
Course in Aboriginal early childhood oral health



Health
Centre for
Oral Health Strategy

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Course description

The purpose of the Course in Aboriginal Early Childhood Oral Health (the course) is to up skill Aboriginal Health Workers (AHW) and other health professionals who service the early childhood (ages 0-5) population (e.g. child and family nurses, midwives, etc.) to:

- identify oral health risk factors and/or abnormalities in their client population;
- provide oral health referrals and referral support where required; and,
- provide oral health education and information.

The course was developed after extensive consultation with stakeholders to identify the competencies required to undertake early childhood oral health activities within the range of this course.

This course is designed to be an adjunct to the existing Aboriginal and Torres Strait Islander primary health care (HLT43907) and the Community Services Training Package oral health (HLTO7) qualifications. It builds on assumed core competencies to enhance workers' capacity to operate within their communities to further the oral health agenda.

The Cert III and Cert IV in *Aboriginal and Torres Strait Islander primary health care* have respectively 14 and 13 units of competency required for completion. Of this 13 are core and 1 is elective in the Cert III and 10 are core and 3 are elective in the Cert IV. Completion of this course allows recognition of 3 units of competency from the Cert III/Cert IV.

Completion of Module 1 of this course allows recognition of elective unit of competency for the Cert III and/or Cert IV **CHCOHC404A-Recognise and responds to signs and symptoms that may indicate oral health issues.**

Completion of Module 2 of this course allows recognition of core unit of competency for the Cert III and/or Cert IV **HLTAHW302A Facilitate communication between client and service providers.**

Completion of Module 3 of this course allows recognition of specific content unit of competency for the Cert III and/or Cert IV **HLTAHW423A Provide information and strategies in oral health.**

This then means that completion of this course would allow a student to receive sign off on (Statement of Attainment) 3 units of competency towards receipt of a full Cert III/CERT IV.

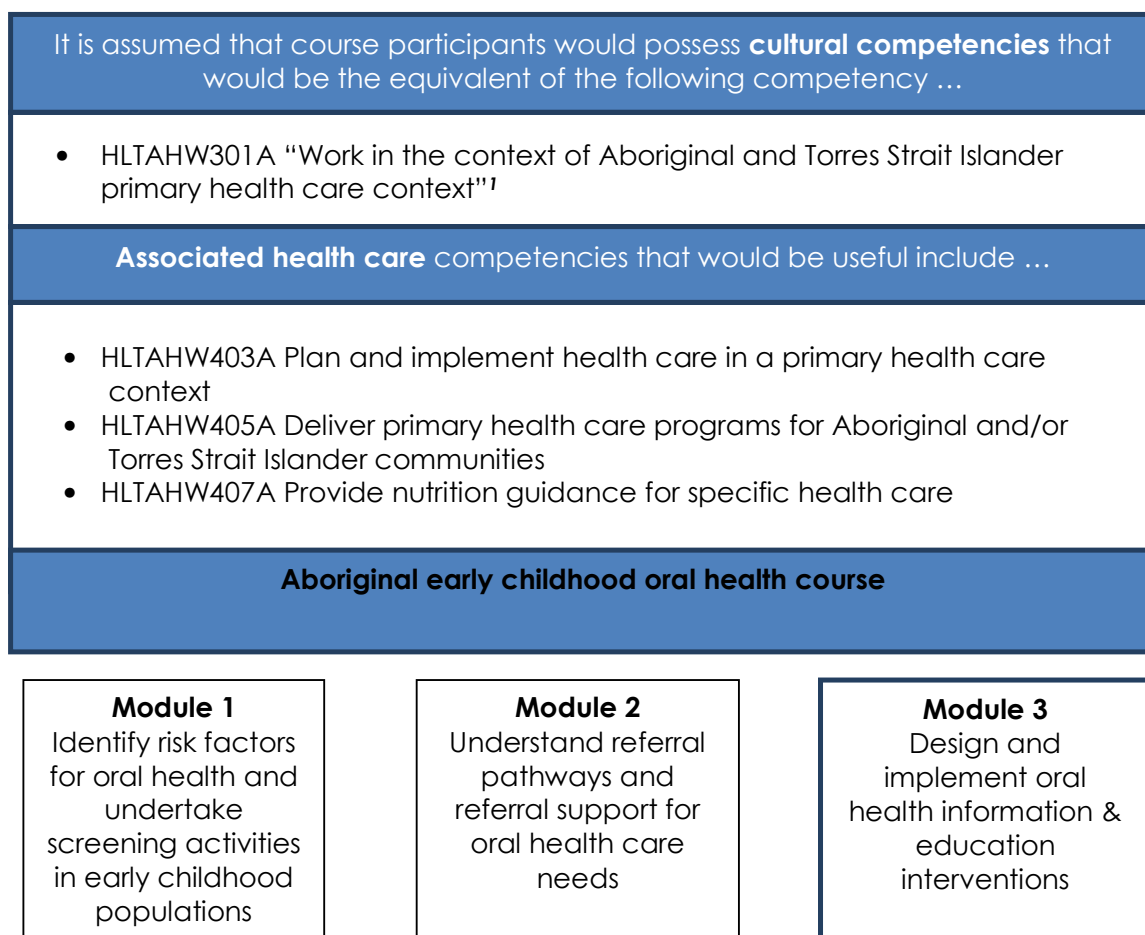
The course is appropriate for workers who have not received formal oral health or clinical training and who are involved at the grass roots level in health care. It is valuable for health workers with formal credentials who have a special interest in

early childhood oral health or where no oral health practitioner operates within the vicinity.

Participants receiving a Statement of Attainment upon completion of the course would depend on the relationship arranged with qualified training providers or auspicing bodies (Registered Training Organisations), recognition against one or up to three units of competency is possible. The relevant units are identified in each of the three course modules.

Figure 1 illustrates the basic structure of the course and how it is best situated within the context of existing oral health and Aboriginal Health Worker units of competency.

Figure 1 Structure and context of the Course



Course outcomes

Upon successful completion of this course, participants should be able to:

1. Identify risk factors for oral health and undertake screening activities in early childhood populations (module 1);
2. Provide referral support for children with oral health care needs and their parents / carers (module 2); and
3. Design and implement oral health information & education interventions (module 3).

A detailed description of each required module is provided on the following pages.

¹ The Aboriginal Primary Health Care Certificate III and IV are strongly underpinned by Aboriginal cultural awareness competencies. As the target audience for this training module is Aboriginal Health Workers the module assumes that participants already have appropriate cultural competencies.

Module 1: Identify risk factors for oral health and undertake screening activities in early childhood populations

1.1 Module purpose

The purpose of this module is to provide the skills and knowledge required by health workers to identify oral health issues that impact on the health of young children specifically within Aboriginal communities and populations.

Completion of this module would satisfy the requirements for recognition of new unit of competence **HLTO7 Training Package CHCOHC404A-Recognise and respond to signs and symptoms that may indicate oral health issues**

This unit is eligible as an elective unit for the qualification Cert III and/or Cert IV Aboriginal and Torres Strait Islander Primary Health Care.

