

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Adult Gerontology Acute Care Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Advanced Physical Assessment Across the Lifespan
- Principles of Adult Gerontology Acute Care I-II
- Principles of Adult Gerontology Acute Care III
- Resources



INTRODUCTION

The **Oral Health Nursing Education and Practice Program (OHNEP)** is pleased to launch a new edition of the **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Adult Gerontology Acute Care Nurse Practitioner (AGACNP) program.

Oral health and its links to overall health has been identified as an important population health issue in [Oral Health in America: Advances and Challenges](#) (2021), [Healthy People 2030](#) (2020). The [HRSA Interprofessional Oral Health Core Competencies](#) (2014), [NONPF Nurse Practitioner Role Core Competencies](#) (2022), [The Essentials: Core Competencies for Professional Nursing Education](#) (AACN, 2021) and the [IPEC Core Competencies for Interprofessional Collaborative Practice](#) (2016) provide a framework for the innovative oral health curriculum templates and exciting resources that illustrate how oral health and its links to overall health provide strategies that expose students to interprofessional experiences by integrating oral health “bytes” into courses across the AGACNP curriculum.

Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in or out of the classroom, link to simulated or live clinical experiences and involve interprofessional community-based service learning, advocacy and policy initiatives as venues you can easily use to integrate oral health into your existing AGACNP curriculum. The curriculum templates illustrate how oral health can be integrated into health promotion, health assessment and clinical management courses.

The new edition of the [Smiles for Life](#) (2020) interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the HEENT component of the history and physical exam to the HEENOT approach. In that way, you and your students will NOT forget about including oral health in patient encounters.

Research evidence continues to reveal an integral relationship between oral and overall health. Chronic diseases managed by Adult Gerontology Acute Care Nurse Practitioners, such as Diabetes, Cardiovascular Disease, Cancer and Respiratory conditions, are but a few of the health problems that have oral manifestations that can be treated by NPs or referred to our dental colleagues. It is important for AGACNPs on the frontlines of acute care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide gender-affirming care to patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your Adult Gerontology Acute Care Nurse Practitioner program. If you need additional technical assistance, please feel free to contact us at OHNEP@nyu.edu.

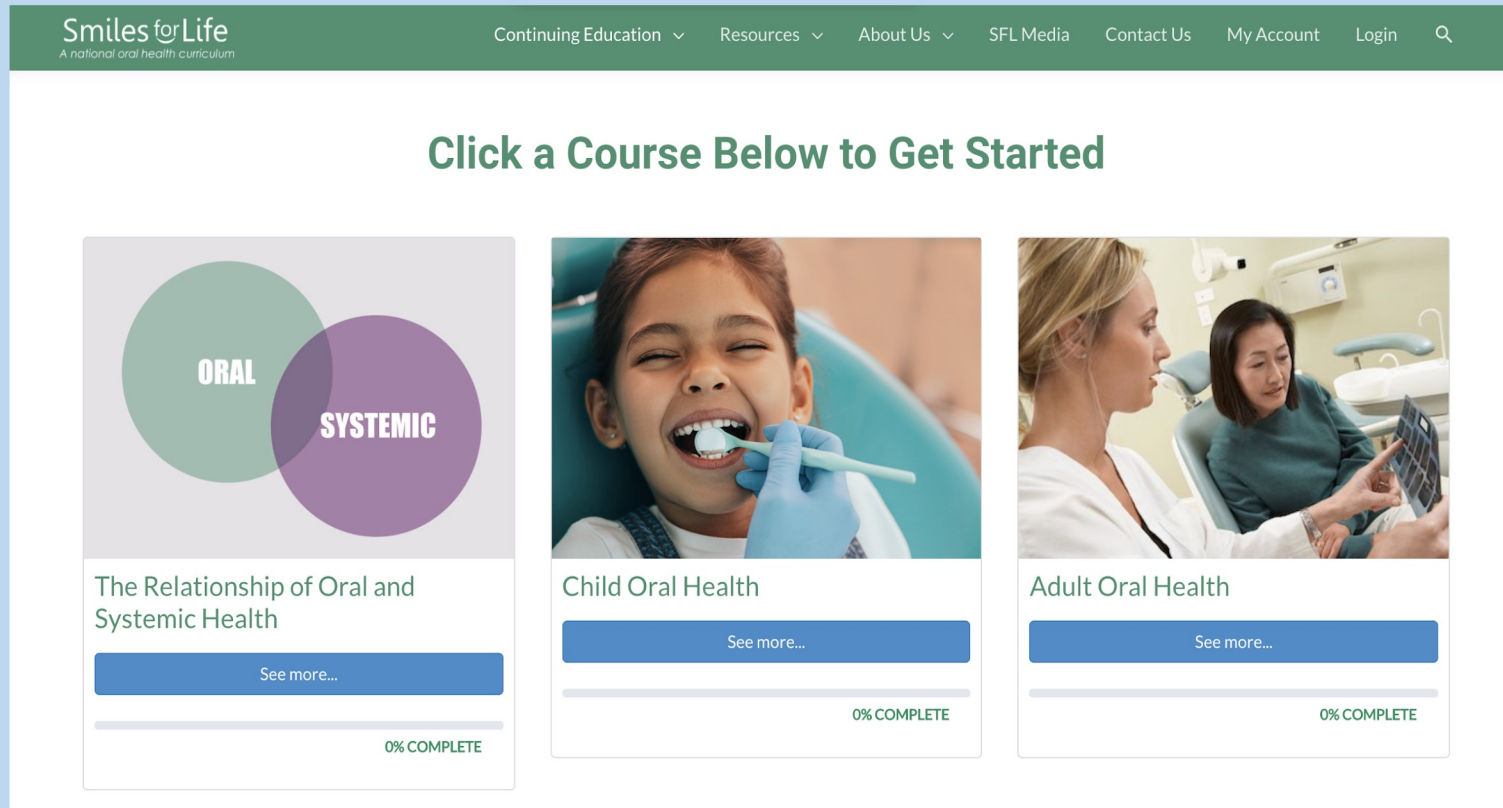
AGACNP Curriculum Integration of Interprofessional Oral Health Competencies in Advanced Physical Assessment

