

UNZSOP07 English for Pediatric Nursing 2

UOLP055 English for Dental Hygiene 2

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Seminář 2 / 4

Podmínka splnění předmětu - zápočet

Podmínkou udělení zápočtu je:

- 1) účast na výuce (viz sylabus předmětu) – 80%
(možnost 1x absence, další absence s lékařským potvrzením o nemoci, hospitalizaci)
- 2) Seminární prezentace – vypracování prezentace formou PPT na jedno z témat probíraných ve výuce, také viz. sylabus, její přednes na závěrečné hodině 4.4. 2023
- V případě absence na poslední hodině nebo v případě více absencí na přednáškách budou stanoveny požadavky navíc individuálně (AJ text na A4)

Obsah předmětu (témata prezentací)

- 1. Injuries in children – specifické kapitoly, 3 studenti
- 2. Emergency and First Aid for children of different age – 2 studenti
- 3. Specific medical care (small kids, obese, mental diseases) – 3 studenti
- 4. Communication with family members – 3 studenti
- 5. Multicultural approach (ethnic specifics) – 3 studenti
- 6. Reflection on healthy lifestyle
- 7. Medical system in Czech Republic and abroad – 3 studenti
- 8. Student's presentations

Obsah předmětu (témata prezentací) – dent.hyg

- 1. Communication with patient in dental care (procedure, education)
- 2. Dental care equipment (instruments, brushes, shower, flosses, home care)
- 3. Oral Health
- 4. Orthodontics
- 5. Medical technique and imaging in dentistry
- 6. Multicultural approach (ethnic specifics), Pediatric patient
- 7. Student's presentations

Obsah semináře 28.3.

PS:

- Specific medical care (small kids, obese, mental diseases)
- Communication with family members
- *Multicultural approach (ethnic specifics)*

DH:

- Specific medical care for pediatric patients in dental hygiene
- *Dental care equipment (instruments, brushes, shower, flosses, home care)*
- *Orthodontics*

Specific medical care - pediatric patients

- means infants, children, adolescents, and young adults up to the age of 15 / 18 / 21

neonates (0-28 days of life)

infants (28 days -12 months)

toddlers (1-3 years)

preschoolers (3-5 years)

school aged children (6-10 years)

adolescents (11-18 years)

young adults (18-21)

- Specifics in care differs according to child's age and developmental level

Prenatal and birth history

Developmental history

Social history of family

Immunization history



KEY POINTS IN OBTAINING THE HISTORY

- to establish a warm, caring atmosphere and be nonconfrontational
- to greet everyone in the room in a polite manner, friendly
- to wash your hands before and after your exam the patient
- getting down to the child's eye level upon entering the room (and not towering over them) is also important, especially when examining toddlers and preschoolers
- distraction is a valuable tool
- be extra honest - if something is going to hurt, tell the child that in a calm, age-appropriate fashion - do not lie, or else you will lose credibility
- remember that the birth history and the impact that this has on the child's growth and development are key differences between a pediatric and adult patient

Age group specifics in physical examination

- Infants under 6 months of age who tend to not have stranger anxiety are best examined on the exam table
- For infants older than 6 months and anxious toddlers who are leery of strangers, the exam may be more comfortable if sitting on their parent/caregiver's lap.
- While children over 3 years of age tend to be generally more cooperative during the exam without being held, they may like to play with the equipment beforehand (i.e., allowing patients to hold the stethoscope or otoscope before using it on them).
- Examination of children aged 5 to 12 years old and adolescents are easier to perform because they also tend to cooperate more.

KEY POINTS IN OBTAINING THE HISTORY – what to ask for

- present illness – use SOCRATES for more specifics, health state immediately before the illness

Birth History:

- **Prenatal:** Health of mother during pregnancy (medical supervision, vitamins, drugs, diet, infections, complications)
- **Natal:** Duration of pregnancy, birth weight, type of delivery, presentation, sedation and anesthesia, state of infant at birth (apgar, length of hospitalization)
- **Neonatal:** congenital anomalies or birth injuries, jaundice, transfusion, sepsis, or other neonatal problems, if the baby had any difficulty in sucking, any rashes, excessive weight loss, or feeding difficulties

Developmental History (grow):

