

Role of Pediatric Nurse Practitioners in Oral Health Care

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Dental caries remain the most prevalent unmet health need in US children. Access to care is particularly problematic for poor children and is compounded by the shortage of dentists to meet the needs of this patient population. Expanding the roles of pediatricians, family physicians, and pediatric nurse practitioners (PNPs) who provide primary care services to children may be a strategy to address in this issue.

Enhancements in current PNP education and certification processes are needed to support the expansion of oral health-related clinical responsibilities. Although oral health is included in the published curriculum for PNPs and certification exams require specific oral health knowledge, gaps in postgraduate training persist and few data document the extent to which current oral health-related educational goals are being achieved.

We recommend enhancements in oral health education and research to evaluate curriculum innovations, the development of partnerships between stakeholder groups to leverage existing resources, and ongoing surveillance of oral health-related practice patterns among PNPs. Leadership at the national level is needed to develop policies that support curriculum changes and the implementation of oral health practice guidelines for PNPs that will improve access and reduce health disparities.

KEY WORDS: oral health education; oral health policies; pediatric nurse practitioner

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The 2000 Surgeon General's Report on Oral Health called attention to large disparities in children's oral health.¹ That same year, Healthy People set their 2010 oral health goals, one of which was to reduce the proportion of young children who experience dental caries in their primary teeth.² Despite these calls to action, over the past decade the proportion of children aged 2 to 5 years with dental caries increased from 19% to 24%.³ In fact, dental caries remains the greatest unmet children's health need in the United States, particularly among young children.⁴

Access to dental care and oral health status are highly correlated with socioeconomic status. According to a 2005 General Accounting Office report, poor children have 5 times more untreated dental caries than children in higher-income families.⁵ Poor children also suffered nearly 12 times more restricted-activity days, (eg, missing school) as a result of dental problems compared with higher-income children. Left untreated, the pain and infection caused by tooth decay can lead to problems with eating, speaking, and attending to learning.⁵

Although expansions in insurance coverage have improved access to oral health care, untreated tooth decay continues to be a significant problem, even for children with public insurance coverage.^{6,7} A recent study found that children enrolled in Medicaid or the State Children's

Health Insurance Program were 1.7 times more likely to have untreated dental caries than children not enrolled in one of these programs.⁷

One explanation for children's oral health problems is the well-documented workforce shortage.⁸ The current workforce of dentists in the United States is inadequate to meet the oral health care needs of children in terms of numbers of dentists, as well as their distribution, ethnicity, education, and practice orientation, and the situation may be getting worse as the dentist-to-population ratio continues to decline.⁹ An estimated 25 million individuals reside in areas lacking adequate dental care services as defined by Health Professional Shortage Area criteria.¹ Additional barriers to access include limited instruction and experience in treating children in the predoctoral curriculum and reluctance among practicing dentists to serve low-income children for a variety of reasons, including low reimbursement rates.^{10,11} Expanding the role of primary care medical and nursing professionals to include preventive oral health care may be an important strategy for addressing this unmet need.

Pediatric nurse practitioners (PNPs), pediatricians, and other health care professionals who care for children have more frequent visits with children and are far more likely than dentists to encounter children at an early age when prevention should begin. Nondental health professionals must be prepared to identify risk factors for early childhood caries and other oral health problems and to make appropriate decisions regarding timely and effective intervention and referrals.

This paper reviews the current oral health-related curriculum and credentialing process for PNPs and evaluates the need for policy changes that would maximize the potential

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role of PNPs in reducing oral health disparities among children.

CURRENT AND POTENTIAL ROLE OF PNPS

PNPs can play an important role in providing oral health screening, early risk assessment, and preventive services to children who are at the highest risk for early childhood caries. Of the over 125 000 nurse practitioners in the United States, nearly 13 000 are PNPs.^{12,13} They are more likely than physicians and dentists to practice in underserved areas and to care for large numbers of patients who are uninsured or on Medicaid.¹⁴ A recent survey of graduates from 13 PNP programs in the United States found that 45% provided care in medically underserved areas, 66% provided care to children with Medicaid coverage, and 25% provided care to children with no or limited health care coverage.¹⁵ Also, PNPs are employed in a variety of health care settings, including but not limited to ambulatory centers, private practices, outpatient and inpatient hospital settings, urgent care and emergency settings, and community health settings. Health promotion and disease prevention strategies are embedded in PNP practice and include routine health care maintenance, assessment, diagnosis and treatment of common acute and chronic conditions, and anticipatory guidance at each health care visit. Thus, PNPs are well positioned to begin the oral health care process, including ensuring that patients establish a dental home by 12 months of age.

