

2015

Oral Health Interstitial Curriculum



*University of Massachusetts
School of Medicine
UMass Memorial*

11/05/2015

Table of Contents

Faculty	1
Goals and Objectives.....	2
Agenda.....	3
Small Group Assignments	4-6
Resources.....	7-8
Pediatric Oral Exams	9
Fluoride Varnish Application Facts	10
Information for Caregivers about Fluoride Varnish	11
Patient Handout – How to Care for Your Child’s Teeth	12-13
Proof of Training - Fluoride Varnish Training	14

Oral Health ISC
It's not just about teeth!

Faculty

Hugh Silk, MD MPH, Professor, Department of Family Medicine and Community Health, University of Massachusetts Medical School; Blackstone House Mentor

Jill M. Terrien, PhD, APN, BC, Assistant Professor of Nursing, Director Adult/Gerontology Nurse Practitioner Programs

Michelle Dalal MD, FAAP, Associate Professor of Pediatrics, University of Massachusetts Medical School, Pediatrician, Reliant Medical Group, Milford, MA

James Broadhurst, MD, MHA, Assistant Professor, UMMS Department of Family Medicine & Community Health; Associate Director, UMass Family Medicine Residency; Medical Director, UMassMemorial CareMobile; Kelley House Mentor

Brandon L Cairo, DMD, Faculty Instructor, UMMS Department of Family Medicine & Community Health; Private Practice; Director, Quinsigamond CC Dental Hygiene Program

Gretchen Nahkala, PHDH, EMT-B, Dental hygienist in practice in Holden; BLS instructor, volunteer EMT; provides office based fluoride varnish trainings for medical offices.

Jamie Russell, RDH, Dental Programs Coordinator, UMMHC Ronald McDonald Care Mobile

Chengeto Vera, DMD, MPH, Board Certified Pediatric Dentist, Worcester Kids' Dentist

Lisa E Simon, DMD, Instructor, Department of Oral Health policy and Epidemiology and the Office of Global and Community Health, Harvard School of Dental Medicine

Linda Boyd, RDH, RD, EdD, Dean, Forsyth School of Dental Hygiene - Mass College of Pharmacy and Health Services (MCPHS) University

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Goals and Objectives

Goal: To educate medical students and graduate nursing students on the importance of Oral Health in the care of the individual patient. All objectives will be measured by pre/post test or hands-on review.

Objectives: At the end of this ISC the student will be able to:

1. Describe three diseases in which adverse oral health has an influence. (1,2)* (A, B,C,D)#
2. Identify common dental emergencies and how you as the clinician would triage and treat the emergency including:
 1. History taking
 2. Primary tooth considerations
 3. Secondary tooth considerations
 4. Pain management
 5. Infection management(1,3,4,5)* (A,B,C,D)#
3. Promote oral health in pregnant women and subsequently their newborns and understand the safety of common dental interventions in pregnancy (1,2,3,5)* (A,B,C,E)#
4. Describe basic dental pathophysiology and identify common oral lesions. (1,2)* (A,B,C,D)#
5. Evaluate the oral health of pediatric patients, through case review, including:
 1. Assessing history of risk factors, fluoride exposure, brushing habits, and last dental visit
 2. Examining child using knee to knee positioning
 3. Advising caretaker about caries prevention
 4. Referring pediatric patients for prevention and disease management(1,3,4)* (A,B,C,D,E)#
6. Demonstrate how to apply fluoride varnish, through simulation, on another student. (1, 3)* (A,B,C,D,F)#
7. Identify advocacy strategies which will support positive oral health policy decisions. (5)* (D)#
8. Describe oral health issues pertinent to geriatrics including root caries, hygiene challenges, dentures, and insurance issues. (1, 6)* (A,B,C,D,F)#
9. Exchange meaningful information among health care providers to identify and implement appropriate, high quality care for patients, based on comprehensive evaluations and options available within the local health delivery and referral system. (3,4)* (D)#

* denotes UMMS Competencies for Medical Education - Clinical Problem Solver(1); Scientist(2); Professional(3); Communicator(4); Advocate(5); Person(6)

denotes American Association of Colleges of Nursing Adult-Gero Primary Care Nurse Practitioner Competencies - Health Promotion(A); Health Protection(B); Disease Prevention, & Treatment(C); Professional Role(D); Teaching-Coaching(E); Nurse Practitioner-Patient Relationship(F)

Agenda

8:00-8:15	Registration	AMP 1
8:15-8:30	Welcome/Overview/Basics (J. Terrien)	AMP 1
8:30-9:00	Oral Implications for Overall Health (H. Silk)	AMP 1

9:00-9:15 (MOVE TO SMALL GROUP ROOMS 2nd Floor)

9:15-11:45 **SMALL GROUP SESSIONS**

Faculty will rotate through 4 small group sessions (25 minute sessions; 5 minutes to rotate). **Students doing Patient Encounters** will rotate to iCELS.

