

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Psychiatric-Mental Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment Across the Lifespan
- Health Promotion in Children & Adolescents
- Health Promotion in Adults & Older Adults
- Resources



INTRODUCTION

The **Oral Health Nursing Education and Practice Program (OHNEP)** is pleased to launch a new edition of the **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 Psychiatric Mental Health Nurse Practitioner 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 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 PMHNP 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 PMHNP 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. Depression, Anxiety, PTSD, Autism, and Eating Disorders, are but a few of the mental health problems that have oral manifestations that can be treated by PMHNPs or referred to our dental colleagues. It is important for PMHNPs on the frontlines of mental health care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions 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 Psychiatric Mental Health Nurse Practitioner Program. If you need additional technical assistance, please feel free to contact us at **OHNEP@nyu.edu**.

P-MHNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment Across the Lifespan

| <p>HEALTH ASSESSMENT ACROSS THE LIFESPAN</p> <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> <p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p> <p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p> <p>CONSTRUCTS</p> | 1) EXPOSURE: INTRODUCTION | 2) IMMERSION: DEVELOPMENT | 3) COMPETENCE: ENTRY-TO-PRACTICE |
|--|--|--|--|
| | <p>KNOWLEDGE: ORAL CARE OF CHILD AND ADOLESCENT</p> <p><i>Goal:</i> Understand oral care of child and adolescent</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Modules #1, 2, 6, including Clinical Cases, and submit Certificates of Completion <p>Read:</p> <ul style="list-style-type: none"> Caries-risk Assessment and Management for Infants, Children, and Adolescents (AAPD, 2022) Challenges in Treating Children With Autism Spectrum Disorder (Beauvois & Kverno, 2020) Management for Caries Prevention in ADHD Children (Paszynska et al., 2022) | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Demonstrate importance of preventive oral health care in children</p> <ul style="list-style-type: none"> Compare two pediatric risk assessment tools AAP Oral Health Risk Assessment Tool (Appendix 1) and ADA Caries Risk Assessment Form (Age 0-6) (Appendix 2) Review Oral Abnormalities in the SFL Photo Gallery on the mobile app Develop behavior management strategies for implementing an oral health assessment for children with ADD/ADHD in a dental setting | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Identify oral pathologies in child and adolescent during clinical experience</p> <ul style="list-style-type: none"> Read Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015) Collaborate with DDS/DH students to complete oral health history, risk assessment and physical exam (HEENOT) for child or adolescent with ADD/ADHD during a dental visit using behavioral management strategies |
| | <p>KNOWLEDGE: ORAL CARE OF ADULT</p> <p><i>Goal:</i> Understand oral care of adult</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Modules # 3, 5, 7, including Clinical Cases, and submit Certificates of Completion Read Oral Health in America: Pain, Mental Illness, Substance Use and Oral Health (NIDCR, 2021) Review Oral Health and Behavioral Health Disorders (NLN) | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Demonstrate HEENOT in oral health history, risk assessment and physical exam in adult during simulation lab</p> <ul style="list-style-type: none"> Review ADA Caries Risk Assessment Form (Age >6) (Appendix 3) Review Oral Abnormalities in the SFL Photo Gallery on the mobile app Discuss why including oral health in the history and physical exam is important for patients with mental health problems, SUD, and/or psychiatric disorders | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Identify oral pathologies in adult during clinical experience</p> <ul style="list-style-type: none"> Demonstrate HEENOT competency in oral health history, risk assessment and physical exam in adult during adult clinic Discuss the pathophysiology associated with specific psychiatric disorders and related increased risk for oral health problems (i.e. depression, schizophrenia, SUD, bipolar disorder) |
| | <p>KNOWLEDGE: ORAL CARE OF OLDER ADULT</p> <p><i>Goal:</i> Understand oral care of older adult</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of Completion Oral Health in America: Older Adults (NIDCR, 2021) Complete ACE.S Complexity of Care Oral Health Teaching Strategies (NLN) Complete ACE.Z Oral Health and Alzheimer's Disease & Managing Behaviors Associated with Alzheimer's Dementia (NLN) | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Demonstrate HEENOT in oral health history, risk assessment and physical exam in older adult during simulation lab</p> <p>Read and discuss CAMBRA resources :</p> <ul style="list-style-type: none"> Tooth Disease and Treatment (Appendix 4) Caries Risk Assessment Form (Appendix 5) Review Oral Abnormalities in the SFL Photo Gallery on the mobile app Develop behavioral management tips for caregivers and/or staff to use to overcome oral health care-resistant behaviors | <p>SKILL/BEHAVIOR</p> <p><i>Goal:</i> Identify oral pathologies in older adult during clinical experience</p> <ul style="list-style-type: none"> Consult with family or long-term care staff to develop a behavioral management plan that overcomes resistance in meeting oral hygiene needs of family members/patients with dementia |

