



## AMERICAN ACADEMY OF FAMILY PHYSICIANS

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### Recommended Curriculum Guidelines for Family Medicine Residents

# Adolescent Health

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

## Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program.

Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at [www.acgme.org](http://www.acgme.org). Current AAFP Curriculum Guidelines may be found online at [www.aafp.org/cg](http://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.

## Preamble

Adolescence is a time of rapid physical and emotional growth and development as a child evolves into a young adult. Nearly one-third of office visits by adolescent patients are with family physicians, so family physicians play a key role in helping adolescents and their families find a healthy path to adulthood. The adolescent years are often challenging, exploratory, and rewarding. Care of this population requires the family physician to be knowledgeable, trustworthy, and compassionate in order to provide thorough, quality care.

Taking care of an adolescent patient requires a finely tuned sense of who the patient is—their values, interests, and goals—and where they are in the context of self, family, and community. Physicians must also incorporate the patient's stage of development and their cultural, linguistic, and economic background into the plan of care.

Family physicians serve the largest number of adolescents in the United States and are uniquely positioned to create a patient-centered medical home (PCMH) for this underserved population. Morbidity and mortality among adolescents continue to be largely preventable, with injury and violence being the most common causes (often occurring when adolescents are under the influence of mood-altering chemicals). Other common issues faced by adolescents are typical of underserved populations and include the following: 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 family planning, pregnancy options counseling, prenatal care, and abortion services).

Assessment of online presence and media involvement is critical to adolescent health care. Studies estimate that adolescents spend 7 to 11 hours per day engaging with different media sources, far exceeding recommendations of 1 to 2 hours per day. Though online involvement can be useful (e.g., group membership, online study forums, social group acceptability), it is also important to address the concerning issues of cyberbullying, sexting, driving while texting, online solicitation, media-related depression, and internet addiction.

Two unique aspects of family medicine are its focus on interdisciplinary practice and its use of public health tools to help prevent chronic illness and disease. Over the last decade, the recognition that preventive, comprehensive care is the key to keeping America's teens healthy has greatly improved adolescent health care. Since access to health care remains an issue for adolescents, innovative strategies to improve access (e.g., teen-friendly clinics, school-based health centers) are becoming important components of superior adolescent health care. Encouraging and equipping family physicians to collaborate and lead in the care of the adolescent population within schools is imperative. This curriculum guideline provides an outline of the attitudes, knowledge, and skills that should be among the objectives of training programs in family medicine to optimize the care of adolescent patients by family physicians.

## **Patient Care**

At the completion of residency, a family medicine resident should be able to:

- Develop patient-centered treatment plans for adolescents based on comprehensive risk-based assessments
- Know the risk assessment screening tools available to provide patient-centered care for adolescents

- Collect data and information regarding an adolescent's history, including risk factors and strengths/resources
- Use assessment tools (e.g., the American Medical Association [AMA] Guidelines for Adolescent Preventive Services [GAPS], bioelectric impedance analysis [BIA], and/or the Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety [HEEADSSS] questionnaire) to ensure acquisition of comprehensive information from adolescent patients
- Perform both complete physical exam and focused adolescent exam
- Evaluate adolescent patients for sports eligibility with appropriate history, exam, and testing, including appropriate testing recommendations
- Perform and interpret screening tests, including STI screening, tuberculosis screening, and targeted screening for cholesterol and diabetes
- Assess well-being at home and counsel regarding family relationships
- Assess progress at school and counsel regarding school issues, school failure, and bullying, as well as future educational goals and plans
- Assess peer relationships and counsel about safe, healthy, and ethical decision-making
- Teach skills in building and expressing positive self-esteem
- Assess tobacco, alcohol, and drug experimentation (including vaping and marijuana and e-cigarette use) and counsel regarding best health practices; consider using the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) screening tool
- Assess illicit drug use (including anabolic steroids, opioids, stimulants, and prescription drug misuse) and energy drink consumption
- Perform a comprehensive medication assessment, including herbs and supplements
- 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
- Assess sexual behaviors and counsel on healthy practices, including:
  - Prevention, diagnosis, and treatment of STIs, including HIV
  - Contraceptive counseling and prescribing for adolescents in a patient-centered manner that takes into account the adolescent's need for confidentiality, their beliefs about what methods are right for them, and current medical evidence regarding the effectiveness of all available methods
  - Counseling on emergency contraception and "quick start" protocols
  - Counseling on long-acting reversible contraceptive (LARC) methods, including intrauterine devices (IUDs) and implants, as first-line options for adolescents

