

# The OHNEP Interprofessional Oral Health Faculty Toolkit

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## 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 (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 Psychiatric Mental Health Nurse Practitioner Program.

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

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

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

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

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your 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*

HEALTH ASSESSMENT ACROSS THE LIFESPAN		1) EXPOSURE: INTRODUCTION			2) IMMERSION: DEVELOPMENT			3) COMPETENCE: ENTRY-TO-PRACTICE		
IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork	ENTRY LEVEL ASSESSMENT	<b>KNOWLEDGE: ORAL CARE OF INFANT, CHILD AND ADOLESCENT</b> <i>Goal:</i> Understand oral care of infant, child and adolescent			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate importance of preventive oral health care in children			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify oral pathologies in infant, child and adolescent during clinical experience		
		• Complete <a href="#">Smiles for Life (SFL)</a> Modules #1, 2, 6, including Clinical Cases, and submit Certificates of Completion			• Read <a href="#">Caries-risk Assessment and Management for Infants, Children, and Adolescents</a> (AAPD, 2014) • Compare two pediatric risk assessment tools <a href="#">AAP Oral Health Risk Assessment Tool</a> (Appendix 1) and <a href="#">ADA Caries Risk Assessment Form 0-6</a> (Appendix 2) • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app			• Read <a href="#">Putting the Mouth Back in the Head: HEENT to HEENOT</a> (Haber et al., 2015) • Demonstrate oral health history, risk assessment and HEENOT exam for infant, child and adolescent during pediatric clinic		
		<b>KNOWLEDGE: ORAL CARE OF ADULT</b> <i>Goal:</i> Understand oral care of adult			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate HEENOT in oral health history, risk assessment and physical exam in adult during simulation lab			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify oral pathologies in adult during clinical experience		
HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education	SUMMATIVE ASSESSMENT	• Complete <a href="#">Smiles for Life (SFL)</a> Modules # 3, 5, 7, including Clinical Cases, and submit Certificates of Completion			• Read and discuss Adult Caries Risk Assessment Tool for patients over age 6 (Appendix 3) • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app			• Demonstrate HEENOT competency in oral health history, risk assessment and physical exam in adult during adult clinic		
		<b>KNOWLEDGE: ORAL CARE OF OLDER ADULT</b> <i>Goal:</i> Understand oral care of older adult			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate HEENOT in oral health history, risk assessment and physical exam in older adult during simulation lab			<b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify oral pathologies in older adult during clinical experience		
NONPF Competencies: Delivers evidence-based practice for patients throughout lifespan		• Complete <a href="#">Smiles for Life (SFL)</a> Module #8, including Clinical Cases, and submit Certificate of Completion			• Read and discuss <a href="#">CAMBRA: Best Practices in Dental Caries Management</a> (Hurlbutt, 2011) • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app			• Demonstrate HEENOT competency in oral health history, risk assessment and physical exam in older adult during adult clinic		
CONSTRUCTS										

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

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

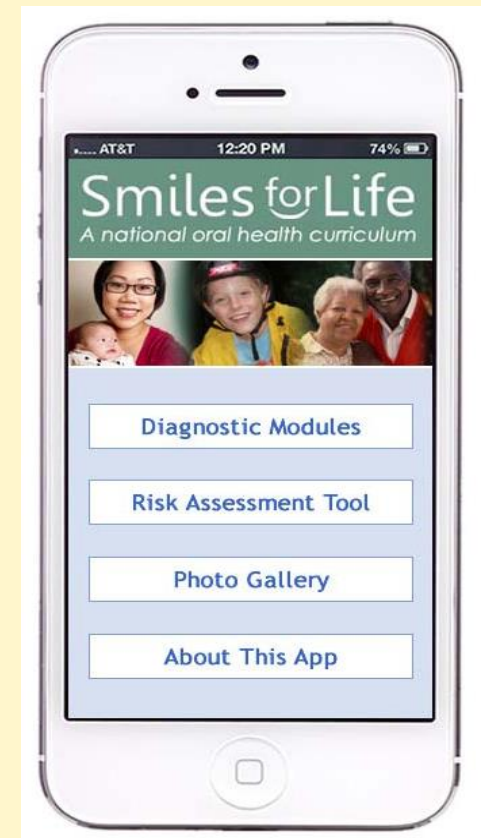
**HRSA Oral Health Competencies:**  
Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education

