Challenging Group

- Discussing sexuality and taking history may cause feelings of discomfort for both the provider and the adolescent patient
- Ability to reason is on a continuum
- Provider must be comfortable with subject of sexuality

Challenging Group

- Our job is to create a safe, confidential, non-judgmental environment
- Adolescent patient will then feel comfortable and be more candid about themselves, their health, and behavior

Challenging Group

- Must ask the sensitive health questions since adolescent not likely to ask questions about sex or STDs

Adolescence

- Is a period of significant physical, cognitive and psychosocial growth and development
- This is a time of relative good health
- Most morbidity and mortality in this age group is the result of high risk behaviors

Stats on Adolescent Health in the U.S.

- 65% of High School 12th graders have had vaginal intercourse
- > 1/3 have had sex in the past 3 months
- 15% have had 4 or more lifetime partners

Stats on Adolescent Health in the U.S.

- Adolescents have the highest rate of STDs when compared with other age groups
- 19 million STDs diagnosed in U.S. annually with half attributed to those 15 – 24 years of age

Stats on Adolescent Health in the U.S.

- Among females
  - The highest GC and CT rates are among 15 to 19 year olds
  - Followed by 20 to 24 year olds

Stats on Adolescent Health in the U.S.

- Among males
  - The highest rates are among 20 to 24 year olds with the 15 to 19 year olds following close second

Stats in the U.S.

- HIV/AIDS
  - 7th leading cause of death in young adults < 25 years
  - HIV infection diagnosed in those younger than 25 years old is acquired primarily through heterosexual contact

Why Are Adolescents at High Risk for Acquiring STDs?

1. Biologic factors
2. Psychosocial development
3. Health care use and compliance
4. Confidentiality, ethical and legal issues

Biologic Factors

- Adolescent females are more prone to STDs than adult females
- Persistence of columnar epithelium extending to ectocervix
- Adolescent females tend to have thinner cervical mucus than adult females
- Lower estrogen levels result in thinner genital tissue

Psychosocial Development

- Adolescence spans a 10 year period
- Consists of 3 phases
  - Early adolescence: 11 - 13 years
  - Middle adolescence: 14 - 16 years
  - Late adolescence: 17 - 21 years

Early Adolescence (11 to 13 years)

- Physical growth
  - Onset of puberty
- Body image
  - Underlying question in this age group, “Am I normal”?

Early Adolescence (11 to 13 years)

- Cognition
  - Concrete
  - Unable to think in the abstract
  - Poor impulse control

Early Adolescence (11 to 13 years)

- Sexuality
  - Sexual activity is usually non-physical
- In some populations sexual activity being initiated
- 7% of American youth report vaginal intercourse before age 13

Middle Adolescence (14 to 16 years)

- Physical growth
  - Full physical maturation obtained by females
- Body image
  - Preoccupied with making their bodies more attractive

Middle Adolescence (14 to 16 years)

- Cognition
  - Able to conceptualize
- Can think abstractly
  - Risk-taking behavior, “Nothing bad will happen to me”

Middle Adolescence (14 to 16 years)

- Sexuality
  - Hand holding to intercourse
  - Serial monogamy common

Serial Monogamy

- Relationships of short duration with one partner, but change partners frequently
- More valid assessment of sexual risk behaviors – number of partners in 3, 6 and 12 months

Late Adolescence (17 to 21 years)

- Physical growth
  - Full adult physical maturation obtained
- Body image
  - Accepting and comfortable with body changes

Late Adolescence (17 to 21 years)

- Cognition
  - Abstract thought firmly established
  - More effective condom use

Late Adolescence (17 to 21 years)

- Sexual activity
  - Sexual intercourse achieved by most
  - Focus is on intense relationship with one partner

Same-Sex Sexual Activity and Homosexuality

- Not uncommon in adolescence
- Often exploratory
- Societal trends have loosened in last decade
- Catastrophic for adolescent who feels different from peers

Same-Sex Sexual Activity and Homosexuality

- Increased risk for substance abuse, academic difficulties, depression, suicide
- Sensitivity and awareness important when interviewing

Same-Sex Sexual Activity

- Example: 15 year old in clinic for first exam – “So, do you have a boyfriend?”

vs

- “You are at an age when you start figuring out if you are interested in or attracted to guys, girls or both . . . have you thought about that yet? Have you ever had sex with a guy, girl or both?”

