

The OHNEP Interprofessional Oral Health Faculty Tool Kit

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 Program (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 (FNP) Program.

Oral health and its links to overall health has been identified as an important population health issue in [Oral Health in America: Advances and Challenges](#) (2021), [Healthy People 2030](#) (2020). The [HRSA Interprofessional Oral Health Core Competencies](#) (2014), [NONPF Nurse Practitioner Role Core Competencies](#) (2022), [The Essentials: Core Competencies for Professional Nursing Education](#) (AACN, 2021) and the [IPEC Core Competencies for Interprofessional Collaborative Practice](#) (2016) provide a framework for the innovative oral health curriculum templates and exciting resources that illustrate how oral health and its links to overall health provide strategies that expose students to interprofessional experiences by integrating oral health “bytes” into courses across the FNP curriculum.

Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in or out of the classroom, link to simulated or live clinical experiences and involve interprofessional community-based service learning, advocacy and policy initiatives as venues you can easily use to integrate oral health into your existing FNP curriculum. The curriculum templates illustrate how oral health can be integrated into health promotion, health assessment and clinical management courses.

The new edition of the [Smiles for Life](#) (2020) 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.

Research evidence continues to reveal an integral relationship between oral and overall health. Chronic diseases managed by Family Nurse Practitioners, such as Diabetes, Depression, HPV, Cancer and Asthma, are but a few of the health problems that have oral manifestations that can be treated by FNP's or referred to dental colleagues. It is important for FNP's on the frontlines of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide gender-affirming care to 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**.

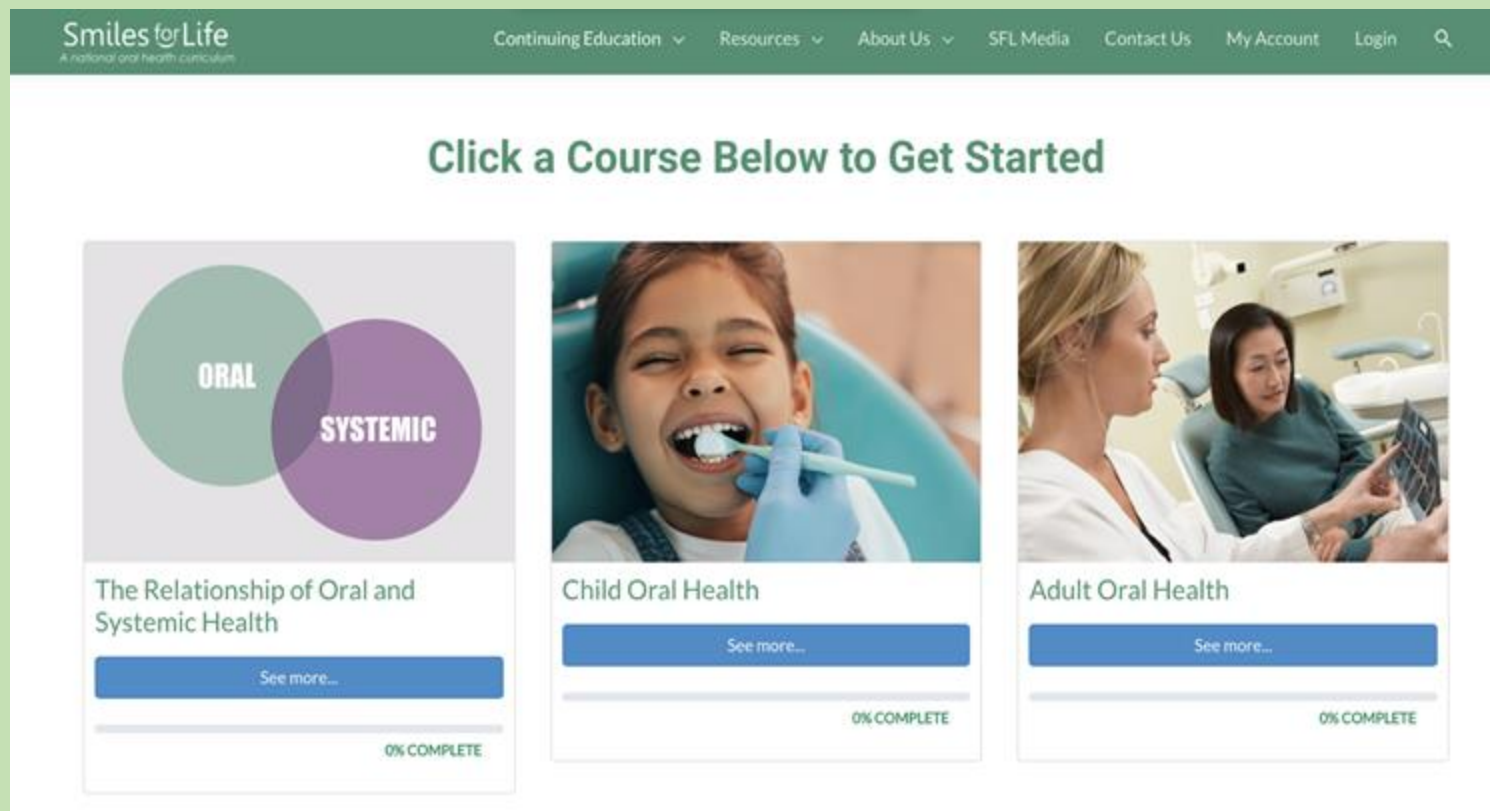
FNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment of Families

