AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 278

Recommended Curriculum Guidelines for Family Medicine Residents

Adolescent Health

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

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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.

Please note that the term "manage" occurs frequently in AAFP Curriculum Guidelines.

“Manage” is used in a broad sense to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists, for evaluation and treatment.

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 evolves into a young adult. Nearly one-third of office visits by adolescent patients are made to 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—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 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: 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. 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 and 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 care of adolescent patients by 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)
- Utilize screening tools that assist in risk assessment; consider using the Rapid Assessment for Adolescent Preventive Services (RAAPS), the Patient Health Questionnaire-9 (PHQ-9) modified for Adolescents (PHQ-A), and pediatric symptom checklists (Patient Care, Medical Knowledge, Systems-based Practice)
- 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)
- Assess risks and benefits of patients' social media presence, keeping in mind that adolescent patients' 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 preference, and access to resources (Patient Care, Professionalism, Interpersonal and Communication Skills)
- Coordinate and lead ambulatory, inpatient, and school-based health care teams (Systems-Based Practice, Professionalism)
- Advocate for adolescents across health care providers, institutions, communities, and governmental agencies (Systems-Based Practice, Professionalism)
- Communicate effectively with the adolescent patient and his or her 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 (Interpersonal and Communications Skills)

- Demonstrate sensitivity and responsiveness to the adolescent patient's race, ethnicity, culture, spiritual beliefs, language, sexual orientation, gender identity, and disabilities (Patient Care, Professionalism)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Recognition that each adolescent has strengths that serve as protective factors and support his or her development during adolescence
- Acknowledgement that connection to parents/guardians, siblings, peers, schools, and communities is essential to an adolescent's successful development
- Understanding that adolescence is a time of experimenting, learning, and developing and guidance that encourages healthy behaviors and responsible decision-making
- Support for confidentiality and increasing an adolescent's independence in managing his or her own health care, balanced with support for the adolescent's communication with his or her parents (and/or other supportive adults)
- Understanding that each encounter with an adolescent is an opportunity to act as a caring adult and to engage the adolescent in conversations about healthy lifestyle choices and safety

Knowledge

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

1. Typical growth and development in the adolescent years, including physical, mental, emotional, and sexual milestones

2. Major health risks and behaviors of adolescents, and methods to elicit and 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 (inclusive of "flipping" acute visits into well visits)

4. Challenges facing an adolescent to establish his or her identity and to learn responsible behaviors, including self-care/safety and attention to mental health, sexual health, and reproductive health

5. 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, drug use, unintended pregnancy, STIs, and gender dysphoria

6. Communication preferences of adolescents, especially with regards to health care confidentiality from parents (text message, patient portal use, email, etc.)

Skills

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

1. General care of the adolescent patient, including the following:
    a. Establish clinical rapport with adolescents based on respect
    b. Explain confidential services and circumstances in which this confidentiality may need to be breached
    c. Respond to parental questions and concerns, both independently and with the adolescent
    d. Collect data and information regarding an adolescent's history, including risk factors and strengths/resources
        i. 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
    e. Perform both complete physical exam and focused adolescent 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, avoidance of fast food)
        ii. Emphasize important effects of exercise on physical and emotional health
        iii. Screen patients for eating disorders and make referrals for specialty care when needed
        iv. Be aware of local community exercise and/or nutrition programs available to adolescents
        v. Assess for attitudes and feelings on body image and weight changes related to puberty and in general
    h. Assess blood pressure in the context of normal ranges for age and height

i. Perform and interpret screening tests, including STI screening, tuberculosis 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, school failure, and bullying, as well as future educational goals and plans

l. Assess peer relationships and counsel about safe, healthy, and ethical decision-making

m. Assess tobacco, alcohol, and drug experimentation (including vaping and e-cigarette use) and counsel regarding best health practices; consider using CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) screening tool

n. Assess illicit drug use (including anabolic steroids, opioids, stimulants, prescription drug misuse) and energy drink consumption

o. Assess 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. Teach skills in building and expressing positive self-esteem

r. Assess sexual behaviors and counsel on healthy practices, including:
    i. Prevention, diagnosis, and treatment of STIs, including HIV
    ii. Contraceptive counseling and prescribing for adolescents in a patient-centered manner that takes into account the adolescent'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 (LARC) 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 having a medication or aspiration abortion

s. Assess mental health status, counsel on positive mental health activities, and jointly decide appropriate treatments and referrals

t. 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

u. Assess exposure to adverse childhood experiences (ACE) in each adolescent patient's life, counsel on conflict resolution and trauma theory, and jointly decide appropriate referrals and interventions

v. Assess accident and safety risks and counsel on ways to prevent injury

w. 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

x. Assess for employment (e.g., where, how many hours)

y. 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

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 adolescent services

3. In the community
   a. Promote educational programs in schools that advocate healthy adolescent behaviors
   b. Promote quality adolescent health services in schools, including school-based health centers
   c. Promote the support of adolescent clinical services in communities by government and health organizations
   d. Coordinate the care of at-risk youth (including lesbian, gay, bisexual, transgender, questioning, and intersex [LGBTQI] youth; youth who are immigrants; youth who are homeless; youth who are incarcerated; and youth of color) by establishing relationships with resources/partners 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 (e.g., Planned Parenthood).

Ideally, this curriculum should 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 for adolescents

to be included in each resident's family medicine patient panel. 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 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 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 educational strategies include 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 and Adolescent Gynecology*. 5th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins; 2005.

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

Klein DA, Goldenring JM, Adelman WP. HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media. *Contemporary Pediatrics.* 2014. http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/adolescent-medicine/heeadsss-30-psychosocial-interview-adolesce?page=ful. Accessed December 5, 2017.

Kliegman RM, Stanton B, St. Geme J, et al. *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.

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, et al. 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. *21 critical health objectives for adolescents and young adults*. Centers for Disease Control and Prevention. Washington, DC: CDC; 2000. http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationalInitiative/pdf/21objectives.pdf. Accessed December 5, 2017.

Website Resources

Adolescent Health Working Group. www.ahwg.net

Adverse Childhood Experiences (ACEs). www.cdc.gov/violenceprevention/acestudy/index.html

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/

American Academy of Pediatrics. Media use in school-aged children and adolescents. http://pediatrics.aappublications.org/content/early/2016/10/19/peds.2016-2592.full

Beck Family of Assessments. Beck Youth Inventories™ - Second Edition. www.beckscales.com

Center for Adolescent Health & 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

Centers for Disease Control and Prevention. 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. www.health.state.mn.us/youth/providers/index.html

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

Possibilities for Change. http://www.possibilitiesforchange.com/

Reproductive Health Access Project. www.reproductiveaccess.org/

School-Based Health Alliance. www.sbh4all.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/

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