1.2 Useful background

Cultural competencies that would be useful to those undertaking this course from the Certificate III and IV in Aboriginal Primary Health care include:

HLTAHW301A "Work in Aboriginal and/or Torres Strait Islander primary health care context".

1.3 Learning outcome details

1.3.1 Learning Outcome 1

On completion of module 1, the learner should be able to identify oral health risk factors of a *behavioural* and *environmental* nature.

Assessment Criteria:

1. Identify *behavioural* risk factors that impact on oral health.
2. Identify *environmental* risk factors that impact on oral health.
3. Identify how early childhood caries (ECC) can be prevented.
4. Identify how early stage ECC can be reversed.
5. Identify how ECC can lead to social dysfunction.

1.3.2 Learning Outcome 2

On completion of module 1, the learner should be able to apply skills and knowledge to undertake an oral health check and recognise oral health risks and oral health abnormalities.

Assessment Criteria:

1. Conduct an oral health risk assessment to better understand the impact of family characteristics on oral health and well being.
2. Describe 'see my smile' method of oral health check.
3. Conduct an oral health check for a child aged 0-5 years using one of two methods (1) 'knee to knee' assisted by a parent, or (2) by practicing with a doll assisted by course student peers.
4. Describe early signs of tooth decay, identify dental caries and abnormalities.
5. Demonstrate how and where to record the findings of an oral health check.

1.3.3 Learning Outcome 3

On completion of module 1, the learner should be able to communicate the findings of the oral health check and risk assessment to the parent/carer.

Assessment Criteria:

1. Identify oral health outcomes that represent a risk to good oral health.
2. Using role play, advise a parent or carer of the findings of the oral health check and risk assessment.
3. Assess the parent or carers' ability to understand the findings of the oral health check.
4. Assess and determine opportunity for change of behaviours.
5. Identify oral health check outcomes that result in a referral to oral health services.

1.4 Content

While it is recognised that the actual content and approach to delivery of the instruction may vary, it is suggested that the following content areas be covered by this module:

Behavioural risk factors:

- Prolonged and inappropriate bottle use
- Frequent consumption of high sugar drinks and/or foods
- Poor oral hygiene and/or family members with active tooth decay
- Other dietary concerns (i.e. coating dummies with honey)

Environmental risk factors:

- No fluoridated public water supply
- Limited or no access to dental services
- Living in a rural or remote area
- The social context– stress and coping, effects of discrimination, social networks, economic resources, social norms, food supply, access to transport

Other oral health risk factors:

- Parents or siblings have history of tooth problems
- Special health needs that could compromise ability to access services and to maintain a preventive regime

Processes of dental decay

- Plaque bacteria
- Sugar
- Tooth
- Time
- Saliva

What to look for in healthy mouths (signs and symptoms)

- Pale pink moist gums
- No ulcers lumps or sores
- Teeth whitish, smooth and glossy, except for biting surfaces of back teeth, which will be grooved.

Oral conditions that require referral (signs and symptoms)

- Visible plaque on teeth (that will not brush off particularly at the gum line)
- White spot lesions
- Rampant tooth decay
- Ulcers, lumps, holes, gum swelling, sores or lip blisters
- Changes in eating habits i.e. problems chewing, eating, swallowing
- Child complaining about oral sensitivity, discomfort or pain, hands in mouth, crying
- Recent trauma
- Bad breath
- Bleeding
- Broken teeth
- Brown or discoloured teeth

Describe the physical implications of early childhood caries.

- Failure to thrive
- Lack of sleep due to pain and discomfort
- Interruption to normal growth and development
- Costly emergency care and hospital-based treatment under general anaesthesia

Social implications for early childhood oral health

- poor self esteem - reluctance to smile or open mouth, embarrassment about appearance
- Change in mood or demeanour i.e. anxiety, withdrawal from normal activities, decreased communication
- decreased school attendance and performance

Oral health abnormalities

- Poor oral hygiene: visible plaque on teeth (an opaque soft film that is easily removed)
- Early stage of tooth decay: 'White lines' along the gum line on the surface of the enamel of incisor teeth indicate the need for a dental appointment;
Note: *tooth decay can be reversed at this stage with application of fluoride products*
- Cavitation: Brown or yellow spots that don't brush off indicate urgent need for dental appointment.

- Rampant tooth decay: Only a small amount of tooth enamel remains and abscesses may be visible on the gum above the teeth: indicates the need for an emergency dental appointment, preferably the same day.

Record results of an oral health check and risk assessment

- Record in patient file (depending on recording file used in each community) personal details such as name, DOB as well as the date and the findings of the oral health check.
- Record the advice given, including about need to seek treatment and/or preventive strategies
- Keep patient files secure and maintain the privacy of a patient
- Only impart information about patients to appropriate health service providers.

Communicate findings of oral health check to parent or carer

- Communicate oral health check findings in a culturally appropriate way.
- Confirm that the parent or carer understands the message by either verbal or non written means.

Communicate preventive advice to parent or carer

- Discuss opportunities to modify behaviour with parents or carers by prompting:
 - Does your child drink from a bottle? Only plain milk or water should be available.
 - Does your child take a bottle to bed? Only water should be available.
 - Does your child drink from a cup? Introduce at 6 months and stop the bottle at around 12 months.
 - Does your child consume a lot of high sugar foods and drinks and can these be reduced?
 - Does your child have their own toothbrush, one that is not shared with anyone else?
 - Do you help your child to brush their teeth twice a day after breakfast and before bed?
 - Does your child regularly eat fresh fruit and vegetables?

Dietary (food and drink) requirements for good oral health

- Describe food choices needed to meet daily dietary needs.
- Offer dietary advice to support good oral health (e.g. eat cheese to finish a meal, restrict consumption of sugary foods and sweet drinks, limit snacking to 2-3 healthy snacks per day, drink water in-between meals).

Good oral hygiene techniques

- Demonstrate how to brush a young child's teeth and the need for brushing twice a day.
- Discuss swishing mouth with water at other times of the day after eating or drinking (swish and swallow).
- Discuss when to introduce fluoride toothpaste and how much to use.

1.5 Assessment strategy

Teacher judgement and holistic assessment are emphasised in this course. The focus is the clustering and integration of areas of knowledge, skills and application against the module purpose, rather than on a 'checklist' approach.

Formative (informal) assessment is an ongoing process of monitoring learner progress and providing feedback to learners. It could take various forms such as peer assessment, self assessment and/or teacher assessment of levels of performance throughout the development of pertinent knowledge, skills and application but does not contribute to summative assessment.

Summative (formal) assessment is a measure of the learner's achievement against the module purpose and its learning outcomes. It can take the form of a final exam, a series of practical assessment activities or can be on-going. Summative assessment determines the learner's results and is the basis of reporting on learning achievement.

1.6 Assessor qualifications

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has a current qualification relating to what is being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself or:
- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care

Assessors should:

- have technical competence and current industry experience for the job or role against which performance is to be assessed
- possess the necessary interpersonal skills required in the assessment process.

