

# Interprofessional Oral-Systemic Health Standardized Patient and Case Study Experience

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Program Director

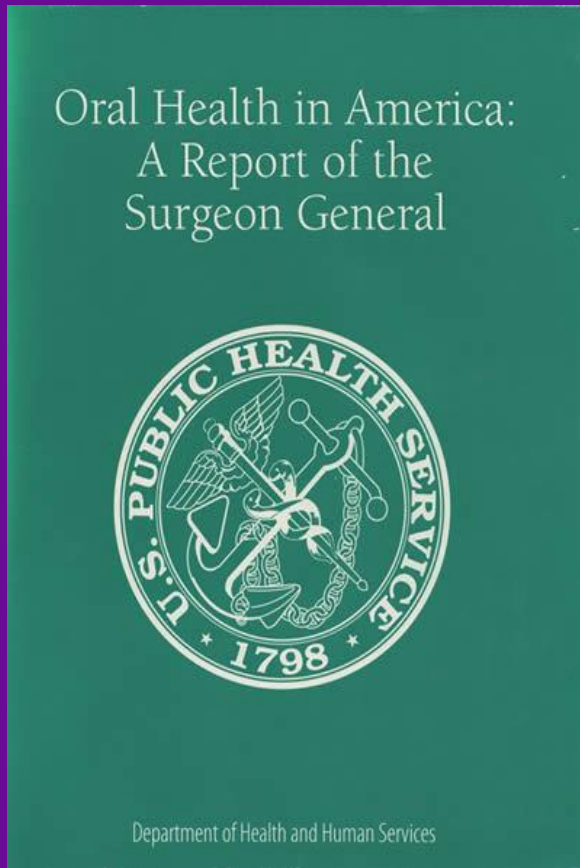
Oral Health Nursing Education and Practice (OHNEP)

Teaching Oral-Systemic Health (TOSH)

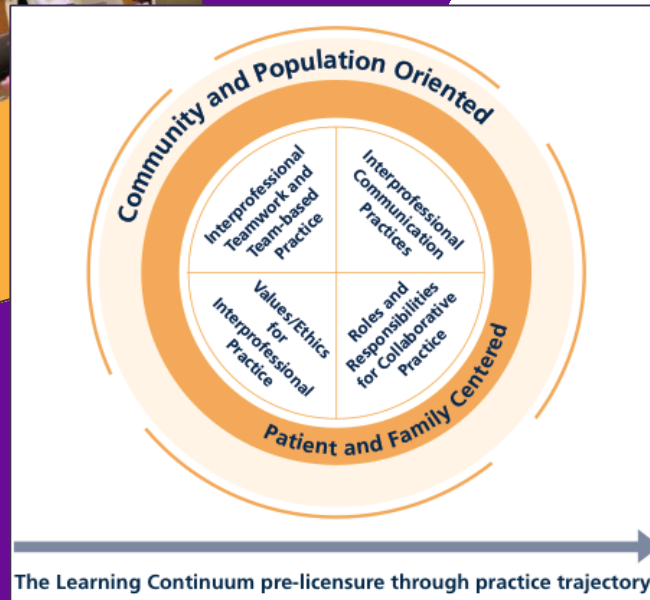
NYU Rory Meyers College of Nursing



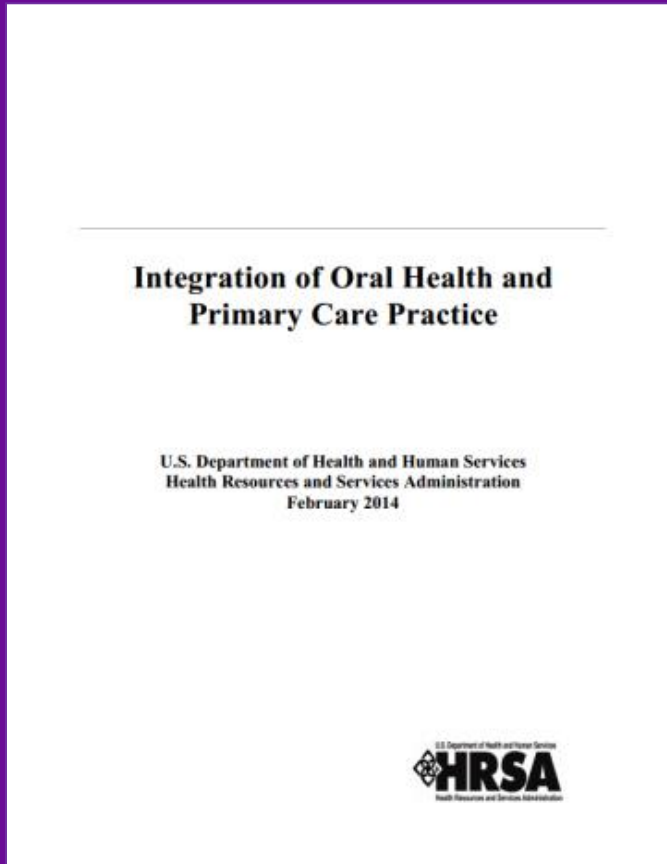
# Surgeon General (2000) IOM Reports (2011-13)



