**Part I: Preliminary Information**

**Title:** Facilitating Sexual and Reproductive Health Discussions between

Health Care Providers and Adolescents

**Names:**

**Abstract:**

This project seeks to promote adolescent health by increasing the likelihood of health care provider (HCP)-initiated sexual and reproductive health (SRH) conversations. Adolescence is a time of significant development and often marks the start of taking personal responsibility for health. However, conversations regarding SRH are not often held due to provider discomfort and lack of training. Current research focuses on physicians and medical students’ SRH training and the experiences of adult patients. Nevertheless, other practitioners such as Physician Assistants (PA) are frequent providers of adolescent primary care. In collaboration with Elon’s Department of Physician Assistant Studies, an intervention will be developed for PA students to increase the quantity and quality of SRH conversations between HCPs and adolescents. The intervention will be based upon past literature, focus groups with adolescents, and interviews with experts in the field of adolescent SRH care. Findings may ultimately improve adolescent SRH-related health outcomes.

**Part II: Problem Description and Personal Statement**

1. **Problem Description:**

 Adolescence is a time of significant cognitive, social, and physical development often accompanied by an increase in risk-taking behaviors and a sense of invulnerability (Brodbeck, Bachmann, Coudace, & Brown, 2013). Adolescents also begin to take responsibility for their own health and become to be active participants in the maintenance of their well-being. It is particularly important for adolescents to receive accurate information regarding sexual and reproductive health (SRH) and health care providers (HCPs) can play a critical role in offering such information (Donaldson, Lindberg, Ellen, & Marcell, 2013). Indeed, previous research suggests that HCPs can promote the sexual and reproductive health (SRH) of adolescents by offering education regarding the prevention of unintended pregnancy and sexual transmitted infections, for example (US Preventive Services Task Force, 2008). However, Alexander et al. (2013) found that HCPs spend an average of 36 seconds on sexuality talk during health maintenance visits with adolescents. The proposed project seeks to promote adolescent health by increasing the likelihood of HCP-initiated SRH conversations. Specifically, I plan to partner with Elon’s Physician Assistant program to develop an intervention that will improve the comfort level and communication skills of PA students related to discussing SRH-related topics with adolescents.

Previous research documents that many people expect their HCP to initiate SRH conversations (Alexander et al., 2013). However, providers report discomfort with sexual topics (Shindel et al., 2010). In a survey conducted by Ho and Fernandez (2006), 86% of physicians admitted they inadequately addressed sexual health with their patients even though they saw it as an important part of the health exam. In fact, 92% of physicians who believed they insufficiently talked about sexual health never initiated the conversation. Further, SRH discussions tend to be based solely on closed-ended questions for the purposes of taking a sexual history rather than discussions about lifestyle (Alexander et al., 2013).

Research has identified several factors which increase the likelihood of SRH conversations between HCPs and adolescents. First, discussions of SRH topics are more likely to occur when the provider explicitly highlights confidentiality (Lehrer, Pantell, Tebb, & Shafer, 2007). Second, longer appointments also facilitated SRH conversations (Alexander et al., 2013). Finally, Rosenthal, Lewis, Succop, & Burlow, (1999) found that adolescents felt more comfortable discussing SRH topics with their HCP when the conversation began with less sensitive topics such as school and peers and moved into more personal matters. However, adolescents also expressed a desire for providers to directly approach the topics of SRH.

 Training about how to discuss SRH topics with patients should be a part of all curricula for health providers (Haist, Griffith, Hoellein, Talente, Montgomer, & Wilson, 2004). Unfortunately, according to Haboubi and Lincoln (2003), 86% of the physicians polled had little to no training on numerous sexual health issues and 79% identified lack of training as the primary reason they avoid SRH related conversations with their patients. Further, physicians were dissatisfied with their SRH education and felt uneasy answering related questions. It is a clear trend that many HCPs do not feel comfortable initiating conversation with their patients and even if initiated, discussions are not comprehensive. Fortunately, there is evidence that interventions such as role-plays with standardized patients (Haist et al., 2004) and interviewing techniques (Skelton & Matthews, 2001) can improve the likelihood of SRH discussions between HCPs and patients. Yet, the majority of research involves medical students focused on adult patients. Further, the Affordable Care Act will increase the number of individuals seeking primary care and federal grants have been given to PA programs across the country to address the shortage of care providers (Green, Savin & Lu, 2013). The current project seeks to develop learning modules that will help Elon’s PA students develop necessary skills to promote effective SRH communication with adolescents.