Where individual assessors do not have all the required competencies, they should team up with another person or persons who have the remaining competencies forming an assessor 'team'. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience either be reviewed or is known by the relevant program supervisors that they participate in team assessment with people who meet the industries required competencies.

1.7 Conducting assessments

There are many ways in which assessments can be undertaken. These can occur in a range of settings including the workplace or in classroom-based activities during the conduct of the actual course itself. Assessment can occur as part of a structured education and training program, or through an 'assessment only' component where assessed learners receive recognition for the current competencies.

The module assessment may be integrated with the assessment requirement of other modules where appropriate. However steps must be taken to ensure that assessment outcomes can be broken down at the module level. For module 1, assessment must confirm appropriate knowledge and skills using components of the following assessment types:

1. Theory
 - a. Written
 - b. Oral
2. Practical by supervision on the job
3. Case study
4. Role play
5. Simulation
 - a. Peer course students
 - b. Photos
 - c. Models

1.8 Delivery methods

This module may be delivered on site (in house/on the job), off site (externally) or using a combination of delivery methods. Other delivery methods may include:

- block release
- external studies (correspondence)
- regular classes.

1.9 Resource requirements

Physical

Classroom or an area within the workplace where quiet interaction between trainers and students can take place.

Human

Trainers and assessors should have relevant industry qualifications for the job or role against which performance is to be assessed, and possess the necessary interpersonal skills required in the assessment process. Where individual assessors do not have all of the required competencies, they should team up with another person who has the remaining competencies. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience be reviewed and upgraded if required or that they participate in team assessment with people who meet the assessment requirements.

Learning resources

Oral health resources can be downloaded from the Centre for Oral Health Strategy website <http://www.health.nsw.gov.au/cohs/resources.asp> . Hard copies can be requested from (TBA – warehouse is closing in February. New arrangements not yet made).

The following resources may be especially useful:

- Early Childhood Oral Health Guidelines (A4 book)
- See My Smile brochure/magnet
- Teach Your Baby to Drink from a Cup brochure (DL size)
- Drink Well with a Training Cup- poster (A4 size)
- Public Dental Services information brochure (DL size)
- Oral Health Order Form

1.10 OHS

Standard precautions for infection control and which refer to OHS practices should be applied throughout the module as appropriate and may include:

- Washing hands before and after oral care
- Consideration of protective gear i.e. eye/facial protection, gloves or mask.

1.11 Unit of competency related to module 1

CHCOHC404A

Recognise and respond to signs and symptoms that may indicate oral health issues

Descriptor

This unit describes the skills and knowledge required to recognise and respond appropriately to signs and symptoms that may indicate a potential for oral health issues in clients

Employability Skills

This unit contains Employability Skills

Application

This unit is intended to address skills and knowledge appropriate for direct care workers in a range of health and community services environments whose work roles enable them to recognise potential oral health issues through observation of the behaviour, habits and physical condition of clients

ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

ELEMENT

Elements define the essential outcomes of a unit of competency.

1. Identify variations in *client* behaviour

2. Undertake basic visual oral check and questioning

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

- 1.1 Identify *client behaviour and habits* that may indicate oral health issues or associated pain or discomfort
- 1.2 Observe, listen for self-reports and question client and/or carer or *other relevant people* as required to determine whether the client is experiencing any pain or discomfort that may be associated with oral health issues
- 1.3 Take into account *contributing factors* that may produce variation from normal behaviour

- 2.1 Obtain consent from the client or *substitute decision maker* to conduct basic visual oral check and questioning
- 2.2 Ensure comfort of client by developing trust and rapport and working in an appropriate environment and at an optimal time
- 2.3 For visual check attempt to ensure client is in a position which provides access to the mouth seeking their assistance to open their own mouth limiting contact inside the mouth
- 2.4 Provide support for client's head or chin if necessary to enhance visual access without creating discomfort for the client
- 2.5 Perform basic visual oral check in line with *legislative requirements, organisation guidelines, policies and procedures* and within own work role
- 2.6 Ensure visual check is conducted in accordance with *standard precautions*
- 2.7 Identify *signs and symptoms of potential oral health issues* that may indicate variation from normal and actively listen to and be aware of self-reports

ELEMENT

Elements define the essential outcomes of a unit of competency.

3. Follow up and promote ongoing oral health care

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

- 3.1 Complete reporting processes, using *information from client* and/or carer or other relevant people as well as own observations in relation to potential oral health issues
- 3.2 Discuss potential oral health issues with client and/or relevant others in line with organisation policies and procedures and respecting client priorities and choices
- 3.3 Take appropriate action within work role including discussing with supervisor in consultation with client
- 3.4 Provide client with information relevant to promoting and maintaining *good oral health* using appropriate communication strategies
- 3.5 Support clients to take a self-care approach to oral health in line with individual needs where possible
- 3.6 Identify and address key barriers to management or self-management of oral health

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include knowledge of:

- Awareness of the National Oral Health Plan and other relevant state and national government policy and programs
- Basic anatomy and physiology underpinning oral health including what is considered healthy and unhealthy
- Causes and prevention of tooth wear including erosion, abrasion and attrition
- Effective self-care practices for oral health
- Guidelines for use of relevant technology including information technology
- Healthy eating recommendations as identified in the National Health and Medical Research Council's Australian Dietary Guidelines
- Impact of certain health conditions and related treatments on oral health e.g. immunosuppressant conditions, HIV, chemotherapy and radiation
- Infection control standards and guidelines
- Key elements of accurate reporting
- Oral disease and broad treatment options available
- Oral side effects of medications such as metallic taste in the mouth, dry mouth syndrome and ulcers
- Organisation policies and procedures relating to:
 - client confidentiality and consent
 - limits to own role and authority/responsibility
 - referral, including various levels of urgency
- Range of behavioural changes that may be indicative of oral health issues
- Range of relevant oral health referral options
- Saliva and its role in the maintenance of oral health:
 - acting as a lubricant
 - delivering calcium, phosphate and fluoride to the tooth surface
 - protecting teeth by neutralising acid
- Systemic conditions which influence the development of oral disease
- The interaction between oral health and general health

continued ...

REQUIRED SKILLS AND KNOWLEDGE

Essential knowledge (contd):

- Understanding of factors that impact on oral health including:
 - abuse
 - access to services
 - accumulation of plaque and calculus
 - alcohol, licit and illicit drugs and substances and over the counter and herbal treatments
 - alcohol misuse
 - bacteria in dental plaque
 - client education
 - correct infant feeding practices
 - diet and nutrition including fluids
 - fluoride
 - general health and wellbeing
 - immunosuppressant conditions
 - medical history
 - oral piercings
 - psychological issues such as fear of being seen without dentures or persisting with ill fitting dentures for satisfaction of others
 - salivary function
 - smoking
 - social and cultural determinants of health
 - susceptible tooth surfaces
 - transmission of bacteria particularly from parent to child
 - trauma such as from seizures
- Understanding of own ability and role in relation to client oral health

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Accurately differentiate between healthy and unhealthy oral presentation
- Carry out effective oral health self care practices
- Communicate effectively to provide information of processes and protocols to be undertaken
- Consistently apply standard precautions where necessary
- Elicit relevant information from client or documents
- Identify situations when assistance is required
- Recognise changes in clients behaviour, habits and physical condition that might indicate potential oral health issues
- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities
- Use active listening and questioning skills
- Use appropriate reporting and documentation practices

continued ...

