INTEGRATING ORAL HEALTH INTO PROFESSIONAL NURSING PRACTICE: AN INTERPROFESSIONAL FACULTY TOOL KIT

MARIA C. DOLCE, PhD, RN*

Millions of children and adults in the United States have unmet oral health care needs, and professional nurses can play a central role in reducing oral health disparities and expanding access to care. Interprofessional education is requisite to improving oral health care outcomes. Baccalaureate nursing programs need to prepare collaborative practice-ready professional nurses to improve oral health care especially for vulnerable and underserved individuals, communities, and populations. This article presents an interprofessional faculty tool kit that builds upon The Essentials of Baccalaureate Education for Professional Nursing Practice as a framework for preparing professional nurses with basic knowledge, skills, and attitudes in oral health promotion and disease and injury prevention across the life cycle. Expectations for professional nursing practice are described within the context of The Essentials and contemporary oral health care issues. Exemplars of interprofessional teaching–learning strategies are provided to assist nurse faculty with integrating oral health into baccalaureate nursing curriculum. Nurse educators are called to prioritize oral health as an essential component of overall health and well-being, increase the visibility of evidence-based oral health promotion and disease and injury prevention in baccalaureate nursing curricula, and support interprofessional oral health education and collaborative care. (Index words: Oral health; Interprofessional education; Professional nursing; Baccalaureate essentials) J Prof Nurs 30:63–71, 2014. © 2014 Elsevier Inc.

ON FEBRUARY 28, 2007, The Washington Post reported a story on the preventable death of a 12-year-old African American boy from a toothache (Otto, 2007). Deamonte Driver was a seventh-grade student in Prince George's County, MD. His family was poor and living in a homeless shelter. Despite enrollment in the State Medicaid program, Deamonte never had a primary dental care provider. His mother had difficulty finding a dentist who would accept Medicaid and provide her family with routine dental care. Deamonte suffered with untreated tooth decay, yet he never complained of dental pain. One day, Deamonte came home from school complaining of a severe headache and was taken to a local emergency department where he was prescribed medication for sinusitis and discharged home. The next day, Deamonte's condition worsened, and he was rushed to the hospital where he underwent emergency surgery for a brain infection. Deamonte endured a long hospitalization including two brain surgeries, medical treatments, physical therapy, occupational therapy, and one tooth extraction. Two months later, Deamonte died from complications of a bacterial brain infection that spread from a tooth abscess. Deamonte Driver's needless suffering and avoidable death related to untreated tooth decay devastated a family, community, and nation. Deamonte Driver's death was an extreme case of preventable dental disease (United States Department of Health and Human Services, Office of the Surgeon General, National Prevention Council, 2011). Dental caries or tooth decay is an infectious and highly preventable chronic disease that impacts all populations across the life cycle—children, adults, and older adults. It...
is the single most common chronic disease affecting children—five times more common than asthma and seven times more common than hay fever (United States Department of Health and Human Services, Office of the Surgeon General, 2000, p. 2). Racial and ethnic minorities experience greater disparities in oral health care and access than the general US population (Institute of Medicine, 2011b, p. 57). African American children, like Deamonte, experience more tooth decay and more untreated dental caries than White children and adolescents (Dye, Li, & Thornton-Evans, 2012). Children from low-income families, similar to Deamonte, experience more severe and untreated tooth decay than children from families with higher income (Institute of Medicine, 2011b, p. 51). Homeless people, like the Driver family, have poorer oral health than the general US population and face many barriers to accessing dental care (Institute of Medicine, 2011b, p. 50). An estimated 6.5 million children aged 2 through 18 enrolled in Medicaid, akin to Deamonte, have untreated tooth decay (United States Government Accountability Office, 2008).

Today, Deamonte’s story is a weighty reflection on the burden of oral diseases that exist for our most needy populations. Disparities in oral health care warrant a national call-to-action across health professions to fully integrate oral health care into comprehensive health care, emphasize oral health promotion and disease prevention, and improve access especially for vulnerable, underserved, and high-risk populations.