HEALTH ASSESSMENT ACROSS THE LIFESPAN HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy CONSTRUCTS	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE	ENTRY LEVEL ASSESSMENT SUMMATIVE ASSESSMENT INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES
	KNOWLEDGE: ORAL CARE OF INFANT, CHILD AND ADOLESCENT <i>Goal:</i> Understand oral care of infant, child and adolescent Read: <ul style="list-style-type: none"> • Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al, 2015) • Improved oral health knowledge in a primary care pediatric nurse practitioner program (Pike et al., 2022) • 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) 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in infant, child and adolescent during simulation lab <ul style="list-style-type: none"> • Review the Mia Jones Unfolding Case (NLN) • 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 • Develop oral health risk reduction tips for parents/caretakers of newborn, infant, child or adolescent 	SKILL/BEHAVIOR <i>Goal:</i> Identify oral pathologies in infant, child and adolescent in clinical experience <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 • Collaborate with DDS/DH and medical students to engage parents/caretakers in discussing oral health risk reduction strategies for newborn, infant, child or adolescent 	
	KNOWLEDGE: ORAL CARE OF ADULT <i>Goal:</i> Understand oral care of 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 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 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in adult during simulation lab <ul style="list-style-type: none"> • Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in adults in simulation lab • Develop oral health risk reduction tips for older adults 	SKILL/BEHAVIOR <i>Goal:</i> Identify oral pathologies in adult in clinical experience <ul style="list-style-type: none"> • Watch Oral Health for the Primary Care Provider video on SFL website • Collaborate with DDS/DH, medical, and pharmacy students to demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam of adults in simulation lab or adult primary care settings 	
KNOWLEDGE: ORAL CARE OF OLDER ADULT <i>Goal:</i> Understand oral care of older adults <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of Completion Read and discuss CAMBRA resources : <ul style="list-style-type: none"> • Tooth Disease and Treatment (Appendix 5) • Caries Risk Assessment Form (Appendix 6) • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in older adult during simulation lab <ul style="list-style-type: none"> • Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in older adults in simulation lab • Develop oral health risk reduction tips for older adults 	SKILL/BEHAVIOR <i>Goal:</i> Identify oral pathologies in older adult in clinical experience <ul style="list-style-type: none"> • Collaborate with DDS/DH, medical, and pharmacy students to demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam of older adults in simulation lab or adult primary care settings 		

Smiles for Life: A National Oral Health Curriculum

<https://smilesforlifeoralhealth.org>

[Click here](#) to download materials for implementing modules in a classroom setting.



The screenshot shows the Smiles for Life website interface. At the top, there is a navigation bar with the logo and menu items: Continuing Education, Resources, About Us, SFL Media, Contact Us, My Account, and Login. Below the navigation bar, the main heading reads "Click a Course Below to Get Started". Three course cards are displayed in a row:

- Course 1:** "The Relationship of Oral and Systemic Health". The card features a Venn diagram with two overlapping circles, one labeled "ORAL" and the other "SYSTEMIC". Below the diagram is a blue "See more..." button and a progress bar showing "0% COMPLETE".
- Course 2:** "Child Oral Health". The card features a photograph of a young girl smiling while a dentist examines her teeth. Below the photo is a blue "See more..." button and a progress bar showing "0% COMPLETE".
- Course 3:** "Adult Oral Health". The card features a photograph of a dentist consulting with a patient. Below the photo is a blue "See more..." button and a progress bar showing "0% COMPLETE".

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 2

Health Assessment Across the Lifespan

American Academy of Pediatrics Oral Health Risk Assessment Tool

American Academy of Pediatrics Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. Since a validated caries risk assessment tool does not currently exist, this tool includes factors known to be related to childhood caries. The form provides a framework to assist the pediatric clinician to identify risk as well as modifiable behaviors to optimize patient oral health.

Instructions for Use

Use this form in conjunction with the **AAP Oral Health Intake Form**, to collect information from parents/caregivers on home care and habits that contribute to both protective and risk factors. That information will help inform the **Action Plan** and the family's **Self-Management Goals**.

The child is at high risk for caries if any of the risk factors below are reported or found in the physical exam. In the presence of multiple risk factors or severe clinical findings, the clinician may determine the child should be seen by a dentist as soon as possible.

Patient Name: _____ Date of Birth: _____ Date: _____

Visit: 6 month 9 month 12 month 15 month 18 month 24 month 30 month 3 year 4 year 5 year 6 year Other

RISK FACTORS

- | | | |
|--|--|---|
| Mother or primary caregiver had active decay in the past 12 months
<input type="checkbox"/> Yes <input type="checkbox"/> No | Frequent snacking on sugary and/or sticky snacks
<input type="checkbox"/> Yes <input type="checkbox"/> No | Medicaid eligible
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does not have an established dental home
<input type="checkbox"/> Yes <input type="checkbox"/> No | Has not received fluoride varnish in the last 6 months
<input type="checkbox"/> Yes <input type="checkbox"/> No | Special health care needs
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Continual bottle/sippy cup use with beverage other than water
<input type="checkbox"/> Yes <input type="checkbox"/> No | Does not have teeth brushed twice daily
<input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does not drink fluoridated water or take fluoride supplements
<input type="checkbox"/> Yes <input type="checkbox"/> No | Does not use fluoride toothpaste
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

PHYSICAL FINDINGS

- | | | |
|--|---|--|
| Obvious decay
<input type="checkbox"/> Yes <input type="checkbox"/> No | White spots or decalcifications
<input type="checkbox"/> Yes <input type="checkbox"/> No | Visible plaque
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restorations present (Fillings or Silver Diamine Fluoride Present)
<input type="checkbox"/> Yes <input type="checkbox"/> No | Swollen or bleeding gums (gingivitis)
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

Oral Health Risk Determination: If YES to any of the above, this patient is considered **HIGH** risk for dental disease. Determine **HIGH** / **LOW** risk; follow **Action Plan** below.