<p>ADVANCED PHYSICAL ASSESSMENT ACROSS THE LIFESPAN</p> <p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> <p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p> <p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p> <p>CONSTRUCTS</p>	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE	<p>ENTRY LEVEL ASSESSMENT</p> <p>SUMMATIVE ASSESSMENT</p> <p>INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES</p>
	<p>KNOWLEDGE: ORAL EXAM <i>Goal:</i> Understand the oral exam</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #7, including Clinical Cases, and submit Certificate of Completion Review the materials provided in the ACE.S Teaching Strategies that focus on oral health (NLN) <p>Read:</p> <ul style="list-style-type: none"> Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015) Impaired oral health status on admission is associated with poor clinical outcomes in post-acute inpatients: A prospective cohort study (Shiraishi et al., 2018) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Describe best practices in dental caries management across the lifespan</p> <ul style="list-style-type: none"> Review ADA Adult Caries Risk Assessment Tool for patients over age 6 (Appendix 1) <p>Read and discuss CAMBRA resources :</p> <ul style="list-style-type: none"> Tooth Disease and Treatment (Appendix 2) Caries Risk Assessment Form (Appendix 3) Practice integrating oral health into health history and performing intra- and extra-oral exam using the HEENOT approach for patients in acute care clinical experiences 	<p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT</p> <ul style="list-style-type: none"> Collaborate with DDS, DH, medical and pharmacy students in a simulation experience. Using an SP, demonstrate competency in oral health history (including frequency of sugar/tobacco/alcohol intake), risk assessment and physical exam of adult in acute setting, identifying any oral abnormalities. Each student will compare acute care oral health assessment skills with classmate 	
	<p>KNOWLEDGE: ORAL CARE OF ADULT <i>Goal:</i> Understand oral care issues of adults in acute care</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Modules #1 & 3, including Clinical Cases, and submit Certificates of Completion <p>Read:</p> <ul style="list-style-type: none"> Oral Health Patient Facts: Overview, Diabetes, HPV Oral Health in America: Working-Age Adults (NIDCR, 2021) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Identify oral pathologies</p> <ul style="list-style-type: none"> Review Oral Abnormalities in the SFL Photo Gallery on the mobile app Discuss oral health diagnoses and links to acute and chronic diseases – related risk factors, pathophysiology and management strategies 	<p>SKILL/BEHAVIOR <i>Goal:</i> Describe oral health practices of different cultures</p> <ul style="list-style-type: none"> Read Tooth loss among older adults according to poverty status in the United States (Dye et al., 2019) Collaborate with students from dentistry, medicine, pharmacy, social work, and nutrition to identify social determinants of health and their impact on access to oral health and overall health care for adults and older adults 	
	<p>KNOWLEDGE: ORAL CARE OF OLDER ADULT <i>Goal:</i> Understand oral care of older adults in acute care</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #8, including Clinical Cases, and submit Certificate of Completion <p>Read</p> <ul style="list-style-type: none"> Oral Health Patient Facts: Older Adult Oral Health in America: Older Adults (NIDCR, 2021) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Documentation of oral health</p> <ul style="list-style-type: none"> Review Dry Mouth Effects of Top 50 Prescription Medications (Appendix 4) Develop an electronic health record entry for assessment data of an older adult with an acute care health condition (e.g., diabetes, pneumonia, congestive heart failure, dementia), which includes oral health history, risk assessment, physical exam (HEENOT) and management plan Discuss medication related oral side effects 	<p>SKILL/BEHAVIOR <i>Goal:</i> Understand Issues related to oral health of older adults in acute care settings</p> <ul style="list-style-type: none"> Read Dose-dependent association between xerostomia and number of medications among older adults (Storbeck et al., 2022) Post and explain causes of xerostomia in older adults and management strategies on discussion board 	

Smiles for Life: A National Oral Health Curriculum

<https://smilesforlifeoralhealth.org>

[Click here](#) to download materials for implementing modules in a classroom setting.



The screenshot shows the Smiles for Life website interface. At the top is a green navigation bar with the logo and menu items: Continuing Education, Resources, About Us, SFL Media, Contact Us, My Account, and Login. Below the navigation bar is a white section with the heading "Click a Course Below to Get Started". Three course cards are displayed in a row. The first card features a Venn diagram with "ORAL" and "SYSTEMIC" circles and is titled "The Relationship of Oral and Systemic Health". The second card shows a child being examined by a dentist and is titled "Child Oral Health". The third card shows a dentist consulting with a patient and is titled "Adult Oral Health". Each card includes a "See more..." button and a progress indicator showing "0% COMPLETE".