REQUIRED SKILLS AND KNOWLEDGE

- Use communication skills to effectively establish a relationship of trust with clients, their family and/or carer(s) and other relevant people
- Use initiative in finding opportunities to promote oral health care
- Use relevant technology including information technology safely and effectively

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include the ability to:

- Apply basic problem solving skills to resolve problems within organisation protocols
- Apply literacy and numeracy skills required to fulfil work role in a safe manner and as specified by the organisation
- Consistently demonstrate interpersonal skills including empathy when relating to people from a range of backgrounds and abilities
- Work effectively with clients, colleagues and supervisors

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Client refers to those living in the community and/or facilities and may include:

- Children receiving care including in children's services
- Older people
- Palliative care clients
- People in care facilities
- People with dementia
- People with disabilities
- People with mental health issues

Client behaviour and habits may include:

- Anxiety around or avoidance of specific events
- Apparent pain or discomfort in or around the mouth
- Behaviours of concern
- Change in eating habits
- Change in mood or demeanour
- Changes in communication
- Crying
- Difficulty with eating including spitting out food
- Hands in the mouth
- Inconsistent wearing of dentures
- Lethargy
- Physical aggression
- Refusal to open mouth
- Rubbing own teeth or gums
- Seemingly normal behaviours e.g. coughing could be indicator that food is in the lungs
- Self harming behaviour
- Social isolation or withdrawal

Other relevant people may include but not be limited to:

- External health care providers
- Other service providers
- Personnel internal to the service provider

RANGE STATEMENT

Contributing factors may include but not be limited to:

- Abuse
- Ageing
- Disability
- Injury
- Medications
- Substance misuse
- Systemic illness

Substitute decision maker (in relation to consent) must be:

- The person appointed with the right to speak for the client such as:
 - advocate
 - carers
 - guardians
 - health attorneys
 - medical power of attorney
 - members of family
 - other practitioners
 - parent of child
 - person responsible
 - public trustee

Legislative requirements refers to:

- Federal, state or territory legislation that may impact on workers' practices and responsibilities, noting that implementation of the competency standards must reflect the legislative framework in which a worker operates

Organisation guidelines may include but are not limited to:

- Clinical protocols
- Position descriptions
- Workplace policies and procedures including:
 - infection control
 - occupational health and safety

Standard precautions refer to infection control and may include:

- Wash hands before and after oral care
- Consideration of:
 - eye/facial protection (glasses/face shield)
 - gloves
 - gown
 - mask
- Disposal of personal protective equipment

RANGE STATEMENT

Signs and symptoms of potential oral health issues may include but not be limited to:

Observed (and/or reported) signs in or around the mouth such as:

- Bad breath (halitosis)
- Bleeding
- Broken teeth
- Brown or discoloured teeth
- Calculus (mineralised plaque that will not brush off) on teeth particularly at gum line
- Change in colour or coating of tongue
- Dry mouth
- Eruption issues for children
- Evidence of build up of dental plaque on teeth, particularly at gum line
- Holes in teeth
- Lip blisters, sores or cracks
- Loose or mobile teeth
- Mouth debris / excessive food left in mouth
- Mouth ulcer/s
- Premature loss of baby teeth
- Receding or enlarged gums
- Soft tissue lesions e.g. red or white spots
- Swelling of face or localised swelling / inflammation
- Tooth sensitivity

Issues reported by client and/or others such as:

- Tooth sensitivity
- Refusal of oral care
- Sore mouth, gums, tongue or teeth

Other observations such as:

- Change in appetite
- Change in demeanour or mood
- Difficulty eating/speaking
- Inability to open mouth very wide
- Irritability
- Refusing to open mouth
- Weight loss

Observed and/or reported issues with dentures, such as:

- Broken metal wires/clips on partial denture
- Calculus on denture
- Chipped or missing teeth on denture or chipped or broken acrylic areas on denture
- Denture movement when client is speaking or eating
- Refusal or failure to wear denture
- Sore spots caused by wearing denture
- Unclean denture

RANGE STATEMENT

Information from client may include but is not limited to:

- Basic dietary information on eating patterns and cariogenic food and drink intake
- Client concerns, beliefs and preferences regarding their signs and symptoms
- Clinical progress notes relevant to the presenting problem
- Current prescribed and other medications
- Current support mechanisms
- Family and community circumstances, including environmental factors that may contribute to client's health
- History of the presenting problem e.g. character, severity and duration of symptoms and past dental visits
- Medical history, e.g. chemotherapy
- Significant ongoing health conditions

Good oral health refers to but may not be limited to:

- A person's mouth that has:
 - breath without offensive odour
 - inflammation and lesion free soft tissue
 - intact and stable teeth without cavities
 - moist lips without chapping
 - no build up of food, calculus or plaque
 - no oral pain
 - pink, moist, uncoated tongue
 - watery plentiful saliva
- Looking after the whole mouth including natural and artificial teeth, gums, tongue, lips and inside the cheeks
- Oral health related quality of life factors such as appearance, social interaction and self esteem

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this unit of competency:

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- This unit is best assessed in the workplace or in a simulated workplace under the normal range of conditions
- Consistency in performance should consider the particular workplace context

Access and equity considerations:

- All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

Context of and specific resources for assessment:

- This unit can be delivered and assessed independently, however holistic assessment practice with other community services units of competency is encouraged
- Resources required for assessment include:
 - access to appropriate workplace where assessment can take place, or
 - simulation of realistic workplace setting

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Method of assessment:

- In cases where the learner does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios
- Assessment of this unit of competence will include observation of processes and procedures, oral and/or written questioning on essential knowledge and skills and consideration of required attitudes
- Consistency of performance should be demonstrated over a range of relevant workplace conditions

Related units:

- This unit may be assessed independently or in conjunction with other units with associated workplace application

Module 2: Understand referral pathways and referral support for oral health care needs

2.1 Module Purpose

The purpose of module 2 is to provide the skills and knowledge required to support parents and carers of children (ages 0-5) in Aboriginal communities and populations referred to oral health services after an oral health check has been conducted and where a cause for concern has been identified.

Completion of this module would satisfy the requirements for recognition of the unit of competence **HLTAHW302A Facilitate communication between client and service providers** which is a core unit in the qualification Cert III and /or Cert IV Aboriginal and Torres Strait Islander Primary Health Care.

2.2 Useful background

Cultural and communication competencies that would be useful to those undertaking this course from the Certificate III and IV in Aboriginal Primary Health care include:

HLTAHW301A "Work in Aboriginal and/or Torres Strait Islander primary health care context".

HLTAHW202A "Support clients to obtain access to health services"

2.3 Learning Outcomes

2.3.1 Learning Outcome 1

On completion of module 2, the learner should be able to assess the ability of a parent or carer to understand and comply with a referral they have been given and the level of support required.