**Purpose**

The purpose of this article is to present an interprofessional faculty tool kit to facilitate the integration of oral health into professional nursing practice. This tool kit builds upon The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008) and interprofessional collaborative practice competencies (Interprofessional Education Collaborative Expert Panel, 2011). The Essentials document serves as an organizing framework for preparing professional nurses with basic competencies in oral health promotion and disease and injury prevention across the life cycle. Expectations for professional nursing practice are described within the context of the Essentials and contemporary oral health care issues discussed in the Institute of Medicine (2011a, 2011b) reports on oral health. Exemplars of interprofessional teaching–learning strategies are provided to assist nurse faculty with integrating oral health into baccalaureate nursing curriculum. Interprofessional teaching–learning strategies (see Table 1) are shown to link with The Essentials and interprofessional collaborative practice competency domains.

**Background**

The Social Case for Oral Health

Deamonte’s story makes a dramatic and compelling case for improving oral health care and access. Making the social case for oral health care improvement begins with understanding the meaning of oral health and that oral health care encompasses more than healthy teeth and dental care. The World Health Organization (2012) defined oral health as a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Risk factors for oral diseases include unhealthy diet, tobacco use, harmful alcohol use, and poor oral hygiene (Oral health, para. 1).

Millions of children and adults in the United States and across a global society have unmet oral health care needs. The burden of oral diseases impacts all populations across the life cycle. The consequences of oral diseases are significant and adversely impact quality of life for millions of Americans each year. The good news is that most common oral diseases are preventable. For example, dental caries (tooth decay) is a common, preventable disease across all age groups. In children, untreated dental caries can result in pain, missed school days, difficulty in concentration, low academic performance, poor nutrition, and low self-esteem. Periodontal (gum) disease is caused by bacteria that destroy the gums and bone. Advanced periodontal disease can result in loose or missing teeth, difficulty chewing, and poor nutrition. Recent evidence has been growing that links periodontal disease with systemic conditions such as diabetes mellitus and cardiovascular disease (Demmer & Desvarieux, 2006; Genco, Offenbacher, & Beck, 2002; Lamster, Lalia, Borgnakke, & Taylor, 2008).

Current vital statistics on the burden and disparities of preventable oral diseases in the United States are staggering.

- Over 47% of adults aged 30 years and older have periodontal disease. In adults aged 65 years and older, the prevalence of periodontal disease increases to 70%. Increased prevalence of periodontal disease is seen as poverty levels increase and educational levels decrease (Eke, Dye, Wei, Thornton-Evans, & Genco, 2012).
- The prevalence of untreated dental caries (tooth decay) in children aged 3 to 5 years and 6 to 9 years is 14% and 17%, respectively. The prevalence of untreated dental caries for children in these age groups living below the federal poverty level increases to approximately 25%. Among these age groups, non-Hispanic Black and Hispanic children have higher prevalence of untreated dental caries than White children (Dye et al., 2012).
- The prevalence of edentulism (complete tooth loss) in older adults aged 65 to 74 years is 15%. For this same age group living below the federal poverty level, the prevalence increases to 34% (Dye et al., 2012).
- The oral cavity/pharynx is one of the top 10 invasive cancer sites in the United States. In 2009,
approximately 35,000 new cases of oral/pharyngeal cancer were reported. The age-adjusted incidence rate for oral cavity and pharyngeal cancers was 10.9% per 100,000 persons (United States Department of Health and Human Services, Centers for Disease Control and Prevention & National Cancer Institute, 2011).