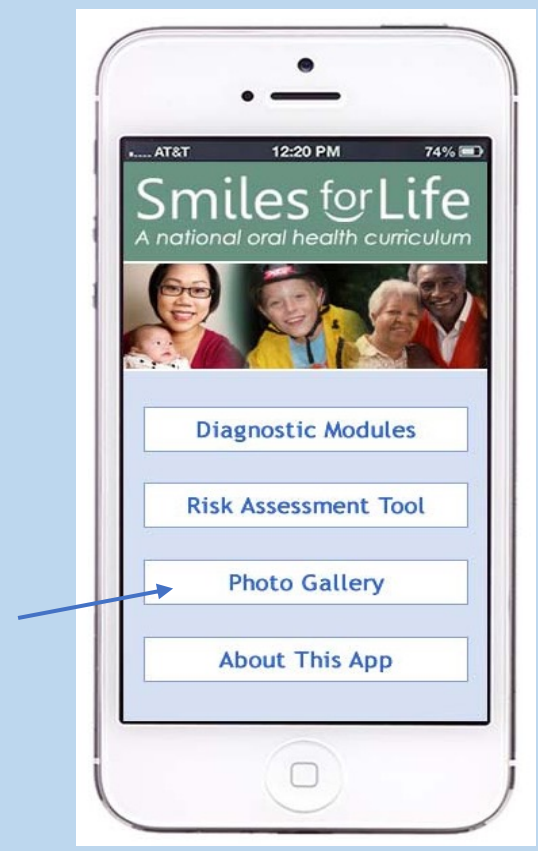
Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

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

ACNP Students should find and review the following oral abnormalities:

- Linea Alba
- Geographic tongue
- Fissured tongue
- Aphthous ulcers
- Oral papilloma from HPV
- Candidiasis
- Herpes
- Denture Stomatitis
- Angular cheilitis
- Dental caries
- GERD
- Gingival Recession
- Gingivitis
- Periodontitis
- Abscess
- Hairy Leukoplakia
- Oral malignancy
- Melanoma



APPENDIX 1

Advanced Physical Assessment Across The Lifespan

American Dental Association [Caries Risk Assessment Form \(Age >6\)](#)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age >6)			
Patient Name: _____			
Birth Date: _____		Date: _____	
Age: _____		Initials: _____	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply	
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply	
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III. Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply	
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II. Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII. Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX. Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient Instructions: _____ _____			

APPENDIX 2

Advanced Physical Assessment Across The Lifespan

CAMBRA Tooth Disease and Treatment

Tooth Disease and Treatment



Tooth decay is a serious disease!

- Starts on the surface of the teeth and continues to get worse
- Can cause permanent damage in as little as 6 months¹
- Can cause sensitivity
- Ultimately may mean drilling, fillings and crowns

What causes tooth decay?

- Not flossing and brushing every day at home
- "Dry mouth" from medicines that reduce saliva flow
- Foods with too much sugar
- Fillings that you already have can wear away
- Braces, retainers and bridges you already have can attract bacteria that causes decay
- Putting infants to bed with drinks containing sugar
- Moms can pass on the bacteria that causes decay to their kids
- Using any form of tobacco

Stage One Disease: Pre-Cavities

- Your tooth loses minerals on the outer surface
- This is usually invisible to the naked eye
- Areas where teeth touch are really vulnerable

Stage Two Disease: White Spots

- These are the first visible signs
- They appear near your gum line or near your braces
- Think of them as "hot spots"

Stage Three Disease: Cavities

Regular Cavities

- Part of the healthy tooth is destroyed
- Has to be cleared of decay and filled
- If decay gets too deep, the tooth and root have to be removed and you'll need a crown, bridge or implant

Root Cavities

- Start on the tooth surface near the gums
- Faster growing than regular cavities
- More common in adults
- Can make teeth sensitive and painful when eating or drinking cold or hot beverages

Secondary Cavities

- Over time, older fillings can crack or chip
- Plaque and bacteria get under them and cause new decay
- Need to be refilled or replaced with a crown, bridge or implant

Fight tooth decay with proper care.

- Avoid drilling, filling and tooth loss with early detection
- Learn to remove plaque by brushing properly without damaging enamel
- Your dental professional may recommend using:
 - A power toothbrush
 - A special toothpaste
 - A special oral rinse
- Floss every day to remove plaque between your teeth
- Don't miss appointments with your dental professional

You may also need stronger medicines or more frequent visits to the dental office.

- High-strength fluoride varnishes, gels or rinses applied during your dental office visit can help, even for adults
- Prescription fluoride toothpaste or rinse may need to be used between visits
- Prescription sensitivity toothpaste can be helpful for people with root cavities
- More office visits may be needed to remove plaque and tartar build-up that you are missing at home

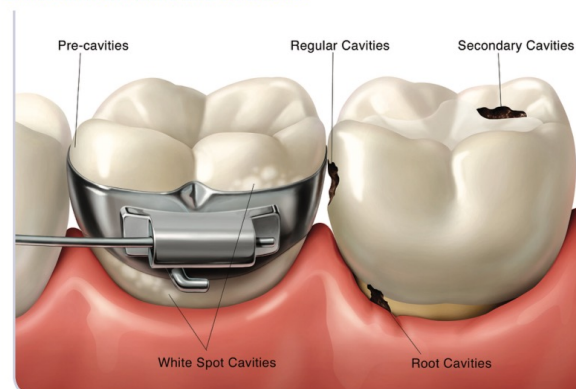


1. Diagnosis and Management of Dental Caries Throughout Life. National Institutes of Health Consensus Development Conference Statement, March 26-28, 2001.

Avoid drilling, filling and loss with early detection.



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



Dental Products
2510 Conway Avenue
St. Paul, MN 55144-1000 USA
1-800-634-2249

3M Canada
Post Office Box 5757
London, Ontario N6A 4T1
Canada
1-888-363-3685

Please recycle. Printed in U.S.A.
XX-XXXX-XXXX-X

3M and ESPE are trademarks of 3M or 3M Deutschland GmbH. Used under license in Canada. © 3M 2012. All rights reserved.

