childhood Health and Wellness

FNP Curriculum Integration of Interprofessional Oral Health Competencies in Primary Care of Families

PRIMARY CARE ACROSS THE LIFESPAN		ENTRY LEVEL ASSESSMENT		SUMMATIVE ASSESSMENT	
IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork	1) EXPOSURE: INTRODUCTION		2) IMMERSION: DEVELOPMENT		3) COMPETENCE: ENTRY-TO-PRACTICE
	KNOWLEDGE: ADULT WITH CHRONIC DISEASE Goal: Recognize oral manifestations of chronic disease in adults		SKILL/BEHAVIOR Goal: Provide comprehensive health maintenance services to adults with chronic diseases		COLLABORATIVE CASE PRESENTATION: ADULT Goal: Collaborate interprofessionally on adult chronic disease case with oral health needs
	• Read: The association between celiac disease, dental enamel defects, and aphthous ulcers in a United States cohort (Cheng et al, 2010)		Read: • Oral manifestations of gastroesophageal reflux disease (Ranjitkar et al, 2012) • Oral Hygiene Status of Individuals with Cardiovascular Disease (Shetty et al, 2012) • Develop care plan for patient with either chronic disease and include HEENOT in history, risk assessment, exam and plan		• FNP and dental students to collaborate on developing a management plan for adult with Celiac Disease and oral health needs (Appendix 1) • FNP and dental students to present one article from Celiac Disease Reference List and report findings on oral health (Appendix 2)
	KNOWLEDGE: ADOLESCENT WITH INFECTIOUS DISEASE Goal: Recognize oral manifestations of infectious diseases in adolescents		SKILL/BEHAVIOR Goal: Provide comprehensive health maintenance services to children/adolescents with infectious diseases		COLLABORATIVE CASE STUDY: CHILD/ ADOLESCENT Goal: Collaborate interprofessionally on pediatric infectious disease case with oral health needs
HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education	Read: • Sexually Transmitted Diseases and Your Mouth (Mouth Healthy) • HPV and Oropharyngeal Cancer (CDC 2018) • ADA Statement on HPV and Squamous Cell Cancers of the Oropharynx • Importance of a team approach to recommending the HPV vaccination (Fontenot et al., 2018)		• Collaborate together on discussion board on case study of child with Kawasaki Disease and oral health issues (Appendix 3) • Develop evidence-based brochure on benefits of HPV vaccination for pre-adolescents		FNP and dental students to collaborate on developing a management plan for: • Child with infectious disease and oral health needs (Appendix 4) • Adolescent with STI and oral health needs (Appendix 5)
	KNOWLEDGE: PRIMARY CARE IN OLDER ADULT Goal: Recognize oral health needs of older adults		SKILL/BEHAVIOR Goal: Provide comprehensive health maintenance services to older adults		COLLABORATIVE CASE STUDY: OLDER ADULT Goal: Collaborate interprofessionally on geriatric case with cognitive decline and oral health needs
NONPF Competencies: Delivers evidence-based practice for patients throughout lifespan; Obtains and accurately documents relevant health history for patients of all ages and in all phases of individual and family lifecycle using collateral information, as needed	Read: • Randomised clinical trial: Efficacy of strategies to provide oral hygiene activities to nursing home residents with dementia who resist mouth care (Jablonski et al., 2018) • Ensuring Oral Health for Older Individuals with Intellectual and Development Disabilities (Waldman & Perlman, 2012)		• Read Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults (Atchison et al., 2019) • Collaborate together on discussion board on case study of older adult with diabetes (Appendix 6) • Develop oral health management plan for older adult with diabetes and periodontal disease and include HEENOT in history, risk assessment, exam and plan		Read: • Opportunities for Nursing-Dental Collaboration: Addressing Oral Health Needs Among the Elderly (Coleman, 2005) • No More Fighting and Biting During Mouth Care (Jablonski et al., 2011) • FNP and dental students to develop one interprofessional strategy to decrease care-resistant behaviors for older adults with dementia
CONSTRUCTS	INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES				

APPENDIX 1

Family Primary Care

Celiac Disease Case Study

A 39-year-old woman presents with symptoms of diarrhea, nausea, flatulence, colic, difficulty with falling asleep, lack of appetite and a weight loss of 20lbs in the last two years.

She also complains of the appearance of lesions in the mouth, particularly on the tongue.

She has had frequent dental problems over the years, including dental caries and root canals.

What else would you like to know?

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where do you refer patient?

What is your follow-up?