- Routine appropriate condom use
- Options counseling for unintended pregnancy, including continuing the pregnancy and raising a child, continuing the pregnancy and making an adoption plan, and having a medication or aspiration abortion (in the setting of current laws, may need to change)
- Assess mental health status, counsel on positive mental health activities, and jointly decide appropriate treatments and referrals
- Assess and counsel adolescents regarding stressors typical for developmental stage (e.g., peer pressure and risky behaviors); suggest mind-body techniques to alleviate stress, such as breath work and meditation
- Assess exposure to adverse childhood experiences (ACEs) in each adolescent patient's life, counsel on conflict resolution and trauma theory, and jointly decide appropriate referrals and interventions
- Assess accident and safety risks and counsel on ways to prevent injury
- Assess for screen time and social media presence, with particular attention to where adolescents are posting, how much time they spend per day, if they have screen-free time (e.g., meals, bedtime), and any instances of cyberbullying
- Identify and assess risks and benefits of patient's social media presence and the impact on health outcomes
- Assess for age-appropriate employment (e.g., where, how many hours)
- Assess for safety in a variety of settings (including injuries, family violence, dating violence, sex trafficking, prostitution, gang involvement, access to guns or other weapons, motor vehicle use) and evaluate for strategies that adolescents can use for self-protection, emotion management, avoidance of violence, and safety planning
- Demonstrate respect for and responsiveness to the adolescent patient's race, ethnicity, culture, spiritual beliefs, language, sexual orientation, gender identity, and disabilities, as well as incorporating such components into the patient-centered treatment plan

## **Medical Knowledge**

In the appropriate setting, a family medicine resident should demonstrate the ability to apply knowledge of the following:

1. Risk-based assessments tools that consider the cultural, linguistic, and social determinants of health of adolescent patients
2. Screening tools that assist in risk assessment
3. Rapid Assessment for Adolescent Preventive Services (RAAPS)
4. Patient Health Questionnaire-9 modified for Adolescents (PHQ-A)
5. Pediatric symptom checklists

6. Typical growth and development in the adolescent years, including physical, mental, emotional, and sexual milestones
7. Interpretation of body mass index (BMI) and recommendations for nutrition and activity
8. Assessment of daily eating habits and counseling regarding nutrition (e.g., sugar and its role in obesity, avoidance of diets high in saturated fat, avoidance of fast food)
9. Important effects of exercise on physical and emotional health
10. Eating disorder screening and referrals for specialty care, when needed
11. Local community exercise and/or nutrition programs available to adolescents
12. Assessment of attitudes and feelings about body image and weight changes related to puberty and in general
13. Assessment of blood pressure in the context of normal ranges for age and height
14. Major health risks and behaviors of adolescents and methods to address them
15. Strategies for providing preventive services, including immunizations (especially human papillomavirus [HPV] vaccines), health promotion, and guidance to adolescent patients during annual wellness visits, routine care visits, and acute care visits (inclusive of “flipping” acute visits into wellness visits)
16. Challenges facing an adolescent to establish their identity and learn responsible behaviors, including self-care/safety and attention to mental health, sexual health, and reproductive health
17. Core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, social pressures/media, obesity, eating disorders, violence (including, but not limited to, gun violence), drug use, unintended pregnancy, STIs, and gender dysphoria

## **Interpersonal and Communication Skills**

At the completion of residency, a family medicine resident should be able to:

- Recognize that each adolescent has strengths that serve as protective factors and support their development during adolescence
- Acknowledge that connection to parents/guardians, siblings, peers, school, and communities is essential adolescents’ successful development
- Communicate effectively with utilization of trauma-informed care and culturally sensitive care
- Communicate effectively with the adolescent patient and their family to establish and maintain therapeutic relationships in the context of confidentiality and the adolescent’s growing desire for independence, inclusive of electronic medical records
- Identify the adolescent patient’s communication preferences (e.g., text message,

patient portal use, email), especially with regard to health care confidentiality from parents

- Balance support for confidentiality and increasing an adolescent's independence in managing their own health care with support for the adolescent's communication with their parents (and/or other supportive adults)
- Understand that adolescence is a time of experimenting, learning, and developing, and provide guidance that encourages healthy behaviors and responsible decision-making
- Recognize that an adolescent patient's social media presence and their ability to explore other venues may be limited due to barriers such as economics, age, body image, outward appearance, citizenship, religion, literacy, gender identity, sexual orientation, and access to resources
- Understand that each encounter with an adolescent is an opportunity to act as a caring adult and engage the adolescent in a conversation about healthy lifestyle choices and safety

## **Systems-Based Practice**

At the completion of residency, a family medicine resident should be able to:

- Optimize treatment plans based on knowledge of adolescent care resources that include local, state, and federal agencies
- Coordinate and lead ambulatory, inpatient, and school-based health care teams
- Advocate for adolescents with health care professionals and across institutions, communities, and governmental agencies
- In the community:
  - Promote educational programs in schools that advocate healthy adolescent behaviors
  - Promote quality adolescent health services in schools, including school-based health centers
  - Promote support from government and health organizations of adolescent clinical services in communities
  - Coordinate the care of at-risk youth (including lesbian, gay, bisexual, transgender, questioning, and intersex [LGBTQI] youth; youth who are immigrants; youth who are experiencing homelessness; youth who are incarcerated; and youth of color) by establishing relationships with resources/partners in the community
- Demonstrate the ability to locate state laws regarding adolescent confidentiality and health issues

## **Practice-Based Learning and Improvement**

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

- Design a program of preventive services appropriate for various clinical settings
- Select screening methods appropriate for ambulatory clinical settings
- Describe the characteristics of a “teen-friendly clinic”
- Design a continuous quality improvement program to monitor provision of adolescent services

## **Professionalism**

At the completion of residency, a family medicine resident should be able to:

- Establish clinical rapport based on respect with adolescents during the office visit and create a safe and respectful environment
- Explain confidential services and circumstances in which this confidentiality may need to be breached
- Respond to parental questions and concerns, both independently and with the adolescent
- Demonstrate sensitivity to the adolescent patient’s race, ethnicity, culture, spiritual beliefs, language, sexual orientation, gender identity, and disabilities

## **Implementation**

Implementation of this curriculum can occur in a number of different settings. 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 (e.g., Planned Parenthood).

Ideally, this curriculum should be taught in both a focused and longitudinal fashion throughout the residency experience. It is essential for adolescents to be included in each resident’s family medicine patient panel. The resident should take primary responsibility for adolescent patients and be active as the decision maker. 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 and adolescent-trained pediatricians who have demonstrated skills in adolescent care and have a positive attitude toward adolescents 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 patients and as mentors to residents interested in furthering their training in adolescent care. 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 clarify resident attitudes and encourage excellent care of adolescents. Other educational strategies include web-based curricula, didactics, case-based learning, standardized patients, and the objective structured clinical examination (OSCE).

## Resources

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Mehler PS, Andersen AE. *Eating Disorders: A Guide to Medical Care and Complications*. 2<sup>nd</sup> ed. Johns Hopkins University Press; 2010.

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## Website Resources

Adolescent Health Working Group. <https://ahwg.org/>

American Academy of Child & Adolescent Psychiatry. Resources for Primary Care. [www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Home.aspx](http://www.aacap.org/AACAP/Resources_for_Primary_Care/Home.aspx)

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

Beck Youth Inventories Second Edition (BYI-2). [PearsonAssessments.com/BYI-2](http://PearsonAssessments.com/BYI-2)

Center for Adolescent Health & the Law. [www.cahl.org](http://www.cahl.org)

Center for Young Women's Health. [www.youngwomenshealth.org/](http://www.youngwomenshealth.org/)

Centers for Disease Control and Prevention:

- Adolescent and School Health. [www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm)
- Adverse Childhood Experiences (ACEs). [www.cdc.gov/violenceprevention/aces/index.html](http://www.cdc.gov/violenceprevention/aces/index.html)
- Youth Risk Behavior Surveillance System (YRBSS). [www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

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

Minnesota Department of Health. Adolescent Health Resources. [www.health.state.mn.us/people/adolescent/youth/index.html](http://www.health.state.mn.us/people/adolescent/youth/index.html)

Physicians for Reproductive Health. ARSHEP Presentations & Case Videos. <https://prh.org/arshep-ppts/>

Possibilities for Change. [www.possibilitiesforchange.com/](http://www.possibilitiesforchange.com/)

Reproductive Health Access Project. [www.reproductiveaccess.org/](http://www.reproductiveaccess.org/)

School-Based Health Alliance. [www.sbh4all.org](http://www.sbh4all.org)

Society for Adolescent Health and Medicine (SAHM). [www.adolescenthealth.org/](http://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 and Ageing. [www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/covid-19](http://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/covid-19)

Young Men's Health. [www.youngmenshealthsite.org/](http://www.youngmenshealthsite.org/)

Developed 01/1991 by Beth Israel Residency in Urban Family Practice, New York, NY

Revised 02/1999

Revised 01/2004

Revised 01/2008

Revised 07/2013 by the Society of Teachers of Family Medicine (STFM) Group on Adolescent Health

Revised 07/2017 by Phelps Family Medicine Residency Program, Sleepy Hollow, NY

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