APPENDIX 3

Advanced Physical Assessment Across The Lifespan

CAMBRA Caries Risk Assessment Form

Caries Risk Assessment Form

Patient Name: _____ Date: _____

► Factors increasing risk for future cavities may include, but are not limited to:¹




High Risk Factors

- 3 or more carious lesions/restorations in last 36 months
- Teeth missing due to caries in last 36 months
- Cariogenic diet (frequent high sugar and acidic food/drinks)
- Xerostomia (medication, radiation, disease induced)
- Chemo/radiation therapy
- Physical or mental disability which prevents proper oral health care

Moderate Risk Factors

- Active caries in previous 12 months
- Poor oral hygiene
- High titers of cariogenic bacteria
- Active orthodontic treatment (fixed or removable)
- Poor family dental health
- Genetic abnormality of teeth
- Suboptimal fluoride exposure
- Irregular professional dental care
- Drug/alcohol abuse
- Numerous multi-surface restorations
- Eating disorders
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Prolonged nursing (bottle or breast)
- Developmental or acquired enamel defects
- Other _____

Diagnosis

-  **Low Risk** = no factors checked
-  **Moderate Risk** = only moderate risk factors checked
-  **High Risk** = at least one condition in high risk checked

► Proposed treatment for improved prognosis:

The American Dental Association recommends the use of in-office fluoride varnish or a 4 minute (APF) gel every 3-6 months and home use prescription strength fluoride toothpaste or rinse for patients who are at an elevated risk for caries.²



3M ESPE Dental
2510 Conway Avenue
St. Paul, MN 55144-1000
USA

¹ This form is adapted from the American Dental Association Publications—
Caries Risk Assessment Form (Age > 6)

² Weyant RJ, Tracy SL, Anselmo T, Beltran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291.

3M and ESPE are trademarks of 3M or 3M/Inventaris Dental. © 3M, 2015. All rights reserved.

APPENDIX 4

Advanced Physical Assessment Across The Lifespan

Dry Mouth Effects of Top 50 Prescription Medications



Dry Mouth Effects of Top 50 Prescription Medications

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

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

3M Oral Care
 2510 Conway Avenue
 St. Paul, MN 55144-1000 USA
 Phone 1-800-634-2249
 Web 3M.com/dental

3M Canada
 Post Office Box 5757
 London, Ontario N6A 4T1
 Canada
 Phone 1-888-363-3685

3M is a trademark of 3M.
 Used under license in Canada.
 Printed in USA. © 3M 2017.
 All rights reserved.
 All other trademarks are
 not trademarks of 3M.
 70-2013-0824-7

AGACNP Curriculum Integration of Interprofessional Oral Health Competencies in Principles of Adult Gerontology Acute Care I- II

PRINCIPLES OF ADULT GERONTOLOGY ACUTE CARE I-II	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: ORAL HEALTH EDUCATION <i>Goal:</i> Understand importance of maintaining oral health throughout hospitalization</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #1 & 8, including Clinical Cases, and submit Certificate of Completion <p>Read:</p> <ul style="list-style-type: none"> Changes in Nutrition-Intake Method and Oral Health through a Multidisciplinary Team Approach in Malnourished Older Patients Admitted to an Acute Care Hospital (Suzuki et al., 2022) Oral health and oral care in short-term care (Koistinen et al., 2019) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to patients in acute care</p> <p>Read:</p> <ul style="list-style-type: none"> Oral Care in Hospital Settings: Breaking the Vicious Circle of Older Adult Deconditioning (Oda et al., 2021) Improving the oral health of older people in hospital (Gibney et al., 2018) <ul style="list-style-type: none"> Develop an oral-systemic management plan for patients in acute care settings and include HEENOT in history, risk assessment, physical exam and management plan 	<p>SKILL/BEHAVIOR <i>Goal:</i> Advocate for smoking cessation programs in your acute care setting</p> <p>Read:</p> <ul style="list-style-type: none"> Five Major Steps to Intervention (The "5 A's") (AHRQ) Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons (USPSTF, 2021) <ul style="list-style-type: none"> Collaborate with students from dentistry, medicine, and pharmacy to develop an evidence-based plan for smoking cessation in older adults with COPD, diabetes, CAD or CVD
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p>KNOWLEDGE: ORAL CARE MAINTENANCE <i>Goal:</i> Understand relationship of oral care and VAP & HAP</p> <p>Read:</p> <ul style="list-style-type: none"> A mixed-methods evaluation of the national implementation of the Hospital-Acquired Pneumonia Prevention by Engaging Nurses (HAPPEN) initiative (Stevenson et al., 2022) Implementing Oral Care as a Nursing Intervention to Reduce Hospital-Acquired Pneumonia (Munro et al., 2019) Oral Health in America: Older Adults (NIDCR, 2021) Review Preventing NVHAP with Oral Care (NLN) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Provide comprehensive health maintenance services to reduce risk of VAP and NV-HAP</p> <ul style="list-style-type: none"> Develop an evidence-based oral care protocol for mechanically ventilated patients, include HEENOT in history, risk assessment, physical exam and management plan Develop an evidence-based oral hygiene protocol to prevent NVHAP for patients admitted to an acute care setting for medical and/or surgical care 	<p>SKILL/BEHAVIOR <i>Goal:</i> Collaborate interprofessionally to provide comprehensive oral healthcare services to mechanically ventilated patients</p> <ul style="list-style-type: none"> Read Preoperative oral care and effect on postoperative complications after major cancer surgery (Ishimaru et al., 2018) Present an Interprofessional panel (e.g., AGACNP, MD, DDS, DH, nutritionist, respiratory therapist) on oral health issues in hospitalized patients. Include oral hygiene, dentures, nutrition, and smoking.
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and Information literacy</p>	<p>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION <i>Goal:</i> Understand importance of oral health care in palliative care settings</p> <ul style="list-style-type: none"> Watch Oral Health at the End of Life (Wholihan, 2014) Read: Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults (Atchison et al., 2019) Assessment of Oral Health-Care Needs for Patients under Palliative Care (Singh et al., 2021) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Understand importance of oral health in palliative care settings</p> <ul style="list-style-type: none"> Develop an evidence-based symptom-focused oral care protocol for a palliative care patient, include HEENOT in history, risk assessment, physical exam and management plan 	<p>SKILL/BEHAVIOR <i>Goal:</i> Collaborate interprofessionally to provide comprehensive oral healthcare services to adults in palliative care</p> <ul style="list-style-type: none"> Collaborate to develop an evidence-based oral care protocol for patients in palliative care Present an interprofessional panel (e.g., AGPCNP, MD, DDS, DH, speech & language pathologist) on oral health and symptom management for a palliative care patient

