

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



2nd 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.”***

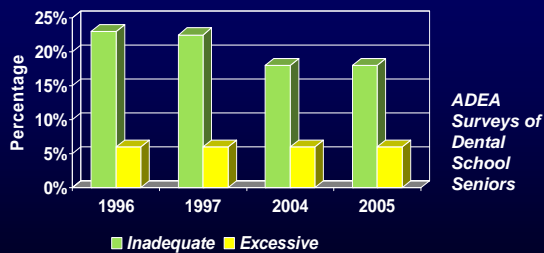
The Great One

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



3rd or 4th out of ~20 topics in 96/97; 5th 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.”

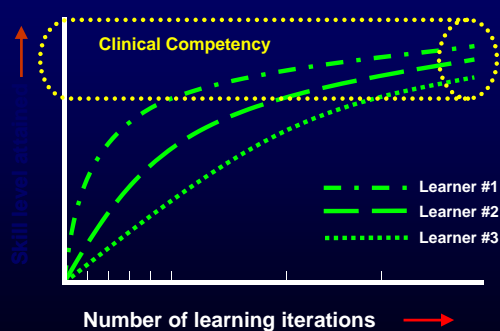
Aging Successfully, Vol XV, No. 1

Teaching improvement considerations

7. Individualize learning; maximize good learning iterations



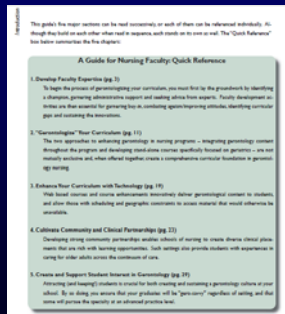
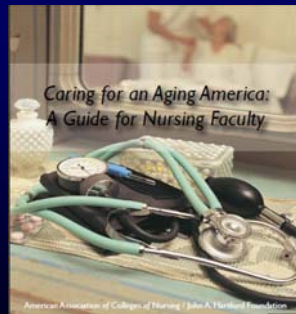
Pathways to competency for a given learning task



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

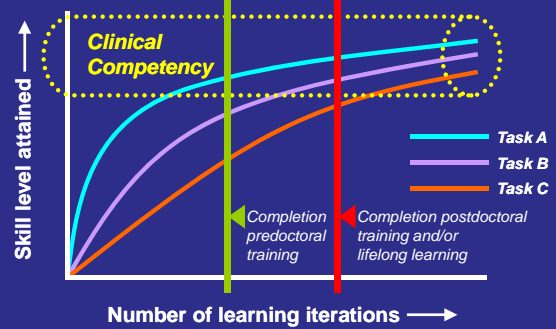
2006 ADA Report of the Task Force on Elder Care

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)