- motor (gross and fine) and social (interaction with others), major milestones achieved (i.e., age smiled, sat, crawled, walked, first words). Parent/caregiver has any concerns about infant's development?
- gross motor (e.g., head control, sitting, pulling to stand, walking)
- fine motor (e.g., raking, pincer grasp)
- social (e.g., social smile, smiling, interaction with toys)
- cognitive (e.g., object permanence, school performance)
- note any formal developmental screening when appropriate and also if infant/child is receiving services for any delay

KEY POINTS IN OBTAINING THE HISTORY – what to ask for (DH an PS)

Nutrition History

- Breast or formula: Type, duration, major formula changes, difficulties.
- Be specific about how much milk or formula the baby receives, intervals
- Vitamin supplements: type, when started, amount, duration
- “Solid” foods: When introduced, how taken, types
- For older child, ask about diet, meals/snacks per day, and types of foods consumed.
- Appetite: Food likes and dislikes, idiosyncrasies or allergies, reaction of child to eating. An idea of child’s usual daily intake is important.

DH: time of eruption of first tooth, care at home, dental care, problems

Work in pairs – ask for the illness, history and development, use points in previous slides

Specific in verbal communication - pediatric patients

- Be honest when explaining the procedure to a child, during the procedure, explain what is occurring, especially sensory aspects such as smells, feelings, etc. (eg a change in position, technique, equipment or staff)
- Use clear and simple language that is tailored to the child’s developmental level
- Use affirmative terms (eg “Keep your arm nice and relaxed”) and avoid negative terms (eg “Don’t move”, “Sting”) and qualifiers (eg “This will hurt a little”). Also be aware of communication devices for children with special needs
- Ensure the child is positioned comfortably where they are able to see, hear and/or touch their carer during the procedure
- Try to have one person at a time talk to the child

Infants	Children	Adolescents
Pre-procedure sucrose Feeding Skin to skin contact with carer Tucking & swaddling Pacifiers Comfort teddy/blanket Engagement with a Child Life therapist when possible	Distractions such as toys, books, music iPad, phone for music, apps, games, cartoon episodes, YouTube videos Engagement with a Child Life therapist when possible or equivalent (eg music therapist)	Optimisation of privacy Encouraging questions & participation in procedure planning when appropriate Asking about anxieties alone to avoid embarrassment iPad, phone for music, apps, games, cartoon episodes, YouTube videos Engagement with a Child Life therapist when possible

Equipment	
Topical anaesthetic cream	The cream on your skin helps to make your skin feel numb. Numb means that you can't feel that part of your skin as much or not at all for about an hour
Bandage	For a wound or fracture - this helps to protect your sore (<i>name body part</i>). For an intravenous catheter - this helps keep the straw in your hand.
Blood pressure cuff	This goes around your arm and may feel like a tight hug/squeeze It doesn't stay tight for long It helps us to know how strong your heart is pumping
Cardiac monitor leads	These sticky buttons go on your tummy and chest. The long strings connect to this monitor (which looks like a TV) and helps check how well your heart is beating. Do we need to tell them they need to stay as still as a statue?
Electrocardiogram (ECG)	These stickers on your chest, arms and legs connect to the ECG machine and gives us a picture of how your heart is beating It is important to keep still while we are taking the picture
Intravenous Catheter (IVC)	A small straw or tube that goes into your vein to give your body a drink of medicine/fluid
Plaster of Paris	Protects your broken bone until it gets better
Stethoscope	Helps us to hear the sounds the inside of your body makes - how your heart is beating, how you are breathing
Syringe	A tube with numbers on it - <i>describe its purpose</i> eg a helper to give medicine in your mouth
Tape	Special hospital sticky tape to make sure the straw (IVC) stays in your hand
Tegaderm	Like big clear sticky tape
Tourniquet	Looks like a belt that goes around your arm. It may feel tight - it's job is to find the best veins

<https://etactics.com/blog/pediatric-patient-parent-communication-tips> - video
od 1 minuty



Work in pairs – play a situation during examination of kid, use tips and vocabulary for the age

Children with obesity - reading

- Childhood obesity has resulted in the rise of type 2 diabetes—and the complications that go along with it.
- Diseases that mainly affect adults, such as atherosclerotic heart disease, stroke, renal insufficiency, and chronic renal failure, are also on the rise in obese children
- Other health issues prevalent in overweight/obese children include hypertension, obstructive sleep apnea, joint problems, gastroesophageal reflux, fatty liver disease, gallstones, and social and psychological problems.
- If children don't learn to manage their weight in their youth, they often grow up to become obese adults with myriad health problems.
- Healthcare professionals must advocate for all children, working with families to improve their lifestyles.
- Helping children to make healthier food choices must begin at home.
- Developing activities to involve the entire family will enable children to get the exercise their growing bodies need.
- Proper nutrition and bone building exercise are essential for optimum development and growth.

