

The OHNEP Interprofessional Oral Health Faculty Toolkit

Women's Health Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Introduction to Reproductive Healthcare of Women
- Ambulatory Care of Women
- Integrated Care of Women
- 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 Women's 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 Women's 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 Women's 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 continues to reveal an integral relationship between oral and systemic health. Diabetes, sexually transmitted infections, and eating disorders 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 Women's Health 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 Women's Health Nurse Practitioner Program. If you need additional technical assistance, please feel free to contact us at **OHNEP@nyu.edu**.

WHNP Curriculum Integration of Interprofessional Oral Health Competencies

| INTRODUCTION TO REPRODUCTIVE HEALTHCARE OF WOMEN | 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: RISK FACTORS FOR ORAL DISEASES IN WOMEN <i>Goal:</i> Describe oral disease risk factors for adolescent and adult women</p> <p>Read:</p> <ul style="list-style-type: none"> • A literature review on women’s oral health across the lifespan (Kessler, 2017) • Women’s oral health: why sex and gender matter (Niessen et al. 2013) • Dietary behaviors and oral-systemic health in women (Kim et al., 2013) | <p>SKILL/BEHAVIOR <i>Goal:</i> Include oral health in history and risk assessment (HEENOT) in simulation lab for adolescent or adult women</p> <ul style="list-style-type: none"> • Read and discuss ADA Adult Caries Risk Assessment Tool for patients over age 6 (Appendix 1) | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate competency in oral health history and risk assessment in gynecological, well-woman, and preconception visits in clinical setting</p> <ul style="list-style-type: none"> • Document oral health history and risk factors findings in electronic health record • Read Letters to the Editor: Letters on Preconception Counseling and Care (Silk, 2014) |
| <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> | <p>KNOWLEDGE: ORAL CARE IN GYN, WELL-WOMAN, & PRECONCEPTION VISITS <i>Goal:</i> Describe oral exam of the adolescent and adult woman</p> <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Modules #1, 3, 7, including Clinical Cases, and submit Certificates of Completion • Sexually Transmitted Diseases and Your Mouth (Mouth Healthy) • HPV and Oropharyngeal Cancer (CDC 2018) • Importance of a team approach to recommending the HPV vaccination (Fontenot et al., 2018) | <p>SKILL/BEHAVIOR <i>Goal:</i> Include oral health in physical exam (HEENOT) in simulation lab for adolescent or adult women</p> <ul style="list-style-type: none"> • Develop a strategy to promote smoking cessation (Review resources at http://women.smokefree.gov/) • Review American Cancer Society Fact Sheets | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate competency in oral health history, risk assessment and HEENOT in gynecological, well-woman, and preconception visits in clinical setting</p> <ul style="list-style-type: none"> • Read Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al, 2015) • Document HEENOT findings in electronic health record • Develop a community dental resource network and have a list of accessible dental providers, including those who accept Medicaid, to offer to your patients |
| <p>NONPF Competencies: Integrates gender-specific evidence into practice; Recognizes disease manifestations unique to women; Provides infertility and sexually transmitted disease services to sexual partners of female patients</p> | <p>KNOWLEDGE: COMMON WOMEN’S ORAL HEALTH ISSUES <i>Goal:</i> Describe oral manifestations of common health problems in women</p> <p>Read:</p> <ul style="list-style-type: none"> • GERD: Oral manifestations of gastroesophageal reflux disease (Ranjitkar et al., 2012) • The epidemiology of oral human papillomavirus infection in healthy populations (Tam et al., 2018) • Dental Students and Intimate Partner Violence (Connor et al., 2011) • Domestic Violence (Shanel-Hogan et al., 2005) • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate understanding of health literacy and strategies to improve oral health behaviors in women</p> <ul style="list-style-type: none"> • Read Universal Screening for Intimate Partner Violence in Health Care Settings: Weighing the Options and Identifying Best Practices (Milaney & Williams, 2018) • Following health literacy principles, create a patient brochure demonstrating how practicing good oral hygiene is essential to maintaining good overall health | <p>COLLABORATIVE CASE PRESENTATION <i>Goal:</i> Identify a collaborative care plan for female patient with an eating disorder and dental erosion</p> <ul style="list-style-type: none"> • Students will read Association between poor oral health and eating disorders: Systematic review and meta-analysis (Kisely et al., 2015) and collaborate with dental health professional students on case presentation, including plan for patient education, prevention, anticipatory guidance, referral and follow-up care |

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

Smiles for Life: A National Oral Health Curriculum

Access Smiles for Life Modules and Resources here:

<https://smilesforlifeoralhealth.org>

The screenshot shows the website's header with the logo and navigation menu. Below the header, there is a main heading for the 3rd edition curriculum and a brief description. Two large images are featured: one showing healthcare professionals in a clinical setting and another showing a lecturer in a classroom. Each image has a corresponding blue button below it.

