

Community of Practice Curriculum: Continuing Education Trainings for Dental Care Providers



Guide for
Trainers

OFFICE OF DENTAL HEALTH



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Acknowledgements

This guide for trainers was developed for the Healthy Teeth Healthy Communities (HTHC) project of the Office of Dental Health (ODH) of Alameda County Public Health Department (ACPHD).

HTHC is a project of the Dental Transformation Initiative (DTI), funded by the California Department of Health Care Services (DHCS) as a Local Dental Pilot Program (LDPP). HTHC was implemented from April 2017 to December 2020.

A curriculum was created and offered during the HTHC project period to the Alameda County dental health care providers. The primary target audience for this curriculum was comprised of dentists but due to high demand Registered Dental Hygienists (RDH), Registered Dental Assistants (RDA), and Dental Assistants (DA) also participated in the trainings.

The original curriculum was conceptualized and developed in 2017 by ODH in collaboration with the Pediatric Dentistry Division of the University of California San Francisco (UCSF) School of Dentistry. The ODH team members were Dr. Bahar Amanzadeh, Tracey Andrews, and consultant Dr. Jared Fine; and the UCSF team members were Prof. Ray Stewart, Assoc. Prof. Ling Zhan, and Assist. Prof. Kristin Hoeft. The Continuing Education (CE) trainings/courses for the curriculum were mostly conducted by UCSF faculty Prof. Ray Stewart and Assoc. Prof. Ling Zhan.

Based on the lessons learned this guide for trainers was written in 2020 by the ODH team members Dr. Quamrun Eldridge, Dr. Suhaila Khan, Dr. Bhavana Ravi, Dr. Deanna Aronoff, Jamal Yousuf, and consultant Dr. Jared Fine.

This guide for trainers was designed and formatted by Kerri Chen.

Executive Summary

Alameda County Office of Dental Health (ODH) was one of the recipients of the Local Dental Pilot Program (LDPP) which was administered under the Dental Transformation Initiative (DTI) of the Medi-Cal 1115 waiver. Alameda County's DTI model was called the Healthy Teeth Healthy Communities (HTHC) project. Through a county-wide collaboration it increased access to and utilization of dental care for children and youth ages 0-20 years during the project period (2017 to 2020). The model incorporated dental public health principles and addressed the barriers that contribute to low access and utilization of dental care. The HTHC model also addressed the necessary interactions of clients, providers, and databases through a system of care that facilitated the mediation and connections which increased access to and utilization of dental care for Medi-Cal children in Alameda County.

One of the three strategies of HTHC was to create a dentist network (addressed provider factors). This network of dentists was called the Community of Practice (COP), who served children and youth ages 0-20 years. This network included 164 dentists (133 from 8 Federally Qualified Health Centers; 2 from 1 community health center; and 29 from 23 private dental offices).

The vision for COP was to build a sufficient network of dentists who are sensitive to equitable access to care, knowledgeable of barriers to care experienced by Medi-Cal enrollees, and interested in Dental Public Health i.e. preventive dentistry.

To achieve this vision, a curriculum was developed for the COP members. This curriculum included forming a learning community, Continuing Education (CE) courses, and a mentorship program. During the project period 14 CE courses (49 CE units) were provided. On average each CE course was attended by 60-80 participants. There were 17 pediatric dentistry mentors to support the members of the COP. The CE courses also focused on building confidence and skills of general dental providers to offer dental care services to children, especially young children ages 0-5 years.

This guide for trainers was written based on the lessons learnt from the COP curriculum. This interactive guide consists of 10 CE courses/modules (35 CE units). Dental Public Health is included in Module 1; it can be offered as a single module also. Although the other modules focus on clinical skills, Dental Public Health is integrated throughout the modules. The topics include behavioral guidance, motivational interviewing, early childhood oral health care, CAMBRA principles, interim caries management and common pediatric dental restorative techniques, stainless steel crowns, space maintainers, pediatric anesthetic and behavior management techniques, oral health care for special needs children and pregnant women, and tobacco-vaping.

This curriculum is a guide for trainers and can be used by any organization or institution who wants to provide CEs to dental providers, or build the capacity of dental providers to serve dental patients of different ages. These organizations may be County, State, dental societies, etc. Although this curriculum was developed for general dentists, it can be used for other dental care

providers (e.g. RDH, RDA). This Community of Practice (COP) model and the curriculum can be beneficial for the State-wide dental community.

Introduction:

Need to Increase Access to and Utilization of Dental Care

Background

California's Dental Medicaid (i.e. Medi-Cal) program had a low utilization rate for children (< 50%) according to a State Auditor's report in 2014. Barriers causing this low utilization were related to: patients, providers, and systems. These barriers were described by the Little Hoover Commission Report in 2016. These reports led to an investment from the California Department of Health Care Services (DHCS) via the 1115 Medicaid waiver called the Dental Transformation Initiative (DTI) in 2017. DTI invested in pilot projects in several counties to improve the dental health for Medi-Cal children by focusing on "high-value care, improved access, and utilization of performance measures to drive service delivery system reform in the hope to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children" (accessed from DHCS website).

Alameda County was one of the DTI funding recipients. This funding enabled Alameda County Office of Dental Health (ODH) to conduct a county-wide intervention using a systems approach to address the barriers that contribute to low utilization of Medi-Cal Dental program services for children and youth ages 0-20 years.

Alameda County's DTI is called the Healthy Teeth Healthy Communities (HTHC). The HTHC project is a cross-sector collaborative initiative to implement a county-wide dental health care coordination system to ensure Medi-Cal eligible children receive prevention and continuity of care services necessary to promote and maintain their dental health. HTHC aims to improve access to dental care, increase the utilization of preventive dental services, increase continuity of care for children, and thus reduce the incidence of early childhood caries. This project incorporated two dental public health principles into its strategies:

1. focus on improving oral health care for the population instead of the individual patient;
and
2. focus on preventive oral health care rather than treatment.

Alameda County's DTI Model: Healthy Teeth Healthy Communities (HTHC)

The Healthy Teeth Healthy Communities (HTHC) project used three strategies to address the barriers in utilization:

- 1) created a dental care coordination workforce (addressed client factors),
- 2) created a dentist network (addressed provider factors), and
- 3) created an online, cloud-based, HIPAA compliant data collection database (addressed systems factors).

This model reflects the necessary interactions of clients, providers, and databases through a system of care that facilitated the mediation and connections which increased access to and utilization of dental care for Medi-Cal children in Alameda County.

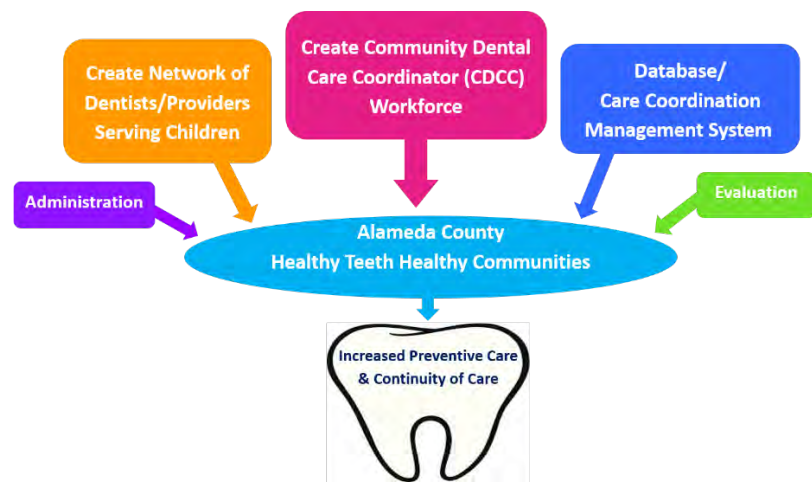


Figure 1. The HTHC Model

Dentist Network: Community of Practice (COP)

The 2nd strategy of the HTHC model was to create a network of dentists, called the Community of Practice (COP), who served children and youth ages 0-20 years in Alameda County. This network included 164 dentists (133 from 8 Federally Qualified Health Centers, 2 from 1 community health center; and 29 from 23 private dental offices). On average each CE course was attended by 60-80 participants, of whom about 50 were dentists and the rest were RDHs, RDAs, or DAs. The members of this dentist network recognized the importance of equitable access to care and the barriers to adequate services often experienced by Medi-Cal enrollees. This network was also created to address the low provider participation in the Medi-Cal Dental Program and build the skills of dental providers to offer dental care services to young children (ages 0-5 years).

