Orientation to the Adolescent Clinic

Who's Who in Adolescent Clinic

Preceptors
Robert Pendergrast, MD
Reda Bassali, MD
Lou Becton, MD
Alice Caldwell, MD
Donna Moore, MD
Nirupma Sharma, MD

Nursing staff
Linda Robinson, LPN
Traci Talman, RN

Objectives

1. To feel comfortable with interviewing and examining the adolescent patient.
2. To be able to obtain a complete adolescent health history.
3. To be able to perform a complete adolescent physical exam (with supervision for pelvic exams).
4. To be able to identify developmental and psychosocial risk factors for common adolescent health problems.

Clinical Activities/Sites

Students on campus at MCG: 4 days for each student in Adolescent Clinic, Pediatrics module B on 3rd floor, ACC. You will have one afternoon assigned to complete the REQUIRED reading regarding patient care in the Adolescent Clinic (see below). You will have one afternoon for Independent Study.

Off campus students: ambulatory general pediatrics/adolescent medicine office

Activity

Perform one or more adolescent health maintenance visits, with attention to sexual maturity rating (Tanner staging), developmental assessment, risk behavior assessment and preventive counseling (including prevention of adult cardiovascular disease through exercise and nutrition, injury prevention, sexually transmitted diseases, HIV, alcohol, tobacco, and other drugs).

Preparatory Reading (*before* adolescent clinical encounters – both are available on Vista):

1. Getting into Adolescent Heads: an essential update. Goldenring JM and Rosen DS. Contemporary Pediatrics 2004;64-90
2. Puberty, Normal and Abnormal (Ch 165). Plotnick LP, Kritzler RK. In Hoekelman R. ed. Primary Pediatric Care, 4th edition. Mosby Yearbook. 2001

A few techniques and tips about seeing adolescent patients before you start

The adolescent clinic at MCG begins seeing patients at age 11, and continues to age 21. Through the entire time, our focus is on prevention and health promotion. So while we do not expect the youngest of our patients to be involved in health risk behaviors, some age-appropriate discussion of those risks in a preventive way is appropriate, for example: discussion of puberty, menstruation, and resisting unwanted sexual pressure for middle-school aged kids.

Adolescents will come to the clinic for either 1. a complete health assessment (check-up), or 2. an illness or problem. *Usually*, a problem-oriented visit may simply focus on the problem at hand rather than become a complete history and physical, and need not be an exhaustive psychosocial interview. *However*, **every** teen visit should include some indication that you have time to listen to any concerns that they have today, whether related to the current illness or not. Keep in mind that adolescents are often sporadic users of health care. When you see a patient, take a moment to look through the chart and determine if the patient is in need of updated immunizations, a follow-up Pap smear or an annual health assessment, including hearing and vision screening. If such is the case and time permits (both your time and the patient's time) an acute visit can be turned into a more useful comprehensive health visit complete with health education and anticipatory guidance. However, in most cases, the complete health assessment is best rescheduled for another visit. A teen who comes in with fever or sore throat for example may tune you out completely if you try to spend much time on anticipatory guidance when all he/she wanted was to feel better today.

How to structure the adolescent clinic visit

For many acute "problem/sick" visits, simply doing a basic history of the present illness and focused exam with teen and parent together is sufficient. If there are health concerns that may require a sensitive line of questioning (e.g. sexual history), or if the visit is a complete checkup, a private interview may be required. More often than not, the following approach will work well.

1. Bring teen and parent back together to exam room, quick initial introduction to both, acknowledge to patient (not just the parent) that you're interested in why they came to see you today, followed by explanation of confidentiality.
2. Interview parent alone; get any concerns they have out on the table. Explain to parent what you will be discussing with the teen, and that he/she will be invited back in when exam is finished (caution: younger teens may not wish their parents to leave, that's OK).
3. Return and get health history, especially "sensitive" areas from teen. Step out while they change into gown, do some charting NOW. Do your physical exam, chaperoned if necessary.
4. Present patient to your attending. More physical exam may be needed at this point, so patient may need to stay in a gown until checked by the attending. After the patient is redressed, we will summarize the visit with the teen, then, "Is there anything we've just discussed that you'd rather me not bring up with your Mom/Dad?" After negotiating any rough spots about confidentiality, a parent should be brought back in to summarize the visit.

Confidentiality

Ethical considerations, as well as Georgia law, dictate that the medical interview is a confidential transaction. Adolescents may specifically consent to their own medical care and expect confidential services under the following circumstances: any teen seeking services regarding pregnancy, its prevention or treatment, or sexually transmitted disease; any teen seeking services regarding drug abuse or mental health issues. Specific exceptions to confidentiality should be explained to teens and their parents at the onset of a clinic visit. Those include: any suicidal or homicidal ideation; alcohol or drug use that is out of control in a teen refusing treatment for substance abuse; any situation in which an adolescent is being physically or sexually abused by another person. We encourage teens to discuss health issues with their parents, but a teen who is reluctant to do so may make their own choice if not seriously jeopardizing their health.