Best Practices: IPE Oral Health Success Stories

Erin Hartnett, DNP, APRN-BC, CPNP
Program Director
Oral Health Nursing Education and Practice Program (OHNEP)
Teaching Oral-Systemic Health (TOSH)
NYU College of Nursing
IPEC Competencies (2011)

The Learning Continuum pre-licensure through practice trajectory
HRSA Report (2014)

Integration of Oral Health and Primary Care Practice

U.S. Department of Health and Human Services
Health Resources and Services Administration
February 2014

PRIMARY CARE MEDICAL HOME (PCMH)

Primary Care
- Population Health Management and Reporting Tools*
- Quality Improvement Methodology
- Care Coordination
- Management of Chronic Diseases

Prevention
- Medication List Management
- Risk Assessment
- Dietary Counseling
- Oral Hygiene Training
- Smoking Cessation
- Fluoride Varnish
- Fluoride Supplementation
- Antibiotic Rinses
- Screening for Oral Diseases

Dental Care
- Restorative Treatment of Caries
- Dental X-rays
- Dental Sealants
- Periodic Cleaning
- Mouth Guards
- Deep Scaling and Root Planning for Periodontal Disease
- Endodontics
- Orthodontics
- Crowns and Implants

*Including structured EHR data and diagnostic codes, disease registries, and other tools
Interprofessional Oral Health Core Clinical Competencies

ASK
- Brush?
- Smoke or chew tobacco?
- Dry mouth?
- Gums that bleed?
- High alcohol?

LOOK
At teeth and gums:
- White spots?
- Cavities?
- Inflamed gums?
- Lesion under tongue?

DECIDE
- Is this patient at risk?
- Already high risk?

ACT
- Patient and family education
- Self management support
- Fluoride varnish
- Collaboration & Referral

DOCUMENT
Interprofessional Oral Health Care Model

Health & Education Systems

- Builds Primary Care Oral Health Workforce Capacity
- IP Oral-Systemic Education

Collaborative Practice

Increased Access to Oral Healthcare, Reduced Oral Health Disparities

Increased Oral and Overall Health Outcomes

Increased Access to Oral Healthcare System

National Oral Health Needs


http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302495
The Weave Approach
The IPE Bull's-eye

Voluntary IPE Activities

Standardized IPE Component of Curriculum

IPE Electives
• To expand access to primary healthcare services/ improve the quality of life

• To become primary care providers for patients without access to health care or in need of regular health care.

• To test an innovative collaborative oral-systemic primary care delivery model

Nursing Faculty Practice
Interprofessional Faculty Development
NYUCN Preceptor Workshop

65 preceptors

• Importance of oral health and nurses’ role in oral health care

• IPE and collaborative practice as a framework for improving oral health outcomes

• Oral health competencies for pregnant woman, infant, child and adult

• Strategies aimed at facilitation the development of nurses’ oral health competencies and implementation of best practices in oral health
Interprofessional Curriculum Integration

• Collaborative courses
  • Content/Student/Faculty

• Workshops/Mini-courses

• Service Learning
  • Local/international

• Clinical experiences
  • Collaborative Case Conferences
  • Standardized Patients
  • Virtual Cases
  • Simulation
  • IP Clinical Rotations
Smiles for Life: A National Oral Health Curriculum

www.smilesforlifeoralhealth.org
Interprofessional Oral Health Faculty Toolkit
Curricular Templates for NP and Midwifery Programs

Available on ohnep.org/faculty-toolkit
NYU D4 Honors Rotation
Collaborative Nursing/Dental Clinical Experience

- **Competencies for dental students:** DDS students complete a comprehensive approach to assessing patient general health needs; identify need for referral (primary care, dietary counseling, social work, etc.)
- **Competencies for nursing students:** recognize normal and pathological variations of oral structures; demonstrate head and neck and oral exams
- **Competencies for both:** establish the oral-systemic association in the context of diagnosis and treatment planning to address the patient’s oral health needs; assess the role of nursing in dentistry in providing primary care
- **Who participates:** NP faculty, DDS faculty and DDS and NP students
Here is a typical case: D4 starts...