**NONPF Competencies:**  
Delivers evidence-based practice for patients throughout lifespan

# Smiles for Life: A National Oral Health Curriculum

Access Smiles for Life Modules and Resources here:

<https://smilesforlifeoralhealth.org>



# Smiles for Life: A National Oral Health Curriculum

## Download Smiles for Life Modules

To download the SFL Modules for classroom instruction:

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

### Download PowerPoint Presentation

#### Instructions



1. Click the appropriate link below
2. Select "**Save**" (NOT "Open")
3. Browse to choose desired location, and save file (some browsers may default to saving to the Downloads folder)

- The presentation is a PowerPoint **slide show** (.pps) which when opened will automatically display in presentation mode.
- To run the slide show, click on the file. Advance the slides using your mouse or the space bar. To exit slide show, click the ESC button.
- These presentations are locked and are not intended to be editable.
- PowerPoint presentations are only compatible with PC systems.
- A Mac compatible version of the presentation is available.

#### Download Module



Module 2:  
Child Oral  
Health

#### Teaching Case for Small Group Instruction: Pediatric

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



#### Speaker Notes



#### Download Video

Knee-to-Knee Child Oral Exam



Mac compatible  
version

# *Smiles for Life: A National Oral Health Curriculum*

## Recognizing Oral Abnormalities

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

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
 Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No   Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No   Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No  Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No  Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	 Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No  Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No	 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		
<b>Caries Risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> High  <b>Completed:</b> <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<b>Self Management Goals:</b> <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Less/No juice <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> No soda <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Drink tap water <input type="checkbox"/> Xylitol	



## 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"/>
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"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Conditions		Check or Circle the conditions that apply	
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply	
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>	Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>	New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>	Visually inadequate <input type="checkbox"/>
Overall assessment of dental caries risk:		<input type="checkbox"/> Low	<input type="checkbox"/> Moderate
		<input type="checkbox"/> High	
Instructions for Caregiver:			

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## APPENDIX 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
<b>Contributing Conditions</b>			
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	
<b>General Health Conditions</b>			
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	
<b>Clinical Conditions</b>			
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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## *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	INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES
	<p><b>KNOWLEDGE: ORAL CARE OF CHILDREN/ ADOLESCENTS</b> <i>Goal:</i> Understand oral care of children/ adolescents</p> <ul style="list-style-type: none"> <li>Review <a href="#">Smiles for Life (SFL)</a> Modules #1, 2, 6 and Clinical Cases</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify oral-systemic connection in psychiatric disorders</p> <ul style="list-style-type: none"> <li>Read <a href="#">Oral Health of Children With Attention Deficit Hyperactivity Disorder</a> (Chau et al., 2017)</li> <li>Identify oral health conditions of children/ adolescents with behavior disorders commonly encountered in clinical setting</li> <li>Communicate importance of oral health to child/adolescent and parents/caregivers in clinical setting</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate HEENOT competency in oral health history, risk assessment and physical exam of child/adolescent with psychiatric disorder</p> <ul style="list-style-type: none"> <li>Review <a href="#">Putting the Mouth Back in the Head: HEENT to HEENOT</a> (Haber et al., 2015)</li> <li>Perform appropriate oral health history, risk assessment and physical exam of child/adolescent with psychiatric disorder in clinical setting</li> </ul>	
	<p><b>KNOWLEDGE: DENTAL ANXIETY</b> <i>Goal:</i> Understand dental anxiety in children</p> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">A comparative study to evaluate parent's ability to assess dental fear in their 6- to 10-year-old children</a> (Malhotra et al., 2018)</li> <li><a href="#">Comparison of three behavior modification techniques for management of anxious children aged 4-8 years</a> (Radhakrishna et al., 2019)</li> <li><a href="#">Does the length of dental procedure influence children's behavior during and after treatment?</a> (Jamali et al., 2018)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate interprofessional care of psychiatric patients with oral health needs</p> <ul style="list-style-type: none"> <li><a href="#">Identifying Dental Anxiety in Children's Drawings</a> (Mathur et al., 2017)</li> <li>Participate in IP clinical experience with dental/dental hygienist students in Head Start, community health center, preschool, health fairs or school-based clinic <ul style="list-style-type: none"> <li>DDS/DH to demonstrate oral assessment/ fluoride varnish</li> <li>NP to administer dental anxiety scale (CFSS-DS) and demonstrate behavioral management</li> </ul> </li> <li>Collaborate together on case study of child with dental anxieties (Appendix 1)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate professionalism in care of child/ adolescent with behavioral disorder during clinical experience</p> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">Parent-reported distress in children under 3 years old during preventive medical and dental care</a> (Nelson et al., 2015)</li> <li><a href="#">Parents' perceptions of dental care challenges in male children with autism spectrum disorder</a> (Duker et al., 2017)</li> <li><a href="#">Sensory Adapted Dental Environments to Enhance Oral Care for Children with Autism Spectrum Disorders</a> (Cermak et al., 2015)</li> <li>Present oral health care plan and management strategies to parents/caregivers of child/adolescent with behavioral disorder</li> </ul>	
	<p><b>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION</b> <i>Goal:</i> Understand oral-systemic connection in psychiatric disorders</p> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">The impact of bulimia nervosa on oral health: A review of the literature</a> (Rosten &amp; Newton, 2017)</li> <li><a href="#">Eating disorders: Screening in the dental office</a> (Hague, 2010)</li> <li><a href="#">The medical complications associated with purging</a> (Forney et al., 2017)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Integrate oral health into care of adolescent with eating disorder</p> <ul style="list-style-type: none"> <li>Following health literacy principles, develop evidence-based oral health education program with dental students for adolescents with eating disorder.</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Present oral health plan for adolescents with eating disorders</p> <ul style="list-style-type: none"> <li>Prepare and present an evidence-based collaborative case study on adolescent with eating disorder. Include oral health issues related to the disorder.</li> </ul>	
HEALTH PROMOTION IN CHILDREN/ ADOLESCENTS				

