

Adolescent Health Care Maintenance in a Teen-Friendly Clinic



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KEYWORDS

- Confidentiality • Psychosocial screening tools • Screening and prevention
- Health maintenance • Teen-friendly clinic • Immunizations

KEY POINTS

- Primary care providers should be knowledgeable of confidentiality laws in their state and communities.
- Confidentiality practice guidelines should be reviewed with parents and adolescents.
- Adolescent psychosocial screening tools are effective in identifying adolescent strengths and high-risk behaviors.
- Every clinical encounter with adolescents is an opportunity to address screening and prevention.

CARING FOR TEENS IN THE PRIMARY CARE SETTING

Although access to primary care services is important for improving the health of adolescents, several decades of research within the United States and across the globe have documented the barriers that adolescents and young adults experience when trying to access these services.¹ Both the World Health Organization and the Institute of Medicine have developed frameworks for the development of youth-friendly services to call attention to the need for improved access to adolescent health services.^{2,3} Primary care has the capacity to provide high-quality screening, assessment, and care management for teens in a confidential and supportive environment. Creating that environment is fundamental.

Communication with Teens and Their Families

The role of families and caregivers is important in adolescent care. Families can be an asset through providing a thorough medical history, supporting teen development and

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independence, clarifying expectations and setting limits, and ensuring ongoing access to care. Although limited research has been performed on partnerships between parents of teens and health care professionals, recent qualitative data describe both direct and indirect strategies to strengthen parent/provider relationships to influence adolescent health outcomes.⁴ Direct strategies include efforts that create improved communication and partnership between the provider and the parent, and indirect strategies increase the provider's influence on parent/teen communication within the context of clinic visits.⁴ This research is built on the concept of triadic relationships; a third person can often stabilize and improve the relationship between the other 2 people. These strategies could be particularly useful for family medicine clinics, where providers are seeing both adolescents and their parents as patients, creating an opportunity for growth of a strong triadic relationship.⁵

Before the onset of puberty, primary care providers should clearly lay the groundwork for health care visits during the adolescent years. Parents and their preteen children should be informed that issues discussed individually, with adolescents or parents, are confidential, and that adolescents may be examined without the parents present.⁶ It is important for providers to acknowledge that the adolescent is the patient; they should greet the adolescent first and then ask to be introduced to the family. Providers should take time to talk with both parents and teens to build trust, develop rapport, and support their relationship, but consider noting that it is "clinic policy" to talk with teens alone for some of the visit to allow for more open conversation. A qualitative study using focus groups with mother/son dyads showed that regular, routine inclusion of time alone during adolescent visits starting in early adolescence could lead to greater parental comfort with this process and increased disclosure by the adolescent.⁷

During the interview, providers should practice listening more than speaking; open-ended questions should be used to probe deeper, especially when asking about difficult subjects. If concerns arise, refrain from lecturing—teens do not need another parent—rather, practitioners should be open and honest and criticize the activity, not the adolescent.^{8,9} When performing the physical examination, providers should remember to wash their hands within the view of the adolescent; previous research noted that teens ranked providers washing hands as the most important item that affects their decision to seek health care.¹⁰ During the physical examination, providers should also respect their patients' privacy and modesty by making sure they are appropriately gowned, discussing and explaining each part of the physical examination, and asking about any discomfort with the examination.

Systems/Structure

A clinic does not have to be a "teen clinic" to be teen-friendly; this goal can be accomplished in many ways. The Adolescent Health Working Group (www.ahwg.net) developed a Provider Toolkit Series that provides guidelines for teen-friendly services.¹¹ First and foremost, providers and staff should enjoy working with adolescents. Structurally, it can be useful to create a space in the waiting area or another part of the clinic that includes posters, educational resources, and magazines geared toward teens. If financially possible, providing access to a computer space or guest wireless access may be appreciated by the more tech-savvy teens.

When registering for clinic services, adolescents and their family should be presented with brochures describing the clinic's policies regarding minor consent and access to confidential care. Clinics that care for adolescents should also advocate within their sponsoring institutions to ensure confidentiality is maintained after the clinic visit is complete. A qualitative study of clinician perspectives on adolescent care in urban

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