D1 steps in...

D2 contributes with...

Molecular Mechanism of Osteoporosis...

D3 asks a...

Hygiene contributes...

D4 concludes with...

Nursing discusses...

patient management of systemic health problems...

D4 continues...

Acceptable Treatment plan...

Phases 1 and 11...

In vitro (test tube) research...

Integrated Case Presentation...
NYUCN Pediatric Nurse Practitioner Oral Health Outreach

- Who participates: Pediatric Nurse Practitioner students, dental students and Pediatric Dental Residents, NYUCD and NYUCN faculty

- Objective for DDS: Learn effective behavioral management of pediatric dental patients from PNPs

- Objective for Nursing: Learn to perform an oral exam and apply fluoride varnish from dental students
Service Learning

• Objectives for DDS and Nursing: expand access to healthcare to children; joint public health venture; practicing as a team
• Who participates: DDS, PG, BS, NP-Nursing students, and CoN/CoD faculty
Interprofessional Oral-Systemic Health Experience at NYSIM

Aims:

1) Develop interprofessional oral health competencies by using simulation as a tool to bridge the education-to-practice gap

2) Produce a primary care workforce that is collaborative-practice ready
IP Oral-Systemic
Standardized Patient Experience

I. Team Brief (5 min):
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. History and physical exam (45 min)

III. Debriefing (10 min)
IP Oral-Systemic
Case Study Discussion

I. Team Brief (5 min)
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. Case Study Discussion (40 min)

III. Debriefing (15 min)
ICCAS - Interprofessional Collaborative Competencies Attainment PRE-Survey

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements: 1 = strongly disagree; 2 = moderately disagree; 3 = slightly disagree; 4 = slightly agree; 5 = moderately agree; 6 = strongly agree; na = not applicable

Please rate your ability for each of the following statements:

**Before** participating in the learning activities I was able to:

<table>
<thead>
<tr>
<th>Communication</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>na</th>
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</thead>
<tbody>
<tr>
<td>1. Promote effective communication among members of an interprofessional (IP) team*</td>
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<td>2. Actively listen to IP team members’ ideas and concerns</td>
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<td>3. Express my ideas and concerns without being judgmental</td>
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<td>4. Provide constructive feedback to IP team members</td>
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<td>5. Express my ideas and concerns in a clear, concise manner</td>
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<thead>
<tr>
<th>Collaboration</th>
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<th>2</th>
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<tr>
<td>6. Seek out IP team members to address issues</td>
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<td>7. Work effectively with IP team members to enhance care</td>
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<td>8. Learn with, from and about IP team members to enhance care</td>
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<thead>
<tr>
<th>Roles and Responsibilities</th>
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<tr>
<td>9. Identify and describe my abilities and contributions to the IP team</td>
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<td>10. Be accountable for my contributions to the IP team</td>
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<td>11. Understand the abilities and contributions of IP team members</td>
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<td>12. Recognize how others' skills and knowledge complement and overlap with my own</td>
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<thead>
<tr>
<th>Collaborative Patient/Family-Centered Approach</th>
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<tbody>
<tr>
<td>13. Use an IP team approach with the patient** to assess the health situation</td>
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<td>14. Use an IP team approach with the patient to provide whole person care</td>
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<td>15. Include the patient/family in decision-making</td>
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<thead>
<tr>
<th>Conflict Management/Resolution</th>
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<th>2</th>
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<tbody>
<tr>
<td>16. Actively listen to the perspectives of IP team members</td>
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<td>17. Take into account the ideas of IP team members</td>
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<td>18. Address team conflict in a respectful manner</td>
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<table>
<thead>
<tr>
<th>Team Functioning</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>19. Develop an effective care*** plan with IP team members</td>
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<td>20. Negotiate responsibilities within overlapping scopes of practice</td>
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*The patient's family or significant other, when appropriate, are part of the IP team.