Nursing's Social Policy Statement describes nursing's social contract with society, “to provide care to all who are in need, regardless of their cultural, social, or economic standing” (American Nurses Association, 2010, p. 5), as the essence of the profession and reaffirms quality health care as a basic human right for everyone (American Nurses Association, 2008). In the context of

<table>
<thead>
<tr>
<th>Baccalaureate essentials</th>
<th>Interprofessional teaching–learning strategies</th>
<th>Interprofessional collaborative practice core competency domains</th>
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<tbody>
<tr>
<td>Essentials: I, VI, VIII, IX</td>
<td>Participate in an interprofessional dialog with a student group of health professionals to discuss each discipline’s unique contributions and potential role in a team-based approach to improving oral health outcomes.</td>
<td>× RR CC TT</td>
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<tr>
<td>Essentials: II, IV, IX</td>
<td>Conduct a 5P assessment (purpose, patients, professionals, patterns, and processes) of a clinical microsystem. Based on assessment data, identify a specific oral health care aim for improvement.</td>
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<tr>
<td>Essentials: III, VI, IX</td>
<td>Participate in an interprofessional evidence-based journal club to critically appraise a research article examining an oral health condition (e.g., oral cancer, oral candidiasis, oral mucositis, oral pain, periodontal disease) and discuss its significance for a team-based approach to patient care.</td>
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<td>Essentials: IV, VI, IX</td>
<td>Use electronic health/medical record to document oral health assessment including risk factors and effectively communicate assessment data with members of interprofessional health care team.</td>
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<td>Essentials: V, VI, IX</td>
<td>Working with an interprofessional team of students, develop a position statement on reducing barriers to accessing oral health care (e.g., severity of uninsurance for oral health care, rising costs associated with increase in hospital emergency room visits for preventable dental conditions, lack of oral health Medicaid benefits for adults).</td>
<td>× RR CC TT</td>
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<tr>
<td>Essentials: I, VI, IX</td>
<td>Participate in a patient case presentation with a team of interprofessional students addressing the collaborative team-based management of an oral-systemic interaction (e.g., impact of cancer treatments on oral health, oral manifestations of HIV/AIDS, poor nutritional status related to edentulism or tooth loss).</td>
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<td>Essentials: VI, VII, IX</td>
<td>Participate with a team of interprofessional students and professionals in a rural community outreach program for high school students and oral health promotion and disease and injury prevention (e.g., counseling on use of alcohol and all forms of tobacco, helmets and mouth guards, importance of oral hygiene).</td>
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<tr>
<td>Essentials: I, VIII, IX</td>
<td>Write an opinion editorial about the role of professional nurses and other nondental professionals in expanding access to oral health care for vulnerable and underserved populations.</td>
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<tr>
<td>Essentials: I - IX</td>
<td>Participate in a clinical simulation (e.g., older adult with Type 2 diabetes mellitus, severe periodontal disease, and poor glycemic control) with an interprofessional student team. Develop an interdisciplinary plan of care including referral to a dental professional for preventive dental services.</td>
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Note. RR = roles/responsibilities; CC = communication competencies; TT = teamwork/team-based practice.
this social contract and the assertion that oral health is an integral component of general health and well-being, nursing has a social responsibility and accountability to provide quality oral health care and eliminate oral health disparities for our society. Nursing faculty and educators are responsible and accountable to prepare nursing professionals with the knowledge, skills, and values to advance quality oral health for all people.

**Rising to the Challenge**

Important groundwork is underway around the nation to improve the quality of, and expand access to, oral health care in America. In 2000, the US Surgeon General's report, *Oral Health in America*, highlighted the poor oral health status and unmet oral health care needs of millions of Americans especially the underserved and vulnerable populations and raised awareness of the importance of oral health to overall health. Over a decade later, the Institute of Medicine (2011a, 2011b) released two reports on the quality of oral health care in the nation. These substantive reports conveyed a consistent message that nondental health care professionals (e.g., nurses, physicians, physican assistants, pharmacists) have the potential to play a significant role in addressing the oral health needs and profound oral health care disparities in America today. In 2011, *Healthy People 2020* (United States Department of Health and Human Services, 2012), a framework for health promotion and disease prevention, identified oral health as one of the top Healthy People 2020 leading health indicators for the nation. This motion positions oral health as a high priority health issue and magnifies the importance of improving access to preventive oral health care. In 2007, only 44.5% of individuals aged 2 years and older had a dental visit in the past year. *Health People 2020* targets a 10% increase in the proportion of children and adults who use the oral health care system in the past 12 months.

