

# Better Oral Health in Residential Care

# Facilitator Portfolio

Education and Training Program Introduction





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The Better Oral Health in Residential Care Project was led by SA Dental Service in collaboration with:

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- Resthaven Craigmore, South Australia
- Helping Hand Parafield Gardens, South Australia

#### Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

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#### For more information

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Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

#### 1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

### 2. Oral Health Care Plan

RNs develop an oral care plan which is based on a simple protective oral health care regimen.

## 3. Daily Oral Hygiene

Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

## 4. Dental Treatment

Dental referrals for a more detailed dental examination and treatment are made on the basis of an oral health assessment. (It is recognised that frail and dependent residents may be best treated at the residential aged care facility).

Better Oral Health in Residential Care Model.

# Oral Health Assessment (key process)

- Performed by the GP or RN
- On admission, on regular basis and as need arises
- Refer to 'Oral Health Assessment Toolkit for Older People' (Professional Portfolio)



# Oral Health Care Plan (key process)

- RN develops care plan with GP and dental input
- Level of assistance determined by RN
- Refer to 'Oral Health Care Planning Guidelines' (Professional Portfolio)



# Daily Oral Hygiene (key process)

- Nurses and care workers follow oral health care plan
- Refer to 'Education and Training Program' (Staff Portfolio)

Daily check for common oral health conditions, document and report to RN • Repeat Oral Health Assessment by RN or GP as required

#### **Overview**

#### Purpose

The Education and Training Program addresses the key process of daily oral hygiene.

### Target group description

Nursing and care worker staff.

## Facilitator

Qualified Educator.

### Duration

3 hours in total.

#### Learning outcomes

At the end of the Program nursing and care worker staff will have:

- Knowledge, understanding and appreciation of why good oral health is essential for healthy ageing.
- Knowledge, understanding and appreciation of daily checks for signs of common oral health conditions experienced by residents, documentation and reporting of these to the registered nurse.
- Knowledge and skills on the six best ways to maintain a resident's oral health.
- Knowledge and skills to manage changed behaviour and improve access to a resident's mouth.
- Knowledge and skills to use modified oral care application techniques.
- Knowledge, understanding and appreciation of the four key processes (oral health assessment, oral health care plan, daily oral hygiene and dental treatment) required to maintain a resident's oral health.

## **Regulatory Framework**

Australian Government Accreditation Standards and Guidelines for Residential Aged Care Services: standard 2.15, oral and dental care.

*Healthy Mouths, Healthy Lives,* Australia's National Oral Health Plan 2004 - 2013.

### Structure outline and delivery modes

The Program structure is based on three modules:

- 1. Module one (knowledge): good oral health is essential for healthy ageing.
- Module two (skills): protect your residents' oral health

   activities of daily oral hygiene.
- 3. Module three (reflective practice): it takes a team approach to maintain a healthy mouth.

The Program has been designed to encompass flexible delivery modes. For example:

- a workshop presentation of all modules (3 hours)
- sequential presentation of one module (one hour each) at a time over a designated timeframe
- sequential presentation of topics (15 minutes each) from each module working through the program over a designated timeframe.

#### Assessment

Assessment is based on completion of all three training modules and includes the following:

- completion of written self evaluation quiz (pre and post education and training).
- demonstration of oral health care skills
- participation in problem solving scenario group work (reflective practice).

# **Overview** (Continued)

#### Resources

- laptop computer and data projector
- Better Oral Health in Residential Care Education and Training Program resource materials:
- *Dental Rescue*, a guide for carers of the elderly 2006, DVD written and directed by Dr PL King, Specialdental Pty, Ltd, Bongo Brain Productions, Australia.
- AV Resource: It takes a Team Approach
- Facilitator Portfolio
- resource kit (consumables)
- Staff Portfolio
- posters

### Ongoing monitoring and evaluation

- self evaluation quiz (pre and post education and training)
- oral health care skills audit
- oral health outcomes for residents.

#### References

#### **Primary Source**

The Program is based on information from the Better Oral Health in Residential Care *Staff Portfolio*.

#### Accompanying Information

For accompanying information refer to the residential aged care facility's policies and procedures:

- clinical practice manual
- infection control protocol
- palliative care protocol.

## **Facilitating Adult Learning**

The following adult learning principles have been incorporated into the structure of the Better Oral Health Education and Training Program.

#### Multi-sensory learning

Most adults learn a new skill or knowledge best by using a combination of visual, auditory and kinaesthetic (by doing) senses. Oral health information has been supported with a variety of resources such as posters, PowerPoint presentations, audio-visual and printed resources, use of practical tasks, reflective practice discussions.

#### **Active Learning**

Adults learn by doing.

The Program has been structured in a way which provides opportunities to apply oral health skills and knowledge including reflective practice through a case scenario discussion.

## First and Last Impressions

Adults tend to remember what they have seen and heard first and last.