Faculty: **Pediatric Oral Health** – A Case Review – (M. Dalal)
Oral Urgent Care – A Case Review – (B. Cairo)
Fluoride Varnish - Hands on Training – (G. Nahkala, J. Russell)
Geriatric Oral Health - A Case Review – (J. Terrien)
Patient Encounters (H.Silk, J. Broadhurst, L. Simon, C Vera, L Boyd)
(3 10 minute sessions – 2 patients, 1 partner exam)

Students will remain in their assigned rooms except for the patient encounter session; for that session they will travel to iCELS.

Group A – ITLC A, Group B – ITLC B, Group C – ITLC C,
Group D – S2-310, Group E – S2-309 B.

LOOK ON BBL9 or E-MAIL FOR YOUR ROOMS ASSIGNMENTS

11:45-12:45 **Lunch** - Pick-up lunch in **Amp 1**

12:45-1:45 **Bringing It All Together** – An Interprofessional Interactive Case
The Complicated Prenatal Patient

GROUP A ITLC A - S2-318		GROUP B ITLC B - S2-322		GROUP C ITLC C - S2-326
Akie,Thomas		Duclos,Kasey		Khubchandani,Jasmine
Alvarado,Patrick		Emmerling,Susan		Kimball,Sarina
Angoff,Rebecca		Enos,Emily		Kirby,Naomi P
Anum,Syeda		Faust,Melanie		Knapp,Katherine
Ashman,Jessica		Filewicz,Alicia		Ko,Wei-Che
Bahamon,Cecilia		Filiberti,Arielle		Kobjack,Aimee
Balyozian,David		Finke,Jorge		Konstam,Jeremy
Bancroft,Caroline		Fishbein,Jennifer		Krzyzanowski,Natalie
Baratta, Elizabeth		Fogarty,Caitlin		Kunycky,Christina
Bayard,Solange		Foos,Gregory		Kwan,Alan
Beckman,Tracy		Fulco,Sarah		Landerholm,Angela
Beckner,Heather		Fusunyan,Mark		Larnard,Jeffrey
Boardman,Alexander		Gallagher,Richard		Lavin,Kaileigh
Bowdoin,Yukiko		Gandhi,Sonaliben		LeBlanc,Rachel
Brady,Jeffrey		Georgia,Celina May		Libby,Christopher
Briner,Hazel		Gillespie,Michelle		List,Sarrin
Burke,Ashley Joan		Goldman,Samuel		Litchman,Joshua
Cavanaugh,Mary		Gorelik,Dinah		Liu,Dongqi
Chang,Joshua		Gorfinkel,Lev		Long,Jessica
Chasse,Nicholas Ryan		Greenberg,Sydney		Lucia,Diandra
Cioffari-Bailiff,Lisa		Gyasi,Stephany		Luitje,Martha
Cook,Molly		Habib,Krystina		Lunig,Nicholas
Costello,Kamrie		Hadzipasic,Omar		Maddaleni,Michael
Crawford,Benjamin		Hamilton,Casey		Malam,Naomi
Crawford,Kathryn		Haver,Hana		Malinkovich,Yevgeniya
Dalla Costa,Renata		Hazeltine,Max		Marsh,Kimberly
DeCoste,Leah		Hilton,Timothy		Martin,Emily Rose
DeGregorio,Geneva		Hoerner,Hannah		Martin,Robert
Demma,Zachary		Houranieh,Geeda		Matevossian,Anouch
DiFiore,Kathryn		Howe,Emily		McCarthy,David
Diyaolu,Modupeola		Hsieh,Chih-Heng		McGowan,Sarah
Doucet,Cassandra		Janssens,Christina		McGuinness,Bailey
Dowd,Andrew		Kane,Jennifer		McGuire,Patrick
Droms,Rebecca		Keefe,Gregory		Mehegan,Tyler
Du,Guyu		Keeler,Nicholas		Merry,Nicholas
Zancewicz,Lauren		Blafford, Christina		Nguyen, Lam
Alvarez, Jillian		Nguyen, Kathy		Champagne, Lynn