ACTION PLAN

- | | | | |
|------------------------|---|--|---|
| Apply fluoride varnish | High Risk <input type="checkbox"/> Every 3 months
Low Risk <input type="checkbox"/> Every 6 months | Set self-management goals with caregiver | High Risk <input type="checkbox"/> Yes
Low Risk <input type="checkbox"/> Yes |
| Refer to a dental home | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SELF-MANAGEMENT GOALS

- Reviewed
- Brush twice daily with fluoride toothpaste.
 - Regular dental visits for child and caregiver(s).
 - Wean off bottle and use only water in sippy cup
 - Less/no juice. No soda.
 - Drink fluoridated water.
 - Less/no junk food or candy. Replace with healthy snacks.
 - Have teeth treated with fluoride varnish every 3-6 months.

COMPLETED ACTIONS

- | | | |
|------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Oral health risk assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual exam of the mouth | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluoride varnish application | <input type="checkbox"/> | <input type="checkbox"/> |
| Anticipatory guidance | <input type="checkbox"/> | <input type="checkbox"/> |
| Referral to a dentist | <input type="checkbox"/> | <input type="checkbox"/> |

MANAGEMENT OF HIGH RISK CHILDREN

High-risk children should receive professionally applied fluoride varnish. Caregivers should be counseled to brush teeth twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

APPENDIX 3

Health Assessment Across the Lifespan

American Dental Association [Caries Risk Assessment Form \(Age 0-6\)](#)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age 0-6)			
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"/>	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: 			

APPENDIX 4

Health Assessment Across the Lifespan

American Dental Association [Caries Risk Assessment Form \(Age >6\)](#)

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"/>	Carious lesions in last 6 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"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
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"/>	3 or more 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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APPENDIX 5

Health Assessment Across the Lifespan

CAMBRA Tooth Disease and Treatment

Tooth Disease and Treatment



Tooth decay is a serious disease!

- Starts on the surface of the teeth and continues to get worse
- Can cause permanent damage in as little as 6 months!
- Can cause sensitivity
- Ultimately may mean drilling, fillings and crowns

What causes tooth decay?

- Not flossing and brushing every day at home
- "Dry mouth" from medicines that reduce saliva flow
- Foods with too much sugar
- Fillings that you already have can wear away
- Braces, retainers and bridges you already have can attract bacteria that causes decay
- Putting infants to bed with drinks containing sugar
- Moms can pass on the bacteria that causes decay to their kids
- Using any form of tobacco

Stage One Disease: Pre-Cavities

- Your tooth loses minerals on the outer surface
- This is usually invisible to the naked eye
- Areas where teeth touch are really vulnerable

Stage Two Disease: White Spots

- These are the first visible signs
- They appear near your gum line or near your braces
- Think of them as "hot spots"

Stage Three Disease: Cavities

Regular Cavities

- Part of the healthy tooth is destroyed
- Has to be cleared of decay and filled
- If decay gets too deep, the tooth and root have to be removed and you'll need a crown, bridge or implant

Root Cavities

- Start on the tooth surface near the gums
- Faster growing than regular cavities
- More common in adults
- Can make teeth sensitive and painful when eating or drinking cold or hot beverages

Secondary Cavities

- Over time, older fillings can crack or chip
- Plaque and bacteria get under them and cause new decay
- Need to be refilled or replaced with a crown, bridge or implant

Fight tooth decay with proper care.

- Avoid drilling, filling and tooth loss with early detection
- Learn to remove plaque by brushing properly without damaging enamel
- Your dental professional may recommend using:
 - A power toothbrush
 - A special toothpaste
 - A special oral rinse
- Floss every day to remove plaque between your teeth
- Don't miss appointments with your dental professional

You may also need stronger medicines or more frequent visits to the dental office.

- High-strength fluoride varnishes, gels or rinses applied during your dental office visit can help, even for adults
- Prescription fluoride toothpaste or rinse may need to be used between visits
- Prescription sensitivity toothpaste can be helpful for people with root cavities
- More office visits may be needed to remove plaque and tartar build-up that you are missing at home

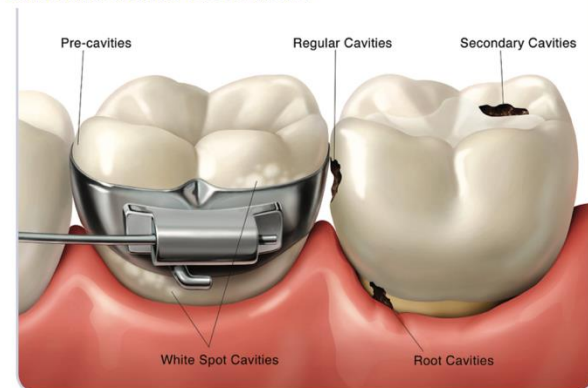


1. Diagnosis and Management of Dental Caries Throughout Life. National Institutes of Health Consensus Development Conference Statement, March 26-28, 2001.

Avoid drilling, filling and loss with early detection.



Dental professionals can spot early signs of problems and recommend home care treatments.