ENTRY LEVEL ASSESSMENT

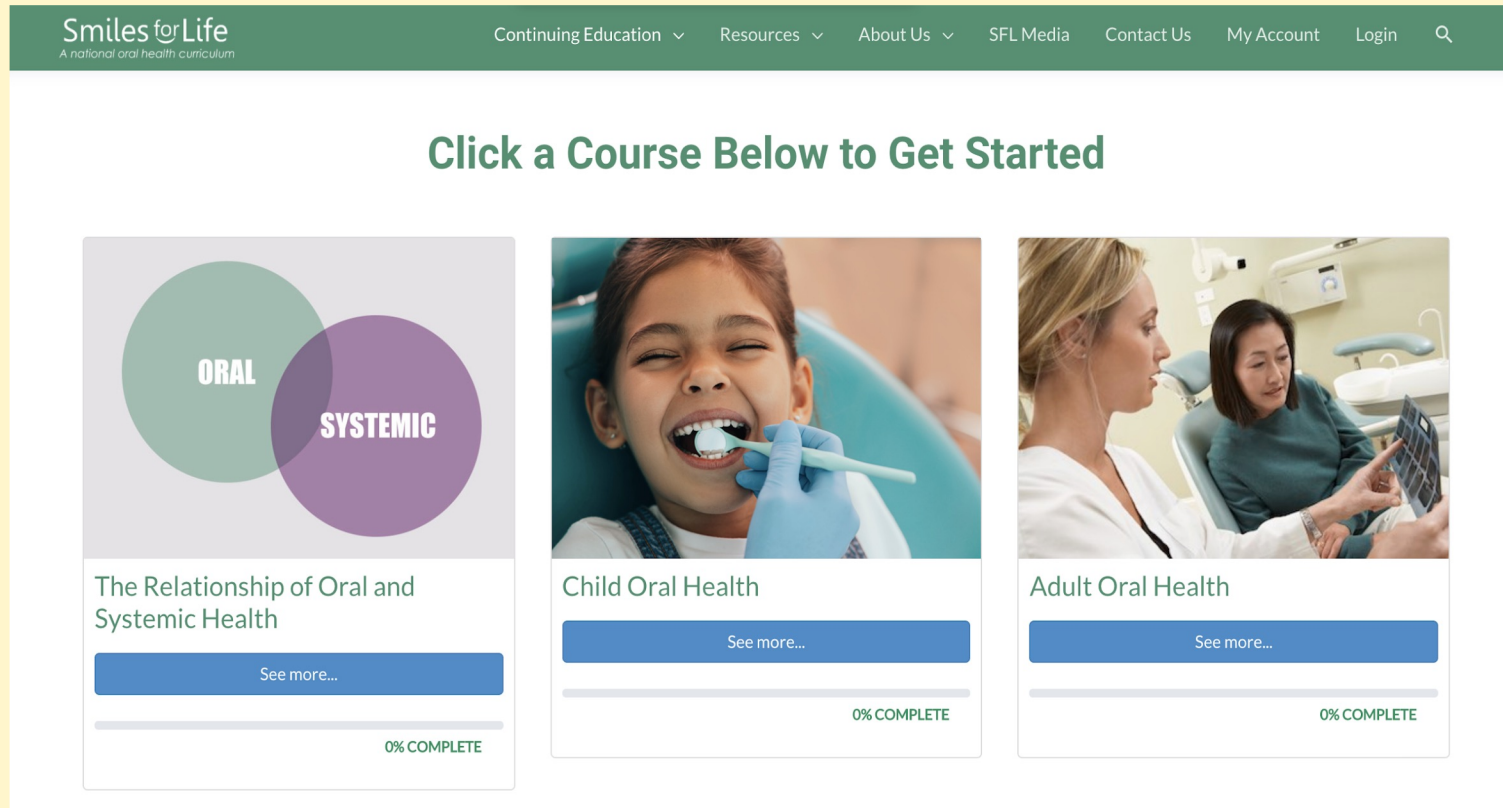
SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