Vision of the COP

To build a sufficient network of dentists who are sensitive to equitable access to care, knowledgeable of barriers to care experienced by Medi-Cal enrollees, proficient in the application of preventive dentistry, motivational interviewing and in interfacing with local and state payment and monitoring systems. The vision will be achieved by:

1. Identifying barriers, find solutions and support for dentists who wish to expand capacity to serve the target population.
2. Supporting dentists in connecting with peers in the community who are serving the target population by creating formal avenues for sharing experiences and learning together.
3. Engaging and motivate more dentists to better serve children from low income families in our community.
4. Offering training and education to help increase dentists clinical and cultural competency to serve the target population.
5. Identifying the usefulness of the dental care coordination model to increase access to and utilization of care by underserved population.
6. Develop a shared sense of responsibility for the dental health of our communities.

In order to build the capacity of this dentist network, the following actions were taken:

- Developed a curriculum which had 2 parts: Continuing Education (CE) courses and a Mentorship program.
- Developed Continuing Education (CE) courses that reflect Dental Public Health and Pediatric Dentistry topics.
- Developed mentorship program for general dentists to get support from pediatric dentists and other dental specialists. The mentors provided guidance to the general dentists and/or served as referrals for children requiring specialty care.
- Built public-private partnerships between FQHCs and private dental offices.
- Promoted the importance and benefit of dental care coordination (in order to increase utilization of services).
- Developed and facilitated the partnership between dental offices and community dental care coordinators (CDCC); this connected strategy 1 and strategy 2 of the HTHC model.
- Emphasized providing oral health education to families with children, and Family Oral Health Education (FOHE) for families with children ages 0-5 years.

The original curriculum was conceptualized and developed in 2017 by ODH in collaboration with the Pediatric Dentistry Division of the University of California San Francisco (UCSF) School of Dentistry. The primary target audience for this curriculum was comprised of dentists but due to high demand Registered Dental Hygienists (RDH), Registered Dental Assistants (RDA), and Dental Assistants (DA) also participated in the trainings.

The CE Curriculum

Purpose

1. To increase the knowledge and understanding of dental care providers, especially dentists, about Dental Public Health.
2. To increase the capacity, confidence, and competence of the dental care providers, especially dentists, to care for children ages 0-20 years old.
3. To provide CE units to the dental providers, especially the dentists.
4. To connect dental providers/dental offices with CDCCs.

Overview

This curriculum/training guideline can be used by any organization or institution who wants to provide CEs to dental providers, or build the capacity of dental providers to serve dental patients ages 0-20 years. These organizations may be County, State, dental societies, etc. Although this curriculum was developed for general dentists, it can be used for other dental care providers (e.g. RDH, RDA).

Some characteristics of the curriculum were:

- These are no-cost CE courses for members of the COP dentist network.
- This curriculum is designed to support the general dental providers, especially general dentists with useful skills that enhanced their confidence and competence in caring for children and youth ages 0-20 years.
- It also focuses on developing the general dentist's confidence and willingness to see very young children (ages 0–5 years) because preventive dental care is crucial in achieving long term positive outcomes in oral health.
- The training sessions include mostly in-person sessions, 1 hands-on practice at a simulation laboratory at UCSF, and 3 online virtual sessions (due to COVID-19).
- This interactive curriculum covers the topics that will boost the knowledge, confidence and clinical skills of participants to identify the susceptible population, recognize the disease indicators, provide a suitable preventive and management plan, early disease recognition and management, proficiency in the application of preventive dentistry, motivational interviewing, as well as to be able to interface with local and state payment and monitoring systems.
- The CE courses consist of 14 modules (49 CE units). The CE units were offered in 45 training hours. Some CE training sessions were videotaped for use in future trainings. A few topics are repeated in multiple modules due to the extra importance of the topic (e.g. local anesthesia, when to refer, taking care of younger patients). This guide for trainers provide content for 10 courses/modules (35 CE units).

The following table shows the modules, topics, CE units, and the duration of the CE sessions for this guide for trainers.

CE Modules and Topics	CE Units	Training Duration (hour)
Module 1: Introduction to dental public health, dental care coordination, dentist network, & project overview	2	3
Module 2: Behavior guidance: helping children accept dental care	4	5
Module 3: Motivational interviewing	4	5
Module 4: The science & practice of early childhood oral health care	4	5
Module 5: Science of caries progression & caries management strategies, and treatment planning: CAMBRA principles	4	5
Module 6: Interim caries management & common pediatric dental restorative techniques	4	5
Module 7: Practice more efficiently with more profitability: stainless steel crowns, space maintainers	3/5	4/6
Module 8: Pediatric anesthetic & behavior management techniques: expanding your comfort zone to include younger patients	4	5
Module 9: Oral health care for special needs children & pregnant women	4	5
Module 10: Tobacco, vaping, & oral health: action guide for dental professionals	2	3
Total	35/37	45/47

CE Training Plan

Duration of Training:

3-4 hours includes registration time, course satisfaction survey/evaluation time, and break time.

Location of Training Facility:

Needed: yes

Training Team:

Needed: yes

The training team should consist of a facilitator, a trainer/s, a notetaker/timekeeper, and an administrative staff for each module. The facilitator and trainer should be different persons so the trainer can focus on the training content.

Responsibilities of the Training Team:

- Facilitator: The facilitator will assure that the overall training runs smoothly including the logistics. For group discussion multiple facilitators and notetakers need to be considered. The facilitator needs to arrive at least 1 hour before the start of the training session.
- Notetaker/timekeeper: The notetaker is needed to capture the discussions that take place and the questions that come from the participants. Notetaker will also be the timekeeper.
- Administrative staff: The training team should also consist of administrative staff who will be responsible for all the logistics.
- Trainer: will be responsible for all training content and handouts. The trainer needs to arrive at least half an hour before the start of the training session.

Registration of Training Participants:

Needed: yes

Registration at least 7 days before the day of the training.

Sign-in at the beginning of each training day (for County recording and receiving CE).

Format/Method of Learning:

- Interactive
- Lecture
- Discussion
- Q&A
- Activity – individual & group (breakout sessions) to
 - solve problems
 - build relationships (FQHC and private dentists)
- Practice case scenarios/case study
- Role play
- Brainstorming
- Simulation laboratory

Materials:

Video: optional information included throughout the curriculum

PowerPoint presentation: needed

Handouts: optional

Satisfaction/evaluation survey: needed

Laptop: needed

Projector: needed

Pens, markers, writing pads, post its: needed

Flip charts: needed

Setting: dinner table (tables with chairs for seating of group of 6-8 participants per

table). This setting allows for better conversations, networking, and practicing case scenarios.

Dental tools & materials: may be needed (if applicable for module)

Module 1

Introduction to Dental Public Health, Dentist Network, Dental Care Coordination, & Project Overview

Session: 3 hours

CE: 2 hours

SESSION OVERVIEW

This module will set the context for oral health disparities and the need to increase access to dental care. This module will discuss why there is low utilization of dental services by children and youth aged 0-20 years and what can be done to improve this low utilization. This module will also illustrate the unique partnership among the dentist network and private-public organizations. The goal today is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.

LEARNING OBJECTIVES

At the end of this module, participants will be able to:

1. Describe the importance of dental public health, and health and oral health inequalities (barriers to access).
2. Describe the need to increase preventive services and utilization of the Medi-Cal Dental Program for children 0-20 years.
3. Provide an overview of the project and dental care coordination (how access to care can be improved through dental care coordination/patient navigation and partnership).
4. Describe the roles of the dentists and dentist network.
5. Describe the Medi-Cal Dental Program.

MATERIALS

Video	Not needed
PowerPoint presentation	Needed
Handouts	Optional/Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking: Group Activity (15 minutes)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (30 min): Dental Public Health, and Health & Oral Health Disparities (barriers to access) in Alameda County

This presentation will provide information about learning objectives 1 and 2.

The PowerPoint presentation will provide the dental public health context and describe the status of the oral health among children ages 0-20 years in (Alameda) County; disparities and health inequalities and their effects on oral health of the community, Data will be presented from local, state and national perspectives. (Alameda) County data will be presented about race /ethnicity and neighborhoods that are affected by inequalities.