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APPENDIX 6

Health Assessment Across the Lifespan

CAMBRA [Caries Risk Assessment Form](#)

Caries Risk Assessment Form

Patient Name: _____ Date: _____

► Factors increasing risk for future cavities may include, but are not limited to:¹

High Risk Factors

- 3 or more carious lesions/restorations in last 36 months
- Teeth missing due to caries in last 36 months
- Cariogenic diet (frequent high sugar and acidic food/drinks)
- Xerostomia (medication, radiation, disease induced)
- Chemo/radiation therapy
- Physical or mental disability which prevents proper oral health care

Moderate Risk Factors

- Active caries in previous 12 months
- Poor oral hygiene
- High titers of cariogenic bacteria
- Active orthodontic treatment (fixed or removable)
- Poor family dental health
- Genetic abnormality of teeth
- Suboptimal fluoride exposure
- Irregular professional dental care
- Drug/alcohol abuse
- Numerous multi-surface restorations
- Eating disorders
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Prolonged nursing (bottle or breast)
- Developmental or acquired enamel defects
- Other _____

Diagnosis

- Low Risk** = no factors checked
- Moderate Risk** = only moderate risk factors checked
- High Risk** = at least one condition in high risk checked

► Proposed treatment for improved prognosis:

The American Dental Association recommends the use of in-office fluoride varnish or a 4 minute (APF) gel every 3–6 months and home use prescription strength fluoride toothpaste or rinse for patients who are at an elevated risk for caries.²



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USA

¹ This form is adapted from the American Dental Association Publications—**Caries Risk Assessment Form (Age > 6)**

² Weyant RJ, Tracy SL, Anselmo T, Beltran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291.

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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
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: HEALTH PROMOTION IN CHILDREN <i>Goal:</i> Understand importance of maintaining good oral health in children Review: <ul style="list-style-type: none"> • Cavity Free Kids (CFK): Teething (Appendix 1) • Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain (Appendix 2) • CFK: Lift the Lip (Appendix 3) • Healthy Habits for Happy Smiles: Getting Fluoride for your Child (Appendix 4) • CFK How to Brush & How to Floss (Appendix 5) • Cavity Free Kids Tooth Healthy Foods information and handouts </p>	<p>SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of children</p> <ul style="list-style-type: none"> • Review Let's Talk Teeth & Let's Set Goals (Appendix 6) • Perform appropriate oral health history and physical exam for child, including frequency of carb/sugar intake • Write advice column in parenting journal detailing specific oral health issues commonly encountered by parents/caregivers 	<p>SKILL/BEHAVIOR <i>Goal:</i> 1) Demonstrate HEENOT competency in oral health history of young children in clinical experience; 2) Advocate for policies that promote good oral health within your community</p> <ul style="list-style-type: none"> • Participate 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 • Develop talking points for engaging parents in anticipatory guidance about pediatric oral health and nutrition
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p>KNOWLEDGE: HEALTH PROMOTION IN ADULTS <i>Goal:</i> Understand importance of maintaining good oral health in 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 • Oral Health in America: Working-Age Adults (NIDCR, 2021) • American Cancer Society Fact Sheets 	<p>SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of adults</p> <p>Read:</p> <ul style="list-style-type: none"> • Five Major Steps to Intervention (The "5 A's") (AHRQ) • Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons (USPSTF, 2021) • Develop and engage smoking adults in evidence-based smoking cessation program • Develop and implement evidence-based oral cancer screening program for smoking adults with dental students 	<p>SKILL/BEHAVIOR <i>Goal:</i> Advocate for smoking cessation in adults</p> <p>Read:</p> <ul style="list-style-type: none"> • Integrating Oral Health into Health Professions School Curricula (Gill et al., 2022) • Oral Health and Diabetes (Darling-Fisher et al. 2017) • Using health literacy principles, plan an evidence-based oral health education program with dental colleagues for adults with type 2 diabetes
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p>KNOWLEDGE: HEALTH PROMOTION IN OLDER ADULTS <i>Goal:</i> Understand importance of maintaining good oral health in older adults</p> <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of Completion • Read: Oral Health in America: Older Adults (NIDCR, 2021) • Review the materials provided in the ACE.S Teaching Strategies that focus on oral health (NLN) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of older adults</p> <ul style="list-style-type: none"> • Engage older adults in an evidence-based nutrition and oral health education program at senior center • Develop list of dental providers who accept Medicaid or sliding scale in your community to whom you can refer patients • Explore teledentistry or dental house call resources for older adults 	<p>SKILL/BEHAVIOR <i>Goal:</i> Promote good oral health habits in older adults</p> <ul style="list-style-type: none"> • Read: Older Adults: Unique Challenges at the Interface Between Nutrition and Oral Health (GSA, 2020) • Plan evidence-based nutrition and oral health education program for older adults with dental and nutrition students

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

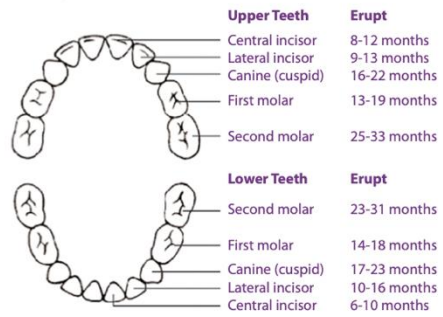
Cavity Free Kids: [Teething](#)

Teething

Did You Know?

- Babies will usually begin to get their teeth around 6 months of age.
- While teething, babies may chew on their fingers, hands, or anything that they can get into their mouths.
- Comfort a teething baby by offering a cold, firm, safe and clean teething object, like a teething ring or slightly frozen damp washcloth.
- Drooling and fussiness are normal signs of teething.