**The word “patient” has been employed to represent client, resident, and service users.

***The term “care” includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Trumpower, Jelley, Cragg, Casimiro, & Johnstone, 2009.
<table>
<thead>
<tr>
<th>Student Type</th>
<th>2013 Pre</th>
<th>2013 Post</th>
<th>2014 Pre</th>
<th>2014 Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>4.77</td>
<td>5.69</td>
<td>5.00</td>
<td>5.54</td>
</tr>
<tr>
<td>Dentistry</td>
<td>4.65</td>
<td>5.54</td>
<td>4.80</td>
<td>5.54</td>
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<tr>
<td>Dentistry</td>
<td>4.63</td>
<td>4.63</td>
<td>5.30</td>
<td>5.40</td>
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<tr>
<td>Medicine</td>
<td>5.69</td>
<td>5.54</td>
<td>5.51</td>
<td>5.30</td>
</tr>
</tbody>
</table>

TOSH IPE Experience: ICCAS Mean Pre and Post Scores by Student Type (2013 & 2014) (p<0.001, two-tailed)
Percentage of Faculty Who Agree that IPE Increases these Characteristics
(2013 n=49; 2014 n=32)

- Interprofessional Communication: 90% (2013) vs. 97% (2014)
- Interprofessional Collaboration: 86% (2013) vs. 84% (2014)
- Patient Communication: 77% (2013) vs. 75% (2014)
- Understanding: 75% (2013) vs. 81% (2014)
Pediatric IPE Clerkship
# Pediatric IP Clerkship Protocol

<table>
<thead>
<tr>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP reviews chart</td>
<td>MD reviews chart</td>
<td>DDS reviews chart</td>
</tr>
<tr>
<td>NP takes history</td>
<td>MD takes history</td>
<td>DDS takes history</td>
</tr>
<tr>
<td>DDS does HEENOT exam and FV</td>
<td>NP does HEENOT exam and FV</td>
<td>MD does HEENOT exam and FV</td>
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<tr>
<td>HUDDLE</td>
<td>HUDDLE</td>
<td>HUDDLE</td>
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<tr>
<td>MD gives education prevention, anticipatory guidance, handouts, referral and follow-up</td>
<td>DDS gives education prevention, anticipatory guidance, handouts, referral and follow-up</td>
<td>NP gives education prevention, anticipatory guidance, handouts, referral and follow-up</td>
</tr>
</tbody>
</table>
NYC Department of Health Collaboration

- Bureau of Maternal and Infant Reproductive Health
- Nurse Family Partnership
- Education Program on Oral Health on Pregnancy and Early Childhood
- 120 Nurses and Staff

Erin Hartnett, DNP, APRN, BC, CPNP  
Director, OHNEP and TOSH

Julia Lange-Kessler, MS, CM, RN, IBCLC  
Clinical Instructor, Nurse Midwifery Program

Donna Hallas, PhD, RN, PNP-BC, CPNP, FAANP  
Clinical Professor Coordinator, Advanced Practice

Amr M. Moursi, D.D.S., Ph.D.  
Associate Professor and Chairman Pediatric Dentistry

Jill B Fernandez, RDH, MPH  
Clinical Associate Professor Pediatric Dentistry

Neal G Herman, D.D.S., FAAHD  
Clinical Professor Pediatric Dentistry

Mark Wolff, D.D.S., Ph.D.  
Professor Cariology and Comprehensive Care
Nurse-Family Partnership
Nurse-Family Partnership
Helping First-Time Parents Succeed
Cavity Free KIDS
ACNM Annual Meeting: The Midwifery Profession as Frontline Promoters of Oral Health for Women & Newborns
Expand Engagement of Nursing Stakeholders in Advancing Oral Health Policy