This module will discuss the pivotal role of dental public health, the 3 core functions, and the 10 Essential Public Health Services (EPHS) to make dental programs stronger and successful. The trainer will explain how the 3 core functions and the 10 EPHs can be tied with dentist's work. There is more information in the appendix about Dental Public Health.

Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

Presentation 2 (30 min): Project Overview, Dental Care Coordination, and Roles of Dentists/Dentist Network

This presentation provides information about learning objectives 3 and 4.

In this session, information should be provided about the project. This session will discuss dental care coordination and the partnership between dental offices and Community Dental Care Coordinators (CDCC). This session will describe the envisioned roles of the dentists and the dentist

network in increasing preventive services and utilization of services. The session will also provide information about oral health education to families with children aged 0-20 years and Family Oral Health Education (FOHE) for children aged 0-5 years. The session will also discuss the data tracking tools required for the project.

Question/Answer: The trainer or facilitator should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

Presentation 3 (30 min): Medi-Cal Dental Program: Information and Updates for Providers

This presentation provides information about learning objective 5.

Ideal trainer for this section should be a representative from the Medi-Cal Dental Program. The contents should reflect the following:

- how to enroll as a Provider in the Medi-Cal Dental Program,
- how to participate efficiently in the Medi-Cal Dental Program,
- recent updates/changes in Medi-Cal Dental Program, how to maximize reimbursement for Medi-Cal Dental services, etc.

These CE sessions can also make resources/technical support available to the private dental providers e.g. the Medi-Cal Dental program representative can be connected with the private dental offices for one-on-one problem solving.

Question/Answer: The presenter should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for a part of this session were Medi-Cal Dental Program representatives Michelle Bucklacher and Walter Lucio, DDS, MPH.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 9:30 am (30 min)	Dental Public Health, and Health & Oral Health Disparities in Alameda County
9:30 am - 10:00 am (30 min)	Project Overview, Dental Care Coordination, & Roles of Dentists/Dentist network
10:00 am - 10:15 am (15 min)	Break /Networking /Refreshments
10:15 am - 10:45 am (30 min)	Medi-Cal Dental Program: Information & Updates for Providers
10:45 am - 11:00 am (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 2

Helping Children Accept Dental Care - A Practical Approach to Increase Cooperation through Behavioral Guidance

Session: 5 Hours

CE: 4 Hours

SESSION OVERVIEW

This module/session will discuss the practical approaches to increase patient cooperation especially for children ages 0-5 years. Many children suffer from anxiety and fear about dental visits and then they do not cooperate with the provider. The session will illustrate how the child's brain processes information that determines the outcome of patient behavior. The session will provide tools that are essential for problem solving and building a trusting relationship between the dental provider and the patient and parent. When a provider correctly assesses the behavior of a child, s/he becomes more successful in completing the dental treatment. In order to maximize the outcome of this training module, multiple interactive methods are used, such as case study, roleplay, and a question and answer session.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Recognize the emerging concepts in behavioral science.
2. Determine how components of the dental experience are processed within the various brain regions.
3. Identify challenging patient and parent behaviors.
4. Select effective countermeasures.
5. Explain and utilize current options for local anesthesia delivery.

MATERIALS

Video	Optional (video snippets available from past CE)
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (90 min): Concepts in Behavioral Science: Understanding, Preventing, and Responding to Uncooperative Patient Behavior

This presentation will discuss the concepts in behavioral science. The topics will include:

- Emerging concepts in behavior science
- Cognitive development stages
- Identifying distress promoting behaviors.
- Techniques on how to intercept and divert undesirable behavior and help patient cope with appointment.
- Describe age appropriate techniques to achieve coping promoting behaviors.

(Optional) The following video snippets are available from past CE:

- Concepts in Behavioral Science: Part 1 (23:24 min) – Barbara Sheller
- Concepts in Behavior Science: Part 2 (56:14 min) – Barbara Sheller

Presentation 2 (60 min): Expanding your comfort zone to include younger patients, and local anesthesia pearls.

This presentation will discuss techniques that include:

- Tips for the dental team to create a child friendly environment.
- Tips on child friendly vocabulary to use during procedures.
- Tips on managing anxious parents and preparing them for child's dental appointment.

(Optional) The following video snippets are available from past CE:

- Determinants of co-operation: Part 1 (27:00 min) – Barbara Sheller
- Determinants of co-operation: Part 2 (18:26 min) – Barbara Sheller
- Everybody needs a coach (14:41 min) – Barbara Sheller
- Expanding your comfort zone to include younger patients: local anesthesia pearls (21:11 min) – Barbara Sheller

Case study/Breakout session/Role play (60 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer/facilitator can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to gain better understanding if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - e.g. Case 1
 - e.g. Case 2
 - e.g. Case 3

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainer for this session was Barbara Sheller, DDS, PhD, Seattle Children’s Hospital Research Foundation.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am – 10:30 am (90 min)	Concepts in behavior science: Understanding, Preventing, and Responding to Uncooperative Patient Behavior 60m presentation 15m case scenarios 15m Q&A
10:30 am - 10:45 am (15 min)	Break /Networking /Refreshments
10:45 am - 11:45 am (60 min)	Expanding your comfort zone to include younger patients; local anesthesia pearls 45m presentation 15m Q&A
11:45 am-12:45 pm (60 min)	Case study/Breakout session/Role play
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module #3

Motivational Interviewing: Gaining Patient and Family Participation in Preventive Dental Care Practices

Session: 5 hour

CE: 4 hour

SESSION OVERVIEW

Motivational Interviewing (MI) is a method used to support behavioral changes. This method can be successfully used in dental practices to improve oral health care of families and young children. The session/module explains the basics of MI and its components from the aspects of preventive dental care. The module trains the participants to successfully use MI techniques to motivate families to change their dental health practice. This course will provide participants with the skills and tools needed to increase families' confidence and reduce defensiveness to change. The participants will practice a successful Family Oral Health Education (FOHE) session. The session is very interactive with multiple exercises.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Describe principles of MI elements.
2. Identify the stages of change.
3. Demonstrate MI techniques with clients in different stages of readiness to change.
4. Describe application of Motivational Interviewing in delivering health education in the dental practice.
5. Conduct a compelling FOHE session.

MATERIALS

Video	Optional (video snippets available from past CE)
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (60 min): Concept and Philosophy of Motivational Interviewing

This presentation will discuss the concepts behind motivational interviewing. The topics include:

- Introduction and philosophies of MI
- State stages of change and how to recognize them
- Principles of MI (express empathy, avoid argumentation, roll with resistance, develop discrepancy and support self-efficacy)

(Optional) The following video snippets are available from past CE:

- Practice MI with small child (12:02 minutes) – Ling Zhan

Presentation 2 (30 min): Elements of Motivational Interviewing

This presentation will discuss the elements of motivational interviewing.

Presentation 3 (60 min): Application of Motivational Interviewing - How to Conduct a Motivational Interviewing Session with a Patient

During this presentation the trainer will demonstrate how to conduct a motivational interview session with a parent of a child. The trainer will provide examples of what to avoid during talks with parents of children. The topics include:

- Demonstrate how to ask open ended questions
- Demonstrate how to be a good listener
- How to recognize the stages of change
- How to recognize resistance
- Demonstrate how to enhance self-efficacy

- Importance of MI and its application for Family Oral Health Education (FOHE).

Examples/Cases:

Exercise 1: “How can my 3-year-old child have cavities? We do not give her any candies.”

Exercise 2: “How to give oral hygiene instructions to a 15-year-old with several incipient caries and is not flossing?”

Exercise 3: Demonstrate: “How to provide FOHE employing MI”.

Case study/Breakout session/Role play (30 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day’s training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After the small group session, participants will return to the large group, and share each group’s answers.
- There will be a “table captain” to help the group stay on task. Table captain will also play the role of “patient” if needed.
- Topics/Cases/Exercises:

Exercise 1:

Dental Provider: You are seeing a 16yr old boy named Jacob seated in the dental chair who wants to straighten and whiten his teeth. He has several decalcification lesions, caries on molars with crowded teeth. He plays sports and says he does not drink sodas as he follows a healthy diet and drinks only sports energy drinks.

Jacob/Client: You want to have straight white teeth for senior prom. You try to brush twice a day, don't floss as the floss gets stuck between your teeth. You enjoy playing football and spending time with friends after football practice.

Exercise 2:

Dental Provider: You are seeing a 20-month-old for her first dental visit with single mom Sarah. You find several white spots and caries on upper front teeth. Mom came in as she was told to by her care coordinator.