Smiles for Life
A national oral health curriculum

Home Continuing Education Resources About Us Contact Us

Welcome

Smiles for Life: A National Oral Health Curriculum 3rd edition

Smiles For Life produces educational resources to ensure the integration of oral health and primary care

LEARN ONLINE

TEACH CURRICULUM

The screenshot shows the mobile app interface on a smartphone. It features the same logo and header as the website, followed by a grid of four interactive buttons.

AT&T 12:20 PM 74%

Smiles for Life
A national oral health curriculum

Diagnostic Modules

Risk Assessment Tool

Photo Gallery

About This App

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.

WHNP Students should find and review the following oral abnormalities:

- Enamel erosion
- Gingivitis
- Periodontitis
- Aphthous ulcers
- Oral papilloma from HPV
- Candidiasis
- Herpes
- Dental caries
- GERD
- Gingival Recession
- Gingivitis
- Periodontitis
- Graanuloma



APPENDIX 1

Introduction to Reproductive Healthcare of Women

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"/> |
| IV. | Dental Home: established patient of record, receiving regular dental care in a dental office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Health Conditions | | Check or Circle the conditions that apply | |
| I. | Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers) | <input type="checkbox"/> No | Yes (over age 14) <input type="checkbox"/> |
| II. | Chemo/Radiation Therapy | <input type="checkbox"/> No | Yes (ages 6-14) <input type="checkbox"/> |
| III. | Eating Disorders | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| IV. | Medications that Reduce Salivary Flow | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| V. | Drug/Alcohol Abuse | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Clinical Conditions | | Check or Circle the conditions that apply | |
| I. | Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident) | No new carious lesions or restorations in last 36 months <input type="checkbox"/> | 1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/> |
| II. | Teeth Missing Due to Caries in past 36 months | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| III. | Visible Plaque | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| IV. | Unusual Tooth Morphology that compromises oral hygiene | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| V. | Interproximal Restorations - 1 or more | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| VI. | Exposed Root Surfaces Present | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| VII. | Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| VIII. | Dental/Orthodontic Appliances (fixed or removable) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| IX. | Severe Dry Mouth (Xerostomia) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Overall assessment of dental caries risk: | | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate |
| Patient Instructions: | | <input type="checkbox"/> High | |

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WHNP Curriculum Integration of Interprofessional Oral Health Competencies

| AMBULATORY CARE OF WOMEN | 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 HEALTH IN PREGNANCY MYTHS <i>Goal:</i> Identify common myths about oral health during pregnancy</p> <p>Read:</p> <ul style="list-style-type: none"> • Oral Health Care During Pregnancy: A National Consensus Statement (Oral Health Care During Pregnancy Expert Workgroup, 2012) • Committee opinion no. 569: oral health care during pregnancy and through the lifespan (ACOG, 2013) | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate ability to dispel a common myth about oral health during pregnancy</p> <ul style="list-style-type: none"> • Students choose one of the myths listed in Pregnancy and Oral Health: Truth or Fiction (MCOH, 2017) or Myths and Facts: The Pregnant Women's Guide to Dental Health (Delta Dental, 2016) and write an evidence-based argument to dispel one of the common myths about oral health during pregnancy | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate ability to analyze contemporary issues, policies, and health care system(s) factors that influence oral-systemic health outcomes for mother and baby</p> <ul style="list-style-type: none"> • Identify a policy that would help pregnant women in your catchment area overcome barriers to accessing oral health care. Prepare a brief evidence-based speech to present this policy to your local representative. |
| <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> | <p>KNOWLEDGE: PRENATAL ORAL HEALTH CARE <i>Goal:</i> Describe oral exam of the pregnant woman</p> <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Module #5, including Clinical Cases, and submit Certificate of Completion • Read The evaluation of an oral health education program for midwives in Australia (George et al., 2016) | <p>SKILL/BEHAVIOR <i>Goal:</i> Include oral health history, risk assessment and HEENOT in prenatal care in simulation lab</p> <ul style="list-style-type: none"> • Review Pharmacological Considerations for Pregnant Women (Appendix 1) • Discuss safe antibiotic choices for pregnant women • Discuss risk factors for periodontal disease in pregnancy | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate competency in oral health history, risk assessment and HEENOT in prenatal visit in clinical setting</p> <ul style="list-style-type: none"> • Read Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al, 2015) • Document HEENOT findings in electronic health record • Develop a community dental resource network and have a list of accessible dental providers, including those who accept Medicaid, to offer to your pregnant patients |
| <p>NONPF Competencies: Advocates for healthcare policies and research that support accessible, equitable, safe and effective healthcare for women; Manages disease manifestations unique to women</p> | <p>KNOWLEDGE: COMMON DISCOMFORTS OF PREGNANCY <i>Goal:</i> Describe common oral problems in pregnancy and how they can influence oral-systemic health outcomes for mother and baby</p> <p>Read:</p> <ul style="list-style-type: none"> • Oral Health In Pregnancy (Hartnett et al., 2016) • Oral Health Care During Pregnancy (MCOH, 2017) • Read Evaluation of a midwifery initiated oral health-dental service program to improve oral health and birth outcomes for pregnant women (George et al., 2018) • Watch Introduction & Oral Health in Pregnancy Teeth for Two online educational presentations (Password: nyu2014) | <p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate understanding of health literacy and strategies to improve oral health Behaviors</p> <ul style="list-style-type: none"> • Read Process evaluation of the midwifery initiated oral health-dental service program: perceptions of pregnant women (George et al., 2018) • Choose brochures from Oral Health Care During Pregnancy (MCOH, 2017) and prepare a FAQ sheet about dental care during pregnancy for pregnant women | <p>COLLABORATIVE CASE PRESENTATION <i>Goal:</i> Identify a collaborative care plan for pregnant patient with periodontal disease</p> <ul style="list-style-type: none"> • Collaborate with dental student/health professional on a case presentation, including comprehensive antepartum plan of care for the mother and baby, for a pregnant woman with periodontal disease • Read Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews (Daalderop et al., 2017) • Refer at risk, first-time pregnant women to the local NFP program |