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

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

**NONPF Competencies:**  
Delivers evidence-based practice for patients throughout lifespan; Demonstrates best practices of family approaches to care; Plans care to minimize development of complications and promote function and quality of life

**CONSTRUCTS**

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

## 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 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	ENTRY LEVEL ASSESSMENT			SUMMATIVE ASSESSMENT	INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES
	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE		
	<p><b>KNOWLEDGE: ORAL CARE OF ADULTS</b> <i>Goal:</i> Understand oral care of adults/older adults</p> <ul style="list-style-type: none"> <li>Review <a href="#">Smiles for Life (SFL)</a> Modules #1, 3, 5, 7, 8 and Clinical Cases</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Integrate oral health into care of adults with psychiatric disorders</p> <ul style="list-style-type: none"> <li>Read <a href="#">No Mental Health without Oral Health</a> (Kisely, 2016)</li> <li>Identify oral health conditions of adults/older adults with psychiatric disorders commonly encountered in clinical setting</li> <li>Communicate importance of oral health to psychiatric adults</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Demonstrate HEENOT competency in oral health history, risk assessment, physical exam of adults with psychiatric disorder</p> <ul style="list-style-type: none"> <li>Review <a href="#">Putting the Mouth Back in the Head: HEENT to HEENOT</a> (Haber et al., 2015)</li> <li>Perform appropriate oral health history, risk assessment, and physical exam of adult with psychiatric disorder in clinical setting</li> </ul>		
	<p><b>KNOWLEDGE: MEDICATIONS CAUSING ORAL HEALTH PROBLEMS</b> <i>Goal:</i> Understand oral health problems associated with psychiatric medications</p> <ul style="list-style-type: none"> <li>Read <a href="#">Modified schirmer test--a screening tool for xerostomia among subjects on antidepressants</a> (Kumar et al., 2014)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify psychiatric medications with oral health effects</p> <ul style="list-style-type: none"> <li>Prepare a presentation on the oral effects of 5 psychotropic medications your patients are taking, which have oral health effects</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Collaborate interprofessionally on psychiatric disease case with oral health needs</p> <ul style="list-style-type: none"> <li>Read <a href="#">Periodontal, metabolic, and cardiovascular disease: Exploring the role of inflammation and mental health</a> (Makkar et al., 2018)</li> <li>Prepare and present with dental 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.</li> </ul>		
	<p><b>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION</b> <i>Goal:</i> Understand oral-systemic connection between mental illness and oral health</p> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">Nothing to smile about</a> (Luca et al, 2014)</li> <li><a href="#">Reducing health inequalities for people with serious mental illness</a> (Hallett &amp; Rees, 2017)</li> <li><a href="#">Oral health of psychiatric patients: the nurse's perspective</a> (Azodo, 2011)</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Identify oral-systemic connection of psychiatric disorders in adults</p> <p>Choose one of the following disorders and present the oral-systemic connection in class:</p> <ul style="list-style-type: none"> <li>Anxiety disorder</li> <li>Chronic fatigue</li> <li>OCD</li> <li>Depression</li> <li>Mood disorder</li> <li>Eating disorder</li> <li>Substance abuse</li> <li>Psychotic disorder</li> </ul>	<p><b>SKILL/BEHAVIOR</b> <i>Goal:</i> Collaborate interprofessionally on substance abuse case with oral health needs</p> <ul style="list-style-type: none"> <li>Review <a href="#">Evidence-Based Screening Tools</a> (NIDA, 2018)</li> <li>Review alcohol, tobacco, substance abuse tools (Appendices ##)</li> </ul> <p>Read:</p> <ul style="list-style-type: none"> <li><a href="#">Oral Health of Substance-Dependent Individuals</a> (D'Amore et al, 2011)</li> <li><a href="#">Promoting Smoking Cessation</a> (Larzelere &amp; Williams, 2012)</li> <li><a href="#">Smoking cessation: Identifying readiness to quit and designing a plan</a> (Olenik &amp; Mospan, 2017)</li> <li><a href="#">Treatment Approaches to Drug Addiction</a> (NIDA, 2009)</li> <li>Prepare and present with dental students an evidence-based collaborative case study of patient with substance abuse disorder and oral health needs</li> </ul>		

