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Recommended Curriculum Guidelines for Family Medicine Residents

Adolescent Health

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies as defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Adolescence is a time of rapid physical and emotional growth and development as a child develops into a young adult. Nearly two-thirds of office visits by adolescent patients are made to family physicians, and, thus, family physicians play a key role in helping adolescents and their families find a healthy path to adulthood. The adolescent years are often challenging and frustrating. This requires that the family physician be knowledgeable, trustworthy, and compassionate in order to provide thorough and quality care to the patient and his or her family.

Thus, taking care of a teenage patient requires a finely tuned sense of who the adolescent patient is—his or her values, interests, and goals—and where he or she is in the context of self, family, and community. Physicians must also incorporate the patient's stage of development and his or her cultural, linguistic, and economic background into the plan of care.

Family physicians serve the largest number of teens in the United States and are uniquely positioned to create a patient-centered medical home (PCMH) for this underserved population. Morbidity and mortality among teens continue to be largely preventable, with injury and violence being the most common causes (often occurring when teenagers are under the influence of mood-altering chemicals). Other common issues faced by teens are typical of underserved populations and include: access to care; screening, diagnosis, and treatment of sexually transmitted infections (STIs); screening and treatment of depression and other psychiatric conditions; and inadequate access to comprehensive reproductive care (including birth control and abortion).

A unique aspect of family medicine is its focus on interdisciplinary practice and use of public health tools to help prevent chronic illness and disease. Over the last decade, the recognition that preventive and comprehensive care is the key to keeping America's teens healthy has greatly improved adolescent health care. Because access to health care remains an issue for teens, innovative strategies to improve access to care (such as teen-friendly clinics and school-based health centers) are becoming critical components of superior adolescent health care.

This Curriculum Guideline provides an outline of the attitudes, knowledge, and skills that should be among the objectives of training programs in family medicine in order to optimize care of adolescent patients by future family physicians.

Competencies

At the completion of residency training, a family medicine resident should:

- Be able to develop patient-centered treatment plans for adolescents based on comprehensive risk-based assessments that take into account the cultural, linguistic,

and socioeconomic backgrounds of adolescent patients (Patient Care, Medical Knowledge)

- Optimize treatment plans based on knowledge of adolescent care resources that include local, state, and federal agencies (Systems-based Practice, Practice-based Learning and Improvement)
- Be able to coordinate ambulatory, inpatient, and institutional care and advocate for adolescents across health care providers, institutions, and governmental agencies (Systems-based Practice)
- Demonstrate the ability to communicate effectively with the adolescent patient and his or her family in order to establish and maintain therapeutic relationships in the context of confidentiality (Interpersonal and Communications Skills)
- Demonstrate sensitivity and responsiveness to the adolescent patient's race, ethnicity, culture, language, gender, sexual orientation, gender identity, and disabilities (Professionalism)

Attitudes

The resident should demonstrate attitudes that:

- Recognize that each adolescent has strengths that serve as protective factors and support his or her development during adolescence
- Acknowledge that connection to parents, school, and community is essential to an adolescent's successful development
- Understand that adolescence is a time of experimenting, learning, and developing and offer guidance that encourages healthy behaviors and responsible decision making
- Support confidentiality while also encouraging the adolescent to communicate with his or her parents (and other supportive adults)
- Treat each encounter with an adolescent as an opportunity to act as a caring adult and to engage the adolescent in conversations about healthy living

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Normal growth and development in the adolescent years that includes physical, mental, emotional, and sexual milestones
2. The major health risks and behaviors of adolescents and methods to address them

3. Strategies for providing preventive services, immunizations, health promotion, and guidance to adolescent patients during annual wellness visits, routine care visits, and acute care visits
4. The challenges facing an adolescent to establish his or her identity and to learn responsible behaviors, including self-care and attention to mental health, sexual health, and reproductive health
5. The core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, obesity, eating disorders, violence, drug use, unintended pregnancy, and STIs

