

## Oral Health Specialty Endorsement Competencies and Essential Content

### About the Development of the Competencies

A workgroup consisting of a broad group of stakeholders in direct care and oral health services and training convened on Tuesday, July 30, 2013, in Des Moines, Iowa. The workgroup members reviewed a number of resources in advance to prepare for the discussions. The work group then came together to discuss current policies and regulations related to oral health education and training for direct care professionals, developing competencies to best meet the needs of direct care professionals and persons served.

### Target Audience – Direct Care Professionals

These are individuals who provide supportive services and care to people experiencing illnesses or disabilities, not including nurses, case managers, or social workers. This definition directly aligns with the definition developed and used by the Iowa Direct Care Worker Task Force and Advisory Council. For the purposes of this project, a direct care professional is an individual who is employed to aid and attend individuals including providing oral health services.

### Competency Categories

Competencies are defined as the skills, knowledge and approach that a direct care professional must possess and demonstrate to effectively provide care for a person with oral health conditions. Oral health education curricula must have learning objectives and related content that address the following competencies:

1. Importance of Oral Health
2. Documentation
3. Basic Oral Health
4. Medical Considerations
5. Adaptive Approaches

## Competencies and Essential Content

### Importance of Oral Health

Competency #1: Discuss the value of good oral health for persons served.

- a. Oral systemic connection
- b. Proper eating and nutrition/taste
- c. Quality of life (e.g. appearance, ability to freely smile and greet people, self-esteem)
- d. Reduction of pain and infection
- e. Communication
- f. Behavioral issues
- g. Prevention – health care costs
- h. Ability to learn/work
- i. Self-esteem
- j. Life/death

Competency #2: Identify normal hard and soft tissue anatomy of the oral cavity.

- a. Soft tissue
  - 1) Tongue
  - 2) Cheeks
  - 3) Gums
  - 4) Lips
  - 5) Palate
  - 6) Floor of mouth
  - 7) Throat
  - 8) Pigmentation, variations
- b. Hard tissue
  - 1) Teeth
    - i. Mixed dentition (baby teeth and permanent teeth)
  - 2) Dentures – partial and full
  - 3) Implants
- c. Saliva
- d. Boney growths

### **Documentation**

Competency #3: Identify common oral health problems.

- a. Tooth decay/root decay
- b. Loose teeth
- c. Bleeding gums
- d. Halitosis
- e. Broken teeth
- f. Abscesses
- g. Recession of gums
- h. Plaque/calculus buildup
- i. Dry mouth
- j. Ill-fitting dentures
- k. Soft tissue lesions
- l. Pain
- m. Infection
- n. Burning mouth
- o. Hard tissue abnormalities
- p. Periodontal disease (gum disease)
- q. Oral cancer

Competency #4: Discuss observations to be documented and/or reported.

### **Basic Oral Health**

Competency #5: Demonstrate basic oral care – brushing and positioning – dentate (with teeth) and edentulous (without teeth) for persons served.

- a. Teeth/soft tissue brushing and flossing
  - 1) Frequency/timing
    - i. Time of day
    - ii. How often
    - iii. Time: 2 minutes (brushing)
  - 2) Products
    - i. Types of toothbrushes

- ii. Types of floss
  - iii. Paste (type and amount)
  - iv. Mouth rinses (e.g. fluoride, chlorhexidine)
  - v. Other oral health aids
- 3) Method
- 4) Position – person served, operator
- b. Dentures – full/partial/edentulous
  - 1) Proper handling
  - 2) Storage – overnight
  - 3) Labeling
  - 4) Removal/insertion
  - 5) Cleaning/disinfection
    - i. Products
    - ii. Frequency
  - 6) Adhesives
  - 7) Cleaning oral cavity (mouth)

### **Medical Considerations**

Competency #6: Identify pharmaceutical side effects and medical conditions that impact (or are impacted by) oral health.

- a. Pharmaceutical considerations
  - 1) Dry mouth
  - 2) Bleeding
  - 3) Gum overgrowth
  - 4) Candida infection (Thrush)
- b. Medical conditions
  - 1) Cardiovascular
  - 2) Stroke
    - i. Dysphasia (Swallowing difficulty)
  - 3) Arthritis
  - 4) Parkinson’s Disease
  - 5) Dementia
  - 6) GERD
  - 7) Eating disorders
  - 8) Seizure disorders
  - 9) Autoimmune disorders
  - 10) Organ transplants
  - 11) Cancer treatments
  - 12) Joint replacements
  - 13) Diabetes
  - 14) Pneumonia/lung disease

### **Adaptive Approaches**

Competency #7: Discuss use of adaptive equipment/products and approaches to support independence of person served.

Competency #8: Discuss use of adaptive equipment/products and approaches to support the dependent person served.

- a. Person served
  - 1) Support independence

- i. Review approaches for providing various levels of support for oral health skills – independent, verbal, gesture, hand over hand, physical, dependent
- 2) Person-centered care
- b. Communication
- c. Special products/positions
  - 1) That allow the highest level of independence

## **Related Recommendations**

### **Modes of Delivery**

Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended to enhance accessibility and effectiveness and to allow for different learning styles among direct care professionals. Opportunities need to be provided for students to have hands-on practice of oral health skills.

### **Competency Testing**

The curriculum must provide information on how direct care professionals will be evaluated for competency. Competency testing should include an assessment of knowledge, affective and psychomotor skills and may include such methods as written pre- and post-tests, skills checklists, supervisor observation and/or client response.

### **Credential Earned Upon Completion of an Approved Curriculum**

Direct care professionals will receive a Certificate of Completion issued by the instructor of approved curriculum.

### **Instructor Qualifications**

Instructors of oral health curriculum must have a minimum of two years' experience providing care or services in dental health as a dentist or a dental hygienist. It is also recommended that instructors have completed educational coursework on learning or have experience with teaching adults or supervising direct care professionals.

### **Continuing Education**

The workgroup recommends direct care professionals with a specialty in oral health receive two hours annually of continuing education that is specific to oral health.

### **Portability**

The Certificate of Completion is valid in all settings in which oral health care is provided and is transferable from one employer to another.

## **Resources**

“Nursing Home Oral Health: A Blueprint for Success” – resources for dental professionals delivering oral health training to direct care professionals, and resources for DCPs.

<http://www.uky.edu/NursingHomeOralHealth/>