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 is a dark green navigation bar with the logo and menu items: Continuing Education, Resources, About Us, SFL Media, Contact Us, My Account, Login, and a search icon. Below the navigation bar is a white section with the heading "Click a Course Below to Get Started". Three course cards are displayed in a row. The first card features a Venn diagram with two overlapping circles, one green labeled "ORAL" and one purple labeled "SYSTEMIC". Below the diagram is the title "The Relationship of Oral and Systemic Health", a blue "See more..." button, and a progress bar at the bottom showing "0% COMPLETE". The second card shows a close-up of a child's mouth being examined by a dental professional wearing blue gloves. The title is "Child Oral Health", followed by a blue "See more..." button and a progress bar showing "0% COMPLETE". The third card shows a dental professional in a white coat talking to a patient in a dental chair. The title is "Adult Oral Health", followed by a blue "See more..." button and a progress bar showing "0% COMPLETE".

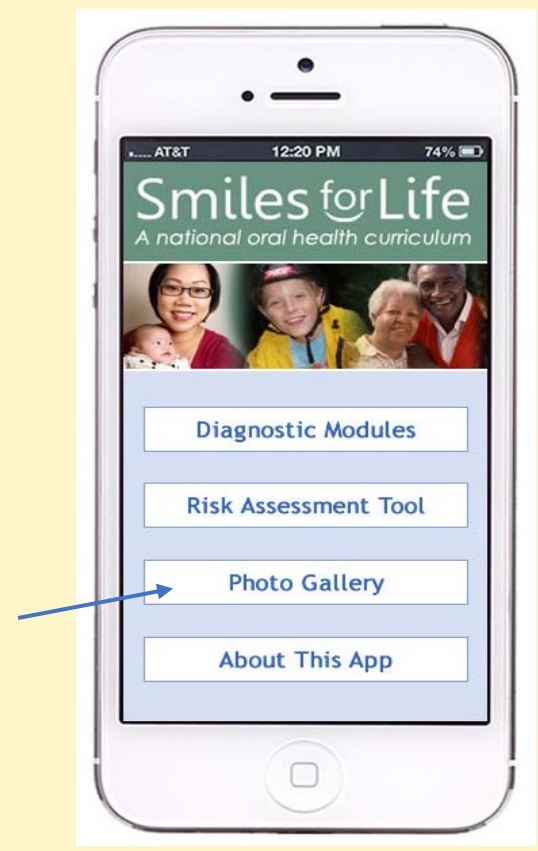
Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

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

P-MHNP Students should find and review the following oral abnormalities:

- Enamel erosion
- Meth mouth
- Oral papilloma from HPV
- Candidiasis
- Herpes
- Dental caries
- Xerostomia



APPENDIX 1

Health Assessment Across 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 | CLINICAL FINDINGS |
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 2

Health Assessment Across 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 3

Health Assessment Across 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: | | | |

APPENDIX 4

Health Assessment Across 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

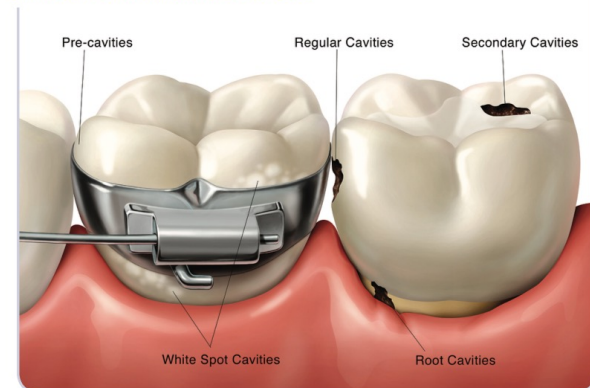


1. Diagnosis and Management of Dental Caries Throughout Life. National Institutes of Health Consensus Development Conference Statement, March 26-28, 2001.

Avoid drilling, filling and loss with early detection.