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

Oral Health Care During Pregnancy: A National Consensus Statement

Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

| Pharmaceutical Agent | Indications, Contraindications, and Special Considerations |
|--|--|
| Analgesics | |
| Acetaminophen | May be used during pregnancy. Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid issuing refills to reduce risk for dependency. |
| Acetaminophen with Codeine, Hydrocodone, or Oxycodone | |
| Codeine | |
| Meperidine | |
| Morphine | |
| Aspirin | May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters. |
| Ibuprofen | |
| Naproxen | |
| Antibiotics | |
| Amoxicillin | May be used during pregnancy. |
| Cephalosporins | |
| Clindamycin | |
| Metronidazole | |
| Penicillin | |
| Ciprofloxacin | Avoid during pregnancy. |
| Clarithromycin | |
| Levofloxacin | |
| Moxifloxacin | |
| Tetracycline | |
| Anesthetics | |
| | Consult with a prenatal care health professional before using intravenous sedation or general anesthesia. Limit duration of exposure to less than 3 hours in pregnant women in the third trimester. |
| Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine) | May be used during pregnancy. |
| Nitrous oxide (30%) | May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional. |
| Antimicrobials | |
| | Use alcohol-free products during pregnancy. |
| Cetylpyridinium chloride mouth rinse | May be used during pregnancy. |
| Chlorhexidine mouth rinse | |
| Xylitol | |