1. **Personal Background and Motivation**

The reason a person goes to a health care professional is to seek treatment and understanding. However, research, and my own past experience, has shown that the amount of time providers actually spend with their patients is limited and it is difficult to have lengthy conversations about certain topics, especially sexual and reproductive health. A review of the literature reveals that medical providers are typically trained to focus on the patient’s presenting symptoms, not the patient’s lifestyle. I believe this is where the problem lies; a person’s health is much more than just the disease they do or do not have. Conversations in the doctor’s office should be more of a dialogue that elicit a narrative, not just responses to closed-ended questions.

My passion for this topic began in Ghana. I had the opportunity to work in an OB/GYN clinic with a midwife. Many of the women were scared to talk about their bodies and this made me wonder how such visit would compare in an American clinic. It seemed to me that the Ghanaian midwife took more time to get to know her patients than a U.S. HCP. She understood that SRH was not a topic many of these women were comfortable discussing. This idea intrigued me. I became interested in how a HCP is supposed to promote health, yet an important part of health is often not even discussed out of embarrassment or lack of training. This is especially true for adolescents. Adolescence is a critical time in a person’s life. It is time of significant physical and social change. SRH decisions made during adolescence can influence an individual’s trajectory into adulthood. Therefore, it is vital for adolescents to have accurate information about SRH development. However, HCPs spend little time on this topic and it seems unlikely they will be able to fully understand their patient and treat him or her in the most appropriate way. I believe that this project could facilitate SRH conversations between HCPs and adolescents which may ultimately improve health outcomes.

**Part III: Plan for Intellectual Inquiry**

**A. Researching the nature, causes, and consequences of the problem**

In order to gain a well-rounded understanding of the problem, I will first start broadly by reading a variety of seminal texts focused on the adolescent experience, adolescent development, and working with adolescents from a variety of disciplines including:

Greene, J. (2012). *The fault in our stars.* New York, New York: Penguin Press. *The Fault in Our Stars* is a critically acclaimed work of fiction that describes the relationship between adolescents diagnosed with cancer. Issues of SRH are discussed less frequently with adolescents who have special healthcare needs than typically developing youth. This book departs from traditional academic sources of information on adolescents and therefore offers a unique perspective.

Elkind, D. (1998). *All grown up and no place to go: Teenagers in crisis*. Rev. ed. New York, New York: Perseus. David Elkind argues that society forces teenagers to grow up too quickly. This book will provide important information about the context in which adolescents need to make decisions surrounding SRH.

Erikson, E. (1994). *Identity and the life cycle*. New York, New York: W. W. Norton & Company. Erick Erikson’s book on identity is known as a classic within the field of developmental psychology. In order to develop effective interventions with adolescents, I must have a full understanding of the adolescent development.

Naar-King, S. & Suarez, M. (2010) *Motivational interviewing with adolescents and young adults (applications of motivational interviewing)*. New York, New York: Guilford Press. Motivational interviewing is a counseling approach used with a variety of populations to promote positive behavioral change. It is frequently used within the context of high risk behaviors. I may be able to apply this type of intervention to promote productive conversations between medical providers and adolescents.

Fortin, A., Dwamena, F., Frankel, R., & Smith, R. (2012). *Smith’s patient-centered interviewing: An evidence-based method.* New York, New York: McGraw-Hill. According to experts in the field of medical education, *Smith’s Patient-Centered Interviewing* is the “gold standard” of texts for students entering the medical field. It is important for me to be familiar with the standard practices of care if I am going to ask PA students to change their approach to working with adolescents.

These readings will help me place adolescence within a broader context and inform the development of a creative and innovative intervention which draws upon a rich variety of sources. Further, my study abroad this fall in Copenhagen, Denmark will offer a cross-cultural perspective on healthcare as Denmark has one of the best health systems in the world. One of my classes, Health Delivery and Prioritization, will help me understand their health system including their approach to offering SRH care to adolescents.

