



Better Oral Health in Residential Care

Facilitator Portfolio

Education and Training Program

Module 3: It Takes a Team Approach to Maintain a Healthy Mouth



Government of South Australia
SA Health



Better Oral Health
in Residential Care

Prepared by

Adrienne Lewis, SA Dental Service

Anne Fricker, SA Dental Service

This resource was developed by the Better Oral Health in Residential Care Project which was funded by the Australian Government Department of Social Services (previously Department of Health and Ageing) under the Encouraging Better Practice in Aged Care (EBPAC) Initiative (2008-2009).

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

- Australian Research Centre for Population Oral Health, The University of Adelaide
- Department of Human Services, Victoria
- Centre for Oral Health Strategy, NSW
- Kara Centre for the Aged, Baptist Community Services, NSW
- Kyabram and District Health Service –Sheridan, Victoria
- Umooona Aged Care Aboriginal Corporation, Coober Pedy, South Australia
- Tanunda Lutheran Home, South Australia
- 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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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.

ISBN 9780730897897

For more information

South Australian (SA) Dental Service

GPO Box 864

Adelaide, SA 5001

+61 8 8222 8222

Email: sadental@health.sa.gov.au



www.ausgoal.gov.au/creative-commons

Public-11-A1

Designed by [slipperyfish](http://slipperyfish.com.au)

www.slipperyfish.com.au

Module 3

It Takes a Team Approach to Maintain a Healthy Mouth

Module 3 – Competency Outline

Topic

It takes a team approach to maintain a healthy mouth.
Better oral health reflective practice.

Purpose

Application of reflective practice to situations nurses and care workers meet in their everyday practice and to promote Better Oral Health in Residential Care.

Element of Competency	Performance Criteria
1. Apply reflective practice in oral health in residential aged care.	1.1 Demonstrate the ability to apply decision making skills in oral health care. 1.2 Demonstrate the ability to apply oral hygiene knowledge and techniques to various situations.
2. Implement team approach to Better Oral Health in Residential Care.	2.1 Describe the 4 key processes involved in Better Oral Health in Residential Care Model. 2.2 Identify nurse and care worker roles in providing daily oral hygiene.

Module 3 – Session Plan

Module 3 It Takes a Team Approach to Maintain a Healthy Mouth: Better Oral Health Reflective Practice		
Topic	Resources	Time
Introduction		
Brings together Module 1 & Module 2	Module 3 – Facilitator Notes	5 min
Explain purpose of guided questions and rules for small group work	Module 3 <i>Staff Portfolio</i> Poster 3 (It takes a team approach to maintain a healthy mouth) Optional – PowerPoint slides of scenario – Computer and projector	
Oral Health Scenario		
Part 1 New resident	Butcher paper	10 min
Part 2 Changed Behaviour	Pens	10 min
Part 3 Daily Checking & Reporting	Blu Tack to display butcher paper	10 min
Part 4 Follow up OHA and treatment		10 min
Conclusion - summarise		
It takes a team approach to maintain a healthy mouth	Optional: AV Resource (It takes a team approach)	10 min
Reinforce Better Oral Health In Residential Care 4 key processes		
Post education & training quiz		
• Post-quiz to be completed	Post education & training quiz and answer sheet	5 min
	Total	60 min

Facilitator Notes

Module 3 Overview

Module 3 brings together the content from Module 1 (knowledge) and Module 2 (skills).

It uses clinically based situations and guided questions to encourage reflection and application to everyday practice using guided learning.

Guided learning is an approach to small group work which aims to help participants address situations they meet in their everyday practice and to enhance evidence based practice for better oral health in residential aged care.

Participant Training Numbers

You need to know in advance how many participants you will be expecting as this will determine how you run the session:

- If numbers are more than 10 it is recommended they be divided into 2 or 3 smaller groups
- A facilitator will be required to lead each group

Room Preparation

Group work setup

• One Group

- Arrange a circle of chairs facing where butcher paper is displayed

• More than one group

- A facilitator will be required for each group
- For each group arrange a circle of chairs facing where the butcher paper is to be displayed
- Noise can be a problem with several groups interacting at the same time. If possible each group should be set up in a different room

Note: Individual groups are to come together as one large group:

- Introduction section
- Conclusion section and to complete the post-quiz
- Remember to organise enough seating in one room to accommodate all participants for these sections of the presentation

Optional

A PowerPoint presentation of the scenario photos is available to set the scene for the session. You may like to have this set up just in case participants fail to bring the *Staff Portfolio* with them to refer to.