In 2009, the Institute of Medicine and the National Research Council formed the Committee on Oral Health Access to Services to assess the current delivery of oral health care to vulnerable and underserved populations in the United States (Institute of Medicine, 2011b). The Committee envisioned an evidence-based oral health care system where “everyone has access to quality oral health care across the life cycle” (Institute of Medicine, 2011b, p. 3). The Committee's work was guided by two principles. First, oral health is an integral component of general health care. Second, oral health promotion and disease prevention are foundational to improving access to care. To improve oral health care access for vulnerable and underserved populations, the committee proposed several recommendations for education, practice, research, regulation, and policy.

One key recommendation addressed the integration of oral health care into overall comprehensive health care and the involvement of nondental health care professionals in oral health promotion and disease prevention. The Committee on Oral Health Access to Services (Institute of Medicine, 2011b) recommended that multiple stakeholders representing the private and public health care sectors assemble to develop a core set of oral health competencies for nondental health care professionals and integrate the competencies into curricula. The committee also recommended that accrediting bodies incorporate the core competencies into accreditation requirements for undergraduate and graduate nondental education programs. In 2012, the US Department of Health and Human Services Health Resources and Services Administration responded by convening an interprofessional group of practice, education, and policy stakeholders to develop a standardized set of core oral health clinical competencies for primary care providers to enhance a team-based, primary care approach to oral health (M. Deutchman, personal communication, September 9, 2012).

The Association of American Medical Colleges and the American Dental Education Association have made important strides toward improving the training of medical and dental students about oral health. Their collaboration resulted in the identification of common curricula including learning outcomes and teaching–learning strategies for medical and dental students (Association of American Medical Colleges, 2008). In 2011, the Association of American Medical Colleges developed oral health competencies for undergraduate medical education curriculum (Association of American Medical Colleges, 2011). The oral health competencies for medical students addressed eight domains: general oral health screening, dental caries, periodontal disease, oral cancer and prevention, oral-systemic health interactions, public health, emergency care, and medical dental interface.

**Nursing Education Call-to-Action**

Improving the quality of oral health in America requires leadership and action from nursing and other health professions. Barriers to quality oral health care include inadequate education of health care professionals (e.g., nurses, pharmacists, physicians, physician assistants) in basic oral health and their lack of attention to oral health (Institute of Medicine, 2011b). Oral health has not been a high priority in nursing practice (Clemmens & Kerr, 2008), and the education of nurses about oral health has been reported as inadequate or inconsistent (Hein, Schonwette, & Iacopino, 2011; Jablonski, 2012; Wooten, Lee, Jared, Boggess, & Wilder, 2011). Currently, there are over 3 million licensed registered nurses in the US health care workforce (United States Department of Health and Human Services, 2010). Registered nurses can play a central role in improving the quality of oral health care, with enhanced professional education and training in oral health (Institute of Medicine, 2011a, 2011b). For example, educating the nursing workforce to perform an oral health examination as part of every physical assessment can have a tremendous impact on reducing disparities in oral health care.
Nursing programs are called to prepare nurses with oral health core competencies to do the following:

- “Recognize risk for oral disease through competent oral examinations,
- Provide basic oral health information,
- Integrate oral health information with diet and lifestyle counseling, and
- Make and track referrals to dental professionals” (Institute of Medicine, 2011b, p. 5).

