

## **Educating Health Professionals: Planning to Meet the Oral Health Care Needs of Older Adults**

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*U of Colorado Denver School of Dental Medicine*

*Total Longterm Care of Colorado*



## **2<sup>nd</sup> Annual Meskin Symposium**



**“Meeting the Oral Health  
Needs of the Aging  
Population: Education,  
Service and Advocacy”**

### **Acknowledgements/Homage**

*First GD MS degree; editor of first GD journal; first “dedicated” GD  
research professor; creator/mastermind of IADR Geriatric Oral  
Research Group)*

*My leader, mentor, and dear friend*



***“I skate to where the  
puck is going to be, not  
where it has been.”***

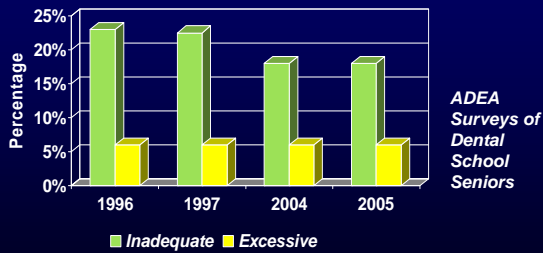
**The Great One**

## **Meeting the oral health care needs of “vulnerable elderly”**

**“Looming Crisis”  
“Tsunami”  
“Perfect Storm”  
“Brain Drain”  
“Lost Cause”  
“Inconvenient Truth”**



## Rating of Time Devoted to Geriatric Dentistry Instruction



3<sup>rd</sup> or 4<sup>th</sup> out of ~20 topics in 96/97; 5<sup>th</sup> out of 24 topics in 04/05

## Education and Workforce Issues

- Didactic content limited (typically 1 course)
- Clinical care experiences focus on the “younger and healthier” elderly
- Students are not generally prepared to identify, prioritize, and treat the oral health needs of the “older old”, the frail and functionally dependent elderly.

## Building a Change Agenda Predoctoral Geriatric Education/Training

- Develop, implement, and evaluate clinical competencies & education standards
- Dental school accreditation standards will require geriatrics education
- Establish core competencies in national boards and regional licensure board examinations
- Employ CQI to improve dental education and dental care.

*Bureau of Health Professions, 1995*

## Learning “where to skate” from previous geriatric dentistry initiatives



**Implement  
Root  
Cause  
Analysis**

*ADEA, HRSA, VA, BHP, ADA, SCD, GEC, AGS, GSA, Hartford, Dentsply, GSK, Universities (MN, Iowa, UNC, Washington, NYU, CO)*

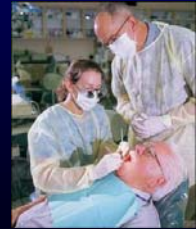
## Issues in Teaching “Geriatrics”

1. Effective teaching is “*burdensome*”
2. Must teach *knowledge, skills, behaviors, and beliefs*
3. Basic principle of education .... *Less is more*
4. Yet ... *amount of knowledge* to be learned is beyond capabilities of any individual
5. Must teach students to access evidence based dentistry --- must learn what is *valid* (Cochrane Database)
6. Need to determine which *teaching methods work best*  
 “Lectures, at best, create enthusiasm but rarely impact knowledge.”

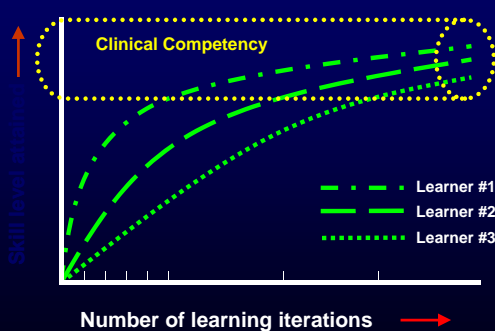
*Aging Successfully, Vol XV, No. 1*

## Teaching improvement considerations

### 7. *Individualize learning; maximize good learning iterations*



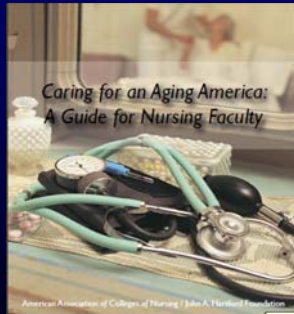
## Pathways to competency for a given learning task



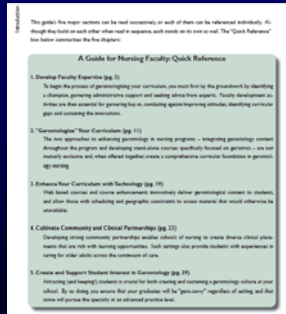
## Geriatric dentistry program challenges

