

Learning to take a sexual history in the Pediatric population

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Home.....

Education.....

Activities
Alcohol.....

Diet
rugs.....

Self-esteem
Sexuality.....

Safety
Suicide.....



Objectives

After attending this presentation, participants will...

1. Have reviewed four recent studies on adolescent history taking, focusing on the results of sexual history taking
1. Discover how adolescent patient feedback can improve Pediatric sexual history taking
1. Understand what one medical school's curriculum has added to improve education on sexual history taking and transgender health

Background

- A challenging topic to teach in medical school, with limited dedicated curriculum time and patient interactions
- There is a need for collaboration and sharing of innovative curriculum ideas across institutions, rather than re-inventing the wheel



- 12.1% thought the quality of their Pediatrics education was poor/fair
- 10.5% strongly disagreed/disagreed with having had sufficient access to a variety of Pediatric patients/procedures
- 9.4% strongly disagreed/disagreed with having a resident or faculty member observe a Pediatric history-taking encounter
- 7.2% strongly disagreed/disagreed that they received feedback early enough to allow time to improve their performance



Does anyone else feel like we could do better?



freshspectrum.com

Canadian pre-clerkship pediatric curricula

- **Hudson A**, McLaughlin R, Miller S, Holland J, Blake K. Canadian medical schools' pre-clerkship Pediatric clinical skills curricula: How can we improve?
- National survey (n=17/17, 100% response rate), created *de novo*
- Study completed 2018, accepted for publication 2019

Paediatrics & Child Health

Pre-clerkship adolescent patient encounters

- Nine medical schools (53%) guarantee pre-clerkship exposure to adolescent patients
- Eight medical schools (47%) use simulated adolescent patients



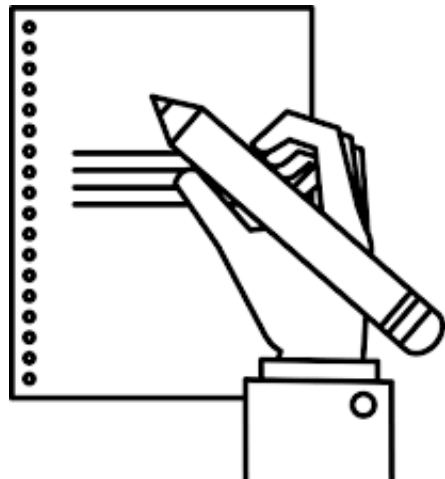
Feedback

- Eight medical schools (47%) have the simulated adolescent patient provide verbal feedback
- Two schools (12%) used written feedback from simulated adolescents



Learning points

- Not all Canadian medical schools guarantee pre-clerkship students the opportunity for an adolescent patient encounter and practice of Pediatric sexual history taking
- Written feedback from the adolescent patient is rarely used – missed opportunity?



Structured Communication Adolescent Guide (SCAG)

- A programmatic validated assessment tool developed for HEADSS interviewing skills
- Assessment is provided by the patient themselves
- Multiple types of feedback (numeric and written) over multiple time points, evaluating *for* learning rather than *of* learning

Instructions for scoring this form

After your check up, please score your doctor (or medical student) using this form.

Examples:

0= DID NOT

Dr. didn't ask at all

1= DID

Dr. asked as if reading a list.

Dr. asked as if embarrassed.

I felt judged.

I felt a bit uncomfortable.

2= DID WELL

Dr. established a relationship.

Dr. comfortable with questions.

Dr. did not judge.

I felt comfortable.

GENERAL RATING: give a general impression of each section

A = excellent, B = good, C = average, D = poor, F = fail

	Did Not 0	Did 1	Did Well 2	Give examples of things that stood out in your interview, one positive and one negative.
GETTING STARTED				
<i>Example: I liked that you talked to me and not just my mom.</i>				
1 Greeted me.	0	1	2	• I felt very comfortable and was told straight away about the confidentiality. • maybe awkward starting off with weight because it's a touchy subject.
2 Introduced self.	0	1	2	
3 Discussed confidentiality .	0	1	2	
GENERAL RATING A B C D F				

	Did Not 0	Did 1	Did Well 2	Give examples of things that stood out in your interview, one positive and one negative.
GATHERING INFORMATION				
<i>Example: I felt bad when you asked about smoking with my mom in the room.</i>				
4 Good body language.	0	1	2	• did not judge me • very encouraging
5 Encouraged me to speak by asking questions other than ones with a yes/no answer.	0	1	2	
6 Encouraged parent to speak (leave out if no parent present).	0	1	2	
7 Listened, and did not judge me.	0	1	2	
8 Established relationship with me by appropriate choice of words.	0	1	2	
GENERAL RATING A B C D F				