# APPENDIX 1

# Health Promotion of Adults/Older Adults

## Audit-C Alcohol Screen

### AUDIT-C - Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10 question AUDIT instrument.

#### Clinical Utility

The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

#### Scoring

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are:

a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.<sup>3</sup>
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

#### Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

	Men <sup>1</sup>	Women <sup>2</sup>
≥3	Sens: 0.95 / Spec. 0.60	Sens: 0.66 / Spec. 0.94
≥4	Sens: 0.86 / Spec. 0.72	Sens: 0.48 / Spec. 0.99

For identifying patients with active alcohol abuse or dependence

≥ 3	Sens: 0.90 / Spec. 0.45	Sens: 0.80 / Spec. 0.87
≥ 4	Sens: 0.79 / Spec. 0.56	Sens: 0.67 / Spec. 0.94

1. Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Internal Med. 1998 (3): 1789-1795.

2. Bradley KA, Bush KR, Epler AJ, et al. Two brief alcohol-screening tests from the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female veterans affairs patient population. Arch Internal Med Vol 163, April 2003: 821-829.

3. Frequently Asked Questions guide to using the AUDIT-C can be found via the website: [www.oap.med.va.gov/general/uploads/FAQ%20AUDIT-C](http://www.oap.med.va.gov/general/uploads/FAQ%20AUDIT-C)

### AUDIT-C Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

#### 1. How often do you have a drink containing alcohol?

- ☐ a. Never
- ☐ b. Monthly or less
- ☐ c. 2-4 times a month
- ☐ d. 2-3 times a week
- ☐ e. 4 or more times a week

#### 2. How many standard drinks containing alcohol do you have on a typical day?

- ☐ a. 1 or 2
- ☐ b. 3 or 4
- ☐ c. 5 or 6
- ☐ d. 7 to 9
- ☐ e. 10 or more

#### 3. How often do you have six or more drinks on one occasion?

- ☐ a. Never
- ☐ b. Less than monthly
- ☐ c. Monthly
- ☐ d. Weekly
- ☐ e. Daily or almost daily

AUDIT-C is available for use in the public domain.