1. Dental schools organized around discipline-specific depts (chairs have most leverage with dean)
  - Geriatric dentistry faculty usually division chiefs
  - Lack stature for institutional leadership (“gerontologize”)
  - Need *endowed chairs* provide permanence
  - Need *critical mass* to build centers of excellence
2. Fiscal retrenchment
  - Extra/intramural rotations are at risk
  - “Utility infielder” approach (lack of high quality trained faculty)
3. Have difficulty knowing what to teach, where to teach, how to teach, who to teach
  - Need *core knowledge* and agreement on *best practices*

## Sharing Resources/Lessons Learned



<http://www.aacn.nche.edu/education/Hartford/pdf/monograph.pdf>



## Difficult to engage physicians and other health care professionals

Care of the elderly is a responsibility of all clinicians ... great need to infuse basic oral health training into various curriculae and CE



## Postdoc Geriatric Dentistry Trainees

- ~200 trained vs the projected 7,000 that would be needed by 2005 (<3%)
- HRSA, VA, and U of Minnesota programs provide(d) nearly all of the training

## Postdoc Geriatric Dentistry Trainees

- Funding support for postdoctoral interdisciplinary training in geriatric dentistry (Title VII PHSA)
  - (New 3 yr funding cycle 2007 for ~10 Programs)
- Majority of "trained dentists" retiring in the next 10 years
- Stage set for "brain drain" of geriatric dentist mentors
- Minnesota transitioning to less MS emphasis

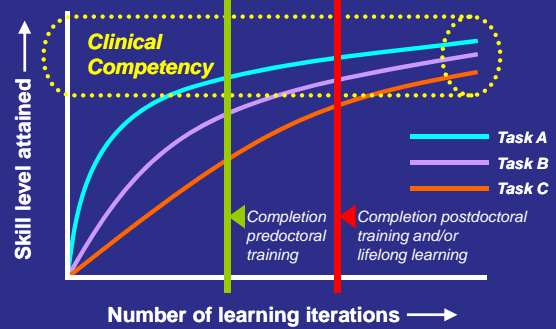
2006 ADA Report of the Task Force on Elder Care

## Building a Change Agenda Postdoctoral Geriatric Education/Training

- Increase number of postdoctoral GD training programs (incentives)
- Increase number of postdoc academic GD training for dental faculty (incentives)
- GPR/AEGD programs must offer advanced geriatric training

Bureau of Health Professions, 1995

## Pathways to competency for different learning tasks



Adapted from Brown & Herbranson, 2007

## Postdoc Geriatric Dentistry Findings

US CODA Postdoctoral Dental Directors:  
GPR, AEGD, Endo, OS, Perio, & Pros  
(directors with email addresses)

AEGD (84) + GPR (187)