Baccalaureate nursing programs need to equip graduates with basic knowledge, skills, and attitudes in oral health promotion and disease and injury prevention across the life cycle to improve oral health care especially for vulnerable and underserved individuals, communities, and populations. Nurse educators are called to change perceptions of oral health; that is, prioritize oral health as an essential component of overall health and well-being, increase the visibility of evidence-based oral health promotion and disease and injury prevention in baccalaureate nursing curricula, and support interprofessional oral health education and collaborative care.

Interprofessional Collaboration

Interprofessional collaboration in education and practice is the linchpin for improving oral health outcomes. Interprofessional education in health care is described as a process in which “students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010, p. 7). The goal of interprofessional education is to prepare a “collaborative practice-ready” health workforce, described as health professionals with the competency to work together in interprofessional teams to deliver quality health care and achieve improved health outcomes (World Health Organization, 2010, p. 7).

In 2011, an expert panel representing the American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health established a core set of competencies for interprofessional collaborative practice (Interprofessional Education Collaborative Expert Panel, 2011). A set of specific interprofessional competency statements were derived and categorized under four general competency domains:

(a) Values/Ethics (VE) for interprofessional practice: “Work with individuals of other professions to maintain a climate of mutual respect and shared values” (p. 19);
(b) Roles and responsibilities for collaborative practice: “Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served” (p. 21);
(c) Interprofessional communication practices: “Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease” (p. 23); and
(d) Interprofessional teamwork and team-based practice: “Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable” (p. 25).

The Essentials

The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008) serves as the framework for baccalaureate nursing curriculum. The American Association of Colleges of Nursing has integrated collaborative practice competency expectations for baccalaureate graduates within The Essentials. The Essentials document addresses the expected outcomes and core competencies for professional nursing within nine domains: (I) liberal education for baccalaureate generalist nursing practice; (II) basic organizational and systems leadership for quality care and patient safety; (III) scholarship for evidence-based practice; (IV) information management and application of patient care technology; (V) health care policy, finance, and regulatory environments; (VI) interprofessional communication and collaboration for improving patient health outcomes; (VII) clinical prevention and population health; (VIII) professionalism and professional values; and (IX) baccalaureate generalist nursing practice.

Uncovering Oral Health Content

Historically, the development of nursing curricula has occurred in an “additive” fashion with teachers adding more content within courses and students feeling overwhelmed with trying to master all of the content knowledge (Diekelmann, 1992). In response to ever-increasing advances in science, technology, and health care delivery, nurse faculty are compelled to cover vast amounts of content (Benner, Sutphen, Leonard & Day, 2010; Ironside, 2004; Tanner, 2004). The challenge of integrating oral health without adding to an overcrowded curriculum can be overcome by “uncovering” content. In other words, first uncover or reveal where oral health is already included in the nursing curriculum. Then, develop effective pedagogical strategies to engage students in learning about oral health. Begin by (a) deconstructing the covered content in foundational courses such as physical assessment, pathophysiology, and pharmacology; (b) identifying opportunities within the existing content to enhance students' knowledge, skills, and attitudes about oral health; and (c) employing effective teaching–learning strategies and experiences that engage students in oral health and professional nursing practice. Here are a few basic examples that illustrate how oral health can be integrated within existing content.
Physical assessment: Conduct a focused intraoral and extraoral assessment as an integral component of the comprehensive head, ears, eyes, nose, and throat health assessment.

Pathophysiology: Examine cancer epidemiology in the context of oral cancer and associated risk factors including tobacco use and alcohol consumption.

Pharmacology: Introduce the development of an oral condition (e.g., xerostomia) related to a patient's medication regime in an unfolding case study.