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. In the general care of the adolescent patient
 - a. Establish clinical rapport with teens based on respect
 - b. Explain confidential services to teens and parents
 - c. Respond to parental questions and concerns
 - d. Collect data and information regarding a teen's history, including risk factors and strengths
 - i. Use assessment tools, such as the American Medical Association (AMA) Guidelines for Adolescent Preventive Services (GAPS), bioelectric impedance analysis (BIA), and/or the HEADSSS questionnaire to ensure acquisition of comprehensive information in teen patients
 - e. Perform both complete physical exam and focused teen exam
 - f. Evaluate adolescent patients for sports eligibility with appropriate history, exam, and testing
 - g. Interpret body mass index (BMI) and make recommendations for nutrition and activity
 - i. Assess daily eating habits and counsel regarding nutrition (e.g., sugar and its role in obesity, avoidance of diets high in saturated fat and fast food diets)
 - ii. Emphasize important effects of exercise on weight, mood, and overall health
 - iii. Screen patients for eating disorders and make referrals for specialty care when needed
 - h. Assess blood pressure in the context of normal ranges for age and height
 - i. Perform and interpret screening tests, including STI screening, tuberculosis (TB) screening, and targeted screening for cholesterol and diabetes
 - j. Assess well-being at home and counsel regarding family relationships

- k. Assess progress at school and counsel regarding school issues, including school failure and bullying
 - l. Assess peer relationships and counsel about healthy and ethical decision making
 - m. Assess tobacco, alcohol, and drug experimentation and counsel regarding best health practices
 - n. Assess for illicit drug use (including anabolic steroids)
 - o. Assess for use of herbs and supplements and counsel patients on appropriate use
 - p. Assess sensitive topics, including sexual activity, sexual and reproductive health, sexual orientation, and gender identification, by using active listening skills and objectively discussing concerns and questions
 - q. Assess development of sexual identity, sexual orientation, and gender identity. Teach skills in building and expressing positive self-esteem
 - r. Screen teenagers for challenges they may be experiencing in developing a sexual identity, and counsel patients on responsible behaviors, including self-care, attention to mental health, sexual health, and reproductive health
 - s. Assess sexual behaviors and counsel on healthy practices including:
 - i. Prevention, diagnosis, and treatment of STIs (including HIV)
 - ii. Contraceptive counseling and prescribing for teens in a patient-centered manner that takes into account the teen's need for confidentiality, her or his beliefs about what methods are right for her or him, and current medical evidence regarding the effectiveness of all available methods
 - 1). Include counseling on emergency contraception and "quick start" protocols
 - 2). Include counseling on long-acting reversible contraceptive methods, including intrauterine devices (IUDs) and implants, as first-line options for adolescents
 - iii. Routine condom use
 - iv. Options counseling for unintended pregnancy (including continuing the pregnancy and raising a child, continuing the pregnancy and making an adoption plan, and medication or aspiration abortion)
 - t. Assess mental health status, counsel on positive mental health activities, and decide appropriate treatments and referrals
 - u. Counsel and assess adolescents relative to stressors typical for developmental stage (e.g., peer pressure and risky behaviors). Suggest mind-body stress-alleviation techniques, such as breathwork and meditation
 - v. Assess exposure to violence in each adolescent patient's life. Counsel on conflict resolution and decide appropriate referrals and interventions
 - w. Assess accident and safety risks and counsel on ways to prevent injury
2. In the ambulatory setting
- a. Design a program of preventive services appropriate for various clinical settings

- b. Select screening methods appropriate for ambulatory clinical settings
 - c. Describe the characteristics of a “teen-friendly clinic”
 - d. Design a continuous quality improvement program to monitor provision of teen services
3. In the community
- a. Promote educational programs in schools that advocate healthy teen behavior
 - b. Promote quality teen health services in schools, including school-based health centers
 - c. Promote the support of teen clinical services in communities by government and health organizations
 - d. Coordinate the care of at-risk youth (including lesbian, gay, bisexual, transgender, and intersex [LGBTI] youth; immigrant youth; homeless youth; incarcerated youth; and youth of color) by establishing relationships with resources in the community

Implementation

Implementation of this curriculum can occur in a number of different settings. Diverse experiences in community-based clinics in conjunction with a “teen panel” in the resident’s primary care practice can provide rich and diverse experiences for trainees. Examples of community-based clinics in existing family medicine residencies include school-based health centers, teen clinics, and reproductive health clinics (such as Planned Parenthood).