Sarah/Client: You are a single mom with 2 other children ages 4 years and 7 years. Your parents watch the children when you are at work. Your baby will not go to sleep without the bottle. The baby will not let you brush her teeth. You believe your kids have bad teeth like you and your parents. You have lost several teeth and you believe you will need dentures like your mom.

Exercise 3:

Dental Provider: You are seeing a 5-year-old Joseph for his dental exam. Dad is present and wants you to fill out the form for his kindergarten enrollment. Dad is anxious to go to work and wants to know how long the appointment will take. You see Jacob has several caries on his molars.

Dad/Client: You brought the kid to the appointment as your wife told you the dental form needed to be filled out for kindergarten admission. You are getting late for work. You have seen dark spots on your son's teeth, but you do not see a problem as the baby teeth will fall out. And your wife takes care of all the 3 kids.

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were Bahar Amanzadeh, DDS, MPH, and UCSF School of Dentistry faculty Ling Zahn, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am – 10:00 am (60 min)	Concept and Philosophy of Motivational Interviewing
10:00 am-11:00 am (30 min)	Elements of Motivational Interviewing
11:00 am - 11:15 am (15 min)	Break /Networking /Refreshments
11:15 am - 12:15 am (60 min)	Application of Motivational Interviewing: How to Conduct a Motivational Interviewing Session with a Patient
12:15 am -12:45 pm (30 min)	Case study/Breakout session/Role play
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 4

The Science and Practice of Early Childhood Oral Health Care

Session: 5 hour

CE: 4 hour

SESSION OVERVIEW

This session/module discusses the science and practice of early childhood oral health care. The topics will build skills and confidence of general dentists to include young patients in their practice. A provider proficient in initial infant oral exam, caries risk identification, and implementation of prevention strategies can help achieve exceptional oral health in these formative years of children aged 0-6 years.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Discuss the science and practice of early childhood oral health care.
2. Develop confidence (especially by general dental practitioners) performing oral health exams and assess caries risk in children aged 0-6 years.
3. Build skills to provide oral health consultation to the families of infants and toddlers to manage the child's caries guided by risk assessment.

MATERIALS

Video	Optional (video snippets available from past CE)
PowerPoint presentation	Needed
Handouts	Optional
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table
Mannequins/puppets	Needed

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (90 min): Keys for Successful First Dental Visit

This presentation will discuss clinical tips for performing a successful first dental exam for a young child. The dental provider will learn how to identify normal and abnormal oral findings in small children. General dentists and their staff will be able to learn simple techniques to provide anticipatory guidance and teach caregivers about caries transmission prevention and good home care. In infants and young children, the risk factors are dynamic as the oral flora is establishing, teeth are erupting, and dietary habits are forming while oral hygiene habits are still rudimentary. Timely caries risk assessment prior to the development of the disease can be very beneficial to overall health of the patient. Establishing a dental home early for an infant or young child is vital to achieve a disease-free oral health experience. The idea of a “dental home” by the age of 12 months includes:

- Comprehensive oral health services including acute care and preventive services
- Assessment for oral disease and conditions
- Individualized preventive dental health program for caries
- Assessment for periodontal disease
- Anticipatory guidance regarding growth and development of the child
- Management of acute or chronic pain from infection
- Management of emergency treatment for dental trauma and follow-up care

Topics will include:

- Preparing parents for child’s first oral exam.

(Optional) The following video snippets are available from past CE:

- Introduction to infant oral health: why, when, where & how (23:46 min) – Ray Stewart/Ling Zhan
- Introduction to infant oral health: how to make it work (17:46 min) – Ray Stewart/Ling Zhan
- Normal oral anatomical landmarks (24:40 min) – Ray Stewart/Ling Zhan
- Demonstration of knee to knee exam (11:20 min) – Ray Stewart/Ling Zhan

Presentation 2 (15 min): Infant Appointment Demonstration

This presentation will discuss infant appointment demonstration related issues.

Presentation 3 (30 min): When to Refer Child to Pediatric Dentist

This presentation will discuss when a general dentist should consider referring young children to a Pediatric dentist or a specialist.

Presentation 4 (30 min): Family Oral Health Education (FOHE) Instruction and Activity

This presentation will discuss FOHE – its purpose, method, and content specifically targeting families with children aged 0-5 years. FOHE includes all the following services: risk assessment, lift the lip, teeth cleaning, dietary counseling, fluoride supplements, goal setting, and follow-up (definitions are provided in Appendix p.56). FOHE duration is 20-30 minutes, maximum twice a year, and activities must be documented in patient’s chart.

Case study/Breakout session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day’s training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - e.g. practice knee to knee exam (20m)
 - e.g. first visit of a 1-year old
 - e.g. refer a 3-year old

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zahn, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 10:30 am (90 min)	Keys for Successful First Dental Visit
10:30 am – 10:45 am	Infant Appointment Demonstration
10:45 am – 11:15 am (30 min)	When to Refer Child to Pediatric Dentist
11:15 am - 11:30 am (15 min)	Break /Networking /Refreshments
11:30 am - 12:00 pm (30 min)	Family Oral Health Education Instruction and Activity
12:00 pm - 12:45 pm (45 min)	Case Study/Breakout Session
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 5

Science of Caries Progression & Caries Management Strategies, and Diagnosis & Treatment Planning: CAMBRA Principles

Session: 5 hour

CE: 4 hour

SESSION OVERVIEW

This module/session will enable the participants to obtain a clear understanding of the importance of addressing the caries disease process rather than merely focusing on treating the manifestation of the disease. This module will discuss caries causing factors such as lack of good oral hygiene habits, oral microflora and fermentable carbohydrates, and social factors. The course will help participants design a treatment plan individualized to suit the patient's age, risk factors and include age appropriate treatment modalities and preventive measures based on CAMBRA principles. This module will also discuss alternative techniques to control disease in case of high caries risk children younger than 3 years for whom treatment under sedation has to be delayed. Real-life clinical cases will be provided to the participants to practice employing the strategies learnt in risk assessment and caries management. Using these principles, the participants can plan treatment or make an appropriate referral to a pediatric dentist. The course will explore case scenarios and review the most common mistakes in pediatric treatment planning. CAMBRA is abbreviation for Caries Management by Risk Assessment.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Discuss the science of early childhood oral health care.
2. Develop skills and confidence in general dental practitioners performing oral health exams and assessing caries risk in children aged 0-6 years.
3. Build skills to provide oral health consultation to families of children aged 0-5 years to manage the child's caries guided by risk assessment.
4. Discuss the caries mechanism, identify the caries risk factors, and assess caries risk.
5. Develop caries prevention strategies and home care protocol.
6. Diagnose and develop treatment plans based on CAMBRA principles.
7. Determine when a case has to be referred to a pediatric specialist for consultation.

MATERIALS

Video	Optional (video snippets available from past CE)
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (55 min): Caries Management Protocols and Consultation Guided by CAMBRA

This presentation will discuss and review the caries management protocols and consultation guidelines according to the CAMBRA principles. Such as:

- Caries etiology
- Caries balance
- Caries risk factors and risk assessment

(Optional) The following video snippets are available from past CE:

- CAMBRA Part A: Caries risk assessment (19:42minutes) – Ray Stewart/Ling Zhan
- CAMBRA Part B: Caries management (13:54minutes) – Ray Stewart/Ling Zhan

Presentation 2 (45 min): Review of Home Care Consultation, Fluoride, and Antimicrobial Caries Management Based on Risk Assessment

This presentation will discuss and review the caries management protocols and consultation guidelines according to the CAMBRA principles. Such as:

- Caries risk management, In office and home care protocol for 6-20yrs
- Fluoride: Mode and frequency
- Antimicrobial Management:
 - o Silver Diamine Fluoride
 - o Xylitol
 - o Chlorhexidine
 - o Baking Soda
- Introduction to SDF and Smart techniques.
 - o Criteria of use
 - o Technique
 - o Consent and explanation of treatment to patient/parent
- Scheduling for continuity of care and follow-up

Presentation 3 (30 min): Caries Management Protocols by Case and When to Refer

This presentation will discuss and review the caries management protocols and consultation guidelines according to the CAMBRA principles.