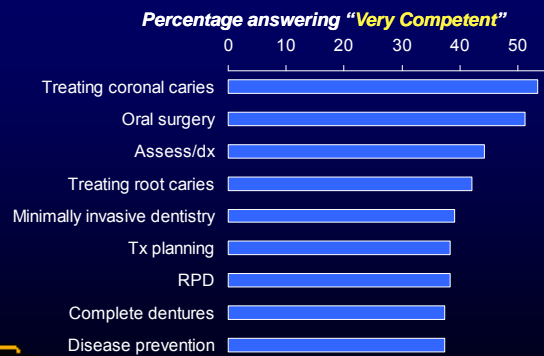
271 surveys e-mailed

9 surveys
undeliverable

115 surveys
completed
42% response

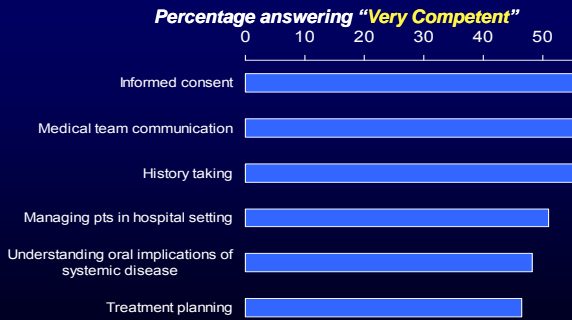
Berkey & Berg, 2008

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



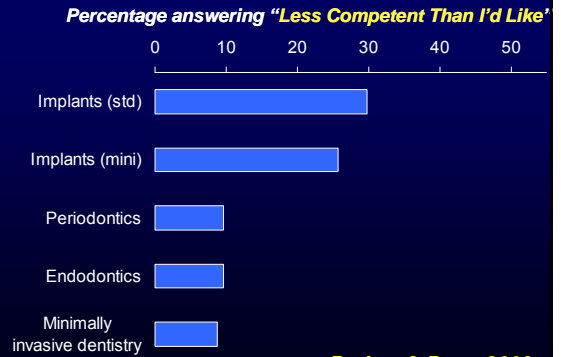
Berkey & Berg, 2008

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



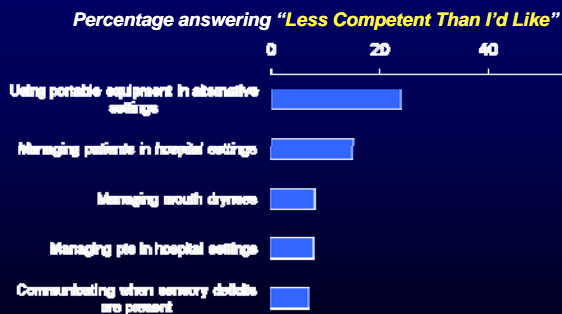
Berkey & Berg, 2008

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+ ?



Berkey & Berg, 2008

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 Shuler in the Office of Investigations and Internal Affairs at annette.shuler@omr.state.ny.us to request a copy and we will forward it to you electronically. The modules can be accessed FREE via the SCDA Web site.

The modules can be accessed FREE via the SCDA Web site (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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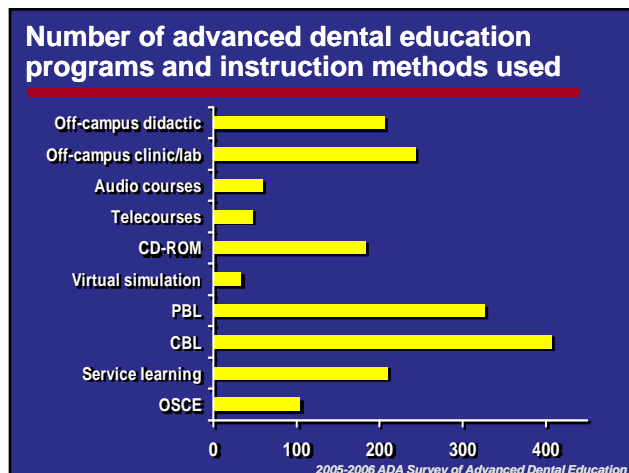
Funded by the NYS Developmental Disabilities Planning Council

Building a Change Agenda
Postdoctoral Geriatric Education/Training

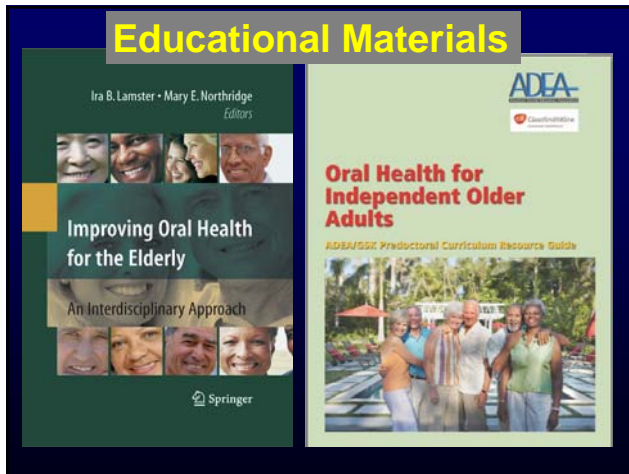
- Increase the number of postdoctoral geriatric dentistry training programs
- Increase the number of postdoctoral academic training opportunities for dental faculty
- Postdoctoral general dentistry training programs must offer advanced geriatric training
- Increase alternative pathways to encourage life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