Same-Sex Sexual Activity

- Acknowledgement of different sexual orientations, providers send the message that individual attractions are within the range of normal sexual behavior
- Provides a medical resource of support

Age Differential in Sexual Partners and Reporting Laws

- Adolescents are at an increased risk for STDs with older partners
  - Diminished capacity to negotiate condom use
- Adolescent females with partners who are at least 2 years older at higher risk for STDs

Establishing Rapport

- Most important skill in caring for the adolescent
- Adverse health consequences are a result of risky behavior

Techniques for Establishing Rapport with Adolescent

- Acknowledge adolescent as primary patient
  - Introduce yourself to the adolescent first
  - Look at the adolescent first
  - Make eye contact, address her and shake her hand before acknowledging caregiver
  - Remember to sit down!

Techniques for Establishing Rapport with Adolescent

- Speak directly to the adolescent, use conversation icebreakers
  - "What brings you here today?"
- Parents/guardians are valuable in providing PMH and family history
- Obtain private time with patient
  - Mom may not know extent of daughter’s sexuality

Techniques for Establishing Rapport with Adolescent

- Empowers the adolescent to be responsible for their own health
- Bond with clinician
- Opportunity to obtain sexual history

With the Patient's Approval

- Parents can be invited back in to discuss A/P
- Parents feel less alienated and still engaged in care
- Reinforces care plan

Outline Office Visit

- Decreases anxiety
- If a pelvic exam is to be performed, imperative to fully explain
- Use diagrams, plastic models of genitalia
  - Especially if first exam

Ensure Confidentiality

- "What you and I talk about is confidential"
- Providers who care for commercially insured sexually active adolescents can use ICD-9 codes for symptoms, rather than specific STD diagnoses

Ask Non-threatening Questions First

- Icebreakers
  - Sports, school, health concerns
- Display genuine interest and concern

Interviewing Techniques

- Open ended questions
  - "Do you use condoms all the time?"

    vs
  - "How often do you use condoms?"

Interviewing Techniques

- Reflection responses
  - Mirror the adolescent's feelings
  - Stimulate further conversation on a topic
    - "So, you feel it is difficult to get your partner to use condoms? Tell me about that."

Interviewing Techniques

- Clarification questions
  - Empowering the adolescent
    - "What do you mean when you say…?"

Interviewing Techniques

- Restatement & summation responses
  - Reassuring statements
    - Stimulates dialogue and clarifies question
    - Advocate
    - Validates feelings

Interviewing Techniques

- Support and empathy
  - Stimulates dialogue and imparts trust
    - "It sounds like this has been difficult for you. This happens to a lot of my patients."

Interviewing Techniques

- The quiet adolescent
  - Return to icebreakers
  - Goal
    - Get patient to talk about anything

Key Topics to Cover for Sexual Interview

- Adolescent will not volunteer true health concerns
- Provider must ask direct questions to make an accurate risk assessment

Key Topics to Cover for Sexual Interview

- Segue to sexual interview
  - “I need to ask you some personal questions that I ask all of my patients so that I can best take care of your health.”
- Sexual orientation

Key Topics to Cover for Sexual Interview

- Sexual activity
  - "Have you ever had sex?"
  - "Oral or anal sex?"
- Sexual abuse
  - "Have you ever had sex when you really didn’t want to?"
  - "Has anyone ever touched you in your private areas in a way that made you feel uncomfortable?"

Partners & Concurrency

- "How many have you had sex with in the past 3 months?, past year?, your whole life?"
- "Do you think your partner is having sex with anyone else? Are you?"

STDs

- "Has a doctor ever told you that you have a sexually transmitted infection like chlamydia, gonorrhea, trich, etc.?”

Pregnancy

- "Have you ever been pregnant?"
  - What happened with that pregnancy?
- "Are you trying to become pregnant?"

Condoms

- “What do you do to keep yourself and your partner from getting a sexually transmitted disease?”
- “Do you use condoms?”
- “Did you use a condom the last time you had sex?”

Condoms

- "How often do you think you use condoms?"
- "Have you ever had trouble using condoms?"
- "Did they ever break, or slip off during sex?"

Hormonal Contraception

- "What do you do to keep yourself from getting pregnant?"
- "Are you on any contraception like the birth control pill?, the shot?, the patch?"
- "How is it going? Is it hard to remember to take your pills?"