# IPEC Competencies (2011-16)



# HRSA Report (2014)



- HEENOT
- Health History
- Oral-Systemic Risk Assessment
- Physical Health Exam
- Action Plan (preventive interventions, management within scope of practice)
- Collaboration
- Referral

# HEENOT Article

## COMMENTARIES

attendance at healthcare appointments. *Cochrane Database Syst Rev*. 2012;7: CD007458.

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80. Liang X, Wang Q, Yang X, et al. Effect of mobile phone intervention for diabetes on glycaemic control: a meta-analysis. *Diabet Med*. 2011;28(4):455–463.

81. Free C, Knight R, Robertson S, et al. Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial. *Lancet*. 2011;378(9785):49–55.

82. Pette JD, Mendoza-Avelares MO, Milton EC, Lange I, Fajardo R. Access to mobile communication technology and willingness to participate in automated telemedicine calls among chronically ill patients in Honduras. *Telemed J E Health*. 2010;16(10):1030–1041.

83. Pette JD, Mendoza-Avelares MO, Ganser M, Mohamed M, Marinee N, Krishnan S. A preliminary study of

a cloud-computing model for chronic illness self-care support in an underdeveloped country. *Am J Prev Med*. 2011; 40(6):629–632.

## Putting the Mouth Back in the Head: HEENT to HEENOT

Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences.

We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral-systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classroom, simulation, and clinical experiences. This was associated with increased dental–primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral-systemic health across the lifespan. (*Am J Public Health*. 2015;105:437–441. doi: 10.2105/AJPH.2014.302495)

Judith Haber, PhD, APRN, BC, Erin Harnett, DNP, CPNP, BC, Kenneth Allen, DDS, MBA, Donna Hallas, PhD, CPNP, BC, Caroline Dorsen, MSN, FNP, BC, Julia Lange-Kessler, DNP, CM, RN, Madeleine Lloyd, MS, FNP, BC, PMHNP, BC, Edwidge Thomas, DNP, ANP, BC, and Dorothy Wholihan, DNP, ANP, BC, PCNP, BC

**DURING THE DECADE FOLLOWING** publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse-midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."<sup>1</sup> The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Smiles for Life: A National Oral Health Curriculum"<sup>2</sup> represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high

incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.<sup>3,4</sup> Data from the 2009–2012 National Health and Nutrition Examination Survey<sup>5</sup> reveal that approximately one in four children (14%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 26% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (11%) and 6 to 9 years (14%).<sup>6</sup> Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.<sup>7</sup>

In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,<sup>8</sup> and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.<sup>9</sup> Among adults aged 65 years and older, only 30% have a dental benefit.<sup>10</sup> Primary care providers have been

challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.<sup>10</sup>

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.<sup>11</sup> Similarly, NPs and NMs have also not had a defined oral health curricular knowledge base nor a set of oral health clinical competencies.<sup>12–16</sup> The PA programs have generally followed medical school curricula and have not required curricular oral health content or competencies.<sup>17</sup>

The recent publication of several important national reports, two oral health reports by the Institute of Medicine,<sup>10,18</sup> the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,<sup>19</sup> the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"<sup>20</sup> and the dissemination of "Oral Health Care During Pregnancy: A



<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302495>



# Smiles for Life: A National Oral Health Curriculum



**Smiles for Life**  
A national oral health curriculum

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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