Assessment Criteria:

1. Using role play, communicate the findings of an oral health check to a parent or carer of a child.
2. Using role play, demonstrate how to determine the level of understanding a parent or carer of a young child has for considering their options.
3. Assess the parent or carer's ability to action the findings.
4. Using group discussion, determine the level of support needed for various clients.
5. Identify resources that may be required to connect clients to their referral options (e.g. transport).

2.3.2 Learning Outcome 2

On completion of module 2, the learner should be able to liaise with and connect parents and carers of children ages 0-5 with an oral health concern to appropriate services.

Assessment Criteria:

1. Identify the service or referral options that could be presented to a parent or carer of a child.
2. Demonstrate how to go about contacting a health service provider and booking appointments on behalf of clients.
3. Demonstrate how to develop an oral health plan with a parent or carer of a child aged 0-5 years that has undergone an oral health check.
4. Demonstrate how to communicate the client's oral health care needs to an oral health service provider.

2.3.3 Learning Outcome 3

On completion of module 2, the learner should be able to follow up clients to ensure they have attended a referral appointment.

Assessment Criteria:

1. Using role play, advise a service provider of upcoming needs and appointments of clients and confirm whether appointments were kept.
2. Demonstrate how to work together with service providers to reduce Failure to Attend (FTA) appointments.
3. In group discussion, detail how to ensure repeat or further appointments with service providers are kept.
4. In group discussion, list ways in which a client might feel anxious about presenting to a service, the reasons why appointments are missed and how these issues can be overcome.

2.4 Content

While it is recognised that the actual content and approach to delivery of the instruction may vary, it is suggested that the following content areas be covered by this module:

Communicate referral options with parent or carer

- Communicate referral options with parent or carer using verbal and non verbal messages.
- Describe eligibility criteria and processes (e.g. might need to show Medicare / Healthcare cards).

Discuss referral options

- Oral health service network options in community and tertiary settings.

- Different roles of each available oral health professional, including: dental therapists, oral health therapists, dental hygienists, dentists, dental assistants.
- Service eligibility criteria and processes.
- Discuss appropriate options for referral as required.

Determine the ability of a parent or carer to understand and comply with referrals and the level of support they require

- Verbal and non verbal communication has been received that confirms the understanding of the client's parent or carer.
- Provide clients with the support appropriate to their circumstances which may include:
 - Verbal advice about service that client will be referred to
 - Written referral to service provider
 - If required, call and make the appointment on the client's behalf in the client's presence to ensure availability of client and service provider
 - Reminder of appointment to parent or carer of client prior to attendance
 - Assess transport requirements and provide support if required
 - Assess whether the parent or carer of the client requires accompaniment to the appointment with the service provider
 - Follow up support for ongoing treatment.

Communicate results of an oral health check to service providers

- Communicate oral health check findings to appropriate service provider according to community protocol and pathways.

Communicate client needs to service providers

- Advise service providers of client needs
- Request feedback from service provider about appointment outcome
- Discuss with service provider strategies to minimise FTA appointments
- Confirm with service provider and/or parent or carer whether further appointments are required
- Provide the client with further support as required for ongoing appointments.

Identify oral health services within a community

- Identify oral health service options in the local community area, including Aboriginal Medical Services, public and private oral health services.

2.5 Assessment Strategy

Teacher judgement and holistic assessments is emphasised in this course. The focus is the clustering and integration of areas of knowledge, skills and application against the module purpose, rather than on a 'checklist' approach.

Formative (informal) assessment is an integral and vital part of teaching strategy which provides feedback to learners. This is an ongoing process of monitoring learner progress. It could take various forms such as peer assessment, self assessment and/or teacher assessment of levels of performance throughout the development of pertinent knowledge, skills and application but does not contribute to summative assessment.

Summative (formal) assessment is a measure of the learner's achievement against the module purpose and its learning outcomes. It can take the form of a final exam, a series of practical assessment activities or can be on-going. Summative assessment determines the learner's results and is the basis of reporting on learning achievement.

2.6 Assessor qualifications

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has a current qualification related to what is being assessed and who is Aboriginal or Torres Strait Islander him/herself, or accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

Assessors should:

- Have technical competence and current industry experience for the job or role against which performance is to be assessed, and
- Possess the necessary interpersonal skills required in the assessment process.

Where individual assessors do not have all the required competencies, they should team up with another person or persons who have the remaining competencies forming an assessor 'team'. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience be reviewed or that they participate in team assessment with people who meet the industries required competencies.

2.7 Conducting assessments

There are many ways in which assessment can be undertaken. These can occur in a range of settings including the workplace or in classroom-based activities during the conduct of the actual course itself. Assessment can occur as part of a structured education and training program, or through an 'assessment only' component where assessed learners receive recognition for the current competencies.

The module assessment may be integrated with the assessment requirement of other modules where appropriate. However steps must be taken to ensure that assessment outcomes can be broken down at the module level. For module 2, assessment must confirm appropriate knowledge and skills using components of the following assessment types:

1. Theory
 - a. Written
 - b. Oral
2. Practical by supervision on the job
3. Case study
4. Role play

5. Simulation
 - a. Peer course students
 - b. Photos
 - c. Models

2.8 Delivery methods

This module may be delivered on site (in house/on the job), off site (externally) or using a combination of delivery methods. Other delivery methods may include:

- on the job projects;
- external studies (correspondence); and
- supervised work.

2.9 Resource requirements

Physical

Classroom or an area within the workplace where quiet interaction between trainers and students can take place.

Human

Trainers and assessors should have relevant industry qualifications for the job or role against which performance is to be assessed, and possess the necessary interpersonal skills required in the assessment process. Where individual assessors do not have all of the required competencies, they should team up with another person who has the remaining competencies. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience be reviewed and upgraded if required or that they participate in team assessment with people who meet the assessment requirements.

Learning resources

Oral health resources can be downloaded from the Centre for Oral Health Strategy website <http://www.health.nsw.gov.au/cohs/resources.asp> . Hard copies can be requested from (TBA – warehouse is closing in February. New arrangements not yet made).

The following resources may be especially useful:

- Early Childhood Oral Health Guidelines (A4 book)
- See My Smile brochure/magnet
- Teach Your Baby to Drink from a Cup brochure (DL size)
- Drink Well with a Training Cup- poster (A4 size)
- Public Dental Services information brochure (DL size)
- Oral Health Order Form

2.10 OHS

Standard precautions for infection control and which refer to OHS practices should be applied throughout the module as appropriate and may include:

- Washing hands before and after oral care
- Consideration of protective gear i.e. eye/facial protection, gloves or mask.

2.11 Unit of competency related to module 2

Health Training Package

HLTAHW302A Facilitate communication between clients and service providers

Unit Descriptor

This unit is to deal with the skills and knowledge required to assist clients to communicate information to health care providers and vice versa (including interpreting and translating where required) and to liaise with service providers in order to enable client access to a range of health services.

Employability Skills

The required outcomes described in this unit of competency contain applicable facets of Employability Skills.

The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements.

Application

This unit is intended to address skills and knowledge required by those working with Aboriginal or Torres Strait Islander communities at Certificate III level, under direction, to deliver a specific range of health care services.