WHNP Curriculum Integration of Interprofessional Oral Health Competencies

| INTEGRATED CARE OF WOMEN | 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: INFANT ORAL HEALTH EDUCATION FOR NEW MOTHERS <i>Goal:</i> Describe importance of oral health for mother and baby</p> <ul style="list-style-type: none"> • Watch Infant Oral Health & ECC in Care of the Babies Teeth for Two Online Educational Presentation (Password: nyu2014) • Guidelines on Perinatal and Infant Oral Health Care (AAPD, 2016) • American Academy of Pediatrics Policy Statement on Breastfeeding (2012) • Should family physicians perform frenotomy for neonatal ankyloglossia? (Adragna & Khodae, 2016) | <p>SKILL/BEHAVIOR <i>Goal:</i> Identify strategies for educating new mothers about infant oral health care</p> <ul style="list-style-type: none"> • Read Nursing strategies to reduce the incidence of early childhood caries in culturally diverse populations (Hallas et al., 2011) • Review Lift the Lip Pamphlet (Appendix 1) Review National Center on Health and Cavity Free Kids (CFK) Tools (Appendices 2-8) • Watch A Healthy Mouth for Your Baby (NIDCR, 2013) | <p>SKILL/BEHAVIOR <i>Goal:</i> Develop a comprehensive, collaborative infant oral health education plan for postpartum mother</p> <ul style="list-style-type: none"> • Collaborate with Pediatric Nurse Practitioner student to provide oral health education and anticipatory guidance for parent of newborn at pediatric clinic • Read Integrating Maternal and Children's Oral Health Promotion into Nursing and Midwifery Practice- A Systematic Review (Abou El Fadl et al., 2016) |
| <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> | <p>KNOWLEDGE: ORAL HEALTH CARE DURING MENOPAUSE <i>Goal:</i> Understand oral health issues during menopause <i>Read:</i></p> <ul style="list-style-type: none"> • Oral Manifestations of Menopause: An Interprofessional Intervention for Dental Hygiene and Physician Assistant Students (Rothmund et al., 2017) • Crosstalk between hormones and oral health in the mid-life of women (Grover et al, 2014) • Menopause and oral health (Suri & Suri, 2014) | <p>SKILL/BEHAVIOR <i>Goal:</i> Include oral health history, risk assessment and HEENOT when caring for women in menopause</p> <ul style="list-style-type: none"> • Following health literacy principles, develop an oral health FAQ sheet of oral health-associated problems and solutions for women in menopause | <p>SKILL/BEHAVIOR <i>Goal:</i> Identify a collaborative care plan for women with oral health problems related to menopause</p> <ul style="list-style-type: none"> • Collaborate with dental student/health professional to collaborate on case presentation including education, prevention, treatment and referral |
| <p>NONPF Competencies: Integrates research, theory and evidence-based practice knowledge to develop clinical approaches that address women's responses to physical and mental health and illness across lifespan; Provides counseling, management and/or referral based on identified healthcare risk</p> | <p>KNOWLEDGE: OLDER ADULT PRIMARY CARE <i>Goal:</i> Recognize oral health needs of older adults <i>Read:</i></p> <ul style="list-style-type: none"> • Randomised clinical trial: Efficacy of strategies to provide oral hygiene activities to nursing home residents with dementia who resist mouth care (Jablonski et al., 2018) • Ensuring Oral Health for Older Individuals with Intellectual and Development Disabilities (Waldman & Perlman, 2012) | <p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to older adults</p> <p>Collaborate together on Discussion Board on:</p> <ul style="list-style-type: none"> • Cardiovascular case study (Appendix 9) • Diabetes case study (Appendix 10) | <p>COLLABORATIVE CASE STUDY <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"> • Oral Health and Interprofessional Collaborative Practice (Kaufman et al., 2016) • Periodontal disease and the special needs patient (Brown et al., 2017) • Oral Health Care for Older Adults with Serious Illness: When and How? (Chen & Kistler, 2015) • Oral Health in Residential Aged Care (Villarosa et al., 2018) |

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

Lift the Lip Brochure



LIFT THE LIP



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



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




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


Adapted from Alberta Health Services – Oral Health
September 2013
Herschel S. Horowitz Center for Health Literacy
School of Public Health



Healthy Baby Teeth



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



TO KEEP BABY CAVITY FREE:

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

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

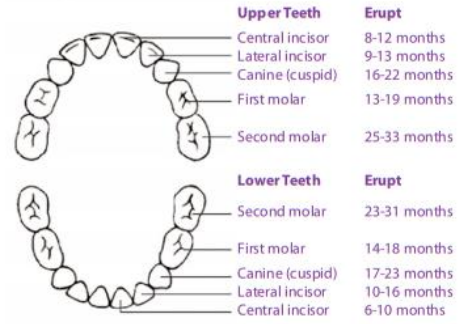
Cavity Free Kids: Teething

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.



APPENDIX 3

Integrated Care of Women

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.



This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.
National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: 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

APPENDIX 4

Integrated Care of Women

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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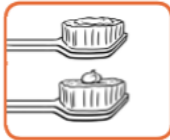


APPENDIX 5

Integrated Care of Women

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.



Cavity Free Kids: FAQ

Family Engagement FAQ

Cavity Free Kids > Family Engagement > Family Engagement FAQ

Q: When should I start brushing baby's teeth?

A: Clean baby's mouth like you clean the rest of her/him—even before teeth come in. Wipe baby's gums and tongue with a clean, moist cloth. When the first teeth come in, brush gently with a soft baby toothbrush, with a smear (rice-sized) amount of fluoride toothpaste.

Q: My baby is teething and is so fussy. What can I do?

A: Teething biscuits or cookies are not good for teeth. Try a cold teething ring or a clean moist cloth.

Q: My grandma told me to dip the baby's pacifier in honey to help him sleep. Honey is a natural sugar, so it won't hurt his/her teeth, will it?