This curriculum should ideally be taught in both a focused and longitudinal fashion throughout the residency experience. The resident should take primary responsibility for adolescent patients and be active as the decision maker. It is essential that adolescents are included in each resident’s family medicine patient panel. The residents should have experience in comprehensive well-teen evaluations, comprehensive screening for psychosocial issues, preparticipation sports physicals, and comprehensive reproductive and sexual health evaluation and treatment (including treatment of STIs, contraceptive counseling, options counseling for unintended pregnancy, and care of pregnant and parenting teens).

Family physicians who have demonstrated skills in adolescent care and who have a positive attitude toward teens should be available to act as role models and teachers to residents. Faculty can act as preceptors to individual residents in the management of their own patients and as mentors to residents interested in furthering their training in the care of adolescents. Much of adolescent care is best learned in the clinical setting through point-of-care teaching. Individual teaching and small group discussion can also help promote clarification of resident attitudes and encourage excellent care of adolescents. Other venues are web-based curricula, didactics, case-based learning, standardized patients, and the objective structured clinical examination (OSCE).

Resources

Blum RW, Nelson-Mmari K. The health of young people in a global context. *J Adolesc Health* 2004;35(5):402-418.

Emans SJ, Laufer MR, Goldstein DP. *Pediatric & Adolescent Gynecology*. 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2005.

Harris KM, Gordon-Larsen P, Chantala K, Udry JR. Longitudinal trends in race/ethnic disparities in leading health indicators from adolescence to young adulthood. *Arch Pediatr Adolesc Med*. 2006;160(1):74-81.

Kliegman RM, Stanton B, St. Geme J, Schor N, Behrman R. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia, PA: Saunders; 2011.

Mehler PS, Andersen AE. *Eating Disorders: A Guide to Medical Care and Complications*. Baltimore, MD: Johns Hopkins University Press; 1999.

Neinstein, LS. *Adolescent Health Care: A Practical Guide*. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2002.

Neinstein LS. Adolescent health curriculum. http://www.usc.edu/student-affairs/Health_Center/adolhealth/index.php.

Reif CJ, Elster AB. Adolescent preventive services. *Prim Care*. 1998;25(1):1-21.

Resnick MD. Protective factors, resiliency, and healthy youth development. *Adolesc Med*. 2000;11(1):157-165.

Swallen KC, Reither EN, Haas SA, Meier AM. Overweight, obesity, and health-related quality of life among adolescents: the National Longitudinal Study of Adolescent Health. *Pediatrics*. 2005;115(2):340-347.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *21 Critical Health Objectives for Adolescents and Young Adults*. Washington, DC: CDC; 2000.
<http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationalInitiative/pdf/21objectives.pdf>

Website Resources

Adolescent Health Working Group. www.ahwg.net

American Academy of Child & Adolescent Psychiatry. Resources for Primary Care. www.aacap.org/AACAP/Resources_for_Primary_Care/Home.aspx

American Academy of Pediatrics. Bright Futures. <http://brightfutures.aap.org/>

Center for Adolescent Health and the Law. www.cahl.org

Center for Young Women's Health. www.youngwomenshealth.org/

Centers for Disease Control and Prevention:

- Adolescent and School Health. www.cdc.gov/HealthyYouth/index.htm
- Youth Risk Behavior Surveillance System (YRBSS).
www.cdc.gov/HealthyYouth/yrbs/index.htm

European Training in Effective Adolescent Care and Health (EuTEACH).
www.euteach.com/

Minnesota Department of Health. Adolescent Health Care Resources.
www.health.state.mn.us/youth/providers/index.html

Physicians for Reproductive Health. Teen Reproductive Health. <http://prh.org/teen-reproductive-health/>

Reproductive Health Access Project. www.reproductiveaccess.org/

School-Based Health Alliance. www.nasbhc.org

Society for Adolescent Health and Medicine (SAHM). www.adolescenthealth.org/

University of California, San Francisco. National Adolescent and Young Adult Health Information Center. <http://nahic.ucsf.edu/>

World Health Organization. Maternal, Newborn, Child, and Adolescent Health.
www.who.int/child_adolescent_health/en

Young Men's Health. www.youngmenshealthsite.org/

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