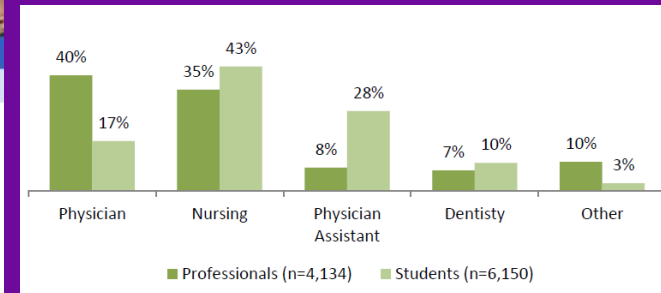
Answering the Call: Joining the ...



Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An [extended version](#) (21 minutes) of this documentary is also available.



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

# 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 oral health workforce that is collaborative-practice ready

# IP Oral-Systemic Standardized Patient Experience

## I. 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. Brief (5 min)
  - I. Introductions
  - II. Goals of IP experience
  - III. Directions
- II. Case Study Discussion (40 min)
- III. Debriefing (15 min)

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:

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

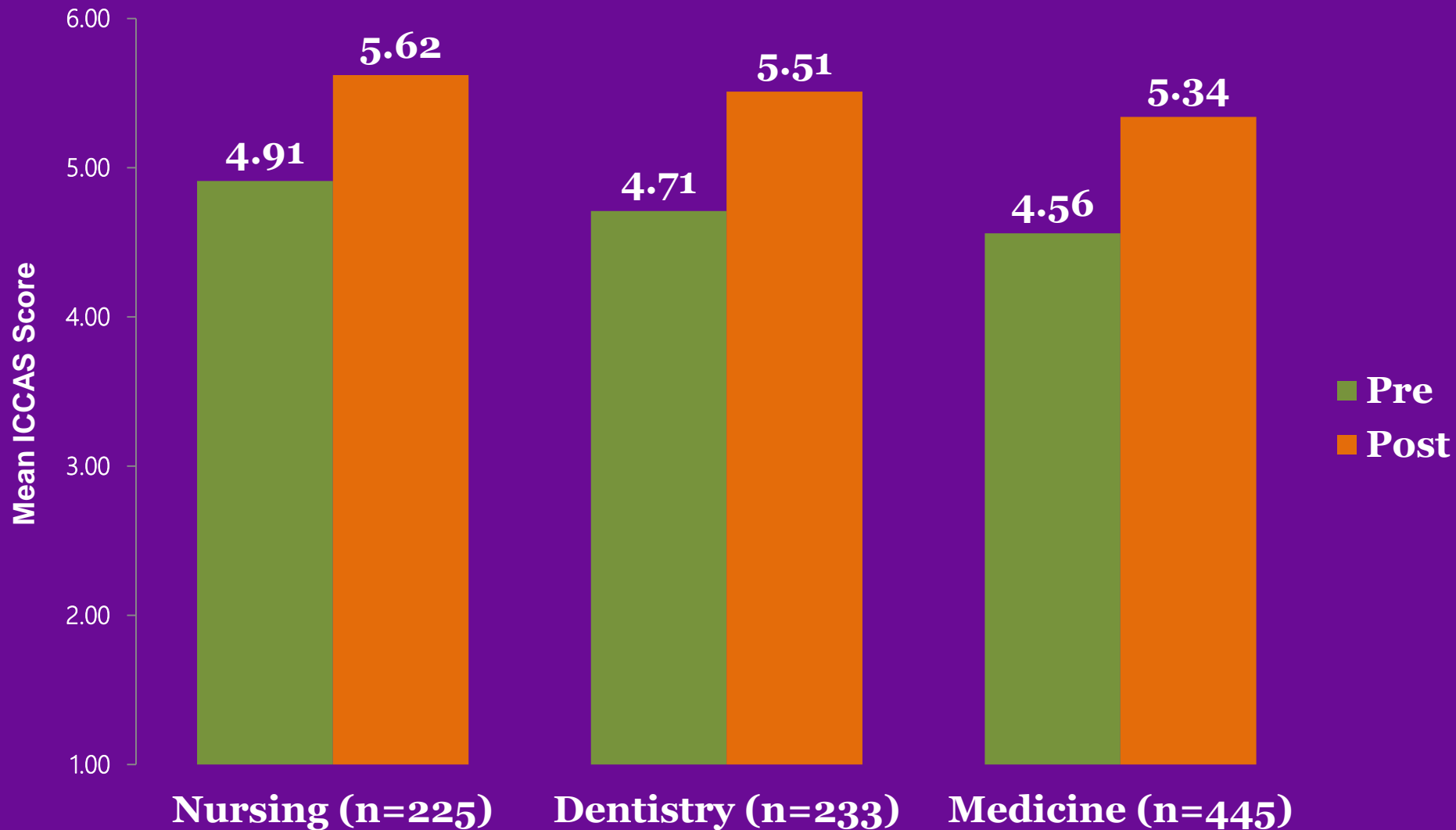
\*The patient's family or significant other, when appropriate, are part of the IP team.