	Did Not 0	Did 1	Did Well 2	Give examples of things that stood out in your interview, one positive and one negative	
TEEN ALONE				<i>Example: "I was glad you talked about confidentiality, I need lots of reassurance that you won't tell my mom."</i>	
1 Separated me & parent. <i>(leave out if no patent present)</i>	0	1	2		
2 Discussed confidentiality.	0	1	2		
3 Gave me a chance to talk about things other than what I came in to discuss.	0	1	2		
4 Reflected on my feelings or concerns, (example: You seem...)	0	1	2		
LIFESTYLES: Physician asks or talks about the following:					
13 Home: Family	0	1	2		
14 Education: School	0	1	2		
15 Friends/Cyber Bullying	0	1	2		
16 Activities/Hobbies	0	1	2		
18 Alcohol: beer & hard liquor	0	1	2		
19 Drugs: Cigarettes/Vaping	0	1	2		
20 Marijuana	0	1	2		
21 Street/Prescription drugs	0	1	2		
22 Diet: Weight/diet/eating habits	0	1	2		
23 Sex: Boyfriend/girlfriend	0	1	2		
24 Sexual activity	0	1	2		
25 Safer sex/contraception	0	1	2		
26 Self: body image self esteem	0	1	2		
27 Moods/depression/suicide	0	1	2		
28 Screens: Screen time per day	0	1	2		
29 Social Media/Apps	0	1	2		
GENERAL RATING					
	A	B	C	D	F





Adolescent narrative comments in assessing medical students

April Tan^{1,2}, Alexandra Hudson¹ and Kim Blake^{1,3}

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³Dalhousie University, Department of Pediatrics, Halifax, Nova Scotia, Canada

Clin Teach. 2018 Jun;15(3):245-251. doi: 10.1111/tct.12667. Epub 2017 Jun 14.

TEEN ALONE	
9	Separated me & parent. (leave out if no parent present)
10	Discussed confidentiality.
11	Gave me a chance to talk about things other than what I came in to discuss.
12	Reflected on my feelings or concerns, (example: You seem...)
LIFESTYLES: Physician asks or talk	
13	Home: Family
14	Education: School
15	Friends
16	Activities
17	Alcohol: beer & hard liquor
18	Drugs: cigarettes
19	Marijuana
20	Street drugs
21	Diet: weight/diet/eating habits
22	Sex: Boy friend/girlfriend
23	Sexual activity
24	Safer sex/contraception
25	Self: body image self esteem
26	Moods/depression/suicide

Give examples of things that stood out in your interview, one positive and one negative.

Example: I liked that you talked to me and not just my mom.

*• I felt very comfortable and was told straight away about the confidentiality.
• maybe awkward starting off with weight because its a touchy subject*

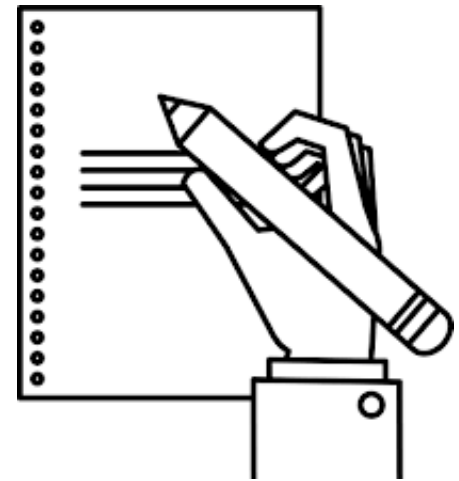
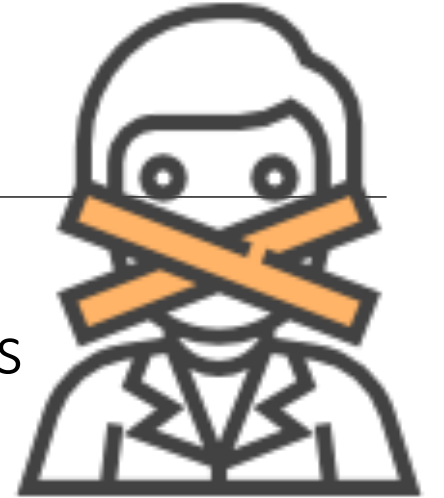
Give examples of things that stood out in your interview, one positive and one negative.

Example: I felt bad when you asked about smoking with my mom in the room.