An overview at the beginning of each session followed by summaries of key points throughout is embedded in the Program in order to break information into meaningful 'chunks' which is easier to remember.

#### Feedback

Many adults often lack self confidence and may have negative memories from previous learning experiences Facilitators are encouraged to use constructive immediate, ongoing and informal feedback that builds confidence and motivates participants by showing them that they are contributing and progressing.

## Reward

Training must include simple and tangible results for adult learners to feel positive and satisfied.

Practical and meaningful resources and activities are used. A highly visual *Staff Portfolio* is provided and a certificate on completion of the Program.

# Facilitating Adult Learning (Continued)

#### **Meaningful Materials**

Adults prefer materials that relate directly to their level of existing knowledge and experience and can be utilised in practical ways. Resource materials have been designed to match level of knowledge and experience of care workers in the residential aged care setting. Materials are used to provide opportunities for participants to practise skills and apply knowledge.

### Practice and Repetition

Reinforcement helps adult learners to retain and apply the knowledge and skills they are developing.

Oral health skills and knowledge have been pitched at a level relevant for participants. Opportunities to practise new skills are provided. Reflective practice is used to encourage the application of new knowledge and skills.

#### Respect

A mutual responsibility.

Facilitators and participants are encouraged to demonstrate tolerance, sensitivity and cooperation with regard to others previous experience, culture, learning styles and interests.

#### **Holistic learning**

Provide a big picture context and then specific detail provides a logical framework for thinking.

The best ways to maintain a resident's oral health is presented in relation to general health as well as the key processes required to promote Better Oral Health in Residential Care.

# **Facilitator Presentation Tips**

#### Be well prepared

Lack of organisation is a major cause of anxiety.

Make sure you know all the resources very well:

- AV resources
- PowerPoint presentation (Module 1)
- Facilitator notes (Module 1, 2, 3)
- Module 1,2 and 3 sections in Staff Portfolio.

## Practice makes perfect

Rather than mentally rehearsing you should practise standing up as if in front of the participants using your visual aids.

At least 2 rehearsals are recommended.

Strive for minimal focus on notes and maximum focus on the participants.

Imagine yourself as confident, successful and doing a great job.

### **Reduce stage fright**

#### Breathe

- When your muscles tighten and you feel nervous, you may not be breathing deep enough.
- First thing to do is to sit up tall but relaxed and inhale deeply a number of times.

#### Release tension

- Starting with your toes, then tighten your muscles up through your body finally making a fist.
- Immediately release all tension and take a deep breath.
- Repeat this until the tension starts to drain away.
- This can be done quietly so no one knows you're relaxing.

#### Move

- Move when you speak to stay relaxed and natural.
- If you find you are locking your arms then release them so they do the same as they would if you were in an animated one on one conversation.
- Moving your feet can also release tension. You should be able to take a few steps either side or toward the audience or to the side of the lectern.

#### Voice

Be aware of your volume.

Vary your pitch, volume and pacing as you would do in natural conversation or story telling.

#### Pace

When we become anxious we tend to talk fast and tend to trip over words.

Deliberately slow down your speech.

### Pausing

Don't be afraid to pause.

Pausing can be an effective way to allow important points to sink in.

Use a pause to take a breath and relax a moment and to fill in those spaces that you might otherwise fill with sounds of 'umm' or 'you know'.

### Posture

Keep your posture erect but relaxed.

You want to stand up straight but not stiff.

Your weight should be evenly distributed.

Don't place your weight on one hip then shift to the other and back again – shifting can be distracting.

#### Smile

Remember to smile.

#### Make eye contact

Rule of thumb for eye contact is 3 to 5 seconds per person.

Speak to one person at a time when you speak rather than the back of the wall or at the screen or at notes.

Try not to dart your eyes around the room.

With large groups make eye contact with individuals in different parts of the room.

### Facilitator Presentation Tips (Continued)

#### Where and how to stand

One major problem when using visual aides is that speakers often give their presentation to the visuals and not the participants.

Keep your body facing the participants as much as possible as this will help you keep your eye contact with them.

Look at the screen momentarily to recall the point you want to make and then turn to the participants and deliver it.

If you need to write something on a white board or butcher paper stop talking while you write.

#### Gestures

The importance of natural gestures cannot be overstated.

Often anxiety holds back this important means of communication.

Learn to gesture in front of the participants as if you were having an animated conversation with a friend.

#### Room set up

#### Computer and projector

- Set the screen at a 45 degrees angle to the participants to give the speaker centre stage.
- Always check you can use them and they are in working order before your presentation.
- Have a back up plan if you should have a technology break down.

#### Lighting

• If able adjust for visual presentation.

#### Seating arrangement

- If possible arrange seating so the exit and entrance to the room are at the back.
- Know how many people are expected and make sure there are as many seats as people this will stop them from sitting at the back of the room.
- Keeping the participants closer will focus their attention on you.