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



3M ESPE

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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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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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P-MHNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion in Children/Adolescents

| HEALTH PROMOTION IN CHILDREN/ ADOLESCENTS | 1) EXPOSURE: INTRODUCTION | 2) IMMERSION: DEVELOPMENT | 3) COMPETENCE: ENTRY-TO-PRACTICE |
|--|--|--|--|
| <p>IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork</p> | <p>KNOWLEDGE: ORAL CARE OF CHILDREN/ ADOLESCENTS <i>Goal:</i> Understand oral care of children/ adolescents</p> <ul style="list-style-type: none"> Review Smiles for Life (SFL) Modules #1, 2, 6 and Clinical Cases Read Challenges in Treating Children With Autism Spectrum Disorder (Beauvois & Kverno, 2020) | <p>SKILL/BEHAVIOR <i>Goal:</i> Identify oral-systemic connection in psychiatric disorders</p> <ul style="list-style-type: none"> Read Dental Caries in Children with Attention Deficit/Hyperactivity Disorder: A Meta-Analysis (Drumond et al., 2022) Identify oral health conditions of children/ adolescents with behavior disorders commonly encountered in clinical settings Communicate importance of oral health to child/adolescent and parents/caregivers in clinical settings | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate HEENOT competency in oral health history, risk assessment and physical exam of child/adolescent with psychiatric disorder</p> <p>Read:</p> <ul style="list-style-type: none"> Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015) An Introduction to Assessing Dental Fear and Anxiety in Children (Yon et al., 2020) Collaborate with DDS/DH students to perform appropriate oral health history, risk assessment and physical exam of child/adolescent with psychiatric disorder Collaborate on assessing dental fear and anxiety in preschool-age children in a school setting |
| <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> | <p>KNOWLEDGE: DENTAL ANXIETY <i>Goal:</i> Understand dental anxiety in children</p> <p>Read:</p> <ul style="list-style-type: none"> A Study of Variables Affecting Child Fear on Successive Dental Office Visits (Joshi et al., 2021) Psychological behavior management techniques to alleviate dental fear and anxiety in 4-14-year-old children in pediatric dentistry: A systematic review and meta-analysis (Kohli et al., 2022) | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate interprofessional care of psychiatric patients with oral health needs</p> <p>Read:</p> <ul style="list-style-type: none"> Dental Visits for Autistic Children: A Qualitative Focus Group Study of Parental Perceptions (Parry et al., 2021) Application of virtual reality on non-drug behavioral management of short-term dental procedure in children (Ran et al., 2021) Engage parents/caregivers of child/adolescent with behavioral health disorder in discussing oral health management strategies | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate professionalism in care of child/ adolescent with behavioral disorder during clinical experience</p> <ul style="list-style-type: none"> Read Evaluating pain, fear, anxiety or stress/distress using children's drawings in paediatric dentistry: a scoping review (Sanglard et al., 2021) Participate in IP clinical experience with DDS/DH students in Head Start, community health center, preschool, health fairs or school-based clinic: <ul style="list-style-type: none"> --DDS/DH to demonstrate oral assessment/ fluoride varnish --NP to administer dental anxiety scale (CFSS-DS) and demonstrate behavioral management Collaborate together on case study of child with dental anxieties (Appendix 1) |
| <p>NONPF Competencies: Delivers evidence-based practice for patients throughout lifespan; Demonstrates best practices of family approaches to care; Plans care to minimize development of complications and promote function and quality of life</p> | <p>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION <i>Goal:</i> Understand oral-systemic connection in psychiatric disorders</p> <p>Read:</p> <ul style="list-style-type: none"> Eating disorders through the periodontal lens (Rangé et al., 2021) Oral cavity and eating disorders: an insight to holistic health (Hasan et al., 2020) Eating disorders and oral health: a scoping review on the role of dietitians (Patterson-Norrie et al., 2020) | <p>SKILL/BEHAVIOR <i>Goal:</i> Integrate oral health into care of adolescent with eating disorder</p> <ul style="list-style-type: none"> The Brain-Mouth Connection (Cipollina, 2022) Following health literacy principles, develop evidence-based oral health literacy “bytes” with dental students for adolescents with eating disorder | <p>SKILL/BEHAVIOR <i>Goal:</i> Present oral health management plan for adolescents with eating disorders</p> <ul style="list-style-type: none"> Prepare and present an evidence-based collaborative case study on adolescent with an eating disorder. Include oral health issues and related solutions. |

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

APPENDIX 1

Health Promotion of Children/Adolescents

Dental Anxiety Case Study

Max is an 8 year-old male patient presenting to the dental clinic today for prophylaxis and fluoride varnish. His mother states that he will not brush his teeth or allow anyone to assist him in brushing them.