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

\*\*\*The term "care" includes intervention, treatment, therapy, evaluation, etc.

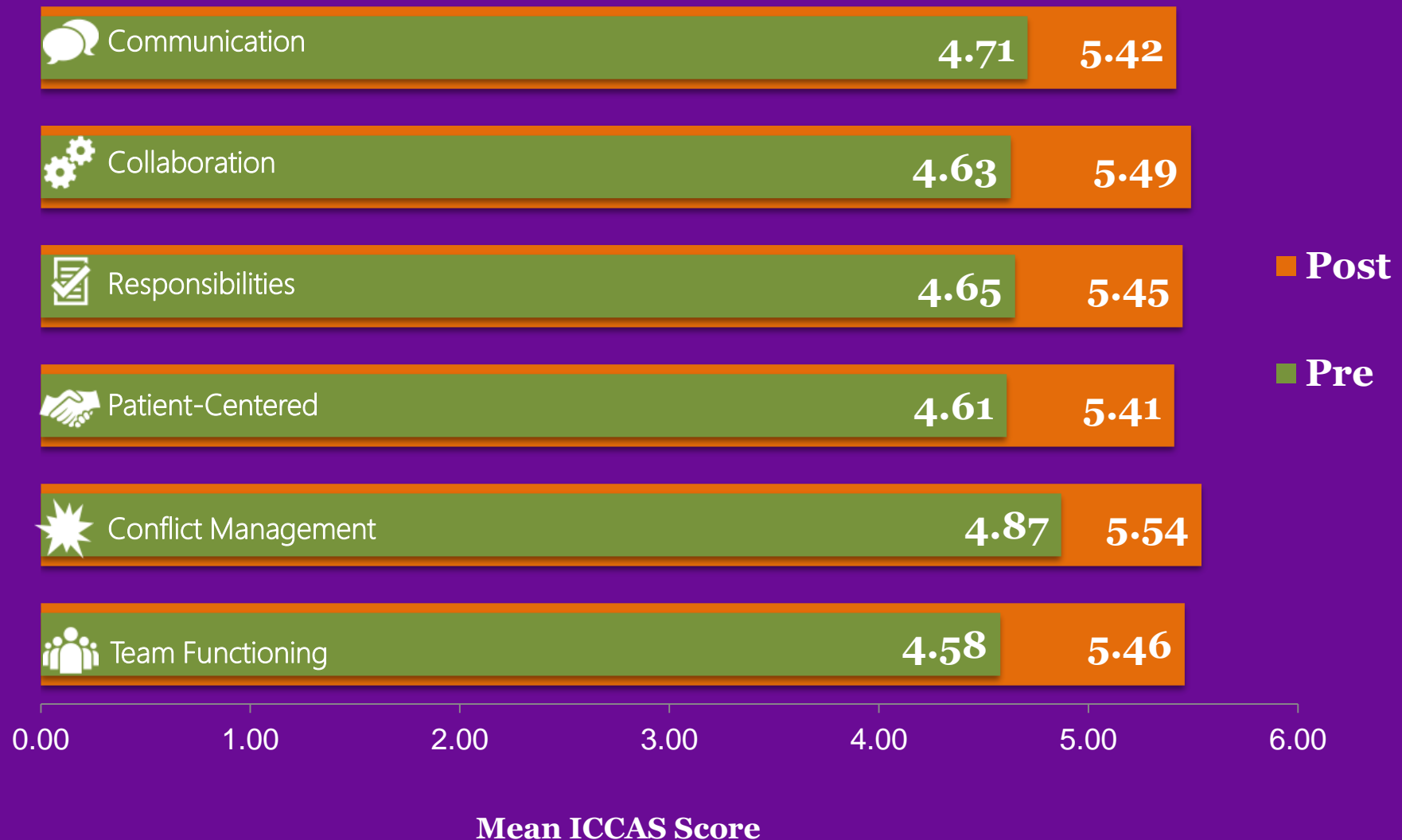
# TOSH IP Experience: ICCAS Mean Pre and Post Scores by Student Type (2013-2015)