Facilitator Notes

Introduction

5 min

Explain the following

- Module 3 “Reflective oral health practice” brings together the content from Module 1 (knowledge) and Module 2 (skills).
- Reflecting on situations that occur everyday in residential aged care provides you with the opportunity to identify your knowledge, skills and attitudes and apply them to clinical practice.
- Today’s session will focus on aspects of oral care by presenting a scenario to think about and discuss.
- A series of guided questions will be used to assist you to think about the situation, identify facts presented and to recognise the knowledge and skills you already have.
- You will then be asked to suggest ideas you have about what’s going on and why and identify actions you would choose to respond to the situation.
- This involves working in a small group.
- When working as a group it is important to be respectful to beliefs and opinions of others.
- Following the scenario we summarise what is Better Oral Health in Residential Care and finish off by completing another quiz for you to check how much you have learnt.

Note: At this stage you should break out into smaller groups if participant numbers are more than 10.

Oral Health Scenario

Instructions

- As the facilitator, guide the discussions using the staged scenario description and questions.
- Read out aloud the scenario description (read slowly and clearly, use an interesting tone in your voice).
- Give the group about 2 minutes to think about the scenario description.
- Concentrate on one question at a time.
- Read out aloud the question and ask participants to respond.
- Your role is not to give right answers but to encourage discussion.
- Encourage discussion by using open questions e.g. Why do you think so? What makes you think that? What do you know about?
- Ask participants to identify knowledge and skills they have related to the scenario.
- Record responses on butcher paper (you can do this or ask someone to be a scribe).
- Once participants have explored the situation ensure that the key message for each question has been reached, if it has not – **state the key message as a summary for the section.**

Time management is important – make sure you follow the time allocation nominated for each stage of the scenario descriptions.

Guidelines for working in groups:

When working in small groups the facilitator needs to set the scene by encouraging staff to:

- Speak openly
- Contribute to the group
- Coach others and allow everyone time to have their say
- Ensure responses are not ridiculed or judged
- Encourage cooperation not competition
- Support a safe and non-threatening environment
- Ask why participants say/feel the way they do
- Ask if there is anything else the group would like to discuss.

Facilitator Notes

Scenario Description Part 1: New Resident

10 min



Mr Osmond is a new resident.

He is a frail, well mannered and cooperative gentleman.

Mr Osmond has settled well into his new surroundings.

He has a good appetite and loves sweet foods and treats.

He likes to drink coffee with two teaspoons of sugar.

Mr Osmond is sometimes forgetful but he is able to manage his activities of daily living with standby assistance and occasional prompting.

The GP has recently put him on several new medications.

On admission, the RN performed an Oral Health Assessment. Mr Osmond has natural teeth and an upper partial denture. His oral health was found to be 'healthy' and a referral to a dentist was not needed.

Based on this, the RN wrote up an Oral Health Care Plan for Mr Osmond.

Guided Questions

1. What information about Mr Osmond is relevant to his oral health care?
2. What oral health care would you give to Mr Osmond?

Key Messages

His oral health assessment is satisfactory, no dental follow up required

Need to care for both natural teeth and partial denture

He can self manage with stand by assist

He is forgetful, needs prompting

He has a good appetite, loves sweet food

Medications – implications for dry mouth

Six best ways to maintain a resident's oral health

1. brush teeth and partial denture morning and night
2. high fluoride toothpaste on teeth
3. soft toothbrush
4. antibacterial product after lunch
5. keep mouth moist
6. reduce sugar

Care of partial denture (metal components)

- daily cleaning of denture – soap and water
- weekly disinfection – to reduce risk of thrush – chlorhexidine
- take out overnight and soak in water

Facilitator Notes

Scenario Description Part 2: Changed Behaviour

10 min



Several months have passed.

Mr Osmond's behaviour has changed. He has recently become confused and uncooperative.

The GP is treating him for a suspected urinary tract infection.

Mr Osmond is not cleaning his teeth and he won't let you help him. If you try, he won't open his mouth.

When Mr Osmond is like this it is easier to leave him and not do his oral hygiene care. This seems to be happening a lot. Other staff members have been doing the same and leaving out his oral hygiene care.

You notice his breath smells and it is unpleasant to be around him.

You also notice Mr Osmond is having difficulty eating his food.

Guided Questions

1. What could or might be happening here?
2. How might this have happened?
3. What could you do to encourage Mr Osmond to open his mouth?

Key Messages

Oral infection (bad breath) rather than urinary tract infection
Dental pain (refusal of oral care and not eating)

Daily oral hygiene not being maintained
Continual refusal of oral care not being reported to RN

Effective Communication:

- Caring attitude
- Talk clearly
- Right environment
- Body language

Techniques to gain access to mouth:

- Overcoming fear of being touched
- Bridging
- Chaining
- Hand over hand
- Distraction
- Rescuing

Facilitator Notes

Scenario Description Part 3: Daily Checking and Reporting to RN

10 min



You have been able to get Mr Osmond to open his mouth and you take out his partial upper denture which has metal wires.