Customized communication in mental disorders

Tips for Communicating With people suffering mental problems

- Maintain a positive communicative tone
- Avoid speaking slowly (it does not help and can make the patient angry)
- Simplify sentences
- Use direct, concrete, actionable language
- Use repetition or paraphrase sentences to facilitate comprehension
- Use visual aids such as pictures and diagrams to help understanding the key points.
- Ask open-ended questions and listen to answers.
- Monitor and control your nonverbal behavior
- Include patient in the conversation even if their companion is in the room.
- Strike an appropriate balance between respecting patients' autonomy and stimulating their active participation in health care.

Communication with family members

- Describe situation, diagnosis, procedures, prognosis as clear as possible
- Remember to protect patient confidentiality (ask the patient what information you can be given to family or friends)
- Active listening to family member needs, worries
- Provide emotional support
- Prevent misunderstandings
- Ask for feedback
- Invite them to ask questions
- Connect them to additional support
- <https://www.youtube.com/watch?v=kBuljGaFjP8> - souhrn



Obsah semináře 28.3. – individuální část

PS:

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- Communication with family members
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DH:

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- *Orthodontics*

DH, VS: Multicultural approach



Multicultural approach (ethnic specifics – culture, religion)

- Potential **cultural conflicts** between **healthcare staff** and **patient** may arise from different attitudes to time, personal space, body language and value systems
- Some patients avoid eye contact with medical staff, especially of the opposite sex
- When talking to a culturally different patient, use non-verbal ways of communication - "body language"
- Use a translator when giving accurate professional information
- Obtaining accurate information about the principles of their life will ensure that spiritual needs, privacy and modesty are respected
- To protect patient confidentiality, it is best to avoid translators from the patients' circle of family and friends
- Speak slowly, clearly, address the patient directly, and formulate short sentences
- Always make sure that the patient understands the recommendations of the medical team and accepts the proposed treatment plan

VIETNAMESE



- official language – vietnamese, there is no formal and nonformal addressing
- Vietnam people are nodding during interview, it doesn't mean that they understand
- Family is on first place, they consult everything with parents
- Laughter - can show uncertainty
- Direct look in to the eyes is impolite
- Traditional greeting - handshake and clear squeeze of the hand
- When sitting, it is not recommended to leg over the leg, which expresses superiority
- Crossed hands on the chest are a sign of exasperation
- They believe that sleep has healing power
- The results of the examination and the planned interventions must be explained slowly and clearly
- Respect for privacy and for shame are important during a hospital stay

VIETNAMESE



- In prevention, they use various forms of relaxation
- Vietnamese actively take care of their health, eat healthy, play sports
- Personal hygiene is very important for them, they prefer to do it themselves. If they can't, they prefer to be helped by a family member of the same sex
- They like warm, soft food (e.g. pure broth with vegetables and rice), few salts
- They drink a lot, especially tea or water of room temperature, tea without lemon and without sugar, diluted with water
- **Most Vietnamese do not tolerate lactose!**
- In the period of illness, they eat rice porridge, a lot of vegetables and fruits
- They take food as a medicine, according to somatic problems they also choose a specific diet
- During hospitalization, the family brings the sick person his favorite food
- **They do not accept anything cold through the mouth!**

Play a situation – old Vietnamese man coming to ambulance with pain in leg after he fell on street, he is with his wife, the leg is dirty and bleeding, fractured bone is visible

UKRAINIANS



- The official language is Ukrainian
- Ukrainians are welcoming and communicative
- They are very straightforward and say everything as they feel directly
- The central element of non-verbal communication is a face-to-face look, thereby expressing trust and respect for the other person
- Greeting by shaking hands is practiced during the meeting and farewell, but **only men shake hands**
- Ukrainian society is more patriarchal, the family is the fundamental value of society
- Ukrainian patients are usually very disciplined, they willingly adapt and understand the regime rules of the department
- Problems can occur due to ignorance of the language of the majority of society and thus misunderstanding of the information provided
- They eat mostly very healthy, preferring fish, vegetables

ROMA(NY)