Teething biscuits and crackers are often sticky and sugary and can cause cavities. **Do not offer them for teething.**



Take the Healthy Mouth Challenge!

I will:

- Get a teething ring or put a washcloth in the freezer to comfort my teething baby.



Healthy Habits for Happy Smiles: [Helping Your Baby with Teething Pain](#)

Healthy Habits for Happy Smiles



Helping Your Baby with Teething Pain

It is exciting to see your baby's first tooth! Baby (primary) teeth begin to come in when your child is about 6 to 10 months old. For some babies, teething hurts. As teeth come in, babies might be cranky or drool more. They might have sore or swollen gums. And they may chew on things.



School readiness begins with health!



Tips for helping your baby with teething pain:

- Check your child's teeth and mouth.
- Rub your baby's gums with a clean finger. The rubbing may make your baby's gums feel better.
- Find teething toys that have solid pieces. Loose pieces can break off and make your baby choke.
- It is best not to use teething toys that have liquid in them. Your baby could chew a hole into them.
- Don't put any teething toys or necklaces around your baby's neck. And don't pin or clip them to your baby's clothes. The toy could get tangled around your baby's neck and make her choke.
- Give your baby something cool to chew on. Clean, refrigerated spoons, pacifiers, teething rings, and wet washcloths are good choices. Don't put teething rings in the freezer. That makes them too cold for your baby's mouth.
- With your baby seated in a high chair, offer a chunk of frozen banana or plain bagel to chew on. Give your baby the whole piece of food. Don't cut it into small pieces. Keep an eye on your baby when she eats in case she chokes.
- Don't use teething gels or liquids on your baby's gums. They are not safe.



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National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.
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ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
Early Childhood Health and Wellness

Cavity Free Kids: [Lift the Lip](#)

Lift the Lip

Did You Know?

- Lift the Lip is one way for you to check your child's teeth for early signs of tooth decay.
- It's quick and easy to do—take a minute to Lift the Lip while you're reading or playing with your child, before bed, or during toothbrushing.
- By checking your child's teeth once a month, you can help identify early tooth decay and prevent cavities.



Ignoring early signs of decay can lead to cavities.

How to Lift the Lip

1. Lift or gently push the upper lip so the teeth and gums are visible.
2. Look at the upper teeth—the front and back of the teeth for plaque on the gum line, white, brown, or black spots.
3. Repeat the process with the lower teeth.
4. If you see spots or anything unusual, have your child's teeth checked by a dentist or medical provider as soon as possible.

Your child may fuss, cry or wiggle while you check his teeth. As you both get more comfortable with the process it will get easier.

Take the Healthy Mouth Challenge!

I will:

- Lift my child's lip at least once a month to check for early signs of tooth decay.
- Make an appointment with dentist or medical provider if I see white, brown or black spots or have other concerns.



BABY TEETH ARE IMPORTANT

Cavity Free Kids™ Oral Health Education for Children Birth through Age Five, and their Families - Copyright © 2015 WDSF

APPENDIX 4

Health Promotion of Families

Healthy Habits for Happy Smiles: [Getting Fluoride for Your Child](#)

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.



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DEPARTMENT OF
HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
EARLY CHILDHOOD
HEALTH AND WELLNESS

Cavity Free Kids: [How to Brush](#) & [How to Floss](#)

How To Brush



Use a soft bristle toothbrush and fluoridated toothpaste.

Use a smear of toothpaste from the first tooth up to age 3, a pea-sized amount after that.



Hold your brush at an angle where the gum meets the tooth.

Food and germs like to stick there.



Move the toothbrush in small circles.

Count to 5 before moving the brush to another spot.



Remember the biting surfaces.

That is where the food gets stuck and germs hide.



Brush the tongue.

Germs hide there.

Brush your child's teeth (and yours!) twice a day—after breakfast and before bed.



How To Floss



Wrap the floss around your middle or index fingers to get a firm grip.

Hold between your thumbs and fingers.



Gently slide the floss between two teeth. Then wrap the floss toward one tooth, hugging it as you gently slide it up, back, forth, and down.



Repeat this process on all teeth. Remember to hug that back tooth even though it is the last one in line.

Remember...

- ✓ Always use a clean piece of floss between teeth.
- ✓ Never snap or force floss as this may cut or bruise gum tissue.
- ✓ Children cannot floss by themselves, they need your help.
- ✓ Start flossing your child's teeth as soon as teeth touch.
- ✓ It will help your child learn good habits if they see you floss.



APPENDIX 6

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"/>



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: _____



APPENDIX 4

Health Promotion of Families

Healthy Habits for Happy Smiles: [Visiting the Dental Clinic with Your Child](#)