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

AGACNP Curriculum Integration of Interprofessional Oral Health Competencies in Principles of Adult Gerontology Acute Care III

PRINCIPLES OF ADULT GERONTOLOGY ACUTE CARE III	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: HOSPITALIZED ADULT WITH CHRONIC DISEASE <i>Goal:</i> Recognize oral health care needs of hospitalized patients with chronic diseases</p> <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #1, 3, 7 & 8, including Clinical Cases, and submit Certificate of Completion Read: <ul style="list-style-type: none"> Cardiovascular prevention starts from your mouth (Masi et al., 2019) Association between oral health and cardiovascular outcomes in patients with hypertension (Kim et al., 2022) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Identify oral manifestations of chronic disease in hospitalized adults</p> <ul style="list-style-type: none"> Read Costs of Oral Complications of Cancer Therapies: Estimates and a Blueprint for Future Study (Elting & Chang, 2019) Develop management plan for patients with cancer and include HEENOT in history, risk assessment, physical exam and management plan (Appendices 1&2) Read Differences in the oral health status in hospitalised stroke patients according to swallowing function (Tian et al., 2022) Develop strategies for managing oral health needs of post-stroke patients with dysphagia 	<p>COLLABORATIVE PANEL <i>Goal:</i> Collaborate interprofessionally to provide comprehensive oral healthcare services to adults in acute care with chronic diseases and oral health care needs</p> <ul style="list-style-type: none"> Read Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults (Atchison et al., 2019) Collaborate with DDS/DH students on developing a comprehensive oral healthmanagement plan for adult with CVD & periodontal disease (Appendix 3) Students create interprofessional panel to discuss the impact of social determinants of health on older adults with poor oral health and one or more chronic diseases. Students will identify community-based resources and solutions.
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p>KNOWLEDGE: HOSPITALIZED ADULT IN ICU <i>Goal:</i> Recognize oral health care needs of hospitalized patients in ICU</p> <p>Read:</p> <ul style="list-style-type: none"> Oral health care for the critically ill: a narrative review (Winning et al., 2021) Prevention practices for nonventilator hospital-acquired pneumonia: A survey of the Society for Healthcare Epidemiology of America (SHEA) Research Network (SRN) (Baker & Giuliano, 2022) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Identify oral health care needs of patients in ICU</p> <ul style="list-style-type: none"> Read Changes in Nutrition-Intake Method and Oral Health through a Multidisciplinary Team Approach in Malnourished Older Patients Admitted to an Acute Care Hospital (Suzuki et al., 2022) Student will develop comprehensive oral health management plan for adults in ICU, include HEENOT in history, risk assessment, physical exam and management plan 	<p>COLLABORATIVE PANEL <i>Goal:</i> Collaborate interprofessionally to provide comprehensive oral healthcare services to hospitalized adults in ICU</p> <ul style="list-style-type: none"> Students will create interprofessional panel (e.g., AGACNP, MD, DDS, DH, respiratory therapists) to collaborate on developing an oral-systemic management plan for patients in ICU
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p>	<p>KNOWLEDGE: HOSPITALIZED OLDER ADULTS WITH NEUROLOGICAL DISORDERS <i>Goal:</i> Recognize oral health needs of hospitalized older adults with neurologic problems</p> <p>Read:</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) Oral Health of Parkinson’s Disease Patients: A Case-Control Study (van Stiphout et al., 2018) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop comprehensive oral health plan for older adults with neurologic problems</p> <ul style="list-style-type: none"> Read Parkinson’s Disease Oral Health Module: Interprofessional Coordination of Care (Jeter et al., 2018) Student will develop comprehensive oral health care plan for older adults with Parkinson’s disease, include HEENOT in history, risk assessment, physical exam and management plan 	<p>COLLABORATIVE PANEL <i>Goal:</i> Collaborate interprofessionally on case study of older adult with cognitive decline and oral health needs</p> <ul style="list-style-type: none"> Read Study protocol for a randomized controlled trial of a care partner assisted intervention to improve oral health of individuals with mild dementia (Wu et al., 2022) Collaborate with DDS/DH students on developing a comprehensive oral health management plan for older adults with dementia and oral health needs

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

Oncology Case Study 1

Chief Complaint

John, age 50, is in remission for Acute Myelocytic Leukemia. He was diagnosed 3 years ago and has had chemotherapy, radiation, and a stem cell transplant. He has been putting off his needed follow-up dental work due to cost and stating that “it is unaffordable and I have no dental insurance”. He reports chronic mouth pain that is affecting his quality of life. His insurance covered his expensive medical treatment, but does not cover dental. His cancer “cure” is impacted by poor quality of life related to his poor oral health.