APPENDIX 2

Family Primary Care

Celiac Disease Reference List

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Amato, M., Zingone, F., Caggiano, M., Iovino, P., Bucci, C., & Ciacci, C. (2017). Tooth Wear Is Frequent in Adult Patients with Celiac Disease. *Nutrients*, 9(12), 1321. doi: 10.3390/nu9121321.

Karlin, S., Karlin, E., Meiller, T., & Bashirelahi, N. (2016). Dental and Oral Considerations in Pediatric Celiac Disease. *Journal of Dentistry for Children*, 83(2), 67-70. PMID: 27620516.

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APPENDIX 3

Family Primary Care

Kawasaki Disease Case Study

A 5-year-old girl presented with a 2-week history of fever and rash. Peeling of the skin of her fingers and toes had been noted over the past 2 days.

On physical examination, the girl's temperature was 38.9°C. She was tired but interactive. An erythematous tongue with prominent papillae and desquamation of the hands and feet were noted.

What is the differential?

What is your clinical diagnosis?

What is your treatment plan?

What are your follow-up recommendations?

APPENDIX 4

Family Primary Care

Case Study: Infectious Disease

Chief Complaint: 5 yo male Tim brought to clinic by parent, complaining of fever of 103 x 2 days, headache, muscle aches, sore throat and blisters on palms and soles of feet.

Past History:

Prenatal: no problems

L&D: NSVD, Apgar 9,10

Infancy: Breastfed until 12 months. Normal growth and development

Current Health Status:

Tim has no other health problems. He is in the 50% for height and weight.

Immunization: UTD

Medications: None

Family History: Only child, lives with both parents

Physical Exam:

Alert, oriented, 5yo old male

HEENOT – Eyes: Erythematous watery conjunctiva. Ears, nose and dentition normal. Throat: multiple erythematous blisters in pharynx

Abdomen – soft, nontender

MS – multiple erythematous blisters on palms and soles

Neuro – nl

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where else should parents expect to see more lesions?

APPENDIX 5

Family Primary Care

Case Study: STI

Chief Complaint: 18 yo female Lisa presents to clinic complaining of hoarseness of voice, sores in mouth.

Current Health Status:

Lisa has no other health problems.

Immunization: Childhood immunizations UTD, has not had any immunizations since age 6

Medications: None

Sexual History: multiple partners over past 3 years, intermittent condom use

Physical Exam:

Alert, oriented, 18 yo old female

HEENOT – Eyes, Ears, nose and dentition normal. Scattered papillomas on tongue and pharynx.

Abdomen – soft, nontender

MS – nl

Gyn – No visible lesions – cervical studies pending

Neuro – nl

What else would you like to know?

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where do you refer patient?

What is your follow-up?

APPENDIX 6

Family Primary Care

Diabetes Case Study

A 65 year old Hispanic male Mr. M. was referred by the Dental clinic because of early evidence of periodontal disease. The patient has family history of Type 2 Diabetes (T2D) and history of caring for his diabetic grandfather for many years. He described himself as an expert in diabetes because of the years of caring for his ailing diabetic grandfather. During the health history, he complained of symptoms of hyperglycemia: fatigue, thirst, and weight loss. On physical exam, his blood pressure was 160/95, BMI of 31, random blood sugar of 332 mg/dl, and HgbA1c > 13%. He was diagnosed with T2D and obesity. He was started on Metformin twice a day and was counseled on diet and physical activity. The patient was referred back to dentistry for continued periodontal care in light of his new diagnosis of T2D.

What is the follow-up nursing primary care action plan for Mr. M.?

What are the 3 months follow-up outcomes?

- Oral Health History
- Physical Health Exam
- Oral-Systemic Risk Assessment
- Action Plan
- Preventive Interventions
- Interventions
- Collaboration
- Referrals

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ONLINE RESOURCES

www.OHNEP.org

www.SmilesforLifeOralHealth.org
National Oral Health Curriculum

www.MCHOralHealth.org
National Maternal & Child Oral Health Resource Center

www.IPECollaborative.org
Interprofessional Educational Collaborative

www.APTRweb.org/?PHLM_15
Oral Health Across Lifespan Module

www.HealthyPeople.gov
10-year national health goals for Americans

www.AAP.org
American Academy of Pediatrics

www.AAPD.org
American Academy of Pediatric Dentistry

www.ToothWisdom.org
Health Resources for Older Adults

www.HIGN.org
Hartford Institute Geriatric Oral Health

www.UKY.edu/NursingHomeOralHealth
Nursing Home Oral Health

www.IPE.UToronto.ca
University of Toronto's Centre for Interprofessional Education

RESOURCES

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