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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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	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: ADOLESCENT WITH STI <i>Goal:</i> Recognize oral manifestations of STIs in adolescents <i>Read:</i></p> <ul style="list-style-type: none"> • HPV-Related Papillary Lesions of the Oral Mucosa: A Review (Betz, 2019) • Cancer (Head and Neck) (ADA) • Improving HPV Vaccine Confidence: An Interprofessional Challenge (Cipollina, 2022) • Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers (Haber et al., 2022) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to adolescents with STIs</p> <ul style="list-style-type: none"> • Read Human Papillomavirus Vaccine Efficacy and Effectiveness against Cancer (Kamolratanakul & Pitisuttithum, 2021) • Describe barriers to accepting the need for the HPV vaccine among parents, pre-adolescents and adolescents • Using health literacy principles, develop a brochure describing benefits of HPV vaccination for adolescents 	<p>COLLABORATIVE CASE STUDY: ADOLESCENT <i>Goal:</i> Collaborate interprofessionally on an adolescent case with an STI and oral health needs</p> <ul style="list-style-type: none"> • Collaborate with DDS/DH and medical students on developing a management plan for adolescent with STIs and oral health problems (Appendix 1) • Collaborate with DDS/DH and medical students on caring for adolescents with STIs in clinical experience
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p>KNOWLEDGE: ADULT WITH CHRONIC DISEASE <i>Goal:</i> Recognize oral manifestations of chronic disease in adults <i>Review:</i></p> <ul style="list-style-type: none"> • Smiles for Life (SFL) Modules #1, 3, 7, 8 • Oral Abnormalities in the SFL Photo Gallery on the mobile app <p><i>Read:</i></p> <ul style="list-style-type: none"> • Clinical manifestations of gastrointestinal diseases in the oral cavity (Al-Zahrani et al., 2021) • Cardiovascular prevention starts from your mouth (Masi et al., 2019) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to adults with chronic diseases</p> <ul style="list-style-type: none"> • Develop management plan for patient with either GERD or CVD and include HEENOT in history, risk assessment and physical exam 	<p>COLLABORATIVE CASE PRESENTATION: ADULT <i>Goal:</i> Collaborate interprofessionally on adult chronic disease case with oral health needs</p> <ul style="list-style-type: none"> • Collaborate with DDS/DH students on developing a management plan for adult with CVD and oral health problems (Appendix 2) • Collaborate with DDS/DH students to use motivational interviewing to engage patient in identifying oral health CVD risk-reduction lifestyle changes
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p>KNOWLEDGE: PRIMARY CARE IN OLDER ADULT <i>Goal:</i> Recognize oral health needs of older adults <i>Read:</i></p> <ul style="list-style-type: none"> • The association between accessing dental services and nonventilator hospital-acquired pneumonia among 2019 Medicaid beneficiaries (Baker et al., 2022) • Integrating oral care into patient management to prevent hospital acquired pneumonia: a team approach (Munro & Baker, 2019) • Oral Health in America: Older Adults (NIDCR, 2021) • Review Preventing NVHAP with Oral Care (NLN) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to older adults</p> <ul style="list-style-type: none"> • Read Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults (Atchison et al., 2019) • Collaborate on discussion board on case study of older adult with diabetes (Appendix 3) • Develop oral health management plan for older adult with diabetes and periodontal disease and include HEENOT in history, risk assessment, exam and plan 	<p>COLLABORATIVE CASE STUDY: OLDER ADULT <i>Goal:</i> Collaborate interprofessionally on geriatric case with cognitive decline and oral health needs</p> <p><i>Read:</i></p> <ul style="list-style-type: none"> • Dry Mouth Effects of Top 50 Prescription Medications (Appendix 4) • Dose-dependent association between xerostomia and number of medications among older adults (Storbeck et al., 2021) • Collaborate with DDS/DH students to develop a management plan for an older adult on multiple medications with xerostomia

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

STI Case Study

Chief Complaint

16 year old 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: Two partners over past year, intermittent condom use.

Family History: Only child, lives with both parents.

Physical Exam: Alert, oriented, 16 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 2

Family Primary Care

Cardiovascular Disease Case Study (Pt. 1)

HX: The patient, age 50, presents to his primary care provider complaining of a 6-month history of headaches, fatigue, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. The patient also noticed that his front bottom teeth wiggle more than usual, causing anxiety about losing his teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and he does not have health insurance.

PMH: Patient reports being diagnosed with “high blood pressure” about 7 years ago, but denies any other past medical history

PSH: Tonsillectomy at age 5 for chronic URIs

ROS: Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath. Patient acknowledges being overweight and states that “it is part of getting older”

FH: Father and paternal grandfather were diagnosed with HTN in their 50s. Patient’s father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient’s mother has HTN and Alzheimer’s disease. Both parents reside in a nursing home. Patient has two siblings who live in distant states. Pt. has 2 young adult children, age 23 and 21, who are healthy and do not live at home. Patient is divorced for 2 years; his ex-spouse lives locally and works as a Teacher Aide in an elementary school.

Social history: Lost health insurance when he lost his job as an auto mechanic three years ago during COVID. Pt. has not been able to find employment with health benefits. He has just about exhausted his savings. He has not been to a primary care provider since losing job and health insurance and has not taken medication for his hypertension since losing his health insurance. Pt. denies smoking, alcohol consumption, or illicit drug use.

Cardiovascular Disease Case Study (Pt. 2)

Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PEHEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

APPENDIX 3

Family Primary Care

Diabetes Case Study (Pt. 1)

HX: The 70 y.o. patient presents to his primary care provider complaining of a 6-month history of fatigue, increased thirst, frequent urination, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. The patient also noticed that his/her front bottom teeth wiggle more than usual, causing anxiety about losing his teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and he does not have health insurance.

PMH: Patient denies any past medical history

PSH: Appendectomy at age 12

ROS: Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath.

FH: Father and paternal grandfather were diagnosed with T2D in their 50s. Patient's father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient's mother has HTN and Alzheimer's disease. Both parents reside in a nursing home. Patient is an only child. Pt. has 2 adult children who are healthy and do not live at home. Patient is widowed, his/her spouse died of cancer 2 years ago.

Social history: Lost insurance when he/she changed job three years ago. Pt. was employed as a part-time office manager when he/she lost his/her job due to COVID shutdown. Pt. has not been to a primary care provider since losing job and health insurance. Pt. has not enrolled in Medicare even though he/she is eligible. Pt. denies smoking, alcohol consumption, or illicit drug use and is an active member of his/her church congregation.