271 surveys e-mailed

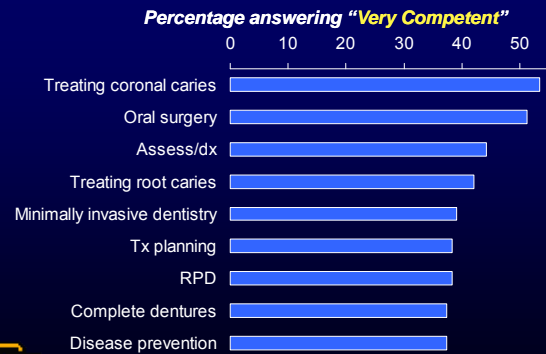
9 surveys undeliverable

115 surveys completed  
42% response



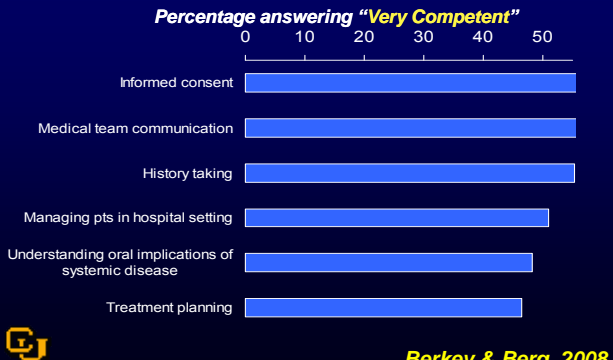
Berkey & Berg, 2008

## How competent are your residency grads in clinical care of patients 75+?

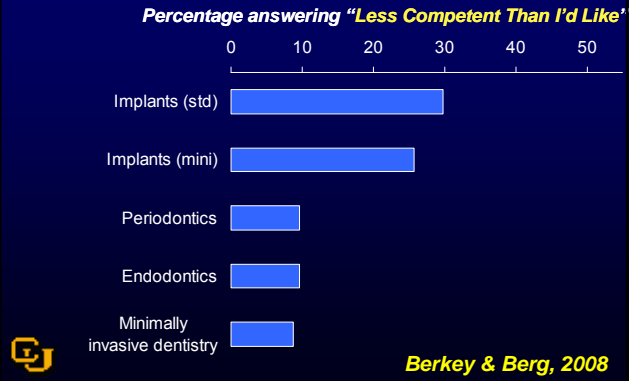


Berkey & Berg, 2008

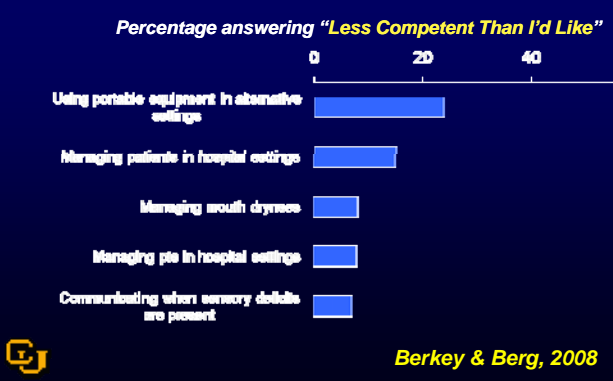
### How competent are your residency grads in management of patients 75+ ?



### How competent are your residency grads in clinical care of patients 75+ ?



### How competent are your residency grads in management of patients 75+ ?



### Do the program directors know what they what they don't know?

- Core competencies
- Standard of Care
- Training materials

### Learning curve of TLC dentists

*inter*FACE



**NEW YORK STATE TASK FORCE ON SPECIAL DENTISTRY INTRODUCES PRACTICAL TRAINING MODULES FOR GENERAL PRACTICE RESIDENTS**

By Maureen Romer, FADPD, DABSCD

The New York State Office of Mental Retardation/Developmental Disabilities Task Force on Special Dentistry was established in 2002 and represents a unique concept of a public/private sector partnership to achieve excellence in oral health for individuals with mental retardation and

previously piloted pre and post test exam. The modules are accompanied by "teacher's notes" which are visible in each slide presentation. This format alternately allows the instructor to assign the series as a self-study project. The module topics include: Introduction to Special Patient Care, Special Care Dentistry/Legal and Ethical Issues, Treatment Modalities/Treatment Planning for Patients with Special Needs, Learning Disabilities/Mental Retardation and

Disorders, Oral Manifestations/Genetic and Congenital Disorders and Seizure Disorders.


The pre and post tests and answer sheets are not included in the module series. Please contact Annette Shaffer in the Office of Investigations and Internal Affairs at [annette.shaffer@omr.state.ny.us](mailto:annette.shaffer@omr.state.ny.us) to request a copy and we will forward it to you electronically.

The modules can be accessed FREE via the SCDM Web site.

The modules can be accessed FREE via the SCDM Web site ([www.scdonline.org](http://www.scdonline.org)) by clicking on the "Education & Courses" tab and then choosing "Educational Modules."

September/October 2009

NYS Office of Mental Retardation & Developmental Disabilities  
**Putting People First**



**Special Care Dentistry**  
 for the General Practice Resident:  
 Practical Training Modules

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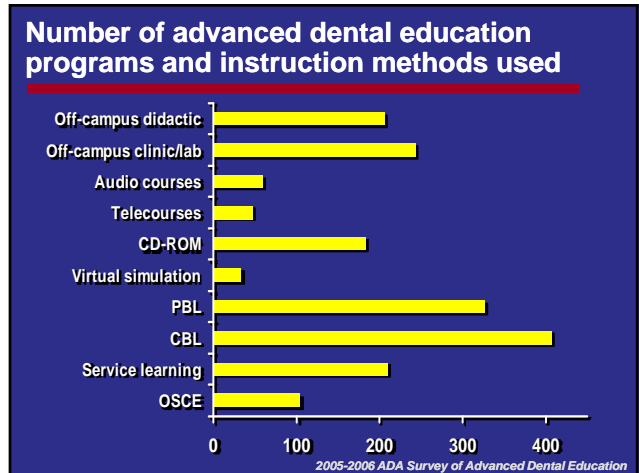
Funded by the NYS Developmental Disabilities Planning Council