GROUP D S2-310		GROUP E S2-309 B
Meyer,Rachel Anne		Rose,Christian
Miller,Jonathan		Rosen,Elizabeth
Miller,Simone		Rosenbaum,Sara
Mitchell,Hannah		Sainvil,Marie-Michele
Mooncai,Theodore		Salvi,Stephanie
Moorghen,Elizabeth		Senman,Balimkiz
Moradkhani,Ania		Shrivastava,Nitin
Murray,Amanda		Sikora,Christian
Myers,Seth		Silva,Rebecca
Nedelcu,Simona		Singer,Kathleen
Newman,Haley		Smirnov,Sean
Ngo,Thanh		Sooy,John
Nightingale,James		Souza,Caille
Njinda,Gisele		Spring,Matthew
Nochur,Shakti		Sun,Joana
Noujaim,Michael		Tang,Katherine
Ogembo,Rebecca		Temple,Courtney
Oh,Sae		Tracy,Michaela
Okwara,Noreen		Trebicka,Estela
Orlowski,Gregory		Trietsch,Rayna
Pagano,Evan		Vaida,Justin
Pellegriti,Kate		Valant,Valerie
Phan,Minh		Vincent,Jeremy
Philbrick,Lauren		Vinod,Amrit
Piazza,Jamie Noelle		Wang,Xingyue
Pires,Jacqueline		Warden,Daniel
Polisano,Adriana		Wheelock,Alyse
Qiu,Bowen		Wilbur,Andrew
Quattrochi,Brian		Wilsterman,Eric
Ramaswamy,Viswanath		Wise,Briana
Ramo,Kasmir		Woo,Lauren
Richard,Kristen		Yang,Caroline
Rojas,Amarilys		Young,Joseph
Rooney,Timothy		Young,Taylor
Rooney,Vanessa		Yuan,Elizabeth
Gylfe, Abby		James, Casey
Poirier, Emily		Sudol, Carissa

Faculty Schedule:

Faculty will rotate through 4 small group sessions (25 minute sessions; 5 minutes to rotate)

Students will remain in their assigned rooms by groups as listed above. One group each block will travel to icels for the patient encounters.

Times:	9:15-9:45	9:45-10:15	10:15-10:45	10:45-11:15	11:15-11:45
Group A ITLC A S2-318	Patient Encounters	Pediatric Oral Health- Dalal	Oral Urgent Care- Cairo	Fluoride Varnish- Nahkala, Russell	Geriatric Oral Health- Terrien
Group B ITLC B S2-322	Pediatric Oral Health- Dalal	Oral Urgent Care- Cairo	Fluoride Varnish Nahkala, Russell	Geriatric Oral Health- Terrien	Patient Encounters
Group C ITLC C S2-326	Oral Urgent Care- Cairo	Fluoride Varnish- Nahkala, Russell	Geriatric Oral Health- Terrien	Patient Encounters	Pediatric Oral Health- Dalal
Group D S2-310	Fluoride Varnish- Nahkala, Russell	Geriatric Oral Health- Terrien	Patient Encounters	Pediatric Oral Health- Dalal	Oral Urgent Care- Cairo
Group E S2-309 B	Geriatric Oral Health- Terrien	Patient Encounters	Pediatric Oral Health- Dalal	Oral Urgent Care- Cairo	Fluoride Varnish- Nahkala, Russell

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Oral Health Resources

Practical Local/State Resources:

- Water fluoridation by town/city: <http://www.mass.gov/eohhs/docs/dph/com-health/fluoride-census.pdf>
- Dentists accepting MassHealth/Medicaid (1-800-207-5019): <https://masshealth-dental.net/MemberServices/FindProvider.aspx>
- Local Clinics/Offices that accept MassHealth:

Family Health Center of Worcester – Staff Dentists	26 Queen St Worcester, MA 01610	(508) 860-7700	General Dentistry - children seen within 1 wk - may apply for graduated fees
Edward M Kennedy Health Center – Staff Dentists	19 Tacoma St (Great Brook Valley) Worcester, MA 01605	(508) 852-1805	General Dentistry - children seen within 1 wk - may apply for graduated fees
Quinsigamond Community College – Dental Hygiene School (Dentist on Staff)	670 W. Boylston St Worcester, MA 01606	(508) 854-4306	- inexpensive (\$25): exam, clean, x-rays if paying cash -no restorations (filings) -take Mass Health also
Forsyth Dental Hygiene School At Massachusetts College of Pharmacy and Health Sciences	10 Lincoln Sq, 3 rd floor	(774) 243-3410	- exam, cleanings, x-rays - for those without insurance, inexpensive (adults \$25, less for children, seniors, students) -take Mass Health also -no restorations (filings); refer to EMK and others
Worcester Kids Dentist	41 Lancaster St	(508) 754-9825	Pediatric Dentistry -provides OR/sedation services
UMASS Ronald McDonald Care Mobile - Registered Dental Hygienists	Mobile:10 community sites in Worcester	(508) 334-6073 For location and appointments	-Free dental exam and cleaning for children and adults. -Quick referrals to Great Brook Valley Health and Family Health Centers' dental clinics.

- Local Clinics for patients with Special Needs

Seven Hills (Tufts) Dental Facility	150 Goddard Memorial Drive, Worcester	508-796-1556	For special needs patients (eg Cerebral Palsy, Downs Syndrome)
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Advocacy:

- Health Care for all, Oral Health Advocacy Task Force
<https://www.hcfama.org/coalition/oral-health-advocacy-task-force>
- Massachusetts Department of Public Health, Office of Oral Health
<http://www.mass.gov/dph/oralhealth>
- Better Oral Health for Massachusetts Coalition <http://www.massoralhealth.org/>

National Professional Resources:

- Society of Teachers in Family Medicine Smiles for Life Training Modules (includes posters, PDA downloads, and handouts) www.smilesforlifeoralhealth.org
- American Academy of Pediatrics Oral Health Training Module
<http://www2.aap.org/ORALHEALTH/pact/pact-home.cfm>
- National Maternal and Child Oral Health Resource Center www.mchoralhealth.org
- Children's Dental Health Project (links to many different resources) <http://www.cdhp.org>

Patient Education Handouts/Resources:

- "Teething" <http://www.healthychildren.org/English/ages-stages/baby/teething-tooth-care/Pages/default.aspx>
- "Fluoride for Children" <http://www.healthychildren.org/English/healthy-living/oral-health/Pages/FAQ-Fluoride-and-Children.aspx>
- "Diet Tips to Prevent Dental Problems" <http://www.healthychildren.org/English/healthy-living/oral-health/Pages/Diet-Tips-to-Prevent-Dental-Problems.aspx>
- "Dental Emergencies" <http://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Dental-Emergencies.aspx>
- "How to Care for your Child's Teeth" (English)
<http://familydoctor.org/familydoctor/en/kids/eating-nutrition/teeth-teething/dental-hygiene-how-to-care-for-your-childs-teeth.html>
- "How to Care for your Child's Teeth" (Spanish)
<http://es.familydoctor.org/familydoctor/es/kids/eating-nutrition/teeth-teething/dental-hygiene-how-to-care-for-your-childs-teeth.html>
- "Dental Resources for Teenagers" <http://www.mychildrensteeth.org/education/adolescents/>
- "Mouth Protectors" http://www.mychildrensteeth.org/assets/2/7/P_Sports.pdf

National Special Needs Sites:

- National Maternal & Child Oral Health Resource Center www.mchoralhealth.org/SpecialCare
- Special Care Dentistry Association www.scdonline.org/index.cfm
- National Foundation of Dentistry for the Handicapped <http://www.nfdh.org>
- American Academy of Developmental Medicine and Dentistry <http://www.aadmd.org>

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Pediatric Oral Exam

Exam Components

- **Observation**
 - External structures
 - Eruption Sequence
 - White spots, brown spots
 - Lateral borders and undersurface of the tongue
 - Posterior pharynx
 - Teeth
 - Hygiene especially gum borders, molars and behind teeth
 - Soft and hard Tissues

Knee to Knee Oral Exam

1. Child is held facing caregiver in a straddle position



2. Child leans back onto examiner while caregiver holds child's hands



3. Provider performs exam while caregiver holds child's hands and legs



Documentation

- History
 - Risk factors for caries
 - Fluoride exposure
- Physical exam
 - Hygiene, tooth defects, caries, lesions
- Action plan
- Dental referral
- Brushing, flossing
- Last dental visit

FLUORIDE VARNISH APPLICATION FACTS

What is fluoride varnish?