Diabetes Case Study (Pt. 2)

Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PEHEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

APPENDIX 4

Family Primary Care

Dry Mouth Effects of Top 50 Prescription Medications



Dry Mouth Effects of Top 50 Prescription Medications

Drug (Brand Name)	Generic Name	May Cause Dry Mouth
Abilify	aripiprazole	No
Advair Diskus	fluticasone and salmeterol	No
Afluria	influenza virus vaccine	No
Benicar	hydrochlorothiazide and olmesartan	Yes
Benicar HCT	hydrochlorothiazide and olmesartan	Yes
Bystolic	nebivolol	No
Celebrex	celecoxib	Yes
Cialis	tadalafil	Yes
Crestor	rosuvastatin	No
Cymbalta	duloxetine	Yes
Dexilant	dexlansoprazole	No
Diovan	hydrochlorothiazide and valsartan	Yes
Flovent HFA	fluticasone inhalation	Yes
Focalin XR	dexmethylphenidate	No
Humalog	insulin lispro	No
Janumet	metformin/sitagliptin	No
Januvia	sitagliptin	No
Lantus	insulin glargine	No
Lantus Solostar	insulin glargine	No
Levemir	insulin detemir	No
Lo Loestrin Fe	ethinyl estradiol/norethindrone	No
Lumigan	bimatoprost ophthalmic	No
Lunesta	eszopiclone	Yes
Lyrica	pregabalin	Yes
Namenda	memantine	No

Drug (Brand Name)	Generic Name	May Cause Dry Mouth
Nasonex	mometasone nasal	No
Nexium	esomeprazole	Yes
Novolog	insulin aspart	No
Novolog Flexpen	insulin aspart	No
Nuvaring	ethinyl estradiol/etonogestrel	No
Ortho-Tri-Cy Lo 28	ethinyl estradiol/norgestimate	No
Oxycontin	oxycodone	Yes
Premarin	conjugated estrogens topical	No
Pristiq	desvenlafaxine	No
Proventil HFA	albuterol inhalation	Yes
Spiriva Handihaler	Tiotropium Bromide	Yes
Suboxone	buprenorphine/naloxone	No
Symbicort	budesonide and formoterol	Yes
Synthroid	levothyroxine	No
Tamiflu	oseltamivir	No
Toprol-XL	metoprolol	Yes
Travatan Z	travoprost ophthalmic	No
Ventolin HFA	albuterol inhalation	Yes
Vesicare	solifenacin succinate	Yes
Viagra	sildenafil	Yes
Voltaren	diclofenac	Yes
Vytorin	ezetimibe/simvastatin	No
Vyvanse	lisdexamfetamine	Yes
Xarelto	rivaroxaban	No
Zetia	ezetimibe	No

1. Top 100 Drug List http://www.medscape.com/viewarticle/825053#vp_2
 2. Dry Mouth List <http://www.ohnep.com/content/uploads/pdfs/Public%20Info/Seniors/DryMouthMedications.pdf>
 3. <http://www.drugs.com>

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REFERENCES

Agency for Healthcare Research and Quality. Five major steps to intervention (The “5 A’s”). Retrieved from <https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html>.

Al-Zahrani, M. S., Alhassani, A. A., & Zawawi, K. H. (2021). Clinical manifestations of gastrointestinal diseases in the oral cavity. *The Saudi Dental Journal*, 33(8), 835–841. doi: 10.1016/j.sdentj.2021.09.017.

American Academy of Pediatrics. (2011). Oral health risk assessment tool. Retrieved from https://www.aetnabetterhealth.com/florida/assets/pdf/provider/oralhealth_RiskAssessmentTool.pdf.

American Academy of Pediatrics. (2019). Recommendations for preventive pediatric health care. Retrieved from https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education. Retrieved from <https://www.aacnursing.org/Essentials>.

American Cancer Society. How to quit using tobacco. Retrieved from <https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking.html>.

American Dental Association. (2011). ADA Caries Risk Assessment Form. Retrieved from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/public-programs/give-kids-a-smile/gkas_caries_risk_assessment_forms.pdf.

American Dental Association. (2022). Cancer (Head and Neck). Retrieved from <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/cancer-head-and-neck>.

Arcora Foundation. Cavity Free Kids. Retrieved from <http://cavityfreekids.org>.

Atchison, K. A., Glick, A. D., & Haber, J. (2019). Developing an interprofessional oral health education system that meets the needs of older adults. *Journal of the California Dental Association*, 47(4), 247-253. Retrieved from https://www.cda.org/Portals/0/journal/journal_042019.pdf.

Betz, S.J. (2019). HPV-related papillary lesions of the oral mucosa: a review. *Head and Neck Pathol*, 13, 80-90. doi: 10.1007/s12105-019-01003-7

Baker, D., Giuliano, K.K., Thakkar-Samtani, M., Scannapieco, F.A., Glick, M., ... & Frantsve-Hawley, J. (2022). The association between accessing dental services and nonventilator hospital-acquired pneumonia among 2019 Medicaid beneficiaries. *Infection Control and Hospital Epidemiology*, 1-3. doi: 10.1017/ice.2022.163.