Professional Nursing Practice and Oral Health

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Liberal education for professional nurses is a keystone for interprofessional care. The interface between professional nurses, dental, and other health professionals is important to effectively address oral and systemic health care needs, especially in caring for vulnerable and underserved populations. Dental and nondental health professionals are generally trained separately and, consequently, may have limited knowledge about each other's practice. Professional nurses need to understand and value the contributions of dental and other health professionals to improving oral health as an integral component of overall health and well-being. Liberal education grounded in the arts and sciences prepares professional nurses with the conceptual and theoretical knowledge base to understand the barriers to accessing oral health care, social determinants that contribute to poor oral health, complex cultural and societal factors associated with oral health disparities, and the problem of low oral health literacy. A strong background in the arts and sciences prepares professional nurses to understand the significance of oral health to systemic health, impact of personal behavioral factors on oral health, and oral health as a major global health concern.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Professional nurses recognize that in today's current health care system, oral health care and general health care are provided in separate care delivery systems and that this division is a barrier to oral and systemic health care coordination (Institute of Medicine, 2011a, p. 81). They possess effective leadership skills to coordinate and manage comprehensive health care, including oral health, at the microsystem level. The professional nurse understands that oral health is an essential component of overall health and works within interprofessional teams to provide high quality oral health care. Often, professional nurses will delegate and supervise nonlicensed assistive personnel to perform oral care and hygiene. They are able to evaluate the quality of oral care and hygiene delivery and ensure that evidence-based oral care practices are implemented safely and effectively. Professional nurses are knowledgeable about the national arena on health care quality improvement and aware that this agenda has not specifically included oral health care. They recognize that little is known about oral health care quality in the United States (Institute of Medicine, 2011a, p. 118). Professional nurses participate in interprofessional quality improvement teams to improve oral health care in their clinical microsystems. Exercising effective leadership and communication skills, professional nurses promote the achievement of quality oral health care especially for vulnerable and underserved diverse populations.

Essential III: Scholarship for Evidence-Based Practice

Professional nurses identify oral health practice issues or clinical questions, execute electronic database search strategies, apply critical appraisal skills, and synthesize evidence to improve oral health patient outcomes. They share best available evidence with members of the interprofessional team and integrate best practices into an interdisciplinary plan of care to promote oral health and prevent oral diseases across the life cycle. The professional nurse evaluates the evidence base for oral health treatments and guidelines and identifies gaps in practice. Recognizing a lack of strong evidence to support many oral health treatments, the professional nurse locates and evaluates other sources of oral health information including Internet resources.

Essential IV: Information Management and Application of Patient Care Technology

Professional nurses use information technology systems to support effective communication processes with members of the interprofessional team and to improve oral and systemic care coordination. Electronic health records are used to document oral health examination findings, risk assessment data, and oral health promotion strategies, including counseling and anticipatory guidance. Professional nurses use telecommunication technologies to facilitate referrals to dental professionals for preventive services and treatment. They recognize the potential use of telehealth technologies as an innovative strategy to expand oral health care access to underserved and remote communities (Institute of Medicine, 2011b, p. 178).

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Professional nurses have a basic knowledge of oral health care policy, finance, and regulatory requirements. Professional nurses are aware that millions of Americans have unmet oral health care needs and lack dental insurance coverage (Institute of Medicine, 2011a, 2011b). They examine implications of current health care policies on access to oral health care services for vulnerable and underserved populations. For example, minority and poor children are more likely to lack dental insurance (Liu, Probst, Martin, Wang, & Salinas, 2007); 70% of older adults age 65 and older lack dental coverage (Manski & Brown, 2007); and routine dental care (e.g., checkups, cleanings, dentures) is excluded from
traditional Medicare benefits (Institute of Medicine, 2011b, p. 210). Professional nurses dialog with other health professionals about barriers to oral health access and implications for health care policy reform. One example is the nationwide increase of hospital emergency department visits related to preventable dental conditions and the added financial burdens on hospitals and states (The Pew Center on the States, 2012). This current trend illustrates a fragmented health care system and the need for policy reform to expand access to dental providers. The professional nurse recognizes the advocacy role of nurses and value of interprofessional care in expanding access across the life cycle and promoting social justice for underserved and vulnerable populations.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Interprofessional collaborative care is central to improving oral health outcomes. The professional nurse demonstrates effective communication and collaboration skills and a team-based approach for improving oral and systemic health outcomes. Professional nurses recognize the unique contributions of interprofessional team members in improving oral health outcomes and effectively communicate the role of professional nurses in oral health promotion and disease and injury prevention. For example, professional nurses collaborate with team members from other health professions (e.g., pharmacy, nutrition, medicine, dentistry) to address oral-systemic interactions such as the oral health impact of medications including chemotherapy, impact of oral health on nutritional status, or oral conditions associated with HIV/AIDS.