Direction may be provided by close supervision or established guidelines that limit discretion

This competency unit incorporates skills and knowledge covered in:

- HLTAHW202A Support clients to obtain access to health services

ELEMENT

Elements define the essential outcomes of a unit of competency.

1. Support *clients* in the use of a *preferred language*

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement

- 1.1 Encourage and support Aboriginal and Torres Strait Islander clients to communicate in their preferred language
- 1.2 Accurately translate verbal and/or written information to address the needs of service providers and/or clients
- 1.3 Provide interpreting services as required to support relationships between service providers, carers, clients and the community
- 1.4 Advise clients as required of persons or organisations who may assist in interpreting a particular language

1.5 Assist clients as required to contact persons or organisations who can interpret a particular language

ELEMENT

2. Translate verbal or written information into a form that is understood

PERFORMANCE CRITERIA

- 2.1 Respond to requests for assistance with interpretation in line with organisation guidelines
- 2.2 Assess the need for interpretation and discuss with *appropriate persons*
- 2.3 Translate information from one language to the language(s) of the other person(s) involved
- 2.4 Regularly check the clarity of the communication, before and after the translation
- 2.5 Use clear, appropriate and accessible language that values and respects each individual

ELEMENT

3. Facilitate communication between clients and *service providers*

PERFORMANCE CRITERIA

- 3.1 Assist clients to explain their needs and issues and negotiate available options
- 3.2 Explain reasons for information needed by service providers to clients as required
- 3.3 Explain in detail services offered by specific health service providers to clients
- 3.4 Assist in ensuring the client has understood the information provided by the service provider

ELEMENT

4. Liaise with health service providers in meeting client and community needs

PERFORMANCE CRITERIA

- 4.1 Inform multi-disciplinary health service teams of ongoing and/or changing individual and community needs and issues that may impact on service provision
- 4.2 Communicate local community values, beliefs and gender roles to service providers as required
- 4.3 Explain the role of traditional healers in the community to service providers, if required
- 4.4 Consult health service providers about the organisation and delivery of health services in the community
- 4.5 Undertake consultation to provide clients with reasonable and timely access to general and specialist health services required outside their own community

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- Language or languages, written and/or spoken, as required within the community and the workplace
- Medical terminology relevant to the workplace
- Other terminology relevant to the care being provided, such as oral health care
- The culture of the client, caregiver and health service provider
- The communication style of the client, caregiver or health service provider

Essential skills:

Ability to:

- Use effective verbal and non-verbal communication
- Apply skills in:
 - observation
 - mediation
 - questioning
 - rephrasing
 - interpreting and clarifying
 - translation from one language to another language, if required
- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Cultural respect

This competency standard supports the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples.

It recognises that the improvement of the health status of Aboriginal and Torres Strait Islander people must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.

Its application must be culturally sensitive and supportive of traditional healing and health, knowledge and practices

Community control

Community participation and control in decision making is essential to all aspects of health work, and the role of the health worker is to support the community in this process.

Supervision

Supervision must be conducted in accordance with prevailing state/territory and organisation legislative and regulatory requirements.

References to supervision may include either direct or indirect supervision of work by more experienced workers, supervisors, managers or other health professionals. A person at this level should **only** be required to make decisions about clients within the organisation's standard treatment protocols and associated guidelines.

RANGE STATEMENT

Legislative requirements

Federal, state or territory legislation may impact on workers' practices and responsibilities. Implementation of the competency standards should reflect the legislative framework in which a health worker operates. It is recognised that this may sometimes reduce the application of the Range of Variables in practice. However, assessment in the workplace or through simulation should address all essential skills and knowledge across the Range of Variables. Aboriginal and/or Torres Strait Islander Health Workers may be required to operate in situations that do not constitute 'usual practice' due to lack of resources, remote locations and community needs. As a result, they may need to possess more competencies than described by 'usual practice circumstances'. Under all circumstances, the employer must enable the worker to function within the prevailing legislative framework.

Preferred language may include:

The language in which a person feels most comfortable communicating their needs, thoughts, feelings and opinions, including:

- community language
- English
- sign language

Translation and interpreting services include:

- Literal translation of written or spoken words of one person into the language of another person
- Conveying the needs, feelings, opinions and ideas expressed by one person into a form that is understood by other persons

Clients may include:

- Persons receiving health care
- Persons who request assistance from the health worker
- Family members and/or carers acting on behalf of clients
- Members of the community

RANGE STATEMENT

Service providers may include:

- Health practitioners
- Managers or other staff of health services/ organisations, including administrative/operative staff
- People/workers providing a supportive or caring service to meet the holistic health care needs of the community or individuals

Appropriate persons may include:

- The client, caregiver or health service provider
- A person directly affected by the communication
- A person who was or is party to the communication
- The manager of a worker who is party to the communication, in some circumstances
- An interpreter whom the community has assigned the role of clarifying communications

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects of assessment:

Evidence should demonstrate the individual's ability to:

- Provide language support for Aboriginal and/or Torres Strait Islander clients in line with identified needs and workplace requirements
- Communicate effectively with both Aboriginal and/or Torres Strait Islander clients and health service providers

Conditions of assessment:

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself or:

- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

Context of assessment:

Competence should be demonstrated working individually, under supervision or as part of a primary health care team working with Aboriginal and/or Torres Strait Islander clients.

Assessment should replicate workplace conditions as far as possible.

Interdependence of units:

This unit may be assessed independently or in conjunction with other units with associated workplace application.

Module 3 Conduct oral health information and education activities

3.1 Module Purpose

The purpose of module 3 is to provide the skills and knowledge required to conduct oral health information and education activities for parents/carers of children (ages 0-5) in Aboriginal communities and populations.

Completion of this module would satisfy the requirements for recognition of the unit of competence **HLTAHW423A Provide information and strategies in oral health** which is a specific content elective unit of competence in the qualification Certificate IV Aboriginal and Torres Strait Islander Primary Health Care.

Progress may also be made to recognition of **HLTAHW308A Assist with basic health screening, promotion and education services** a core unit in the qualification Cert III/Cert IV Aboriginal and Torres Strait Islander Primary Health Care

3.2 Useful background

Cultural competencies which would be useful to those undertaking this course from the Certificate III and IV in Aboriginal Primary Health care include:

HLTAHW301A "Work in Aboriginal and/or Torres Strait Islander primary health care context"

3.3 Learning Outcome details

3.3.1 Learning Outcome 1

On completion of module 3, the learner should be able to develop and design education and information activities to improve oral health awareness for parents/carers of the target population- children (0-5) in Aboriginal communities and populations.

Assessment Criteria:

1. List positive habits to promote with parents/carers of young children that are important for maintaining good oral health (could include; brushing teeth morning and evening, rinsing mouth with water after eating or drinking, eating fresh fruits and vegetables, reducing the intake of sugar and sugary snacks and drinks, etc.)
2. List risk factors (behavioural and environmental) to maintaining good oral health (such as honey/sugar on dummy, not brushing teeth regularly, high sugar intake through sugary foods and drinks, fresh fruits and vegetable not included in a child's diet, etc.)