CURRICULUM AND CERTIFICATION OF PNPS

Primary care PNPs are educated at the graduate level (master's degree), with doctoral preparation (doctorate in nursing practice) proposed by the American College of Nurses by 2015.¹⁶ The core curriculum, published by the Association of Faculties of Pediatric Nurse Practitioner Programs, includes a comprehensive overview of oral health topics.¹⁷ These topics include assessment of the oral cavity, including evaluation of primary and secondary dentition; common oral health concerns, including recommendation for the first dental visit, recognition of malocclusions, dental caries, and dental injuries; recommendations for brushing and oral hygiene; pacifiers and bottles and recommendations for prevention of dental problems; focus on children's oral health needs and dental hygiene; and oral health and dental health issues for children with special needs such as cleft palates.

Clinical placements supervised by PNPs or pediatricians are another integral part of the PNP curriculum. The major focus of these primary care experiences is the development of expertise in physical assessment skills, including examination and evaluation of the oral cavity. Clinical experiences for students at New York University (NYU) College of Nursing graduate program are tracked using Typhon technology,¹⁸ in which students document patient encounters, type of visit, diagnosis codes, treatment management plans, and referrals for each patient seen. These data revealed that within 195.6 clinical hours (1-semester clinical hour requirement in primary care),

the typical NYU PNP student saw 248 children, 163 of whom were seen for annual/well-child visits that included examination of the oral cavity and decision making (ie, healthy vs disorder or disease, and interventions including referrals as appropriate). Using this system, NYU can track student adherence to prescribed oral health-related practice recommendations and other components of the patient exam.

The Typhon system at NYU is one of several approaches used to fulfill the requirement of the National Organization of Nurse Practitioner Faculties that all nurse practitioner (NP) programs conduct curriculum evaluations.¹⁹ However, there are several outstanding questions regarding best practices for evaluating core competencies and associated curriculum, including those associated with the delivery of oral health care.

Currently, no national data report how PNP programs evaluate students' oral health-related clinical ability, to what extent they implement the recommended oral health core curriculum, and how they measure success and failure of curriculum innovations. Moreover, the requirements of the National Organization of Nurse Practitioner Faculties for evaluation of students' clinical skills are currently based on clinical hours rather than specific appraisals of clinical competencies and therefore are unlikely to measure the desired educational outcomes. Discussions at the national level are underway regarding how to revise the current evaluation process. For oral health in particular, a working group needs to be convened under the umbrella of the National Association for Pediatric Nurse Practitioners (NAPNAP) or the Association of Faculties of Pediatric Nurse Practitioners (AFPNP), whose purpose would be to collect and share data on the strategies that PNP programs are using to implement oral health education and create standard methods for assessing student competencies in this area.

In terms of credentialing, PNP certification examinations are offered by 2 organizations, the Pediatric Nursing Certification Board (PNCB)²⁰ and the American Nurses Credentialing Center (ANCC).¹⁶ Both organizations' exams include oral health-related questions. These exams are developed from the analysis of comprehensive role delineation studies conducted by the individual certification bodies to determine the national trends in practice responsibilities and role functions for primary care PNPs. The most recent role delineation study conducted by the PNCB surveyed 1800 certified PNPs.²⁰ It found that counseling concerning oral health and dental health, and anticipatory guidance in such areas as thumb sucking, pacifier use, prevention of caries, and biting were frequent PNP activities. The results indicate that PNPs consider oral health a routine part of the health care visit. Moreover, the study's endorsement of the role of PNPs in providing oral health services led to the inclusion of this area in the primary care certification examination.

The PNCB also requires each individual to complete a sequence of continuing education activities over a 7-year cycle.²⁰ Primary care self-assessment examinations containing oral health-related articles and

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