His medical history is significant for the following:

- Autism Spectrum Disorder
- ADHD
- ADD
- VSD repaired at age 2.5 years of age

Max is initially apprehensive about sitting in the dental chair. He is given an iPad to watch his favorite anime cartoon. After a couple of minutes he begins to sit calmly in the dental chair. The dentist uses tell-show-do (TSD) techniques and positive reinforcement to proceed with her exam. The patient responds well, continuing to remain calm and cooperative. However, when slow speed suction is used during prophylactic treatment, he suddenly becomes uncooperative shaking his head, kicking his legs, and screaming loudly. TSD techniques are again used to help gain his cooperation. However, upon hearing the suction start he grabs the dental assistant's hands and begins to dig his nails into her. He refuses to let go. Treatment is immediately stopped. The patient lets go of the dental assistant's hands after his mother offers him a piece of candy.

What behavioral treatment plan do you propose?

What preventive behaviors do you recommend?

What alternative oral hygiene and dental care strategies would you suggest?

What is your follow-up?

PMHNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion in Adults/Older Adults

HEALTH PROMOTION IN ADULTS/ OLDER ADULTS

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

ENTRY LEVEL ASSESSMENT

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; Demonstrates best practices of family approaches to care; Plans care to minimize development of complications and promote function and quality of life

CONSTRUCTS

1) EXPOSURE: INTRODUCTION

KNOWLEDGE: ORAL CARE OF ADULTS
Goal: Understand oral care of adults/older adults

- Review [Smiles for Life \(SFL\)](#) Modules #1, 3, 5, 7, 8 and Clinical Cases
- Read
- [Oral Health, Mental Health and Substance Use Treatment](#) (2021)
- [Oral Health in America: Pain, Mental Illness, Substance Use and Oral Health \(NIDCR\)](#) (2021)

KNOWLEDGE: MEDICATIONS CAUSING ORAL HEALTH PROBLEMS
Goal: Understand oral health problems associated with psychiatric medications

- Read ["Modified Schirmer Test in Assessment of Salivary Flow Rate Among Patients on Antidepressants": A Comparative Study](#) (Shruthi et al., 2021)

KNOWLEDGE: ORAL-SYSTEMIC CONNECTION
Goal: Understand oral-systemic connection between mental illness and oral health

Read:

- [Investigating oral health among individuals with depression: NHANES 2015-2016](#) (Almohaimeed et al, 2022)
- [Effectiveness of interventions to address obesity and health risk behaviours among people with severe mental illness in low- and middle-income countries \(LMICs\): a systematic review and meta analysis](#) (Zavala et al., 2022)
- [Barriers to and Facilitators of Oral Health Among Persons Living With Mental Illness: A Qualitative Study](#) (Wright et al., 2021)
- [Association Between Mental Health and Oral Health Status and Care Utilization](#) (Tiwari et al., 2022)

2) IMMERSION: DEVELOPMENT

SKILL/BEHAVIOR
Goal: Integrate oral health into care of adults with psychiatric disorders

- Read [Oral health interventions for people living with mental disorders: protocol for a realist systematic review](#) (Kenny et al. 2020)
- Identify oral health conditions of adults/older adults with psychiatric disorders commonly encountered in clinical settings
- Communicate importance of oral health to adults/older adults with psychiatric disorders

SKILL/BEHAVIOR
Goal: Identify psychiatric medications with oral health side effects

- Review [Dry Mouth Effects of Top 50 Prescription Medications](#) (Appendix 1)
- Prepare a presentation on the oral side effects of 5 psychotropic medications taken by patients are with psychiatric disorders

SKILL/BEHAVIOR
Goal: Identify oral-systemic connection of psychiatric disorders in adults

- Read [The Brain-Mouth Connection](#) (Cipollina, 2022)

Choose one of the following disorders and present the oral-systemic connection in class:

- Anxiety disorder
- OCD
- Depression
- Mood disorder
- Eating disorder
- Substance abuse
- Psychotic disorder

3) COMPETENCE: ENTRY-TO-PRACTICE

SKILL/BEHAVIOR
Goal: Demonstrate HEENOT competency in oral health history, risk assessment, physical exam of adults with psychiatric disorder

- Read [Intimate Partner Violence Shocks the Head and Mind](#) (Cipollina, 2020)
- Review [Putting the Mouth Back in the Head: HEENT to HEENOT](#) (Haber et al., 2015)
- Use trauma informed guidelines to perform an oral health history, risk assessment, and physical exam for an adult who has experienced intimate partner violence (IPV)

SKILL/BEHAVIOR
Goal: Collaborate interprofessionally on psychiatric disease case with oral health needs

- Read [Periodontal, metabolic, and cardiovascular disease: Exploring the role of inflammation and mental health](#) (Makkar et al., 2018)
- Prepare and present with DDS/DH students an evidence-based case study of patient with metabolic syndrome caused by anti-psychotic medications. Include oral health issues related to diabetes, hyperlipidemia and obesity.