3. Describe oral health abnormalities and accurately described signs and symptoms to look for which may indicate oral health concerns.
4. State where to access toothbrushes and toothpaste for oral health informational activities.
5. List the oral health resources that could be used to support oral health informational activities and where they can be accessed (see point 3.9).
6. Demonstrate how to prepare an oral health presentation for a target group (using the learning resources as listed under point 3.9).

3.3.2 Learning Outcome 2

On completion of module 3, the learner should be able to conduct oral health informational/ education activities.

Assessment Criteria:

1. List the oral health providers who could contribute to oral health promotion activities.
2. Identify personnel that could contribute to oral health promotion and education activities.
3. Demonstrate oral hygiene techniques and aides.
4. Role play an education / information session demonstrating presentation, use of materials, allowing questions and providing feedback and encouraging the audience interaction.
5. Describe 3 community settings where oral health education activities could take place.

3.3.3 Learning Outcome 3

On completion of module 3, the learner should be able to assess the outcomes of oral health education promotion and/or informational activities and follow up other oral health promotion initiatives.

Assessment Criteria:

1. Evaluate oral health education and informational activities according to standard approaches.
2. Adjust education activities on the basis of evaluation findings.
3. Using role play, illustrate some ideas of how to work with communities to promote good oral health and nutrition and identify community needs (i.e. fluoridated water, access to dental services).

3.4 Content

While it is recognised that the actual content and approach to delivery of the instruction may vary, it is suggested that the following content areas be covered by this module:

Develop an oral health education activity for a target group

- Develop an oral health education program or activity for a target group.

Undertake health informational and awareness activities

- Undertake health promotion (information, education and awareness) activities at early childhood centres, Aboriginal maternity services or on child health check days including the use of oral health posters, teaching aids and visual equipment as needed.

Oral health education programs

- Recommended toothpaste, toothbrush and oral hygiene aids for home use
- Age dependent modifications for children

Causes and prevention of oral diseases

- Role of plaque in development of dental caries and periodontal disease
- Risk factors in development of dental caries, periodontal disease and non-carious tooth wear
- Role of mouthguards in the prevention of trauma to dentition
- Risk factors in diet related to the development of dental caries
- Role of saliva in the prevention of dental caries

Oral hygiene techniques

- Manual and electric tooth brushing technique
- Use of dental floss
- Use of fluoride toothpaste and mouth rinses when appropriate
- Use of other specific oral hygiene aids when appropriate
- Modifications for young children

Issues relating to diet and oral health

- Impact of cariogenic and low pH food, including:
 - level of intake
 - frequency of intake
 - consistency
 - content
- Importance of reviewing current dietary habits

Oral diseases targeted in an oral Health

- Dental caries (decay of dentition)
- Periodontal disease (supporting structures of dentition)
- Damage to dentition due to trauma
- Effects of low salivary flow

Appropriate aids

- Range of manual and electric toothbrushes
- Range of oral hygiene aids, including a range of dental floss
- A range of toothpastes
- Range of mouth rinses

Strategies to improve oral health

- Identification of relationships between oral health and nutrition, demography, culture, socio-economic status and general health
- Use of a community approach to devise strategies to improve oral health

3.5 Assessment Strategy

Teacher judgement and holistic assessments is emphasised in this course. The focus is the clustering and integration of areas of knowledge, skills and application against the module purpose, rather than on a 'checklist' approach.

Formative (informal) assessment is an integral and vital part of teaching strategy which provides feedback to learners. This is an ongoing process of monitoring learner progress. It could take various forms such as peer assessment, self assessment and/or teacher assessment of levels of performance throughout the development of pertinent knowledge, skills and application but does not contribute to summative assessment.

Summative (formal) assessment is a measure of the learner's achievement against the module purpose and its learning outcomes. It can take the form of a final exam, a series of practical assessment activities or can be on-going. Summative assessment determines the learner's results and is the basis of reporting on learning achievement.

3.6 Assessor qualifications

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself or:
- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care

Assessors should:

- Have technical competence and current industry experience for the job or role against which performance is to be assessed, and
- Possess the necessary interpersonal skills required in the assessment process.

Where individual assessors do not have all the required competencies, they should team up with another person or persons who have the remaining competencies forming an assessor 'team'. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience be reviewed or that they participate in team assessment with people who meet the industries required competencies.

3.7 Conducting assessments

There are many ways in which assessment can be undertaken. These can occur in a range of settings including the workplace or in classroom-based activities during the conduct of the actual course itself. Assessment can occur as part of a structured education and training program, or through an 'assessment only' component where assessed learners receive recognition for the current competencies.

The module assessment may be integrated with the assessment requirement of other modules where appropriate. However steps must be taken to ensure that assessment outcomes can be broken down at the module level. For module 3, assessment must confirm appropriate knowledge and skills using components of the following assessment types:

1. Theory
 - a. Written
 - b. Oral
2. Practical by supervision on the job
3. Case study
4. Role play
5. Simulation
 - a. Peer course Students
 - b. Photos
 - c. Models

3.8 Delivery methods

This module may be delivered on site (in house/on the job), off site (externally) or using a combination of delivery methods.

Other delivery methods may include:

- block release;
- external studies (correspondence); and
- regular classes.

3.9 Resource requirements

Physical

A classroom or an area within the workplace where quite interaction between trainers and students can take place.

Human

Trainers and assessors should have relevant industry qualifications for the job or role against which performance is to be assessed, and possess the necessary

interpersonal skills required in the assessment process. Where individual assessors do not have all of the required competencies, they should team up with another person who has the remaining competencies. Some assessors based in community health services may have the content knowledge but may not be 'trainers' themselves. It is strongly recommended that assessors work experience be reviewed and upgraded if required or that they participate in team assessment with people who meet the assessment requirements.

Learning resources

Oral health resources can be downloaded from the Centre for Oral Health Strategy website <http://www.health.nsw.gov.au/cohs/resources.asp> . Hard copies can be requested from (TBA – warehouse is closing in February. New arrangements not yet made).

The following resources may be especially useful:

- Early Childhood Oral Health Guidelines (A4 book)
- See My Smile brochure/magnet
- Teach Your Baby to Drink from a Cup brochure (DL size)
- Drink Well with a Training Cup- poster (A4 size)
- Public Dental Services information brochure (DL size)
- Oral Health Order Form

3.10 OHS

Standard precautions for infection control and which refer to OHS practices should be applied throughout the module as appropriate and may include:

- Washing hands before and after oral care
- Consideration of protective gear i.e. eye/facial protection, gloves or mask.