Presentation 4 (45 min): Diagnosis and Treatment Planning using CAMBRA principles

This presentation will discuss and review the caries management protocols and consultation guidelines according to the CAMBRA principles. Such as:

- Review utilization of diagnostic tools
- Review CAMBRA principles
- Review indications and contraindications and appropriate application of alternative treatment techniques
- Present risks of dental treatment under sedation for children under 3 years.
- When to refer to a Pediatric Dentistry specialist
- Common mistakes in pediatric treatment planning
 - o Misjudging the need for pharmacological management
 - o Attempting to treat very minor caries in very young children
 - o Not attempting to arrest caries (with SDF, ITR, varnish) in large lesions prior to restoration.
 - o Failing to communicate strong clinical judgment appropriately to parents.

(Optional) The following video snippets are available from past CE:

- Diagnosis and treatment planning using CAMBRA (36:37 min) – Ray Stewart/Ling Zhan

Case study/Breakout session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - e.g. List 3 antimicrobial treatments for children 6yrs and above
 - e.g. List 2 common mistakes in treatment planning for pediatric patients.
 - e.g. List the alternative techniques of caries management.

(Optional) The following video snippets are available from past CE:

- Case study 1: 3yr 9mnth old (15:37minutes) – Ray Stewart/Ling Zhan
- Case study 2: 4yr 2mnth old (18:39minutes) – Ray Stewart/Ling Zhan
- Case Study 3: 4yr 11mnth old (7:57minutes) – Ray Stewart/Ling Zhan
- Case study 4: 8yr 3mnth old (13:13minutes) – Ray Stewart/Ling Zhan
- Case study 5: 5yr 7mnth old emergency case (3:34minutes) – Ray Stewart/Ling Zhan

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zhan, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 9:55 am (55 min)	Caries Management Protocols and Consultation Guided by CAMBRA
9:55 am – 10:40 am (45 min)	Review of Home Care Consultation, Fluoride, and Antimicrobial Caries Management Based on Risk Assessment
10:40 am – 11:10 am (30 min)	Caries Management Protocols by Case and When to Refer
11:10 am - 11:25 am (15 min)	Break /Networking /Refreshments
11:25 am - 12:10 pm (45 min)	Treatment Planning
12:10 pm - 12:55 pm (45 min)	Case Study/Breakout Session e.g. when to refer
12:55 pm - 1:00 pm (5 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 6

Interim Caries Management and Common Pediatric Dental Restorative Techniques

Session: 5 hour

CE: 4 hour

SESSION OVERVIEW

This module discusses prevention treatment strategies and common pediatric dental restorative techniques. This module provides participants with guidelines to formulate restorative planning in conjunction with caries risk assessment/management to prevent future disease. This course also helps providers understand how different restorative materials can best be used for intervention in carious lesions.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Discuss and become more confident to perform restorative dental treatment in combination with prevention and behavior management, especially related to interim caries management.
2. Discuss and increase their ability to make decisions on common pediatric restorative treatment options.
3. Discuss the indications and mechanisms of Silver Diamine Fluoride (SDF), Atraumatic Restorative Treatment (ART), and Interim Therapeutic Restorations (ITR).

MATERIALS

Video	Optional (video snippets available from past CE)
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (75 min): Interim Caries Management and Common Restorative Techniques (SDF, ART, amalgams, composites, SSC)

This presentation will discuss general concepts about interim caries management in children and some common pediatric dental restorative techniques. The topics include:

- Interim therapeutic restorations and SDF modified Atraumatic restoration techniques (SMART or Silver Modified Atraumatic Restorative Treatment)
- Commonly used pediatric restorative materials
 - Amalgam vs composites
 - Glass ionomer cements and resin modified glass ionomer cements
 - Preformed crowns
- Sealants: permanent teeth, primary teeth, indications/contraindications, choice of material.

This presentation provides participants with guidelines to formulate restorative plans in conjunction with caries risk assessment/management and takes into consideration a patient's medical, behavioral and socio-economic status. Selection of restorative materials and techniques is influenced by factors such as caries risk, age of patient, cognitive development of patient, severity of carious lesion, type of tooth being restored (primary vs. permanent), and compliance with follow up care/recall. This presentation will help providers understand how different restorative materials can best be used for restorative intervention of carious lesions. Participants will learn to choose the most appropriate restorative materials for the young patient.

(Optional) The following video snippets are available from past CE:

- Interim caries management (18:32minutes)

Presentation 2 (45 min): Silver Diamine Fluoride (SDF)

This presentation will discuss SDF. The topics include:

- What is SDF
- Indications and Contraindications of SDF use
- Adverse effects of SDF, recommended precautions, procedure code and billing

(Optional) The following video snippets are available from past CE:

- Silver Diamine Fluoride (25:22 min) – Prof. Ray Stewart

Presentation 3 (45 min): Atraumatic Restorative Treatment (ART)/Interim Therapeutic Restorations (ITR)

This presentation will discuss two restorative techniques for children: Atraumatic Restorative Treatment (ART) and Interim Therapeutic Restorations (ITR). The topics include:

- What is ART and ITR
- Indications and contraindications of ART and ITR
- Adverse effects, recommended precautions, procedure code and billing

Case study/Breakout session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.

- After small group session, participants will return to the large group, and share each group’s answers.
- There will be a “table captain” to help the group stay on task. Table captain will also play the role of “patient” if needed.
- Topics/Cases/Exercises:
 - Case with SDF
 - Case with ART
 - Case with ITR

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zhan, DDS.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 10:15 am (75 min)	Interim Caries Management and Common Restorative Techniques (SDF, ART, amalgams, composites, SSC)
10:15 am - 11:00 am (45 min)	Silver Diamine Fluoride (SDF)
11:00 am - 11:15 am (15 min)	Break /Networking /Refreshments
11:15 am - 12:00 pm (45 min)	Atraumatic Restorative Treatment (ART)/Interim Therapeutic Restorations (ITR)
12:00 pm - 12:45 pm (45 min)	Case Study/Breakout Session
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 7

Practice More Efficiently with More Profitability: Stainless Steel Crowns, Space Maintainers

Session: 4 hour (6 hr if sim Lab)

CE: 3 hour (5 hr if sim lab)

SESSION OVERVIEW

This module/session will help general dentists to identify the cases where restoration with full coronal coverage is paramount. Participants will learn the most common technique of placement of full coverage restorations i.e. preformed stainless-steel crowns. This session will present the rationale for space maintenance and appropriate selection of space maintainers. If training in a simulation laboratory is possible, then there will be a practical/hands-on session using typodonts so that providers can practice placement of preformed stainless steel crowns and chairside space maintainers.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Increase their ability to make informed clinical decisions on pediatric restorative treatment options.
2. Increase their ability to prepare and place stainless steel crowns and aesthetic crowns
3. Select and provide appropriate pulpal therapy for teeth.
4. Fabricate a chairside space maintainer.

MATERIALS

Video	Not Needed
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table (classroom style if training in a simulation lab)

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (45 min): Introduction on Crowns (Stainless Steel) on Primary Teeth: Anterior & Posterior Crowns

This presentation will discuss some restorative techniques in young children. In young children with multiple active lesions and where compliance with follow-up care is questionable, the restoration has to serve the purpose of arresting caries as well as minimize the risk of recurrence.

Stainless steel crowns have restored primary teeth with extensive decay, hypoplastic enamel or teeth with hereditary anomalies since the 1950s. They restore occlusion and prevent further decay of the teeth. They are very durable and can be quickly placed by the dentist after some experience with the crowns. Because the esthetics of the anterior teeth is compromised by stainless steel crowns, a variety of tooth-colored anterior full coverage crowns are available patients.

The topics in this presentation will include:

- Diagnostic tools used in decision process to choose full coverage crowns
- Preparation of teeth for anterior and posterior crowns
- Selection and steps in placement of stainless steel crowns
- Selection and placement of anterior strip crowns
- Preparation, selection and placement of ceramic crowns (anterior, posterior)

Presentation 2 (30 min): Introduction on Pulpotomy

This presentation will discuss the indications and techniques for pulpotomy treatments. General dentists will learn to diagnose the pulpal status of primary and permanent teeth. A discussion of

the available pulpal therapies and the indications for their use is reviewed in this presentation. Topics will include:

- Clinical examination and radiographic assessment
- Pulpal diagnosis for primary teeth and permanent teeth
- Vital and non-vital pulp therapy treatments
- Pulp therapy procedures including techniques, indications/contraindications, limitations
- Discussion of the different medicaments available for use
- Indirect pulp cap, Direct pulp cap, Pulpotomy,
- Extractions of non-viable teeth

Presentation 3 (30 min): Selection and Fabrication of Space Maintainers for Pediatric Patients

This presentation will discuss the need for and steps of selecting space maintainers. Topics will include:

- Diagnostic tools and considerations for space maintenance.
- Types of space maintainers.
- Selection and placement of chair-side band and loop space maintainer.
- Selection and placement of distal shoe space maintainer.