ONLINE RESOURCES

[OHNEP.org](https://www.ohnep.org)

[SmilesforLifeOralHealth.org](https://www.smilesforlife.org)

National Oral Health Curriculum

[MCHOralHealth.org](https://www.mcho.org)

National Maternal & Child Oral Health Resource Center

[IPECollaborative.org](https://www.ipe.org)

Interprofessional Educational Collaborative

[APTRweb.org](https://www.aptrweb.org)?PHLM_15

Oral Health Across Lifespan Module

[HealthyPeople.gov](https://www.healthypeople.gov)

10-year national health goals for Americans

[AAP.org](https://www.aap.org)

American Academy of Pediatrics

[AAPD.org](https://www.aapd.org)

American Academy of Pediatric Dentistry

[ECLKC.OHS.ACF.HHS.gov](https://www.eclkc.org)

Head Start Healthy Habits for Happy Smiles

[CavityFreeKids.org](https://www.cavityfreekids.org)

Cavity Free Kids Resources

[Layout: IPE.UToronto.ca](https://www.ipeutoronto.ca)

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REFERENCES

- Caries Management by Risk Assessment (CAMBRA). 3m. Retrieved from https://www.3m.com.jm/3M/en_JM/dentaljm/procedure/preventive/caries-management/.
- Cipollina, J. (2022). Improving HPV vaccine confidence: an interprofessional challenge. All 4 Oral Health. Retrieved from <https://all4oralhealth.wordpress.com/2022/04/12/improving-hpv-vaccine-confidence-an-interprofessional-challenge/>.
- Clark, M. B., Douglass, A. B., Maier, R., Deutchman, M., Douglass J. M., Gonsalves W., ... & Quinonez, R. (2020). Smiles for life: A national oral health curriculum. 4th Edition. Society of Teachers of Family Medicine. Retrieved from smilesforlifeoralhealth.com.
- Darling-Fisher, C., Borgnakke, W., & Haber, J. (2017). Oral health and diabetes. *American Nurse Today*, 12(8), 22–25. Retrieved from <https://www.americannursetoday.com/ana-journal-august-2017/>.
- Gerontological Society of America. (2020). Older Adults: Unique Challenges at the Interface Between Nutrition and Oral Health. Retrieved from <https://www.geron.org/images/gsa/documents/whatshotnutritionoralhealth.pdf>.
- Gill, S.A, Quinonez, R.B., Deutchman, M., Conklin, C.E., Rizzolo, D., Rabago, D., ... & Silk, H. (2022). Integrating oral health into health professions school curricula. *Medical Education Online*, 27(1). doi: 10.1080/10872981.2022.2090308.
- Haber, J. Hartnett, E. Allen, K., Hallas, D., Dorsen C., Lange-Kessler, J., Lloyd M., Thomas, E., Wholihan D. (2015). Putting the mouth back in the head: HEENT to HEENOT. *American Journal of Public Health*, 105(3), e1–e5. doi:10.2105/AJPH.2014.302495.
- Haber, J., Hartnett, E., Feldman, L. M., & Cipollina, J. E. (2022). Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers. *Journal of Dental Education*, 86(1), 47–50. doi: 10.1002/jdd.12752.
- Head Start ECLKC. Healthy Habits for Happy Smiles. US Department of Health and Human Services, Administration for Children and Families. Retrieved from <https://eclkc.ohs.acf.hhs.gov/browse/series/healthy-habits-happy-smiles>.
- Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC; 2016. Retrieved from <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>.
- Kamolratanakul, S., & Pitisuttithum, P. (2021). Human papillomavirus vaccine efficacy and effectiveness against cancer. *Vaccines*, 9(12), 1413. doi: 10.3390/vaccines9121413
- Masi, S., D’Aiuto, F., & Deanfield, J., Cardiovascular prevention starts from your mouth. *European Heart Journal*, 40(14), 1146-1148. doi: 10.1093/eurheartj/ehz060.
- Munro, S. & Baker, D. (2019). Integrating oral health care into patient management to prevent hospital-acquired pneumonia: a team approach. *Journal of the Michigan Dental Association*, July 2019, 48-57. Retrieved from <https://www.michigandental.org/Portals/pro/Journals/July%202019/html5/index.html?page=1&noflash>.
- National Institute of Dental and Craniofacial Research. (2021). Oral Health in America: Advances and Challenges. Retrieved from: <https://www.nidcr.nih.gov/research/oralhealthinamerica>.

REFERENCES

- National League for Nursing. Advancing Care Excellence Pediatrics: Mia Jones. Retrieved from <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/acep/ace-p-unfolding-cases/mia-jones-5556c65c-7836-6c70-9642-ff00005f0421>.
- National Organization of Nurse Practitioner Faculties. (2022). NONPF Nurse Practitioner Role Core Competencies. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20220825_nonpf_np_role_core_.pdf.
- Pike, N.A., Kinsler, J.J., Peterson, J.K., Verzemnieks, I., Lauridsen, L., Love-Bibbero, L., & Ramos-Gomez, F. (2022). Improved oral health knowledge in a primary care pediatric nurse practitioner program. *Journal of American Association of Nurse Practitioners*, 34(5), 755-762. doi: 10.1097/JXX.0000000000000696.
- Storbeck, T., Qian, F., Marek, C., Caplan, D., & Marchini, L. (2022). Dose-dependent association between xerostomia and number of medications among older adults. *Special Care in Dentistry*, 42, 225– 231. doi: 10.1111/scd.12662.
- United States Department of Health and Human Services. Healthy People 2030. Retrieved from <https://health.gov/healthypeople>.
- United States Department of Health and Human Services, Health Resources and Services Administration. (2014). Integration of oral health and primary care practice. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf>.
- US Preventive Services Task Force. (2021). Interventions for tobacco smoking cessation in adults, including pregnant persons:US Preventive Services Task Force Recommendation Statement. *Journal of the American Medical Association*, 325(3), 265-279. doi:10.1001/jama.2020.25019.