SKILL/BEHAVIOR
Goal: Collaborate interprofessionally on substance abuse case with oral health needs

- Read [Five Major Steps to Intervention \(The "5 A's"\)](#) (AHRQ)

Review:

- [Evidence-Based Screening Tools](#) (NIDA, 2022)
- [Treatment Resources](#) (NIDA, 2019)

Prepare and present with DDS/DH students an evidence-based collaborative case study of patient with a substance abuse disorder and oral health needs

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

APPENDIX 1

Health Promotion of Adults/Older Adults

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 | Drug (Brand Name) | Generic Name | May Cause Dry Mouth |
|-------------------|------------------------------------|---------------------|--------------------|--------------------------------|---------------------|
| Abilify | aripiprazole | No | Nasonex | mometasone nasal | No |
| Advair Diskus | fluticasone and salmeterol | No | Nexium | esomeprazole | Yes |
| Afluria | influenza virus vaccine | No | Novolog | insulin aspart | No |
| Benicar | hydrochlorothiazide and olmesartan | Yes | Novolog Flexpen | insulin aspart | No |
| Benicar HCT | hydrochlorothiazide and olmesartan | Yes | Nuvaring | ethinyl estradiol/etonogestrel | No |
| Bystolic | nebivolol | No | Ortho-Tri-Cy Lo 28 | ethinyl estradiol/norgestimate | No |
| Celebrex | celecoxib | Yes | Oxycontin | oxycodone | Yes |
| Cialis | tadalafil | Yes | Premarin | conjugated estrogens topical | No |
| Crestor | rosuvastatin | No | Pristiq | desvenlafaxine | No |
| Cymbalta | duloxetine | Yes | Proventil HFA | albuterol inhalation | Yes |
| Dexilant | dexlansoprazole | No | Spiriva Handihaler | Tiotropium Bromide | Yes |
| Diovan | hydrochlorothiazide and valsartan | Yes | Suboxone | buprenorphine/naloxone | No |
| Flovent HFA | fluticasone inhalation | Yes | Symbicort | budesonide and formoterol | Yes |
| Focalin XR | dexmethylphenidate | No | Synthroid | levothyroxine | No |
| Humalog | insulin lispro | No | Tamifu | oseltamivir | No |
| Janumet | metformin/sitagliptin | No | Toprol-XL | metoprolol | Yes |
| Januvia | sitagliptin | No | Travatan Z | travoprost ophthalmic | No |
| Lantus | insulin glargine | No | Ventolin HFA | albuterol inhalation | Yes |
| Lantus Solostar | insulin glargine | No | Vesicare | solifenacin succinate | Yes |
| Levemir | insulin detemir | No | Viagra | sildenafil | Yes |
| Lo Loestrin Fe | ethinyl estradiol/norethindrone | No | Voltaren | diclofenac | Yes |
| Lumigan | bimatoprost ophthalmic | No | Vytorin | ezetimibe/simvastatin | No |
| Lunesta | eszopiclone | Yes | Vyvanse | lisdexamfetamine | Yes |
| Lyrica | pregabalin | Yes | Xarelto | rivaroxaban | No |
| Namenda | memantine | No | Zetia | ezetimibe | No |

1. Top 100 Drug List http://www.medscape.com/viewarticle/825053#vp_2
 2. Dry Mouth List <http://wslha.com/sites/default/files/Public%20Info/Seniors/DryMouthMedications.pdf>
 3. <http://www.drugs.com>

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ONLINE RESOURCES

OHNEP.org

SmilesforLifeOralHealth.org

National Oral Health Curriculum

IPECollaborative.org

Interprofessional Educational Collaborative

APTRweb.org/?PHLM_15

Oral Health Across Lifespan Module

HealthyPeople.gov

10-year national health goals for Americans

AAP.org

American Academy of Pediatrics

AAPD.org

American Academy of Pediatric Dentistry

NIDA.NIH.org

National Institute on Drug Abuse

[Layout: IPE.UToronto.ca](http://Layout:IPE.UToronto.ca)

University of Toronto’s Centre for Interprofessional Education

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