## APPENDIX 2

# Health Promotion of Adults/Older Adults

## Drug Abuse Screening Test (DAST)

### Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- ☐ methamphetamines (speed, crystal)    ☐ cocaine  
☐ cannabis (marijuana, pot)    ☐ narcotics (heroin, oxycodone, methadone, etc.)  
☐ inhalants (paint thinner, aerosol, glue)    ☐ hallucinogens (LSD, mushrooms)  
☐ tranquilizers (valium)    ☐ other \_\_\_\_\_

How often have you used these drugs? ☐ Monthly or less    ☐ Weekly    ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

Have you ever injected drugs? ☐ Never    ☐ Yes, in the past 90 days    ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never    ☐ Currently    ☐ In the past

I II III IV  
0 1-2 3-5 6+

(For the health professional)

### Scoring and interpreting the DAST:

"Yes" responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

Score	Zone of use	Indicated action
0	I – Healthy (no risk of related health problems)	None
1 - 2, plus the following criteria:  No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	II – Risky (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at next visit. Provide educational materials.
1 - 2 (without meeting criteria)		Brief intervention
3 - 5	III – Harmful (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
6+	IV – Severe (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

**Referral to specialized treatment:** A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.



## APPENDIX 3

# Health Promotion of Adults/Older Adults

## Fagerström Test for Nicotine Dependence (FND)

**NIDA Clinical Trials Network**  
**Fagerstrom Test for Nicotine Dependence (FND)**

Segment:    --

Visit Number:    --

Date of Assessment: (mm/dd/yyyy)    --/--/----

Do you currently smoke cigarettes?

☐ No                                      ☐ Yes

If "yes," read each question below. For each question, enter the answer choice which best describes your response.

- How soon after you wake up do you smoke your first cigarette?
 

☐ Within 5 minutes
☐ 31 to 60 minutes

☐ 6 to 30 minutes
☐ After 60 minutes
- Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in church, at the library, in the cinema)?
 

☐ No
☐ Yes
- Which cigarette would you hate most to give up?
 

☐ The first one in the morning
☐ Any other
- How many cigarettes per day do you smoke?
 

☐ 10 or less
☐ 21 to 30

☐ 11 to 20
☐ 31 or more
- Do you smoke more frequently during the first hours after waking than during the rest of the day?
 

☐ No
☐ Yes
- Do you smoke when you are so ill that you are in bed most of the day?
 

☐ No
☐ Yes

Comments:

Heatherton TF, Kozlowski LT, Frecker RC (1991). The Fagerström Test for Nicotine Dependence: A revision of the Fagerström Tolerance Questionnaire. British Journal of Addiction 86:1119-27.

**NIDA Clinical Trials Network**  
**Fagerstrom Test for Nicotine Dependence (FND)**

**Instructions**  
Clinic personnel will follow standard scoring to calculate score based on responses.

Your score was: (your level of dependence on nicotine is):    --

### Common Data Elements

CDE Long Name	Preferred Definition	CDE ID
Fagerstrom Test for Nicotine Dependence Assessment Score	The final result of a determination of the significance of a number or range of numeric values measuring the intensity of physical addiction to nicotine as described by the Fagerstrom Test.	2195870

### Valid Values

Value	Value Meaning	Description	Display Order
0 to 2	Very Low Dependence	Very low level of dependence on nicotine.	0
3 to 4	Low Dependence	Low level of dependence on nicotine.	1
5	Medium Dependence	Medium level of dependence on nicotine.	2
6 to 7	High Dependence	High level of dependence on nicotine.	3
8 to 10	Very High Dependence	Very High level of dependence on nicotine.	4

Heatherton TF, Kozlowski LT, Frecker RC (1991). The Fagerström Test for Nicotine Dependence: A revision of the Fagerström Tolerance Questionnaire. British Journal of Addiction 86:1119-27.