Fluoride varnish has been used in Europe for decades and use is increasing in the U.S. Fluoride varnish lowers caries-causing oral bacterial levels and repairs and strengthens teeth. It is not a substitute for fluoridated water or toothpaste.

Which children benefit most from fluoride varnish?

Fluoride varnish provides a reduction in caries of 37-63% in children. Numbers vary depending on background, risk, exposure to other fluoride such as toothpaste and water fluoridation. The US Preventive Services Taskforce gives a level B recommendation that all children from tooth eruption to age 6 should receive fluoride varnish twice a year and up to 4 times depending on risk. Evidence shows that there is a greater reduction in caries if varnish is started at 12-15 months.

How is fluoride varnish different from other professionally applied fluorides?

Fluoride varnish offers several advantages over other professionally applied fluorides:

1. Varnish comes in child-friendly flavors and is easily tolerated.
2. It easy to use and can be applied in less than 2 minutes.
3. Little is swallowed.

Who can apply fluoride varnish?

Dentists and physicians can apply varnish in all states. In some states physician assistants, nurse practitioners, nurses and medical assistants can do so.

What counseling should be provided to parents?

Inform caregivers that any discoloration will be gone within 6-8 hours. The varnish can feel funny to the tongue. The child can eat soft foods and drink immediately afterwards but refrain from brushing teeth for 12 hours. Varnish is most effective if applied 2-4 times per year, but may be applied more often. Finish the appointment with anticipatory guidance and follow-up plans including dental referrals and appropriate handouts.

How is fluoride varnish applied?

Fluoride varnish is most easily applied to infants/toddlers in the "knee-to-knee" position, with the parent in one chair and the clinician in another. This allows better access and control of the head, and the parent can assist. Remove plaque and food debris from the teeth with gauze. Do not excessively dry the teeth because varnish needs saliva to set properly. Paint the varnish (from 0.25 ml packet) on all sides of the teeth as a very thin film.



Information for Caregivers About Fluoride Varnish

- **Why do we recommend putting a fluoride varnish on children's teeth? Because your baby's teeth are IMPORTANT!**

Tooth decay is one of the most common diseases seen in children today. Children as young as 10 months can get cavities (holes in the teeth). Cavities in baby teeth can cause pain and may prevent children from being able to eat, speak, sleep and learn properly. Children should not normally lose all of their baby teeth until they are about 11 or 12 years old.

- **What is fluoride varnish?**

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

- **Is fluoride varnish safe?**

Yes! Fluoride varnish can be used on babies from the time that they have their first tooth (around 6 months of age). Fluoride varnish has been used to prevent cavities in children in Europe for more than 25 years, and is supported by the American Dental Association.

- **How is it put on the teeth?**

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths by other people. Your child's teeth may be a little bit yellow after the fluoride varnish is painted on, but this color will come off over the next few days.

- **How often does the fluoride varnish need to be applied?**

The fluoride coating works best if painted on the teeth 2-4 times per year.

- **What do I do after the varnish is put on my child's teeth?**

Do not brush your child's teeth for 12 hours. It is OK to eat or drink normal food after receiving varnish. Do not give him or her sticky or hard food until tomorrow. It is okay to get another varnish treatment after 3 months (with your doctor, dentist or at school) or sooner if recommended. Today's treatment does not replace brushing your child's teeth or taking a fluoride supplement (if your doctor or dentist has prescribed it).

Remember, Baby Teeth are Important!

This handout is based on The Dorchester House Multi-Service Center "Healthy Teeth for Tots" Program which is sponsored by the Healthy Tomorrows Partnership for Children Grant (HRSA / MCHB) CFDA # 93.110

Dental Hygiene: How to Care for Your Child's Teeth

How can I best care for my child's teeth?



Good dental hygiene habits should begin before your child's first tooth comes in. Wiping your baby's gums with a soft damp cloth after feedings helps to prevent the buildup of bacteria. When teeth appear, start using a soft children's toothbrush twice a day.