Case study/Breakout session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - e.g. Case 1
 - e.g. Case 2
 - e.g. Case 3

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

Simulation laboratory (120 min)

Participants will be given hands on training. Participants will be assigned typodonts. Participants will practice procedures demonstrated by instructor. Instructor to provide feedback on the preparations. Simulation topics will include:

- Simulation practice of stainless steel crowns on primary molars and pulpotomy.
- Simulation practice of strip crown preparation on primary incisors.
- Fabrication of chair-side band and loop spacer.

Simulation laboratory armamentarium:

- 1) Hand pieces
 - High speed hand piece with two-hole swivel connector
 - Slow speed hand piece with two-hole swivel connector
- 2) Burs for high speed hand piece:
 - Diamond Taper/Carbide Bur 169L
 - Diamond football bur
 - Diamond donut Bur
 - Flame finishing bur
- 3) For slow speed hand piece:
 - Size 6/8 round Carbide Bur
- 4) Instruments

- Mouth Mirror / Explorer/cotton appliers
 - Stainless Steel Crown Scissors
 - Large Spoon 3L
 - A-Carver
 - Stainless Steel Crown Contour Pliers
 - Stainless Steel Crown Crimping Pliers
- 5) Dental material
- Flowable composite
 - Packable composite
 - Resin curing light

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zhan, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 9:45 am (45 min)	Introduction on Stainless Steel Crowns on Primary Teeth: Anterior & Posterior Crowns 35 min presentation 10 min Q&A
9:45 am – 10:15 am (30 min)	Introduction on Pulpotomy 20 min presentation 15 min Q&A
10:15 am - 10:45 pm (30 min)	Selection and Fabrication of Space Maintainers for Pediatric Patients 20 min presentation 10 min Q&A
10:45 am - 11:00 am (15 min)	Break /Networking /Refreshments
11:00 pm - 11:45 pm (45 min)	Case Study/Breakout Session e.g. Anterior strip crown e.g. Posterior strip crown e.g. Space maintainers
11:45 pm - 12:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course
12:00 pm – 2:00 pm (120 min)	<u>If hands on training in a Simulation Laboratory is possible, then this CE session will be longer:</u> 45m Simulation practice of stainless steel crowns on primary molars/pulpotomy 45m Simulation practice of strip crown preparation on primary incisors 30m Fabrication of chair-side band and loop spacer

Module 8

Pediatric Anesthetic and Behavior Management Techniques: Expanding Your Comfort Zone to Include Younger Patients

Session: 5 hour
CE: 4 hour

SESSION OVERVIEW

This module/session will present considerations for local anesthetic selection and administration technique for pediatric patients. Proper dosage of anesthetic agent, awareness of pediatric oral anatomy, good medical history taking and technique of administration of anesthetic is essential for a positive dental experience. Participants will be presented with tips on technique, anesthetic selection and precautionary measures to be followed.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Discuss and have a better understanding in selection of local anesthetic agents and techniques for pediatric patients.
2. Choose appropriate local anesthetic agent and technique.

MATERIALS

Video	Not Needed
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (60 min): Expanding Your Comfort Zone to Include Younger Patients

This presentation will discuss sedation and anesthesia issues as relevant for pediatric patients. The topics will include:

- Clinical examination and radiographic assessment
- Pulpal diagnosis for primary teeth and permanent teeth
- Vital and non-vital pulp therapy
- Pulp therapy procedures, technique, indications and contraindications, limitations and materials used
- Indirect pulp cap, Direct pulp cap, pulpotomy,
- Extractions

Presentation 2 (60 min): Pediatric Anesthetic and Behavior Management Techniques

This presentation will discuss pediatric anesthesia and behavior management techniques. The topics include:

- Medical history taking and dosage selection
- Pediatric oral anatomy and technique of administration
- Selection of needles and precautions to avoid post op complications
- Behavior management for a successful procedure

Presentation 3 (45 min): Local Anesthesia Pearls

This presentation will discuss specific topics on anesthesia that will help dental providers. Such as list of precautions during local anesthesia administration in young pediatric patients.

Case study/Breakout session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - e.g. Case 1
 - e.g. Case 2
 - e.g. Case 3

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zhan, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 10:00 am (60 min)	Expanding Your Comfort Zone to Include Younger Patients 45 min presentation 15 min Q&A
10:00 am – 11:00 am (60 min)	Pediatric Anesthetic and Behavior Management Techniques 45 min presentation 15 min Q&A
11:00 am - 11:15 am (15 min)	Break /Networking /Refreshments
11:15 am - 12:00 pm (45 min)	Local Anesthesia Pearls 35 min presentation 10 min Q&A
12:00 pm - 12:45 pm (45 min)	Case Study/Breakout Session
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 9

Oral Health Care for Special Needs Children and Pregnant Women

Session: 5 hour

CE: 4 hour

SESSION OVERVIEW

Health/oral health care for individuals, especially children with special needs requires specialized knowledge, as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine. This session will introduce the general dentist to some of the concepts of in-office and dental home care for special needs children as well as pregnant women. This lecture will provide basic knowledge of the underlying disability and how it affects the overall health of the patient as well as their oral health. The various risk factors associated with special needs children as well as pregnant women will be discussed in order to provide dental care at appropriate times depending upon their needs and conditions. The dental health care providers can formulate an individualized dental preventive care program after attending this session.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Discuss oral health care and prevention tips for children with special needs.
2. Discuss oral health care for children with special medical needs like heart disease and cancer treatments.
3. Explain the effects of chemotherapy treatments on the dentition and periodontium.
4. Select appropriate dental procedure options involving children with special needs.
5. Discuss oral health care and prevention tips with pregnant women, including consultation and anticipatory guidance.

MATERIALS

Video	Not Needed
PowerPoint presentation	Needed
Handouts	Needed
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (60 min): Oral Care for Pediatric Patients with Special Needs

This presentation will discuss and review the oral health care and prevention tips for children with special needs. Such as:

- Higher risk of developing dental diseases due to barriers/challenges in accessing dental care, predisposing medical conditions, oral manifestations of systemic diseases, physical limitations, social barriers, learning disabilities, and difficulty to establish a dental home.
- Need for specialized knowledge, as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine.
- Basic knowledge to identify the underlying disability, recognize the risk factors, and help formulate an individualized preventive care plan and modified home care plan.
- The dental team learns to collaborate with the family, caregivers and other healthcare professionals to maintain the oral health of the medically compromised child or pregnant woman between dental visits.
- Barriers to access care, types of disabilities, oral manifestations of systemic conditions, tooth eruption, anomalies of hard and soft tissues, malocclusion, and oral effects of medications.

Presentation 2 (60 min): Oral Health Care and Prevention for Children with Cardiac Diseases and Pediatric Cancer Treatments

This presentation will discuss solutions to help create a positive dental visit for the medically compromised child as well as proven strategies to help with dental care at home. Topics will include:

- Dental office visits
- Modified home care aids and routine
- Follow up care.

Presentation 3 (45 min): Oral Health Care and Consultation during Pregnancy

This presentation will discuss the prevention and care tips for oral health care and consultation during pregnancy. Topics include:

- Identify oral manifestations of pregnancy related hormonal changes.
- Explain the safety and benefit of receiving dental care during pregnancy.
- Provide a successful anticipatory guidance and oral health consultation for pregnant mother and infant oral care.
- Recognize and plan preventive and essential treatment, and caries risk assessment.
- Barriers to access to care, neglect of oral care during pregnancy.

The presence of nausea, lack of good oral hygiene, increased frequency of carbohydrate puts pregnant women at a risk of developing dental diseases. While a longstanding historical hesitance of seeking or providing dental care during pregnancy is a barrier to providing optimal care, participants will learn how to provide comprehensive oral health consultation. Nutritional recommendations, oral hygiene habits, prenatal oral health care, and avoidance of transmission of cariogenic bacteria to the infant are included in this presentation. Performing an oral health assessment, recognizing existing diseases and oral manifestations of pregnancy related hormonal changes are important for a clinical exam. Participants will be able to apply risk assessment skills to plan preventive services and treatment at appropriate times during the pregnancy. The anticipatory guidance for pregnant patients and infant oral health can positively influence and establish good oral health habits that last a lifetime.