A: Any kind of sugar or sticky food can cause tooth decay. Besides creating a problem for your child's teeth, honey is not recommended for infants because it may contain certain bacteria that could make your child sick.

Q: I only brush my baby's teeth 3 or 4 days each week. The last time I brushed I saw some very white spots on the front of her teeth. Does this mean that her teeth are really healthy?

A: Those white spots may be the beginning stages of tooth decay. When the teeth aren't brushed every day, the cavity-causing germs stay on teeth and can start to destroy the teeth. Check with the dentist right away in order to keep the white spots from developing into cavities.

Q: My mother watches my 18-month-old while I work. She lets my daughter walk around with a bottle of apple juice because it's less messy than a cup. What do I say to my mom?

A: You could use 3 different approaches:

- The "natural" sugar in juice can cause tooth decay. Sipping on sweet drinks covers your child's teeth in cavity-causing acids again and again each time she takes a sip. Those repeated "acid attacks" can weaken and destroy her teeth.
- Juice has no nutritional value. Try to serve whole fruits and vegetables since they have more nutrients and are higher in fiber which is good for everyone! Between meals, "water is first for thirst." This helps establish a healthy, water-drinking habit.

Q: My two-year-old likes to eat toothpaste out of the tube. Will this help strengthen his teeth?

A: No. Children should not swallow toothpaste. Toothpaste is for teeth, not tummies. Remember—just a pea-sized amount! Putting the toothpaste on is a grown-up job. Keep toothpaste out of a child's reach.

Q: My two year-old brushes all by himself! We don't need to help him, do we?

A: It is wonderful that your child is showing independence, but two-year-olds do not have the coordination to brush well enough. After your child brushes, you can finish the job. Children need to be supervised and helped with brushing until they are between 6 and 8 years old or can tie their shoes.

Q: Why should I worry about baby teeth?

A: Baby teeth are important! They help children eat foods, form words, and hold space for adult teeth. Healthy baby teeth mean a healthy mouth for the adult teeth.

Q: We use a water filter at our house. Does this take out the fluoride?

A: The faucet or pitcher type filters do not remove fluoride from the water. Whole-house filtration or distilling systems usually remove fluoride. If your system removes the fluoride, check with your dentist or medical provider about giving your child fluoride drops or pills. Bottled water seldom has fluoride. It is better than a soft drink, but does not help strengthen the teeth like water with fluoride does.

Q: I don't know if we have fluoride in our water. How can I find out?

A: Call your water supplier—water company or city utility—to see if there is fluoride in the water.

APPENDIX 7

Integrated Care of Women

Cavity Free Kids: Conversation Starters

Family engagement

More Conversation Starters

Oral health is a topic that may not always come up naturally in conversations with families. Tooth decay is almost 100 percent preventable, and if we can find ways to discuss oral health with families, we can promote and reinforce good oral health habits. Below are some questions to help start conversations about oral health.

General Oral Health

- Tell me about your child's oral health.
- What is something about your child's teeth or mouth that you have questions about?
- What is something that concerns you about your child's oral health?
- What more do you want to learn about your child's oral health?
- What is one thing you could do today to improve your child's oral health?
- What type of support do you want with your child's oral health?

Water and Tooth Healthy Foods

- Tell me about your child's eating and drinking habits.
- What is something that concerns you about your child's eating or drinking habits?
- What is one thing you could do today to support your child's eating and drinking habits?
- What would be helpful to know more about nutrition and water?

Brushing and Flossing

- Describe what you do every day to take care of your child's teeth.
- What is going really well with toothbrushing? Flossing?
- What questions do you have about brushing or flossing?

Going to the Dentist

- What do you remember about visiting the dentist when you were younger?
- What type of experience do you want your child to have at the dentist? What are some ways we can help make that happen?
- What concerns you about taking your child to the dentist?
- What do you have questions about?
- What can I do to support you in scheduling a dental appointment for your child?

Let's Talk Teeth/Let's Set Goals

Use the *Let's Talk Teeth* on the next page to help you work with families to set an oral health goal for their children and/or their whole family. It can be used during home visiting, family nights, or in any other communications with families.

APPENDIX 8

Integrated Care of Women

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: _____



Cardiovascular Disease Case Study

Design an oral exam and treatment plan for a 61 year old woman with a prosthetic mitral valve who will undergo deep cleaning of her gingival and gingival pockets.

What are your treatment plans if this patient is allergic to PCN?

Diabetes Case Study

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

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

What are the 3 months follow-up outcomes?

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

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National Oral Health Curriculum

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