Medications: Tylenol for mouth pain t.i.d.

Family History: No family history of cancer. Lives with wife and 2 high school age children; works as an accountant for a small family owned business

Physical Exam: Alert, thin, reports difficulty eating b/c of pain on chewing, sleep disturbance, and fatigue. Patient reports, “This is the first time anybody has looked in my mouth”

HEENOT Exam: Winces during oral exam; cracked teeth, brown spots on several upper and lower front teeth; redness and swelling along left lower lateral gum line

What is the differential?

What is your clinical diagnosis(es)?

What is your treatment plan?

What are your follow-up recommendations?

Oncology Case Study 2

Chief Complaint

Anne Marie, age 65, is being treated for Non-Hodgkin’s Lymphoma. She began her chemotherapy treatment 2 weeks ago. On Day 13 following the beginning of chemotherapy, she is brought to the Emergency Room by her husband, with fever of 103 F, chills and feeling faint. She is admitted to the hospital, started on empiric antibiotics (Vancomycin, Ceftazadime) and 48 hours later strep viridans is identified from the blood culture. When completing the history and physical, including a HEENOT exam, the NP observes that evidence of white coating of her tongue, red inflamed and bleeding gums.

Medications: R-CHOP, administered in 3 week cycles

Family History: No family history of cancer. Lives with husband; 2 adult children live in the same city.

Physical Exam: Alert, thin, reports difficulty eating b/c of pain on chewing, has chills, feels weak and faint; BP 96/50, Respirations=28 and Temperature 103F.

HEENOT Exam: Winces during oral exam; white coating on tongue, redness and swelling along front gum line. Blood oozing from gums.

What is the differential?

What is your clinical diagnosis(es)?

What is your treatment plan?

What are your follow-up recommendations?

Cardiovascular Disease Case Study (Pt. 1)

HX: The patient, age 50, presents at an urgent care center complaining of a 6-month history of headaches, fatigue, blurry vision, pain when chewing, and sore bleeding gums associated with brushing. In the past week the patient also noticed that his front bottom teeth wiggle more than usual, causing anxiety about losing his teeth. The patient reports not having seen a primary care provider in 3 years and a dentist in 5 years because the family dentist retired and he does not have health insurance.

PMH: Patient reports being diagnosed with “high blood pressure” about 7 years ago, but denies any other past medical history. He stopped taking his blood pressure pills when he lost his insurance.

PSH: Tonsillectomy at age 5 for chronic URIs

ROS: Denies fevers, mouth sores, ear pain or throat discomfort. Denies chest pain or shortness of breath. Patient acknowledges being overweight and states that “it is part of getting older”

FH: Father and paternal grandfather were diagnosed with HTN in their 50s. Patient’s father has HTN and dyslipidemia and receives hemodialysis 3 times a week. Patient’s mother has HTN and Alzheimer’s disease. Both parents reside in a nursing home. Patient has two siblings who live in distant states. Pt. has 2 young adult children, age 23 and 21, who are healthy and do not live at home. Patient is divorced for 2 years; his ex-spouse lives locally and works as a Teacher Aide in an elementary school.

Social history: Lost health insurance when he lost his job as an auto mechanic three years ago during COVID. Pt. has not been able to find employment with health benefits. He has just about exhausted his savings. He has not been to a primary care provider since losing job and health insurance and has not taken medication for his hypertension since losing his health insurance. Pt. denies smoking, alcohol consumption, or illicit drug use.

Cardiovascular Disease Case Study (Pt. 2)

Oral-Systemic Risk Assessment

- Identify the oral-systemic assessment findings (Hx and PE HEENOT)
- What does the history and physical tell us about this patient?
- What additional data do you need to collect (eg. labs, diet and exercise, etc)?
- Identify oral-systemic risk factors

Differential Diagnosis(es)

- Identify the tentative diagnoses for the oral health problems
- Identify the tentative diagnoses for the systemic health problems
- Discuss the important oral-systemic connections

Develop a management plan for the oral-systemic conditions affecting this patient, including:

- Preventive interventions that include screening and behavior change counseling that are fundamental to patient-centered care
- Anticipatory guidance
- Oral health maintenance
- Social determinants of health
- Collaboration and referral

Questions to Guide Your Interprofessional Collaboration

Roles and Responsibilities: What is the scope of the role and responsibilities of each of the providers on your team today?

Collaboration: How can the Nurse Practitioner, Dentist, Physician, Pharmacist, and Social Worker collaborate to promote this patient's health?

Team Building & Communication:

- What do you think are the most effective strategies to help a Nurse Practitioner, Physician, Dentist, Pharmacist, and Social Worker function as a community-based primary care team?
- What are the most effective ways for the IP team to communicate?

Referrals and Follow-up:

- How do the social determinants of health influence which referrals need to be made for this patient?
- What providers does this patient need to see? When? How often?
- What are the follow up actions for each team member to maximize coordinated care for this patient?

REFERENCES

Agency for Healthcare Research and Quality. Five major steps to intervention (The “5 A’s”). Retrieved from <https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html>.

American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education. Retrieved from <https://www.aacnursing.org/Essentials>.