Case Study/Breakout Session/Role play (45 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will also play the role of "patient" if needed.
- Topics/Cases/Exercises:
 - Half the cases will be on special needs children, and half the cases will be on pregnant women cases.
 - 2-3 cases with radiographs, medical history, and clinical findings.
 - Cases on behavior management.
 - Cases on providing care to patients in wheelchairs.
 - Cases of oral anomalies and its management in special needs children.
 - Cases of pregnancy related oral changes and its management.
 - Examples of anticipatory guidance for pregnant patients.

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were David Rothman, DDS, Private Practice & Case Western Reserve University School of Dental Medicine, and UCSF School of Dentistry faculty Ray Stewart, DMD, MS and Ling Zhan, DDS, PhD.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 10:15 am (75 min)	Oral Health Care for Pediatric Patients with Special Needs 60 min presentation 15 min Q&A
10:15 am – 11:00 am (45 min)	Oral Health Care and Prevention for Children with Cardiac Diseases and Pediatric Cancer Treatments 35 min presentation
11:00 am - 11:15 am (15 min)	Break /Networking /Refreshments
11:15 am - 12:00 pm (45 min)	Oral Health Care and Consultation during Pregnancy 35 min presentation 10 min Q&A
12:00 pm - 12:45 pm (45 min)	Case Study/Breakout Session e.g. Cases with special needs children e.g. Cases with children with cardiac disease/cancer e.g. Cases with pregnant women
12:45 pm - 1:00 pm (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

Module 10

Tobacco, Vaping, and Oral Health: An Action Guide for Dental Professionals

Session: 3 hour

CE: 2 hour

SESSION OVERVIEW

This session/module will prepare the oral health provider to advocate and offer support in the prevention and cessation of tobacco use. Oral health care providers can use motivational interviewing techniques to educate youth about the hazards of tobacco use. A dental team can positively influence teenagers and youth to make good lifestyle choices. Participants will also learn about the latest trends in tobacco use and its harmful effects.

LEARNING OBJECTIVES

At the end of this session the participants will be able to:

1. Describe the basis for treating tobacco dependence, including potential oral and general health effects of tobacco, electronic cigarettes, and cannabis.
2. Initiate clinical interventions for tobacco users who are willing to quit, and work with tobacco users who are not ready to make a quit attempt.
3. Identify the role of the dental team in tobacco cessation.
4. Discuss strategies to improve tobacco cessation treatment delivery systems.

MATERIALS

Video	Not Needed
PowerPoint presentation	Needed
Handouts	Needed, 1 Handout
Satisfaction/Evaluation survey	Needed
Laptop	Needed
Projector	Needed
Pens, markers, writing pads, post its	Needed
Flip charts	Needed
Setting	Dinner Table

METHOD

Welcome, Icebreaker, and Table Networking (15 min)

The participants will sit in small groups (6-8 people) at their respective tables. Each table has a list of 2-3 questions for each participant to answer. The participants will discuss and answer those questions amongst themselves. Then the facilitator will collect the answers and will share the summary of the answers with the participants.

For example, the questions could be: what is your name, where do you work or practice, are you in a specialty or general dental office, what do you know about this project, why are you interested in joining this network. The topics were not always related to the session topic but were useful for building relationships amongst the dental providers.

Introductions and Housekeeping (15 min)

The facilitator will introduce him/herself, provide an overview of the session; explain the learning objectives of the session. The facilitator will also describe the overall training day including housekeeping (e.g. location of restroom, when the break times are, refreshment, etc.). Then, the facilitator will introduce the trainer/s and the note taker. The facilitator should ask the participants to introduce themselves (name, organization they represent).

Presentation 1 (30 min): Models for Tobacco Cessation & Patient Communication

This presentation will cover the following topics:

- Tobacco and its significance in dentistry.
- Tobacco products on the market, new and emerging products.
- Tobacco use in California.
- Effect of tobacco use on oral health.
- Performing a thorough oral cancer screening for tobacco users.

Presentation 2 (30 min): Clinical Interventions for Assisting Patients & the Dental Team's Role

This presentation will cover the following topics:

- Provider interventions with the patient.
- Giving appropriate resources to the patient.
- Role of dental team in motivational intervention strategies.

Case Study/Breakout Session/Role play (30 min)

Participants will form small groups to discuss and problem solve cases (if possible with radiographs and pictures/photos). The trainer will distribute case histories with medical, dental, and socio demographic details (i.e. profile of a patient with day's training topic issue). Cases will include various levels of risk, severity, and age groups. Participants will be given 10 minutes to review cases and present a treatment/management plan. The trainer will provide feedback and discuss acceptable treatment/management options. This will be done to increase individual confidence of the participants to treat and manage dental conditions in real life. Participants can also share the

cases they encountered in their practices and discuss among the group and then discuss with the trainer.

Role play is also an effective method for deeper understanding. The trainer can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.

Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to understand if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance. Also, it gives the opportunity for the trainers to interact with the groups to use the discussions as a teaching tool.

- Each group will discuss the same scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help stay on task. Table captain will also play the role of "patient" if needed.
- Assess the patient's readiness to quit tobacco products.
- Practice phrases or questions that might motivate the patient to consider quitting tobacco products.
- Topics/Cases/Exercises:
 - Case #1: Patient is 44 years old and currently smokes about 10 cigarettes a day. She says she has seen negative effects of smoking on her health, including shortness of breath and stained teeth. The cost of cigarettes is "really making a dent in [her] wallet." She says she'd wanted to quit smoking for years, but it has been difficult. She recently started a new job and says all she does is "work and chase the kids around." She hopes things will quiet down in a few months and maybe she'll try quitting then.
 - Case #2: Patient is 32 years old and has smoked cigarettes since high school. He tried e-cigarettes about a year ago but finds himself continuing to smoke regular cigarettes. He has made a few quit attempts but finds the cravings unbearable - especially at work, where his good friends often take smoke breaks, which he finds hard to avoid.
 - Case #3: A 16-year old young man visited his dentist for his routine dental checkup. After examining his teeth, the dentist asked when the young man had started using tobacco vaping products.

Wrap Up and Session Evaluation/Satisfaction Survey (15 min)

The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses. This session will be evaluated with the satisfaction survey which is required for receiving CE credits. The facilitator will distribute the Satisfaction Survey to participants and collect the completed surveys.

TRAINER/S

The original trainers for this session were UCSF School of Dentistry faculty Benjamin Chaffee, DDS, MPH, PhD and Elizabeth Couch, RDH, MS.

RESOURCES

Sample Agenda

8:00 am - 8:30 am (30 min)	Registration/Breakfast
8:30 am - 8:45 am (15 min)	Welcome, Icebreaker, and Table Networking
8:45 am - 9:00 am (15 min)	Introductions and Housekeeping
9:00 am - 9:30 am (30 min)	Models for Tobacco Cessation & Patient Communication
9:30 am - 10:00 am (30 min)	Clinical Interventions for Assisting Patients & the Dental Team's Role
10:00 am - 10:15 am (15 min)	Break /Networking /Refreshments
10:15 am - 10:45 am (30 min)	Breakout Session/Case Study
10:45 am - 11:00 am (15 min)	Wrap-up Remarks Session Evaluation/Satisfaction Survey Adjourn CE Course

APPENDIX

Glossary

ACPHD	Alameda County Public Health Department
ART	Atraumatic Restorative Treatment
CAMBRA	Caries Management by Risk Assessment
CDCC	Community Dental Care Coordinator
CHS	Community Health Services
COP	Community of Practice
DHCS	Department of Health Care Services
DTI	Dental Transformation Initiative
HTHC	Healthy Teeth Healthy Communities
FOHE	Family Oral Health Education
ITR	Interim Therapeutic Restorations
LDPP	Local Dental Pilot Program
ODH	Office of Dental Health
MI	Motivational Interviewing
SDF	Silver Diamine Fluoride
Sim lab	Simulation Laboratory
SMART	Silver Modified Atraumatic Restorative Treatment

Module 3: Family Oral Health Education Definitions

“**Family Oral Health Education**” means services which under the provisions of this Agreement include **all** of the following which must be provided during a Family Oral Health Education visit:

1. **Risk Assessment:** Includes Motivational Interviewing and questions that should be asked to assess the child’s risk of developing dental caries. Obtain a history of previous dental disease activity for this child and any siblings from the family. Also note the oral health status of the parent(s)/ guardian(s).
2. **“Lift the Lip” Training:** Includes how to do clinical assessment, position knee-to-knee, to then be able to Show the parent/guardian how to use the “Lift the Lip” technique to look for evidence of Early Childhood Caries. As an alternative, you can use the “Lift the Lip” videotape or flip chart available from the University of Washington (see Appendix for ordering information). Watch the parent/guardian practice examining the child. Assure that they feel comfortable doing this once per month.
3. **Teeth Cleaning Training:** Includes how to do tooth brush prophylaxis to then be able to demonstrate how to position the child to clean the teeth. Have the parent/guardian actually practice cleaning the teeth. Encourage teeth cleaning as a way to alleviate the discomfort of teething. Record the parent’s/ guardian’s response.
4. **Dietary Counseling:** Topics to discuss are informed by risk assessment data. Talk with the parent/guardian about using a cup, rather than a bottle, (when age-appropriate) when giving the child anything to drink. Discourage the use of anything sweet in the bottle. Note any other dietary recommendations you make.
5. **Fluoride Supplements:** Discuss dietary fluoride supplements with the parent(s)/guardian(s) if the child’s primary source of drinking water does not contain adequate fluoride. **(this is only true for water provided by the Livermore water department within Alameda County)** (see the current ADA Recommended Dietary Fluoride Supplement Schedule at <http://www.ada.org/en/member-center/oral-health-topics/fluoride-supplements#dosage>). Write a fluoride prescription for the child, if appropriate. Ensure that the child is not already receiving fluoride supplements through a prescription written by the child’s physician or other health care provider. Let the parent/guardian know that fluoride supplements are covered under Medi-Cal’s prescription drug program. Fluoride prescriptions written by the dentist may be filled at any Medi-Cal participating pharmacy.
6. **Goal setting and Follow-up:** Using picture handout set goals with parent. Within three months after a Family Oral Health Education visit, contact the parent(s)/guardian(s) to reinforce the key messages: lift the lip, clean the child’s teeth, and use fluoride supplements.

All training and follow-up contacts must be documented in the client's chart.

- A Family Oral Health Education visit is **only** allowed in combination with a fluoride varnish application **up to two times per year per enrolled child age 0-through 5 years.**
- A Family Oral Health Education visit should be 20-30 minutes in duration.
- You must document the duration of the visit in the patient's chart.

Session Evaluation/Satisfaction Survey

Name _____

Date _____

California Dental License Number _____

Email _____

**How much do you agree or disagree with these statements?
Please place an "X" in the appropriate box.**

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not Applicable</i>
1. Course content was consistent with course as advertised.					
2. Course was presented in a logical and sequential manner.					
3. Course was presented in a well-paced manner.					
4. Audio visual materials were relevant and enhanced the course.					
5. Handouts were relevant and enhanced the course.					
6. Instructor(s) demonstrated a comprehensive knowledge of the subject.					
7. Instructor(s) were well prepared.					
8. Instructor(s) encouraged an appropriate amount of questions.					
9. Overall, this course was beneficial to my continuing dental education.					

10. I am a:

- Dentist Hygienist Other (please specify) _____
 RDAEF/RDHEF RDA/DA

11. I am a:

- FQHC Provider Private provider Other (please specify) _____

12. Gender:

- Male Female Other (please specify) _____

13. Race/Ethnicity:

- American Indian/Alaska Native *
- Asian American (e.g. Chinese, Filipino, Indian, Vietnamese, etc.) *
- Black/African American
- Hispanic/Latino (e.g. Mexican, Guatemalan, Peruvian, etc.) *
- Multi-ethnic *
- Native Hawaiian or Other Pacific Islander (e.g. Hawaiian, Tongan, Fijian, etc.) *
- White
- Other (please specify) _____

13.1. * If you selected AI/AN, Asian, Hispanic/Latino, NHOPI, or Multi-ethnic, please specify

14. Please check the languages listed below with the level of your ability:

	Understand	Speak	Read	Write
English				
Arabic				
Chinese (Cantonese)				
Chinese (Mandarin)				
Farsi				
French				
Hindi				
Japanese				

Korean				
Portuguese				
Spanish				
Tagalog				
Vietnamese				
Other (please specify)				

15. What topics do suggest for future CEs?

16. Additional comments:

Thank you for your participation!!

Dental Public Health

Traditionally, dental care providers offer dental disease related services to their patients. Dental Public Health is an emerging field. In our experience, we learned that many dentists think treating underprivileged patient is doing dental public health work. This misunderstanding about Dental Public Health needs to be addressed and corrected. Dental Public Health (DPH) functions cannot be performed without dental care professionals. So, it is important to explain Dental Public Health clearly. It is also important to explain the 3 core public health functions and 10 essential public health services so that dentists who would like to work in the Dental Public Health (DPH) field can perform their responsibilities efficiently and effectively.

DPH focuses on the following two issues:

1. DPH focuses on improving oral health care for the population instead of individual patient, and
2. DPH focuses on preventive oral health care more than treatment.

Competencies of Dental Public Health Professionals

1. Assess oral health status of a community/population.
2. Plan oral health programs for populations.
3. Select interventions and strategies for the prevention and control of oral diseases.
4. Develop and implement oral health promotion and education strategies.
5. Implement, manage, and develop resources for oral health programs for populations.
6. Evaluate and monitor dental care delivery systems.
7. Design and administer surveillance systems to monitor oral health.
8. Advocate and develop oral health policies.
9. Develop appropriate workforce to address oral health need of the population.

How it can be achieved?

In Module 1 we will explain the 10 ESSENTIAL PUBLIC HEALTH SERVICES (EPHS) which provide guidelines to protect and promote the health of all people in all communities. The California Department of Public Health (CDPH) took dental public health as a priority and expanded DPH programs in all counties in the State. CDPH is requiring every county to develop a multi-year Community Oral Health Improvement Plan (COHIP). For developing a COHIP the Oral Health programs will require the knowledge and understanding of the 10 essential services.

In 1988, the Institute of Medicine (IOM) identified the 3 core functions and 10 essential services in its study *The Future of Public Health*. EPHS framework was [originally released in 1994](#) and more recently revised and released on September 9, 2020 by the [Public Health National Center for Innovations](#) (PHNCI) and the [de Beaumont Foundation](#), who convened a task force of public health experts, leaders, and practitioners and engaged the public health community in activities to inform the changes. The revised version is intended to bring the framework in line with current and future public health practices.

To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers are mostly socio-economic that include poverty, racism, gender discrimination, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health.

Core Public Health Functions:

- **Assessment:** Regular collection and dissemination of data on health status and community health needs utilizing epidemiologic principles and surveillance systems.
- **Policy Development:** Use of scientific knowledge and data in decision-making affecting the public’s health and to establish goals.
- **Assurance:** Implementing the appropriate programs to achieve desired goals.



10 ESSENTIAL PUBLIC HEALTH SERVICES:

- #1 Assess and monitor population health status, factors that influence health, and community needs and assets
- #2 Investigate, diagnose, and address health problems and hazards affecting the population
- #3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- #4 Strengthen, support, and mobilize communities and partnerships to improve health

- #5 Create, champion, and implement policies, plans, and laws that impact health
- #6 Utilize legal and regulatory actions designed to improve and protect the public's health
- #7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- #8 Build and support a diverse and skilled public health workforce
- #9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- #10 Build and maintain a strong organizational infrastructure for public health

For improving the health outcome of a population, public health programs should develop a Community Health Improvement Plan (CHIP); in order to develop the CHIP, a Community Health Assessment (CHA) is required. In case of oral health care, a Community Oral Health Assessment would identify the oral health care needs of a community and based on that a Community Oral Health Improvement Plan could be developed. These 2 actions fall under the core function **Assessment** and **#1 and #2** of the EPHS.

When a DPH program aligns their work with the EPHS, the programs become stronger and successful. Programs are able to make system changes and able to improve the population oral health status.

Trainers can explain all the EPHS and show how dental care providers can participate in this system. For example, improving access to care through dental care coordination and partnership.



- Pictures in this page: From the CE trainings
- Pictures on the front cover: CE trainers UCSF Faculty, Prof. Ray Stewart and Prof. Ling Zahn

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