**Building a Change Agenda**  
**Postdoctoral Geriatric Education/Training**

- Increase the number of postdoctoral geriatric dentistry training programs
- Increase the number of postdoctoral academic training opportunities for dental faculty
- Postdoctoral general dentistry training programs must offer advanced geriatric training
- Increase alternative pathways to encourage life long learning ... *Moving forward!*



**Bureau of Health Professions, 1995**



## Educational Materials

Ira B. Lamster • Mary E. Northridge  
Editors

**Oral Health for Independent Older Adults**  
ADEA/AGS Predoctoral Curriculum Resource Guide

Improving Oral Health for the Elderly  
An Interdisciplinary Approach

Springer

## Web based learning resources

**Geriatric Oral Health**  
The Missing Link to Comprehensive Care

Home Page | Welcome | Consumer Information | Annual Program | Oral Health Topics and CE | Archived Presentations

Teaching Resources | Virtual Exhibit Hall | Current Issues and Events | Cyber Café | Web Site Evaluation | Help Desk

Home Page

<http://www.geriatricoralhealth.org/index.htm>

Archived Presentations | Annual Program | Consumer Information

Current Issues and Events | Virtual Exhibit Hall

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Welcome | Help Desk | Cyber Café

## Web based learning resources

[www.dentaltown.com](http://www.dentaltown.com)

Minimal Intervention Dentistry in the New Millennium

Speaker: J. Chalmers BDS, PhD, D. Gorman Armstrong DDS, MS

Release Date: 10/2007

Running Time: 1 hour

**Minimal Intervention Dentistry in the New Millennium**

Dr. James Chalmers BDS, MS, PhD, DABCCD, Associate Professor  
Dr. Sandra Gorman Armstrong, DDS, MEd, Assistant Professor  
College of Dentistry  
The University of Iowa

**Crest Oral-B**

Continuing Education

Oral Health and the Geriatric Patient

MetLife Quality Resource

Oral Health and the Geriatric Patient

Continuing Education Course List:

- Treatment of an Edentulous Patient with a Removable Prosthesis**  
Speaker: J. Chalmers, DDS, MS  
Course Length: 4 hours  
Date Course Online: 4/13/2008
- Oral Health Care & Whole New Language**  
Speaker: J. Chalmers, DDS, MS  
Course Length: 3 hours  
Date Course Online: 6/13/2008
- Oral Health Care & Whole New Language**  
Speaker: J. Chalmers, DDS, MS  
Course Length: 3 hours  
Date Course Online: 6/13/2008

## Geriatric Dentistry Training: A Colorado Perspective



## CAPE Standardized Patient Program at CU

**CAPE**  
Center for Academic Performance Evaluation

Standardized Patient Program | Teaching Associate Program | Simulation Program

- Overview
- Services
- Areas of Expertise
- The Team
- The Facility
- Contact Us
- Site Map

Interested in becoming a  
 • Standardized Patient?  
 • Teaching Associate?

Information for students, residents and other users

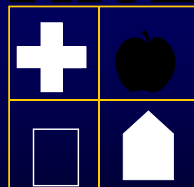
On being examined:

- An exam consists of 3-11 standardized patient and/or teaching associate encounters.
- Stations are designed to evaluate your clinical skills including interviewing/communication, physical examination, clinical reasoning, lab interpretation, diagnostic test interpretation, and write up skills.
- Verbalize all skills/tasks that you are completing when performing a physical exam (e.g. I am checking for... I am inspecting... I will now listen to... etc.)
- Stations will be 10-15 minutes in length. You will receive a 5 minute warning before your time is up. Some stations have post-station exercises that may be 10-15 more minutes.
- Please exit the room immediately after you have completed the requirements of the station. If you finish before the allotted time, please exit the room and proceed to the post-test area. Once in the post-test area, please sit at the designated table.