Once your child is preschool-age, start using fluoride toothpaste. Don't cover the brush with toothpaste; a smudge is just right until age 3, then a pea size amount (see picture above). Young children tend to swallow most of the toothpaste, and swallowing too much fluoride toothpaste can cause permanent stains on their teeth.

What about using fluoride tablets?

Fluoride helps make teeth strong by hardening the tooth enamel. Many cities are required to add fluoride to tap water. If you live in an area where the tap water doesn't contain fluoride, your doctor may prescribe daily fluoride tablets when your child is about 6 months old. Fluoride is an important part of your child's dental health, but don't give him or her more than the directions call for. If you miss a dose, don't give your child extra fluoride to make up. Just as with swallowed toothpaste, too much oral fluoride can cause stains on your child's teeth.

What are cavities?

Cavities are holes that are formed when bacteria (germs) in your mouth use the sugar in food to make acid. This acid eats away at the teeth. Cavities are common in children. Good tooth care can keep cavities from happening in your child

Is my child at risk for cavities?

Your child might be at risk for cavities if he or she eats a lot of sugary foods (such as raisins, cookies and candy) and drinks a lot of sweet liquids (such as fruit juice and punch, soda and sweetened drinks). Your child also might be at risk if he or she has any of the following risk factors:

- Was born early (prematurely) or weighed very little at birth (low birth weight)
- Has ongoing special health care needs
- Has white spots or brown areas on any teeth
- Does not go to the dentist very often

How can I help stop cavities?

Everyone in your family should take good care of their teeth. Family members with lots of cavities can pass the cavity-causing bacteria to babies and children.

Teeth should be brushed at least twice a day and adults should floss once a day. Everyone should see the dentist twice a year. Have your doctor or dentist show you the right way to brush your child's teeth.

Does diet affect my child's teeth?

Yes. Avoiding sweets, sticky foods and between-meal snacks is good advice. To avoid cavities, limit sweet snacks and drinks between meals. Have meals and snacks at regular times. Teeth-friendly snacks include fresh fruits and vegetables, and cheese and crackers.

Baby bottles can create additional problems with your child's dental health. When liquid from a bottle--like milk and juice--stays in contact with the teeth for a long time, the sugars cause tooth decay. This can create a condition called bottle mouth. Your baby's teeth can develop cavities and become pitted or discolored. Never put a baby to bed with a bottle. Don't let your child walk around during the day with a bottle, and teach your child to use a drinking cup around his or her first birthday.

Is thumb-sucking bad for my child?

It's normal for children to suck their thumbs, their fingers or a pacifier. Most children give up this habit on their own by age 4, with no harm done to their teeth. If your child still has a sucking habit after age 4, tell your dentist. Your dentist can watch carefully for any problems as the teeth develop. In most children there is no reason to worry about a sucking habit until around age 6, when the permanent front teeth come in.

When should I start taking my child to the dentist?

The American Dental Association recommends that parents take their child to a dentist around his or her first birthday. This gives the dentist a chance to look for early problems with your child's teeth. Pediatric dentists specialize in treating children's dental health. You and your child's dentist should review important information about diet, bottles, tooth brushing and fluoride use. Visiting the dentist from a young age will help your child become comfortable with his or her dentist. It also establishes the good habit of regular dental check-ups.

Source

Written by familydoctor.org editorial staff.

American Academy of Family Physicians

Reviewed/Updated: 12/09

Created: 09/00

MEDICAID FLUORIDE VARNISH MEDICAL PROVIDER TRAINING

Smiles for Life 2



PROOF OF TRAINING FORM

I have completed the Smiles For Life Module 6 Fluoride Varnish State Training on: 11/5/15

I have met the following objectives and I now understand:

1. The etiology of early childhood caries (ECC)
2. How to assess a child's risk of ECC
3. How to recognize early signs of ECC on an exam
4. How to identify children who would benefit from fluoride varnish
5. The mechanism of fluoride and fluoride varnish
6. The important benefits and risks and indications for fluoride varnish
7. How to apply fluoride varnish
8. How to offer parents advice for caries prevention and dental referral
9. Strategies for implementing a successful office-based fluoride varnish program.

Signature

Date

Please keep this form available for proof of training for billing purposes for Medicaid.