Judith Haber, PhD, APRN-BC, FAAN

Donna Hallas, PhD, RN, PNP-BC, CPNP, PMHS, FAANP

Marguerite Di Marco, PhD, RN, CPNP

Erin Hartnett, DNP, APRN-BC, CPNP
Engage Nursing and Interprofessional Stakeholders in Oral Health Curriculum and Practice Integration
University of Vermont
Avatar Virtual Clinic
National Nursing Oral Health Workgroup

- SUNY Buffalo
- Montana State University
- University of Texas
- University of Colorado
- University of Michigan
- Case Western Reserve University
- National Association of School Nurses
- Seton Hall University
- University of Maryland
- University of Alabama
- University of Illinois
- University of Maryland
- National Association of School Nurses
- Case Western Reserve University
- University of Michigan
- SUNY Buffalo
- Montana State University
- University of Texas
- University of Colorado
- University of Maryland
- University of Illinois
- University of Alabama
Chemotherapy without Cavities

Imagine!
Pediatric Oncology Patients with Dental Caries
Public Health Learning Modules

Using Healthy People 2020 to Improve the Oral Health of Populations Across the Lifespan

http://www.aptrweb.org/?PHLM_15
Integrating Oral Health Throughout Cancer Care

Oral health is often not a priority during cancer treatment; however, patients with cancer are at increased risk for oral complications during and after treatment. This article discusses the importance of oral health care before, during, and after cancer treatment using the head, eyes, ears, nose, oral cavity, and throat (HEENT) approach.

At a Glance:
- Oral health is linked to overall health, and healthcare providers must be cognizant of the oral system in relation to patients undergoing cancer treatment, which may cause acute or chronic oral health problems.
- Oral assessment, prevention, early recognition, and treatment of oral problems must be incorporated into cancer care, particularly with the aid of an interprofessional team to meet patients’ oral care needs.
- The head, eyes, ears, nose, oral cavity, and throat (HEENT) approach integrates oral care into patients’ history taking, physical examination, and plans of cancer care.

Erin Hartnett, DNP, APRN-BC, CPNP

OHEP: An Oral Health Education Program for Mothers of Newborns

In addition, at the corresponding centers, a pre-treatment oral assessment was given to only a third of patients with head and neck cancer prior to radiation therapy to one third of patients having chemotherapy, and major errors of patients who received other cancer therapy (Spencer et al., 2007).

The lack of oral health knowledge and skills in medical and nursing education is implicated in this problem. About 90% of medical students lack two or more hours of oral health in their curriculum, and 10% include oral health education in their curricula (Spencer et al., 2011). Although the nursing profession is beginning to incorporate the Health Resources and Services Administrations (HRSA), 2004 oral health care clinical competencies into nurse practitioners (NP) and nurse midwifery (NSM) programs, oral health care and clinical competency are not a standardized component of graduate education (Dolker, 2016; Huber et al., 2015; John-, 2012; National Organization of Nurse Practitioner Faculties, 2012, 2003; National, 2007).
Collective Impact: Interprofessional Oral Health Initiatives (47 states)
CHALLENGES

- Obtaining “buy-in”
- Scheduling
- Scope of Practice Myths
- Sustainable Resources
- Funding
- Evaluation
Tips for Building an IPE Program

- Create an interprofessional advisory council
- Establish formal communication mechanisms
- Involve external communities of interest
- Designate IPE champions
- Measure outcomes
Evaluating IPE

- Surveys
  - Attitudes
  - Behavior
  - Knowledge, Skills, Ability
  - Organizational Practice
  - Patient Satisfaction
  - Provider Satisfaction
  - Faculty Satisfaction
- Smiles for Life Utilization
- Graduate Follow-Up
The Missing Piece of PCMH

Pharmacy

Home Care

PCP/Medical Home

Community Health Center

LTC
How can they work together if they don’t learn together?
Knowledge, Trust, Respect, Collaboration