American Dental Association. (2011). ADA Caries Risk Assessment Form. Retrieved from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/public-programs/give-kids-a-smile/gkas_caries_risk_assessment_forms.pdf.

Atchison, K.A., Glickon, A.D., & Haber, J. (2019). Developing an Interprofessional Oral Health Education System That Meets the Needs of Older Adults. *Journal of the California Dental Association*, 47(4), 247-253. https://cda.org/Portals/0/journal/journal_042019.pdf.

Baker, D.L. & Giuliano, K.K. (2022). Prevention practices for nonventilator hospital-acquired pneumonia: a survey of the Society for Healthcare Epidemiology of America (SHEA) Research Network (SRN). *Infection Control & Hospital Epidemiology*, 43(3), 379–380. doi: 10.1017/ice.2021.427.

Caries Management by Risk Assessment (CAMBRA). 3m. Retrieved from https://www.3m.com/jm/3M/en_JM/dentaljm/procedure/preventive/caries-management/.

Clark M.B., Douglass A.B., Maier R., Deutchman M., Douglass J.M., Gonsalves W., Silk H., Tysinger J.W., Wrightson A.S., & Quinonez R. (2020). Smiles for life: a national oral health curriculum. 3rd Edition. Society of Teachers of Family Medicine. Retrieved from <https://smilesforlifeoralhealth.org>.

Dye, B.A., Weatherspoon, D.J., & Mitnik, G.L. (2019). Tooth loss among older adults according to poverty status in the United States from 1999 through 2004 and 2009 through 2014. *The Journal of the American Dental Association*, 150(1), 9-23. doi: 10.1016/j.adaj.2018.09.010.

Elting, L.S. & Chang, Y-C.. Costs of oral complications of cancer therapies: estimates and a blueprint for future study. *JNCI Monographs*, 2019(53). doi: 10.1093/jncimonographs/lgz010.

Gibney, J.M., Wright, F.A., D’Souza, M., & Naganathan, V. (2018). Improving the oral health of older people in hospital. *Australasian Journal on Ageing*, 38(1), 33-38. doi: 10.1111/ajag.12588.

Gill, S.A, Quinonez, R.B., Deutchman, M., Conklin, C.E., Rizzolo, D., Rabago, D., ... & Silk, H. (2022). Integrating oral health into health professions school curricula. *Medical Education Online*, 27(1). doi: 10.1080/10872981.2022.2090308.

Haber, J. Hartnett, E. Allen, K., Hallas, D., Dorsen C., ... & Wholihan D. (2015). Putting the Mouth Back in the Head: HEENT to HEENOT. *American Journal of Public Health*. e1–e5. doi: 10.2105/AJPH.2014.302495.

ONLINE RESOURCES

[OHNEP.org](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

[SmilesforLifeOralHealth.org](https://www.aacnursing.org/Essentials)

National Oral Health Curriculum

[MCHOralHealth.org](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/public-programs/give-kids-a-smile/gkas_caries_risk_assessment_forms.pdf)

National Maternal & Child Oral Health Resource Center

[IPECollaborative.org](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

Interprofessional Educational Collaborative

[www.APTRweb.org/?PHLM_15](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

Oral Health Across Lifespan Module

[HealthyPeople.gov](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

10-year national health goals for Americans

[NLN.org](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

National League for Nursing

[AuthorityDental.org](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

Health Resources for Older Adults

[www.HIGN.org](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

Hartford Institute Geriatric Oral Health

[www.IPE.UToronto.ca](https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html)

University of Toronto’s Centre for Interprofessional Education

REFERENCES

- Haber, J., Hartnett, E., Feldman, L. M., & Cipollina, J. E. (2022). Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers. *Journal of Dental Education*, *86*(1), 47–50. doi: 10.1002/jdd.12752.
- Hayashida, S., Funahara, M., Sekino, M., Yamaguchi, N., Kosai, K., Yanamoto, S., ... & Umeda, M. (2016). The effect of tooth brushing, irrigation, and topical tetracycline administration on the reduction of oral bacteria in mechanically ventilated patients: a preliminary study. *BMC Oral Health*, *16*(67), 1-7. doi: 10.1186/s12903-016-0224-x.
- Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Washington, DC; 2016. Retrieved from <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>.
- Ishimaru, M., Matsui, H., Ono, S., Hagiwara, Y., Morita, K., & Yasunaga, H. (2018). Preoperative oral care and effect on postoperative complications after major cancer surgery. *The British Journal of Surgery*, *105*(12), 1688–1696. doi: 10.1002/bjs.10915.
- Jablonski, R.A., Kolanowski, A., Therrien, B., Mahoney, E. K., Kassab, C., & Leslie, D. L. (2018). Randomised clinical trial: Efficacy of strategies to provide oral hygiene activities to nursing home residents with dementia who resist mouth care. *Gerodontology*, *35*(4), 365-375. doi: 10.1111/ger.12357.
- Jeter, C.B., Rozas, N.S., Sadowsky, J.M., & Jones, D.J. (2018). Parkinson's Disease Oral Health Module: Interprofessional Coordination of Care. *MedEd Portal*, *14*. 10699. doi: 10.15766/mep_2374-8265.10699.
- Kim, J., Kim, H. J., Jeon, J., & Song, T. J. (2022). Association between oral health and cardiovascular outcomes in patients with hypertension: a nationwide cohort study. *Journal of Hypertension*, *40*(2), 374–381. doi: 10.1097/HJH.0000000000003022.
- Koistinen, S., Olai, L., Ståhltnacke, K., Fält, A., & Ehrenberg, A. (2019). Oral health and oral care in short-term care: prevalence, related factors and coherence between older peoples' and professionals' assessments. *Scandinavian Journal of Caring Sciences*, In press. doi: 10.1111/scs.12667.
- Masi, S., D'Aiuto, F., & Deanfield, J., Cardiovascular prevention starts from your mouth. *European Heart Journal*, *40*(14), 1146-1148. doi: 10.1093/eurheartj/ehz060.
- Munro, S., Phillips, T., Hasselbeck, R., Lucatorto, M. A., Hehr, A., & Ochylski, S. (2022). Implementing oral care as a nursing intervention to reduce hospital-acquired pneumonia across the United States Department of Veterans Affairs healthcare system. *Computers, Informatics, Nursing*, *40*(1), 35–43. doi: 10.1097/CIN.0000000000000808.
- National League for Nursing. ACE.S Teaching Strategies. At: <http://www.nln.org/professional-development-programs/teaching-resources/ace-s/teaching-strategies>
- National Institute of Dental and Craniofacial Research. (2021). Oral Health in America: Advances and Challenges. Retrieved from: <https://www.nidcr.nih.gov/research/oralhealthinamerica>.
- National Organization of Nurse Practitioner Faculties. (2022). NONPF Nurse Practitioner Role Core Competencies. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20220825_nonpf_np_role_core_.pdf.
- Nurses Improving Care for Healthsystem Elders (NICHE). (2014). Oral Health in Acute Care Settings. Video. Retrieved from <https://www.youtube.com/watch?v=INVou5Nffqw>.