3.11 Unit of competency related to module 3

HLTAHW423A	Provide information and strategies in oral health
Unit Descriptor	<p>This unit describes the competencies required to conduct health promotion related to oral health as part of primary health care services for Aboriginal and/or Torres Strait Islander communities</p> <p>Specific advice provided may be limited by close supervision or established guidelines in line with community needs and health provider guidelines</p>
Employability Skills	<p>The required outcomes described in this unit of competency contain applicable facets of Employability Skills</p> <p>The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements</p>
Application	<p>This unit is intended to address skills and knowledge required by those working with Aboriginal or Torres Strait Islander communities to deliver primary health care services at Certificate IV level</p>
ELEMENT	PERFORMANCE CRITERIA
Elements define the essential outcomes of a unit of competency.	The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.
1. Provide information and guidance related to oral health	<p>1.1 Provide accurate information to the community about <i>oral health</i> and risk factors related to oral health</p> <p>1.2 Provide information about the importance of regular oral checks, dental hygiene, causes and prevention of <i>oral diseases</i> and the need to follow up oral problems</p> <p>1.3 Discuss <i>issues relating to the impact of diet</i> on oral health</p> <p>1.4 Discuss importance of oral health in relation to specific client groups, such as young mothers, children, adolescents, those with chronic diseases, including diabetes</p> <p>1.5 Provide information on available oral health care resources and services, including specialist resources</p>

ELEMENT	PERFORMANCE CRITERIA
Elements define the essential outcomes of a unit of competency.	The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.
2. Demonstrate <i>oral hygiene techniques and aids</i>	2.1 Demonstrate presence of plaque 2.2 Demonstrate a variety of relevant oral hygiene techniques and the use of appropriate aids and explain their advantages in terms of achieving and maintaining effective oral hygiene 2.3 Assist clients to use relevant techniques as appropriate 2.4 Give clients the opportunity to ask questions and provide feedback about information provided and techniques demonstrated 2.5 Encourage clients to follow effective oral hygiene programs
3. Follow up oral health promotion	3.1 Evaluate oral health promotion in line with organisation guidelines and community requirements 3.2 Maintain client confidentiality in line with organisation guidelines 3.3 Regularly update and maintain records of oral health care programs according to organisational policies and procedures 3.4 Implement strategies to improve oral health in line with community requirements and organisation guidelines

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- Anatomy and physiology underpinning oral health
- Broad knowledge of oral disease and treatment options and relevant Aboriginal and/or Torres Strait Islander culture and tradition related to oral health issues
- Knowledge of symptoms and signs that suggest a need for further assessment and/or treatment
- National Aboriginal Health Strategy
- Organisation policies and procedures relating to client confidentiality
- Role of the Aboriginal Health Worker in counselling and health education
- Strategies to:
 - improve oral health in the community
 - address clients presenting with oral health problems
 - coordinate provision of optimum level of oral health service delivery
- Oral health problems requiring referral
- Effective self-care practices for oral health, including effective tooth-brushing technique
- Relevant evaluation criteria for monitoring effectiveness of oral health care program

Essential skills:

Ability to:

- Communicate effectively to provide information and ensure understanding of information provided
- Liaise between service providers and community groups
- Provide community education on oral health
- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities
- Work with a team to deliver effective health promotion and education for Aboriginal and/or Torres Strait Islander communities and clients using appropriate facilitation, problem solving and instructional practices

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Cultural respect

This competency standard supports the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples

It recognises that the improvement of the health status of Aboriginal and Torres Strait Islander people must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance

Its application must be culturally sensitive and supportive of traditional healing and health, knowledge and practices

Community control

Community participation and control in decision-making is essential to all aspects of health work, and the role of the health worker is to support the community in this process

Supervision

Supervision must be conducted in accordance with prevailing state/territory and organisation legislative and regulatory requirements

References to supervision may include either direct or indirect supervision of work by more experienced workers, supervisors, managers or other health professionals

A person at this level should *only* be required to make decisions about clients within the organisation's standard treatment protocols and associated guidelines

RANGE STATEMENT

Legislative requirements

Federal, state or territory legislation may impact on workers' practices and responsibilities. Implementation of the competency standards should reflect the legislative framework in which a health worker operates. It is recognised that this may sometimes reduce the application of the Range of Variables in practice. However, assessment in the workplace or through simulation should address all essential skills and knowledge across the Range of Variables

Aboriginal and/or Torres Strait Islander health workers may be required to operate in situations that do not constitute 'usual practice' due to lack of resources, remote locations and community needs. As a result, they may need to possess more competencies than described by 'usual practice circumstances'

Under all circumstances, the employer must enable the worker to function within the prevailing legislative framework

Oral health education programs may include, but are not limited to:

- Prescribed home fluoride treatments
- Recommended toothpaste, toothbrush and oral hygiene aids for home use
- Modifications due to disability and aged care requirements
- Age dependent modifications for children

Causes and prevention of oral diseases may include, but are not limited to:

- Role of plaque in development of dental caries and periodontal disease
- Risk factors in development of dental caries, periodontal disease and non-carious tooth wear
- Role of mouthguards in the prevention of trauma to dentition
- Risk factors of cigarette smoking on oral soft tissues
- Risk factors in diet related to the development of dental caries
- Role of saliva in the prevention of dental caries

RANGE STATEMENT

Oral hygiene techniques may include, but are not limited to:

- Manual and electric tooth brushing technique
- Use of dental floss
- Use of fluoride toothpaste and mouth rinses when appropriate
- Use of other specific oral hygiene aids when appropriate
- Modifications to toothbrush handles for specific needs of client/carer
- Modifications to application of program for carers of special needs and aged care clients
- Modifications for young children
- Modifications to techniques required for clients wearing oral appliances

Issues relating to diet and oral health may include:

- Impact of cariogenic and low pH food, including:
 - level of intake
 - frequency of intake
 - consistency
 - content
- Importance of reviewing current dietary habits

Oral diseases targeted in an oral health program may include those for:

- Dental caries (decay of dentition)
- Periodontal disease (supporting structures of dentition)
- Non carious tooth wear
- Damage to dentition due to trauma
- Damage to oral tissues due to cigarette smoking
- Effects of low salivary flow

Appropriate aids may include:

- Range of manual and electric toothbrushes
- Range of oral hygiene aids, including a range of dental floss
- A range of toothpastes
- Range of mouth rinses
- Face mirror for client

RANGE STATEMENT

Strategies to improve oral health may include:

- Collection of data as a basis for preventing, containing or eliminating diseases or conditions causing oral health problems
- Identification of relationships between oral health and nutrition, demography, culture, socio-economic status and general health
- Use of a community development approach to devise strategies to improve oral health

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

<i>Critical aspects of assessment:</i>	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none">• Communicate effectively in a group and one-on-one environment to promote healthy practices and discuss health issues• Provide accurate and relevant information and guidance about oral health care in line with identified individual and community needs.• Comply with current NHMRC infection control guidelines, Australian Standards and legislative requirements
<i>Conditions of assessment:</i>	<p>This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:</p> <ul style="list-style-type: none">- Aboriginal or Torres Strait Islander him/herself <p>or:</p> <ul style="list-style-type: none">- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care
<i>Context of assessment:</i>	<p>Competence should be demonstrated working individually, under supervision or as part of a primary health care team working with Aboriginal and/or Torres Strait Islander clients Assessment should replicate workplace conditions as far as possible</p>
<i>Interdependence of units:</i>	<p>This unit may be assessed independently or in conjunction with other units with associated workplace application</p>