- The common language is Romani
- In particular, they need an extended family for their lives
- Roma culture is not homogeneous, subject to local influences and is very diverse in different areas
- The way of non-verbal and verbal **communication is very lively**, emotional, loud
- They don't like **prolonged** eye contact
- Health information should be communicated to the patient and his family
- Illness is not just a matter for the individual
- If a Roma is hospitalized, the whole extended family goes to visit him, often outside the visiting hours, which can lead to conflicts with medical staff
- Pain **manifests** itself both **verbally** and **mimicly**, they cry loudly, sigh, complain, cry, they are very emotional and loud
- Roma feel a **great fear of pain and death**, even if their state of health is not serious

ROMA(NY)



- They suffer from obesity and smoking
- Most visit their general practitioner; prevention at specialized doctors (gynecologists, dentists, ophthalmologists) neglect
- In general, Romani people do not like hospitals because there is a high incidence of disease, bacteria and death
- In the period of illness, the Roma have a weak will and are unable to be persistent or patient patients
- They perceive health professionals as someone who is to blame for the problem because he has drawn attention to it

- When hospitalized, it is quite difficult for health professionals to take care of them, because Romani people do not trust them
- Communication with the family of the hospitalized person can also be a problem
- Romani people routinely follow a treatment regimen only until the painful symptoms disappear and, if the problems subside, they stop taking medication and ignore the advice of health professionals
- They do not observe the use and timing of medicines

Play a situation: Roma man coming to surgery. He is afraid of the pain after surgery and hospitalization.

ARAB(IC) CULTURE



- Privacy is very important
- Both women and men do not want physical contact and revealing themselves in the presence of the opposite sex
- **Arab patient should be treated by same-sex medical staff**
- If possible, place the patient in a separate room
- Medical personnel should **limit physical contact** to the minimum necessary and, if necessary, inform the patient of its purpose
- **Do not touch** the patient's **head**, if so with great "caution"
- When inform about the state of health of an Arab woman, her husband must be informed (or her father) about all nursing and treatment activities
- Provide information about the daily schedule of the department and postpone the treatment activity until after prayer
- In addition, they should have created conditions for washing the rectum after using the toilet, also for lying patients

ARAB(IC) CULTURE



- Arabs divide food into allowed and forbidden
- All about diet should be personally discussed with the patient, they should know the composition of the food, family should be able to provide meals prepared at home - if it is not possible to provide equivalent components in the hospital diet
- In case of disability or immobilization of the right hand, help eat food by **feeding** the Arab with your **right hand**
- If the need to break the **fast** is part of the treatment program and successful cure, the patient should be informed and also his family
- Patients do not break fasting if it is drugs absorbed through the skin, also treatment administered by injection
- Fasting is broken when applying drugs to the ears or nose, administering suppositories and globules, and when applying inhalation drugs
- Arabs do not take medication in the form of **gel capsules** due to the presence of gelatin and alcohol-based drugs
- **Avoid** puncture of the peripheral vein on the patient's **left hand**

Play a situation: Muslim woman is coming for planned operation of lung cancer. She should be hospitalized and prepared for operation, his husband is coming with her. Make admission to hospital and to the room, answer the questions and make room customized (according to religion)

JEWS



- Jewish teaching forbids physical contact between adults without family ties
- Women (also men) **do not want physical contact** and detection in the presence of the opposite sex - the patient should be treated by **medical staff of the same sex** (doctor, nurse, physiotherapist)
- Medical personnel should limit physical **contact to the minimum** necessary, if contact is necessary inform the patient of its purpose
- **Gentle handling and touching of the head and forehead !** (these parts are used for daily prayer)
- When transmitting information about the state of health of a Jewish woman, it is necessary to inform her husband or father about all nursing and healing activities
- A very important aspect in care is the recognition of the patient's privacy (If possible, a separate room)
- It is necessary to provide these patients with conditions for prayer. The Jews pray 3x a day and turn to the exit when praying, and during prayer they do not wish to be disturbed

Play a situation: Jewish woman coming for dental hygiene, explain how it works, need of using glasses, try to be gentle to touching of the head, forehead and face

JEWS



- Jews are obliged to visit the sick in the hospital with some exceptions
- Visitors can perform special rituals - they often light candles because they are convinced that evil spirits are afraid of light
- "Ritual impurity" is caused by the discharge of semen, menstruation, childbirth
- The state of „ritual purification“ is achieved by repeated washing
- Hygienic hand washing is carried out shortly after waking up, before and after each meal, and after using the toilet
- Before prayer and before the beginning of the Sabbath, they follow the ritual washing
- Jews divide food into permitted and forbidden; everything around diet should be personally discussed with the patient
- The rules for preparing meals are very strict; separate dishes must be used for preparation, which will not come into contact with foods that are forbidden by religion
- The family should be able to provide meals prepared at home - if it is not possible to provide equivalent components in the hospital diet