Physical Exam

- Providers should
  - Discuss what is going to occur
  - Answer all questions before initiating exam
  - Pelvic models or diagrams helpful

Physical Exam

- Asymptomatic adolescent may not require a pelvic exam
  - New urine based STI testing
  - Revised pap smear screening guidelines

BUT

- Females presenting with symptoms or requiring their first pap smear need to have a pelvic exam

Treatment

- Single dose therapy is recommended where available
- Directly observed therapy is ideal
- Verify that partners have been tested and treated
- EPT - treating a partner of an STI infected individual without requiring a prior clinical exam

Follow-up Care

- No show rate high in my adolescent patients
- Document telephone number is acceptable

FP Deferred Physical

- In general, VDRL and HIV are not done at the FP deferred visit unless clinically indicated
  - If drawn, there is no need to redraw at the time the PE is actually done

FP Deferred Physical

- On date PE is done, make sure the date at the top of CHR 12A p.2 is the actual date of exam
  - Either print out a new PE form or use a label with correct PE date

Reminders

- Do not withhold contraceptive method if the patient is *unwilling* or *unable* to tolerate pelvic exam
  - Our goal is to always provide patient with a contraceptive method
- All other portions of exam should be done
  - Heart, lungs, breast, etc.
- Reevaluation in a year is acceptable

Depo-Provera/ Medroxyprogesterone Acetate

- Do not discontinue depo or refer for bone density studies based on depo usage alone (over 2 years)
  - Referral for BMD is limited to patients at increased risk for osteoporosis, such as RA or Lupus

Depo-Provera/ Medroxyprogesterone Acetate

- Recent studies have shown bone density levels return to normal within approximately one year of cessation of depo

Implanon

- Use of depo, prior to insertion is an option that may help the patient transition to Implanon
- Implanon CAN BE inserted without a trial of depo-provera or other method at the NPs discretion

Emergency Contraceptive Pills-ECP

- Our goal is to prevent unplanned pregnancies
- If a patient is a good candidate for ECP (unreliable with method), offer ECP at the time of visit and provide patieent with Plan B to keep on hand, in the event of a method failure
- Use of Low-ogestrel, Lutera, or Plan B is acceptable

Documentation

- If more room is needed to document patient history, physical exam, medications, plan of care, etc., please utilize the CHR 12B
- DO NOT WRITE IN THE MARGINS OR AT THE BOTTOM OF THE PAGE!

Documentation

- If patient has a complaint, be sure to address it in your documentation
  - "No lump palpated in area of concern, patient reassured."
- Remember to always document CBE results of the normal breast as well as the abnormal breast

Documentation

- Use discretion and tact when referring to patients that are "mentally challenged" or "developmentally delayed"
  - Do not use the term "mentally retarded" in any reference to a patient

Consults

- Please submit consults to consulting MD within 48 - 72 hours
- Remember, consults are a permanent part of the medical record, so exercise discretion in wording and be tactful
- Use spell check

Medication Issue

- Pharmacy rules state an RN <u>cannot</u> call in a prescription to a pharmacy on an NPs order
  - If a medication must be called in, the NP must place the call
- Shred any old prescription pads that are not the most recent ones with tamper proof security features

Follow-up

- Abnormal Pap
  - NP dates, signs, and notes specific recommendations
    - "Refer for colpo" or "repeat Pap in one year"
  - Writing "follow-up per protocol" is not acceptable

Cervical Cancer Diagnosis

- If patient diagnosed with cervical cancer and is not on the ABCCED Program, contact the Area ABCCEDP Coordinator so she can check and see if patient qualifies for the Alabama Medicaid Cervical Cancer Treatment Program

Pertinent History Reminder

- Always write the age at which any first or second degree relative was diagnosed with breast cancer
- Family history of ovarian cancer is also very important family history information
- A first or second degree relative with a history of breast cancer at an early age and/or ovarian cancer at any age, are indicators for BRCA testing

Mammogram Information

- The following information must be sent to Dr. Thomas (ATTN: Beth Nichols) for review on any patient with a BiRads 0, 3, 4, or 5 result
  - Recent CBE and family history documentation
  - Recent mammogram/ultrasound reports

Mammogram Information

- Surgical consult records and biopsy results
- Surgeons post-procedure F/U instructions

Reminder

- All patients with abnormal CBEs must be referred to a surgeon regardless of mammogram/US results
- Patients should be advised to take their mammogram/US films with them to their surgical evaluation appointment

Mammogram Information

- Do not wait for Dr. Thomas' recommendations if a surgical evaluation is indicated per protocol
  - All abnormal CBEs and BiRads 4 & 5 results are indications for immediate surgical referral

Mammogram Information

- All information must be sent to Dr. Thomas for recommendations in a timely manner
  - Hand-mail or FAX is acceptable

Mammogram Information

- If a patient is diagnosed with breast cancer and is not on the ABCCED Program, contact the Area ABC Coordinator so she can check and see if patient qualifies for the Alabama Medicaid Breast Cancer Treatment Program

NP Certification Reminder

- Submit CEU information to your certifying agency at least 3 months prior to the expiration date to ensure your re-certification gets to the BON in a timely manner