*• did not judge me
• very encouraging*

Learning points

- Confidentiality concerns remain a top priority for adolescents
- Written narrative feedback is extremely valuable as teens can provide both positive and negative comments



Original
Article



Adolescent interviewing skills: effect of feedback

Genna Bourget¹, Nadim Joukhadar¹, Sarah Manos^{1,2}, Karen Mann¹, Jill Hatchette³ and Kim Blake^{1,2}

¹Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada

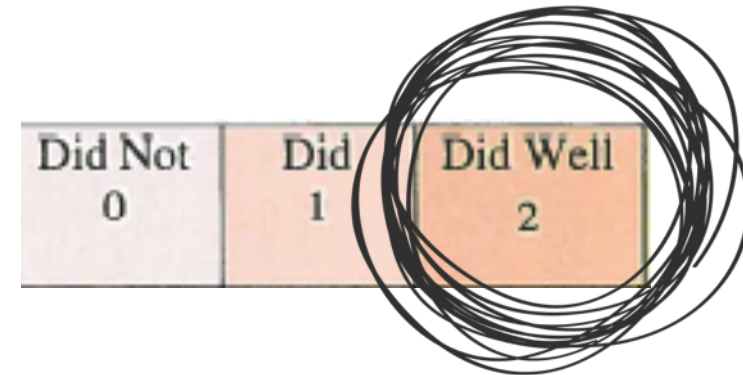
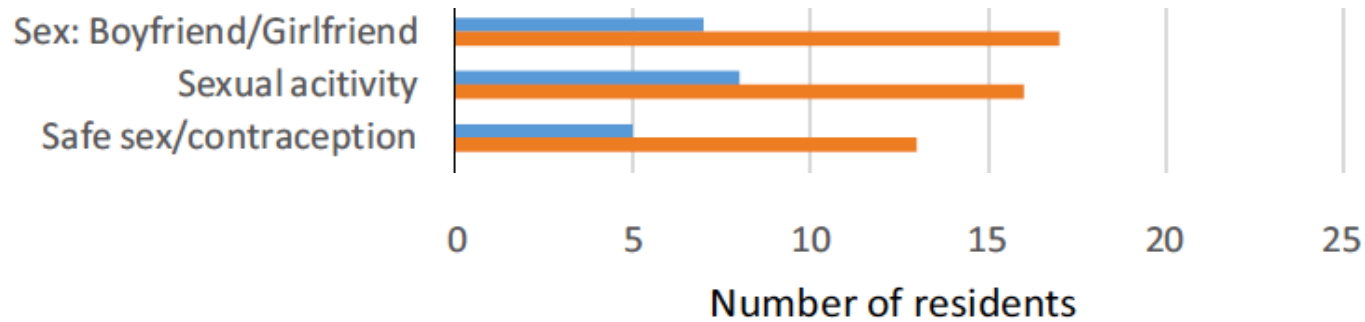
²Pediatrics Department, IWK Health Centre, Halifax, Nova Scotia, Canada

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Clin Teach. 2018 Feb;15(1):67-72. doi: 10.1111/tct.12632. Epub 2017 Mar 16.

HEADSS

- Questions most improved for the feedback group were those related to sexual history taking:



- Discussion of confidentiality improved for the feedback group only

Learning points

- Sexual history taking improves with feedback!
 - The whole adolescent encounter
 - Sexual orientation
 - Sexual activity
 - Safe sex/contraception
 - Confidentiality



Skills for Interviewing Adolescent Patients: Sustainability of Structured Feedback in Undergraduate Education on Performance in Residency

Nadim Joukhadar, BSc
Genna Bourget, MD
Sarah Manos, MD

Karen Mann, PhD
Jill Hatchette, PhD
Kim Blake, MD

Journal of Graduate Medical Education, July 1, 2016

Learning points

- Practicing sexual history taking in medical school with a simulated adolescent and feedback can have lasting effects into residency



One medical school's curriculum



Pre-clerkship

- Lecture on sexuality (infancy through adolescence)
- Panel discussion with a judge, lawyer, social worker on duty to report
- Observation session
- Simulated adolescent/parent pair encounters
- OSCE with an adolescent case

Clerkship

- Receive a minimum of 2 completed SCAGs from real adolescent patients in clerkship

Practicing the tough questions

- How do you identify? Male/female/other/neither
- Which pronoun do you prefer?
- Are you interested in boys/girls, both, neither, or other?
- Have you ever discussed consent before?
- Have you had sexual intercourse?
- What do you use for protection?



Transgender health

- Added to the Med1 curriculum in 2018
- 2 cases in small groups
 - Human Development Block
 - Professional Competencies Block
- Small groups practice sexual history taking with a transgender teen



Take home points

- Only half of Canadian medical schools guarantee pre-clerkship exposure to adolescent patients, and only 2 schools use written feedback from the adolescent patient... Room for improvement?
- Feedback directly from the adolescent patient can improve sexual health history taking and discussion of confidentiality
- Providing a *structured* guide provides an avenue for normalizing feedback about the sensitive part of the adolescent interview

Questions?



"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

https://ii4change.com/humor-the-best-medicine-for-innovation/cartoon_cant-consider-because-its-never-been-done-before/