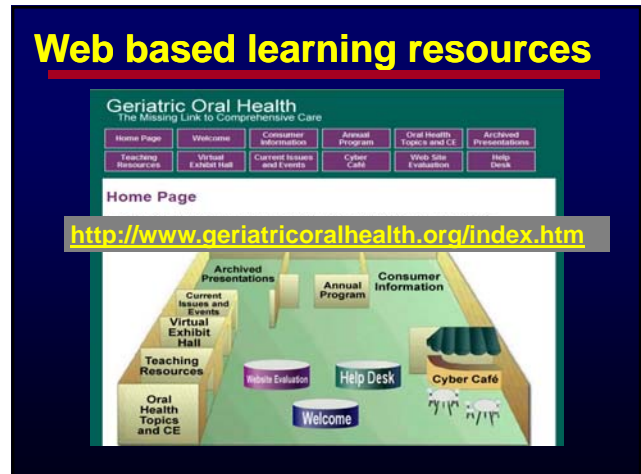
Bureau of Health Professions, 1995



Educational Materials



Web based learning resources




Web based learning resources



Geriatric Dentistry Training: A Colorado Perspective






CAPE Standardized Patient Program at CU



- 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

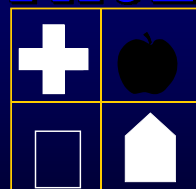
On being examined:

- 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 10-45 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



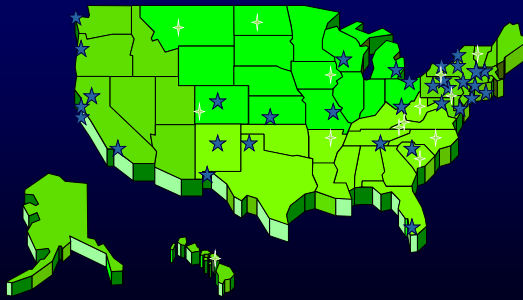
Program of All-inclusive
Care for the Elderly



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



PACE Programs Nationally



GERIATRICS is a
TEAM
SPORT

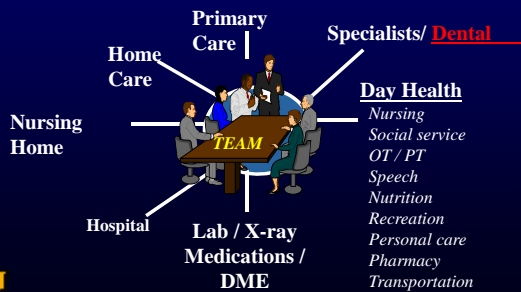


"You can do what I cannot do. I can do what you cannot do. Together we can do great things."
— Mother Theresa

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

Working with the TEAM in the delivery of care



Social Worker and DDS Communications

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Clinical Decision Making / Rational Care

DETERMINING FACTORS*

- Patient desires and expectations
- Type and severity of dental need
- Impact on quality of life
- Probability of positive outcome
- Reasonable treatment alternatives
- Ability to tolerate stress of treatment
- Capability to maintain oral health
- Financial and other resources
- Dentist capabilities
- Other issues

CARE LEVEL†

- ✓ Very extensive
- ✓ Extensive
- ✓ Intermediate
- ✓ Limited
- ✓ Very limited

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.

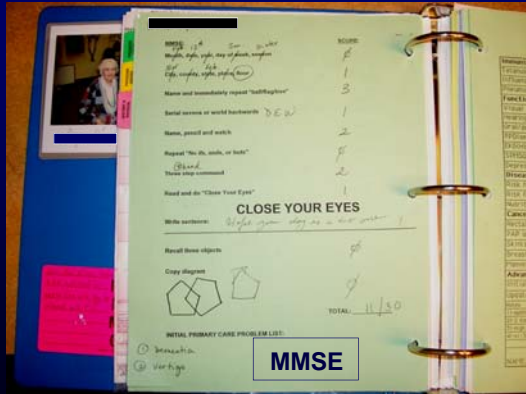


Nutritional and Pain Problems ?

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



**“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

危機

Danger Opportunity

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