Essential VII: Clinical Prevention and Population Health

Professional nursing practice emphasizes oral health promotion and disease and injury prevention across the life cycle for individuals, families, communities, and populations. In a team-based approach, professional nurses collaborate with interprofessional team members to conduct oral health examinations including screening and risk assessments, coordinate oral health preventive services and treatments, provide oral health teaching and counseling, and promote healthy lifestyle behaviors. Healthy personal behaviors related to diet, oral hygiene, and tobacco and alcohol use are important for the prevention of oral diseases. Professional nurses recognize vulnerable and underserved populations at risk for oral diseases including homeless people, poor children and adults, older adults, people with special health care needs, pregnant women and mothers, racial and ethnic minorities, and rural residents. Children and adolescents are vulnerable to develop oral diseases. Dental caries or tooth decay, one of the most common chronic disease of childhood, is a highly preventable, infectious process caused by a bacterial infection and often transmitted from person to person (Institute of Medicine, 2011b, p. 43). The use of fluoride decreases the risk of dental caries (Centers for Disease Control and Prevention, 2011), and community water fluoridation is strongly recommended to reduce the incidence of dental caries (Task Force on Community Preventive Services, 2002). Adolescents’ risk for oral diseases and injuries is compounded by unhealthy behaviors including use of alcohol, tobacco, and drugs, as well as participating in sports without a helmet or mouth guard. With a focus on prevention, professional nurses support tobacco-free living, implement evidence-based interventions for tobacco cessation, and provide counseling on the adverse health effects of all forms of tobacco use, including smokeless tobacco (United States Department of Health and Human Services, 2011). Professional nurses teach that smokeless tobacco is not a safe substitute for smoking cigarettes and is associated with cancers and other serious oral conditions.

Essential VIII: Professionalism and Professional Values

The professional nurse recognizes the influence of values and attitudes on caring for underserved and vulnerable populations with oral health care needs. Professional nurses examine their own attitudes about the role of nurses in oral health and working with dental and nondental health professionals in expanding access to oral health care. They demonstrate professionalism in resolving ethical issues or practices in oral health. Professional nurses access interprofessional resources and collaborate with other health professionals to refer children and adults for preventative dental services, especially the poor, homeless, uninsured, or special health needs populations.

Essential IX: Baccalaureate Generalist Nursing Practice

The professional nurse demonstrates the nursing knowledge, skills, and attitudes defined in The Essentials to care for individuals, families, communities, and populations with oral health care needs across the life cycle in a variety of practice settings. Professional nurses are patient-centered in caring for diverse patient populations and practice within a collaborative, team-based approach to care delivery. The professional nurse focuses on health promotion and disease and injury prevention to reduce oral health disparities and improve oral health quality outcomes for individuals and populations.

Conclusion

Nursing programs are called to prepare professional nurses with basic oral health competencies to improve oral health care especially for vulnerable and underserved individuals, communities, and populations. The Essentials of Baccalaureate Education for Professional Nursing Practice serves as a framework for preparing professional nurses with competencies in oral health promotion and disease and injury prevention across the life cycle. Effective interprofessional teaching–learning strategies will be
necessary for preparing professional nurses and other health professionals to be collaborative practice ready and contribute to reducing oral health disparities in America.

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