## APPENDIX 4

# Health Promotion of Adults/Older Adults

### First-time therapies for smoking cessation

TABLE 2. First-line therapies for smoking cessation <sup>41</sup>				
Drug	Advantages	Disadvantages	Contraindications	Dosing
<b>OTC</b>				
<b>Nicotine gum</b>	<ul style="list-style-type: none"> <li>• Delays weight gain (4 mg strength)</li> <li>• Faster onset of nicotine delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used in patients with dentures or temporomandibular joint disorders</li> <li>• May cause dyspepsia, mouth irritation, or jaw ache</li> <li>• Patients may misuse like regular gum</li> </ul>	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> <li>• 2 or 4 mg (4 mg for those who smoke 20 or more cigarettes per day)</li> <li>• Do not exceed 24 pieces/day</li> <li>• "Chew and park" until taste disappears (about 30 min)</li> </ul>
<b>Nicotine lozenge</b>	<ul style="list-style-type: none"> <li>• Delays weight gain (4 mg strength)</li> <li>• Faster onset of nicotine delivery</li> </ul>	<ul style="list-style-type: none"> <li>• May cause sore mouth, throat irritation, or coughing</li> <li>• Chewing may cause nausea or headache</li> </ul>	Disease-related concerns in patients with acute cardiovascular conditions	<ul style="list-style-type: none"> <li>• 2 to 4 mg (4 mg for patients who smoke their first cigarette within 30 min of waking)</li> <li>• Do not exceed 20 lozenges per day</li> <li>• Let the lozenge dissolve in mouth (takes 10 to 20 min); do not chew</li> </ul>
<b>Nicotine patch</b>	Provides consistent nicotine to prevent withdrawal symptoms	<ul style="list-style-type: none"> <li>• Local skin reactions</li> <li>• Insomnia and vivid dreams (can remove patch 1-2 h before bedtime)</li> </ul>	Skin problems	<ul style="list-style-type: none"> <li>• Patients should be started on 21 mg patch and behavioral counseling if they smoke more than 10 cigarettes per day</li> <li>• Worn for 24 h</li> <li>• Patch does not need to be removed for sports</li> <li>• Do not cut the patch</li> <li>• Remove the patch before any MRI procedures</li> </ul>
<b>Prescription</b>				
<b>Nicotine inhaler</b>	Hand-to-mouth action mimics smoking	<ul style="list-style-type: none"> <li>• May cause local irritation of mouth and throat</li> <li>• Short duration of benefit</li> </ul>	Caution in patients with severe reactive airway disease	<ul style="list-style-type: none"> <li>• Each cartridge lasts about 20 min with frequent puffing</li> <li>• 16 cartridges can be used in a day; each cartridge contains 4 mg of nicotine over 80 inhalations</li> </ul>
<b>Nicotine nasal spray</b>	Fastest nicotine replacement therapy delivery system	<ul style="list-style-type: none"> <li>• Rapidly relieves withdrawal symptoms</li> <li>• Highest risk for dependence</li> <li>• May cause taste or smell disturbances</li> </ul>	<ul style="list-style-type: none"> <li>• Caution in patients with severe reactive airway disease</li> <li>• Not recommended in patients with nasal disorders</li> <li>• Nasal irritation</li> </ul>	<ul style="list-style-type: none"> <li>• 1 to 2 doses/h (1 dose = 1 spray in each nostril)</li> <li>• Do not exceed 10 sprays/h or 80 sprays per day (40 doses)</li> </ul>
<b>Sustained-released bupropion</b>	<ul style="list-style-type: none"> <li>• Consider for patients with depression</li> <li>• Delays weight gain</li> </ul>	Insomnia (second dose should be taken by 3 p.m.)	<ul style="list-style-type: none"> <li>• History of seizure (lowers seizure threshold)</li> <li>• History of eating disorders</li> </ul>	150 mg once daily for 3 days, then 150 mg twice daily (take 8 h apart)
<b>Varenicline</b>	Highest cessation rates for single therapy	<ul style="list-style-type: none"> <li>• Most expensive</li> <li>• Concerns in patients with cardiovascular or mental health conditions</li> <li>• Vivid dreams</li> </ul>	Recently removed in those with history of neuropsychiatric events	<ul style="list-style-type: none"> <li>• Days 1 to 3: 0.5 mg once daily</li> <li>• Days 4 to 7: 0.5 mg twice daily</li> <li>• Day 8 to week 12: 1 mg twice daily</li> </ul>

## APPENDIX 5

# Health Promotion of Adults/Older Adults

## Smoking Cessation Guidelines



**REMINDER METHODS FOR SMOKING STATUS**

- rubber stamps, labels or stickers
- preprinted form
- computerized record
- adding smoking status to vital signs, allergies information or yearly physical forms
- writing smoking status on inside of chart

**TALKING TIPS**

- "As your physician, I strongly advise you to stop smoking. Quitting smoking is one of the most important ways to stay healthy."
- "I'm here to help you quit when you're ready."
- "Until you are ready, try to protect your family and friends from your smoking by not smoking in your home or car."