You notice his denture is very dirty and one of the metal wires is broken.

When you look at Mr Osmond's mouth, you see the part of the mouth where the partial denture has been is red and sore.

When you brush his teeth his gums begin to bleed.

Guided Questions

1. Who should know about this?
2. What else should you look for and report?
3. What could happen to Mr Osmond if his oral health gets worse?

Key Messages

RN should know about:

- Poor oral cleanliness
- Bad breath
- Red inflamed upper palate
- Broken wire
- Bleeding gums

RN would need to do an Oral Health Assessment

Importance of daily checks

Report to RN if:

- Tongue for any coating /change of colour
- Lip blister, sores, cracks
- Sore mouth, gums/teeth
- Mouth ulcer
- Swelling of face or localised swelling
- Difficulty eating
- Excessive food left in mouth
- Continual refusal of oral care

Good oral health is essential for healthy ageing

Quality of life:

- Appearance, self esteem, social interaction
- Speech and swallowing
- Ability to eat, nutritional status and weight loss
- Pain and discomfort
- Changed behaviour

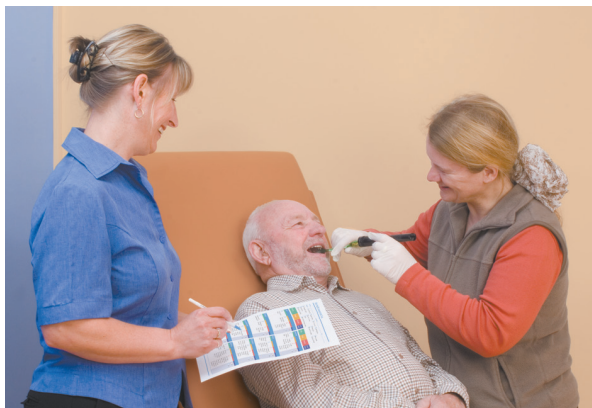
Impact on General health:

- Aspiration pneumonia
- Heart attack
- Stroke
- Lowered immunity
- Poor diabetic control

Facilitator Notes

Scenario Description Part 4: Follow Up Oral Health Assessment and Treatment

10 min



You assist the RN to do an oral health assessment.

The RN notifies the GP and arranges for Mr Osmond to see a dentist.

Treatment is prescribed and the Oral Health Care Plan is updated.

Guided Questions

Before asking this question

Tell participants the oral health assessment findings are:

- oral thrush
- gingivitis (gum disease) as indicated by bleeding gums
- confirms partial denture needs repair

1. What additional oral care could be required?
2. List the various ways you can apply the different types of oral care products?
3. List the types of aged care staff / health professions who have been involved in providing oral health care for Mr Osmond.

Key Messages

Treatment of thrush

- Oral medication for thrush
- Disinfection of partial denture
- Repair of partial denture
- Replacement of toothbrush/denture brush

Bleeding Gums

- Sign of gingivitis
- Best way to heal is to remove dental plaque by brushing twice a day with a soft toothbrush
- Should resolve within a week
- Antibacterial product – chlorhexidine gel (higher strength used as a treatment)

Application techniques

- Resident if able to apply with finger
- Use of toothbrush to apply, can also use a backward bent toothbrush as a retractor
- Spray bottle, can also use a backward bent toothbrush as a retractor

Team approach

- Care worker
- RN
- GP
- Dentist

Facilitator Notes

Conclusion

Summarise 10 min



Note: At this stage if you have broken out into smaller groups bring participants back together as one group.

Explain the scenario has highlighted the fact that:

- As residents become more frail they are at high risk of their oral health worsening in relatively short time periods if their daily oral hygiene is not adequately maintained.
- Simple daily protective oral health practices are important because they will maintain good oral health.
- A team approach is the best way to enhance evidence based practice for *Better Oral Health in Residential Care*.

As a summary (refer to poster 3 It takes a team approach to maintain a healthy mouth and the flowchart in the *Staff Portfolio* module 3) and reiterate the following:

It takes a team approach to maintain a healthy mouth. There are 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:
 - brush morning and night
 - use high fluoride toothpaste morning and night
 - use a soft toothbrush on gums, tongue and teeth
 - apply antibacterial product daily after lunch
 - keep the mouth moist
 - cut down on sugar intake.
3. **Daily Oral Hygiene**
Nurses and care workers maintain daily oral hygiene according to the oral health care plan.
4. **Dental Treatment**
Referral to a dental professional 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).

Quiz

5 min

Finish off session by asking participants to complete a post education and training quiz and provide answer sheet.