( $p < 0.001$ , two-tailed)

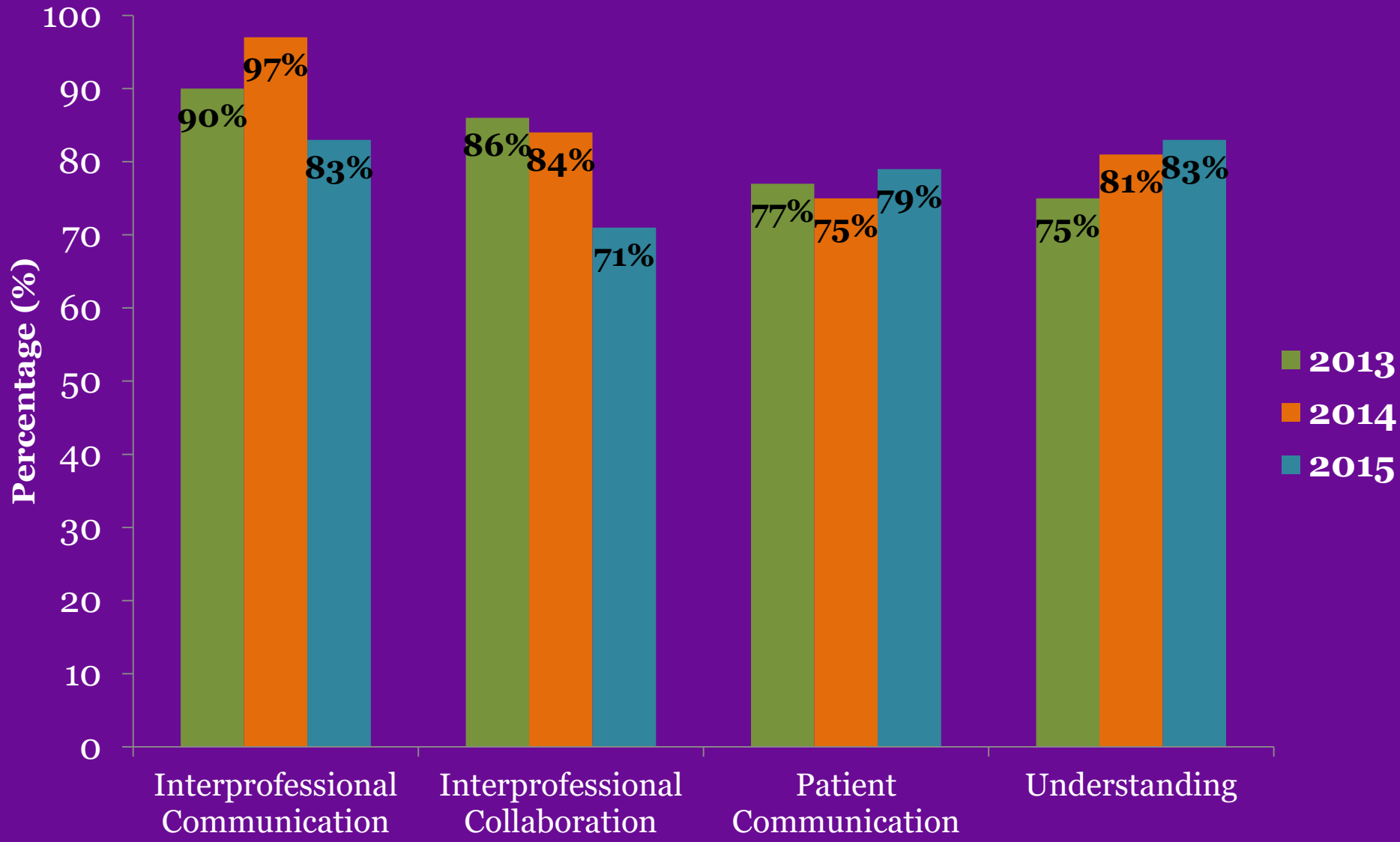


# TOSH IP Experience: ICCAS Mean Pre and Post Scores by Topic Area (2013-2015)

(n=874-898) ( $p < 0.001$ , two-tailed)