**TALKING TIPS**

- "I'm interested in helping you quit. Would you like my help?"
- "How do you feel about quitting smoking?"
- "Please read this material and come back to discuss it."

**TALKING TIPS**

- "What strategies are you planning to use when you have strong urges to smoke?"
- "It's a good idea to tell your family and friends you're quitting smoking and to ask for their help."
- "Have you thought about using stop-smoking medications like nicotine gum, the 'patch' or bupropion?"

## SMOKING CESSATION GUIDELINES

How to Treat your Patient's Tobacco Addiction

**Step 1: Ask each patient:** "Do you smoke or have you ever smoked?"

- Record in a prominent place in the chart the patient's smoking status—smoker, never-smoker or ex-smoker.
- Follow up at reasonable intervals.

**Step 2: Ask each smoking patient:** "How do you feel about your smoking?"; "Are you thinking about quitting?"

- Tailor your intervention according to the patient's answers (see below) using a patient-centred approach.

**Step 3: How to Intervene**

(Adapted from the Stages of Change Model, see page 6)

### Not Thinking About Quitting

**Objective:** To help the patient reflect on his/ her smoking.

- Ask about and discuss the impact of smoking on the patient's life.
- Link every smoking-related illness in the patient to his/ her smoking.
- Provide a strong personalized message.
- Encourage patient to make his/ her house and car smoke free.
- Provide relevant educational materials.

### Thinking About Quitting

**Objective:** To increase patient's motivation to quit.

- Offer to help your patient.
- Ask about your patient's concerns about quitting and discuss ways of dealing with them (see The Pros and Cons of Smoking and Quitting, page 7).
- Provide patient materials (see Patient Handouts, page 16).
- Suggest a follow-up visit.

### Ready to Quit

**Objective:** To help the patient find the right treatment.

**Note:** A special, longer appointment may be necessary.

- Assess nicotine dependence, past quitting history and comorbidity (see Choosing the Right Intervention, page 5).
- Ask about other smokers in the patient's home and workplace.

### Support Strategies

- Offer your support and optimistic coaching.
- Encourage patients to seek help from family and friends.
- Assure patient that slips and relapses are normal (see Dealing with Relapse, page 12).

# RESOURCES

ONLINE RESOURCES

American Academy of Pediatrics. (2011). Oral Health Risk Assessment Tool. Retrieved from <http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>

American Academy of Pediatric Dentistry. (2014). Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents. Retrieved from [http://www.aapd.org/media/Policies\\_Guidelines/G\\_CariesRiskAssessment.pdf](http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf)

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Hague, A.L. (2010). Eating disorders: Screening in the dental office. *Journal of the American Dental Association*, 141(6), 675-678. PMID: 20516099.

[www.OHNEP.org](http://www.OHNEP.org)

[www.SmilesforLifeOralHealth.org](http://www.SmilesforLifeOralHealth.org)

National Oral Health Curriculum

[www.BrightFutures.aap.org](http://www.BrightFutures.aap.org)

National Health Promotion Initiative for Children

[www.IPECollaborative.org](http://www.IPECollaborative.org)

Interprofessional Educational Collaborative

[www.APTRweb.org/?PHLM\\_15](http://www.APTRweb.org/?PHLM_15)

Oral Health Across Lifespan Module

[www.HealthyPeople.gov](http://www.HealthyPeople.gov)

10-year national health goals for Americans

[www.AAP.org](http://www.AAP.org)

American Academy of Pediatrics

[www.AAPD.org](http://www.AAPD.org)

American Academy of Pediatric Dentistry

[www.ToothWisdom.org](http://www.ToothWisdom.org)

Health Resources for Older Adults

[www.HIGN.org](http://www.HIGN.org)

Hartford Institute Geriatric Oral Health

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

University of Toronto's Centre for Interprofessional Education

[www.DrugAbuse.gov](http://www.DrugAbuse.gov)

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