Dental care equipment – home care



Student work: Give english word to each instrument, use vocabulary if needed

Dental care equipment – dental hygienist

<https://www.hygieneedge.com/hygiene-tools>

Dental Air Polishing Systems - high-pressure air to propel special powders at a patient's teeth

Dental Hygiene Handpieces - provide a smooth and comfortable polishing of the patient's teeth

Dental Prophy angles - used to apply prophy paste to a patient's teeth during a routine hygiene appointment

Dental Ultrasonic Scalers - piezoelectric or magnetostrictive technology, dental ultrasonic scalers rapidly vibrate an inserted tip to effectively remove calculus, debris and stains

Mirror - allows to see your teeth at multiple angles, are small, rounded mirror

Probes - look like hooks and are used to check gum health and measure pocket depths around a tooth

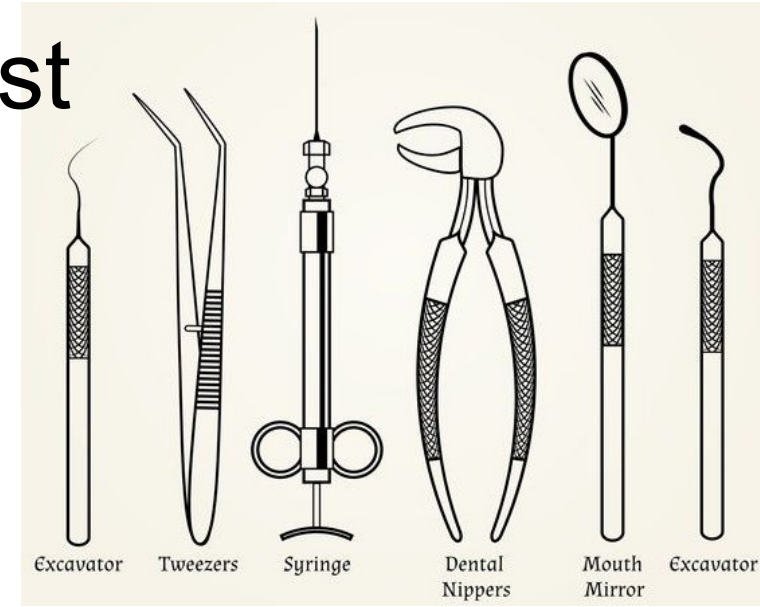
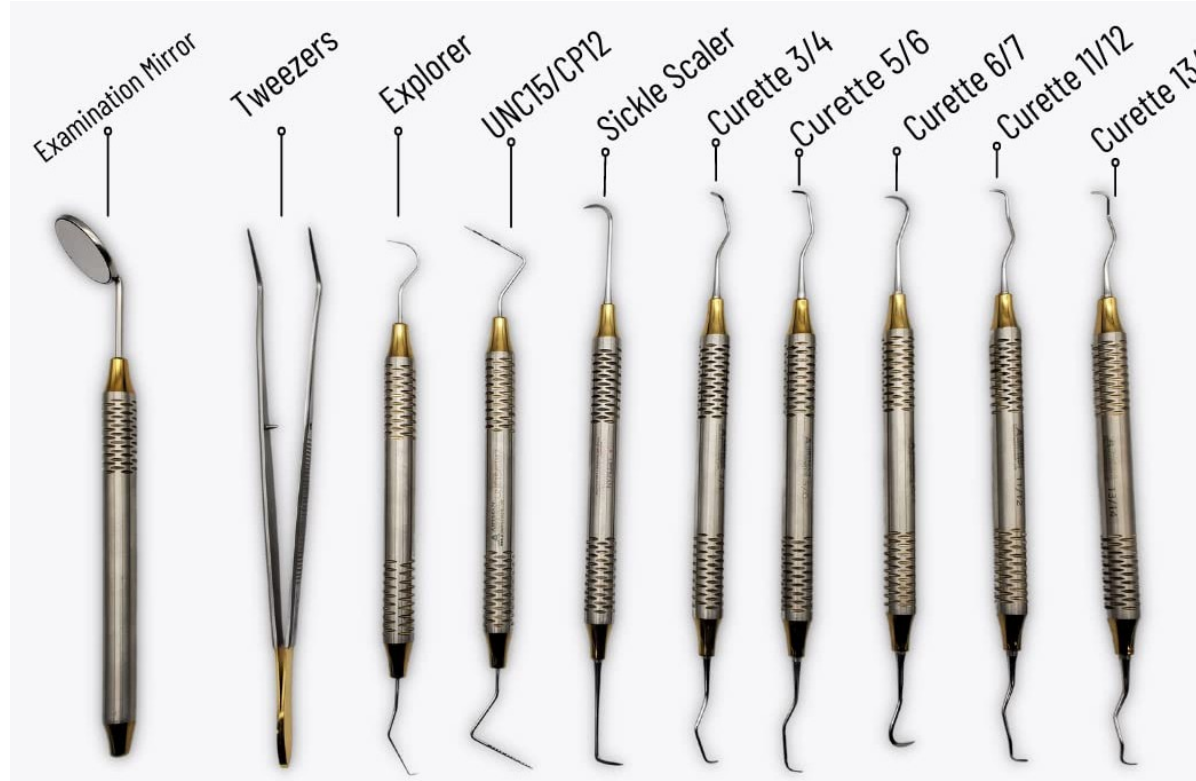
Scaler - is what actually scrapes away plaque and tartar from teeth.