REFERENCES

- Oda, K., Montayre, J., Parsons, J., & Boyd, M. (2021). Oral care in hospital settings: breaking the vicious circle of older adult deconditioning. *Journal of Gerontological Nursing, 47*(6). doi: 10.3928/00989134-20210507-01.
- Oral Health Nursing Education and Practice (OHNEP). Oral Health Literacy. Retrieved from <https://nursing.nyu.edu/w/ohnep/practice?tid=nyunursing-tabs-18581&tid=oral-health-literacy>
- Shiraishi, A., Yoshimura, Y., Wakabayashi, H., Tsuji, Y., Shimazu, S., & Jeong, S. (2018). Impaired oral health status on admission is associated with poor clinical outcomes in post-acute inpatients: A prospective cohort study. *Clinical Nutrition*, In press. doi: 10.1016/j.clnu.2018.11.020
- Singh, A. K., Mishra, R., Kumar, H., Priya, L., Choudhary, H. V., & Kumar, K. (2021). Assessment of oral health-care needs for patients under palliative care. *Journal of Pharmacy & Bioallied Sciences, 13*(Suppl 1), S180–S183. doi: 10.4103/jpbs.JPBS_636_20.
- Stevenson, L. D., Munro, S., Klocko, R., & Sayre, G. (2022). A mixed-methods evaluation of the national implementation of the Hospital-Acquired Pneumonia Prevention by Engaging Nurses (HAPPEN) initiative. *Infection Control and Hospital Epidemiology*, 1–8. Advance online publication. doi: 10.1017/ice.2022.99.
- Storbeck, T., Qian, F., Marek, C., Caplan, D., & Marchini, L. (2022). Dose-dependent association between xerostomia and number of medications among older adults. *Special Care in Dentistry, 42*, 225– 231. doi: 10.1111/scd.12662
- Suzuki, H., Furuya, J., Nakagawa, K., Hidaka, R., Nakane, A., Yoshimi, K., ... & Minakuchi, S. (2022). Changes in nutrition-intake method and oral health through a multidisciplinary team approach in malnourished older patients admitted to an acute care hospital. *International Journal of Environmental Research and Public Health, 19*(16), 9784. doi: 10.3390/ijerph19169784.
- Tian, F., Li, J., Wu, B., Xiao, R., Liu, J., Yu, J., ... & Zhu, R. (2022). Differences in the oral health status in hospitalised stroke patients according to swallowing function: a cross-sectional study. *Journal of Clinical Nursing*. Advance online publication. doi: 10.1111/jocn.16254.
- United States Department of Health and Human Services. Healthy People 2030. Retrieved from <https://health.gov/healthypeople>.
- United States Department of Health and Human Services, Health Resources and Services Administration. (2014). Integration of Oral Health and Primary Care Practice. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf>.
- US Preventive Services Task Force. (2021). Interventions for tobacco smoking cessation in adults, including pregnant persons: US Preventive Services Task Force Recommendation Statement. *Journal of the American Medical Association, 325*(3), 265-279. doi:10.1001/jama.2020.25019.
- van Stiphout, M.A.E., Marinus, J., van Hilten, J.J., Lobbezoo, F., & de Baat, C. (2018). Oral health of Parkinson’s disease patients: a case-control study. *Parkinson’s Disease, 2018*, Article ID 9315285. doi: 10.1155/2018/9315285.
- Wholihan, D. (2014). Oral Health at the End of Life. Video. Retrieved from <https://www.youtube.com/watch?v=aLxaDbnFb0E&t=81m24s>.
- Winning, L., Lundy, F.T., Blackwood, B. McAuley, D.F., & El Karim, I. (2021). Oral health care for the critically ill: a narrative review. *Critical Care, 25*, 353. doi: 10.1186/s13054-021-03765-5.
- Wu, B., Plassman, B.L., Poole, P., Siamdoust, S., Bunn, M., Burwell, B., ... & Anderson, R. A. (2022). Study protocol for a randomised controlled trial of a care partner assisted intervention to improve oral health of individuals with mild dementia. *BMJ Open, 12*(6), e057099. doi: 10.1136/bmjopen-2021-05709.