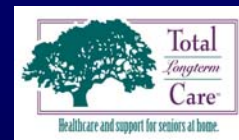
## School of Dental Medicine University of Colorado Denver



## PACE



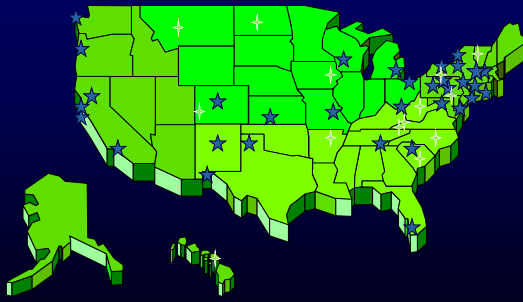
Program of All-inclusive  
Care for the Elderly



- Community Based
- Capitated
- Managed Care
- Serving Frail Elderly



## PACE Programs Nationally



**GERIATRICS** is a  
**TEAM**  
**SPORT**

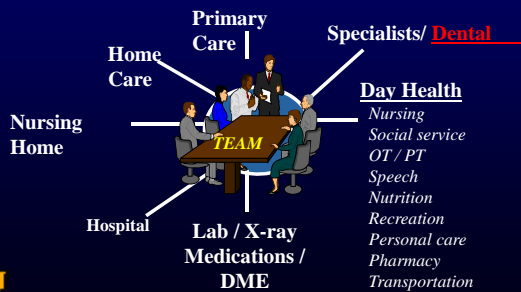


"You can do what I cannot do. I can do what you cannot do. Together we can do great things."  
— Mother Theresa

Aging Successfully, Fall 2006

## The PACE Experience

*Integrated, Team Managed Care*



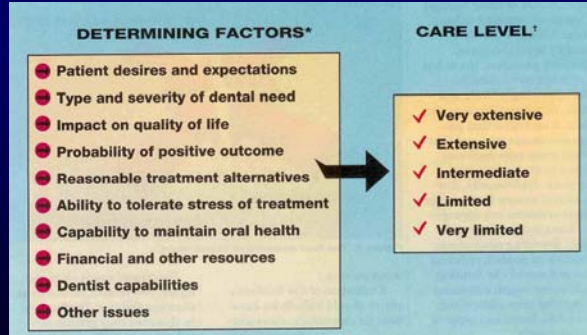
## A rich setting to teach

- Interdisciplinary tx planning and clinical care considerations
- A philosophy of care – honoring our seniors
- Care model using expanded duty dental assistants and independent practice RDH





## Clinical Decision Making / Rational Care



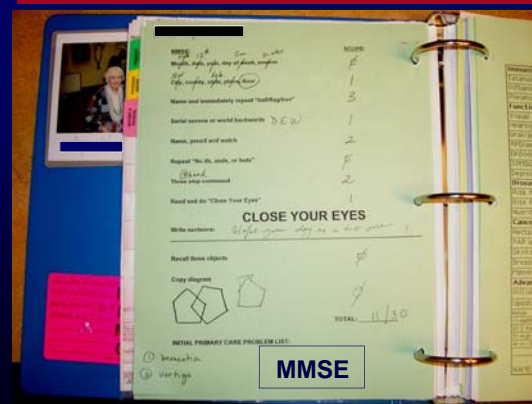
Berkey DB, Berg RG, Ettinger RL, Mersel A, Mann J: The Old-Old Dental Patient: The Challenge of Clinical Decision-Making. *Journal of the American Dental Association* 127:321-332, March, 1996.



## Can patient give informed consent for extractions & self administer pain meds?



## Aides in Determining Cognitive Status



**Diagnosis & Treatment Collaborations**



**Respecting and honoring our seniors!**



**Principles of Family Involvement**



## Treating cognitive impaired patients



## Restraint Guidelines



A collage of images related to dentistry. It includes a portrait of a woman, a newspaper article titled "Dentists take a greater medical role" by Alan Bush for USA TODAY, a close-up of a dental procedure, and a dental X-ray. A yellow banner with the text "Do no harm!" is overlaid on the collage. The article text includes: "Dentists say they're looking at the whole patient mouth and more these days, not just at what's in the mouth. In a poll of those attending the American Dental Association... THERE ARE NO GENERIC PATIENTS." and "Dentists are moving toward a medical management role instead of just a drill and fill," says Dr. Christopher Fox of Colgate Oral Pharmaceuticals, which conducted the survey. The average age of patients continues to rise, says Fox, bringing to the dentist's chair people with more complex medical histories. And 50% of dentists say cavities are on the rise in patients 60 and older. When chronic illnesses are detected, usually with satellite signs from the mouth, dentists "discuss the issue with the pa...".

**“Creative” restorative dentistry and prosthodontics**

## Extensive Use of Glass Ionomers



## Bonded vs Pin-retained Complex Amalgams



## Final Impression Approaches



# Prevention Focus

## Fluoride to reduce caries risk



In conclusion ...

## Crisis

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Danger Opportunity

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Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

Do not let what you cannot do interfere with what you can do.

John Wooden



*Thank you*