Curette - scrapes tartar from underneath the gums. It has a rounded, spoon-shaped end with a hole in it, and this allows the hygienist to remove dental calculus, which is a hard deposit at the base of the teeth.

Polisher - tool is what is used at the end of cleaning to make teeth shiny and bright. This removes surface level stains and makes teeth smooth after being scaled.

Suction - to remove saliva from the mouth while teeth are cleaned. This eliminates the need to spit over a sink and helps keep teeth dry when necessary, such as during a filling procedure.

Dental care equipment – dental hygienist



Orthodontics

Orthodontics is a dental specialty focused on aligning patients bite and straightening the teeth

Orthodontist is need for crooked, overlapped, twisted or gapped teeth.

- Braces or clear aligners
- Removable retainers
- Dental bridge
- Veneers
- Dental crown



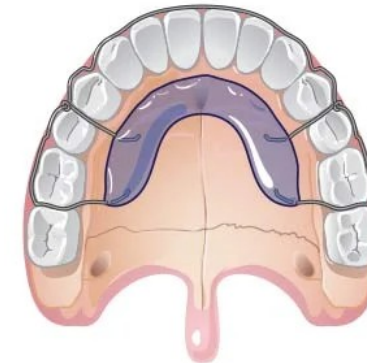
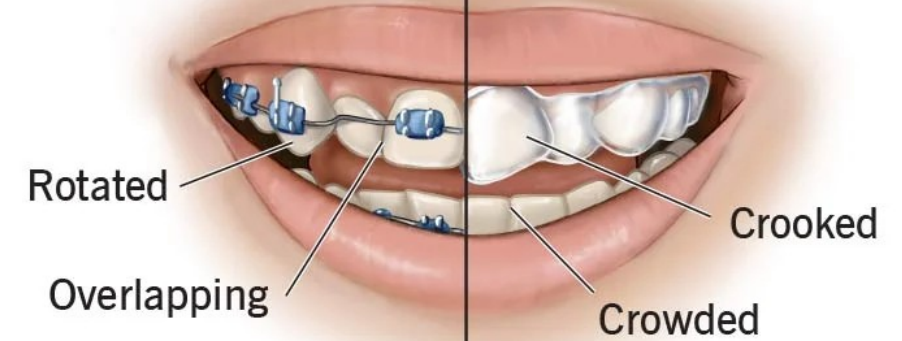
Orthodontics

Braces

Shift teeth using brackets, bands and wires

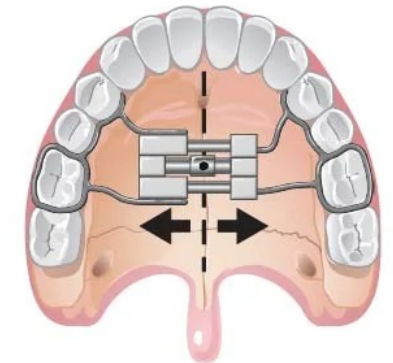
Clear aligner

Shifts teeth using a series of custom trays



Retainer

Keeps teeth from drifting



Palate expander

Widens the upper jaw

Thank you for atention