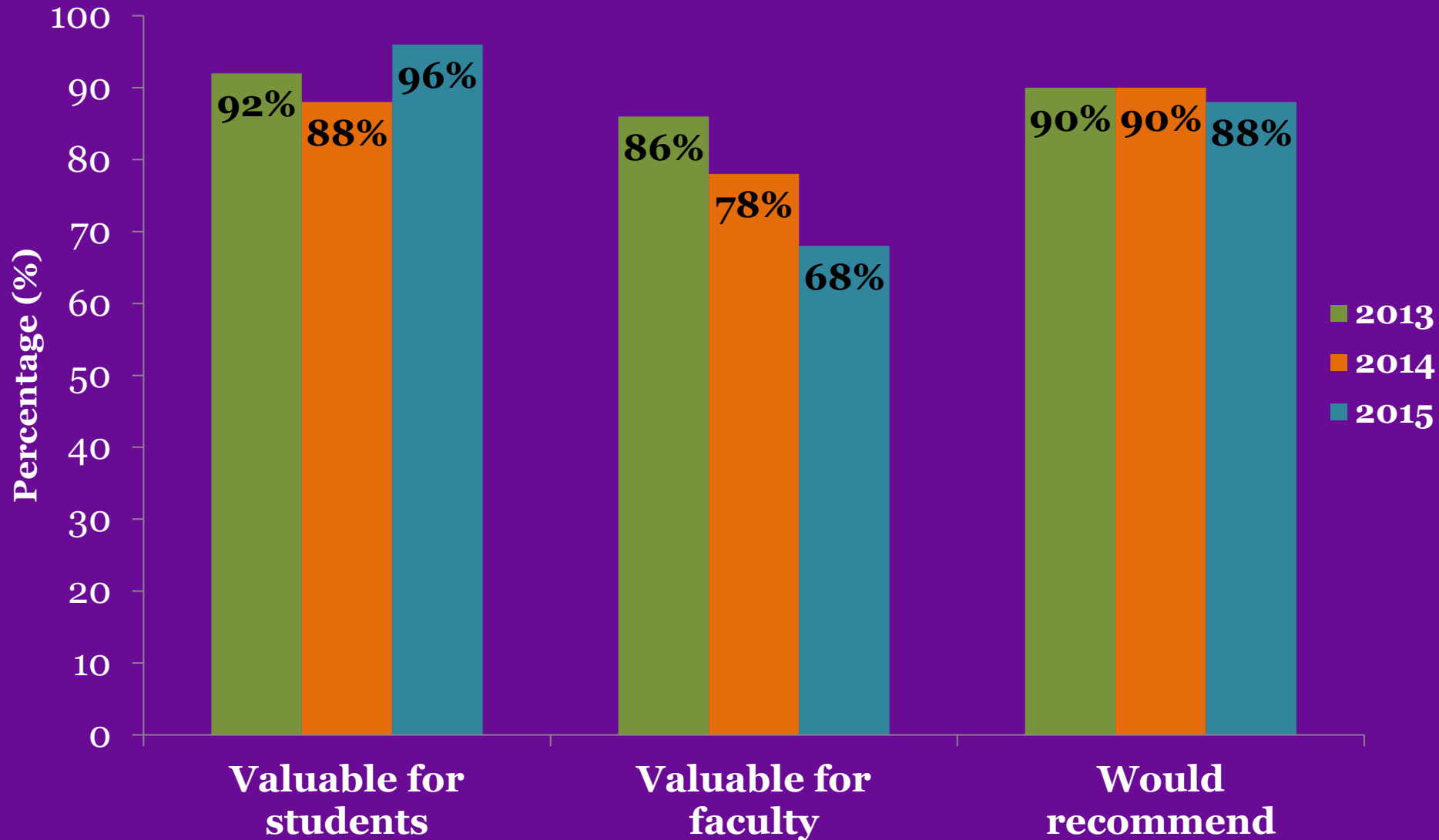


# Percentage of Faculty Who Agree IPE Increases these Characteristics (2013 n=49; 2014 n=32; 2015=24)





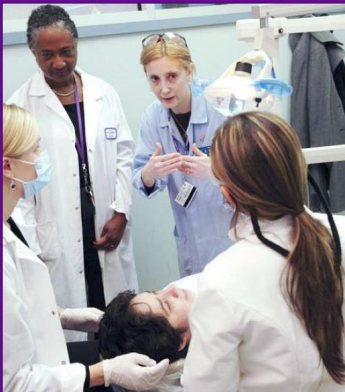
# Percentage of Faculty Who Agree on Value of the TOSH IPE Experience (2013 n=49; 2014 n=32; 2015 n=22-24)



# Interprofessional Oral Health Clinical Curriculum Integration



- IP Clinical Rotations
  - Nursing/Dental
  - Nursing/Dental/Medical



- Collaborative courses
- Service Learning

- Simulation
- Virtual Cases

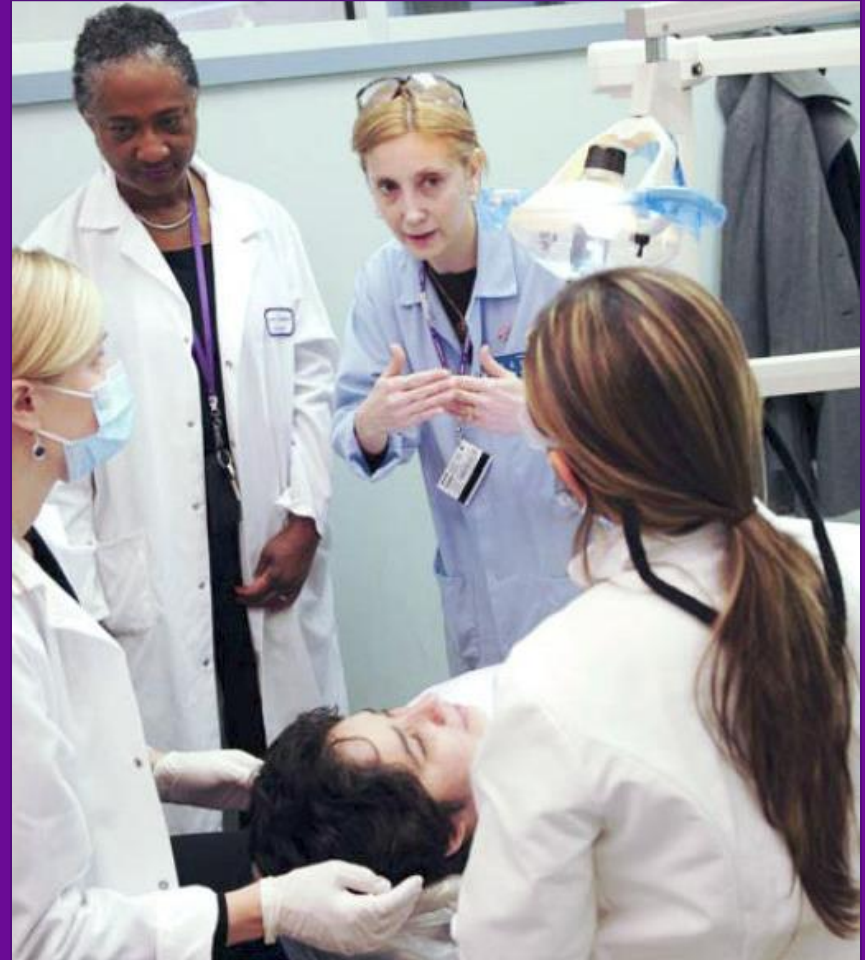
# The Role of the IPE Facilitator

- Ensure introductions
- Be professionally neutral
- Provide direction and focus
- Establish learning climate
- Encourage collaboration
- Focus the group
- Address conflicts
- Give and receive feedback



# 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



# CHALLENGES



Obtaining “Buy-In”



Scheduling



Scope of Practice Myths



Sustainable Resources



Funding



Evaluation



# Evaluating IPE

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

National Center for



Interprofessional  
Practice and  
Education





How can they work together  
if they don't learn together?

# Knowledge, Trust, Respect, Collaboration