I also plan to place SRH within the larger umbrella of adolescent health by attending a variety of conferences. First, I plan to attend the Society for Adolescent Health and Medicine (SAHM) in Los Angeles, California on March 18-21, 2015. SAHM is an interdisciplinary organization that seeks to improve the lives of adolescents through many health related areas. Here I will come into contact with many HCPs who work directly with adolescents. Their insights into how to establish rapport with adolescents and engage them in meaningful dialogue about SRH will inform my intervention. While at SAHM, I plan to interview leaders within adolescent health and medicine to learn more about SRH best practices. I also hope to present my findings at the spring, 2016 SAHM conference in Washington, DC. Second, I plan to attend the American Public Health Association (APHA) conference on November 7-11, 2015 in Chicago, Illinois. It is a conference where public health professionals meet to learn, network, and engage with other professionals. I hope that this conference will help me gain a fuller understanding of current SRH-related public health research. It also will allow me to network with other people interested in adolescent, sexual and reproductive health.

The above-mentioned experiences will help me gain a broad perspective on adolescent SRH. It is also important to study specific relevant stakeholders. The literature suggests that many issues can best be understood by using triangulation which involves utilizing data from multiple sources and integrates a combination of research methodologies (Bogdan & Biklen, 2006). Therefore, in order to discover new material that will inform innovative ways to address the problem I plan to gather information from adolescents themselves, PA students, and experts in the field of PA education and adolescent sexual and reproductive health.

I plan to hold focus groups with both male and female adolescents. Questions will center on their past experiences with providers and of conversations related to sexual and reproductive health. Information from the focus group will provide me with real life examples of provider-patient communication and current perspectives and will allow me to integrate adolescents’ voices and feedback into an intervention.

I ultimately plan to work with the students in Elon’s Department of Physician Assistant Studies. My intervention will center on supporting effective adolescent-provider communication about SRH. Therefore, I will need to assess their current SRH-related knowledge and attitudes before and after the intervention. I also plan to combine qualitative data (focus groups and interviews) along with quantitative surveys designed to assess PA’s levels of knowledge and comfort with SRH as well as their perceived training needs on the topic of adolescent SRH.

I also plan to talk with Professor Alexis Moore, an Assistant Professor at the Elon Department of Physician Assistant Studies. She holds a Masters of Science in Physician Assistant Studies and a Masters of Public Health. Her clinical and research interests include adolescent HIV, behavioral health, as well as SRH. She is responsible for teaching many different components of the PA education modules including SRH and patient-provider communication. Professor Moore’s expertise and current position at Elon will shed new light on ways to foster adolescent-provider relationships and identify strategies for teaching this original material to PA students. I plan to meet with her to discuss current training techniques and her past clinical work and research in this area.

 Finally, I plan to complete an internship in New York City Health and Hospitals Corporation. This particular program recently implemented an innovative training program for HCPs designed to prepare providers to improve communication with adolescent patients. The program involved adolescent standardized patients who were assigned a variety of health concerns including the need for birth control and STI testing as well as symptoms related to depression. Participating HCP’s evaluated the patient and were later given feedback on their interactions. Studying such a program would inform the development of an intervention with Eon’s PA students.

 The experiences identified above, along with my current and future coursework, will prepare me to effectively create and execute an innovative intervention with the Elon University Department of Physician Assistant Studies to improve the quality and frequency of SRH conversations with adolescents.

**B. Researching the ways leadership theories and examples inform solution implementation**

 The literature on current relationships between adolescents and providers shows that providers spend minimal time communicating with adolescents about SRH. This is where an understanding of leadership theory is vital. Much of the literature also revealed that the poor quality of conversation is due to social backgrounds, expectations, and training. This is very much in line with the Social Construction Theory, which states that one’s reality is objectified based on one’s opinions and past experiences. This can become a problem when talking about sensitive topics with adolescents who may have different opinions and past experiences.

Therefore in order to change the PA students’ social construct, it will be necessary to use Kurt Lewin’s model for change that he created in the 1950’s (Hatch, 2006). There are three steps associated with Lewin’s model that will facilitate the development of learning modules. The first step is unfreezing which is supposed to break apart a person’s current behavioral patterns that may act as resistance to the desired change. For this project, the unfreezing stage will most likely include a pretest on current opinions and conversations talking about where the discomfort comes from. The next step Lewin described was called movement which involves influencing people to the desired outcome and is where the proposed training will come into play. The training will teach new skills that will allow providers to feel more comfortable discussing SRH with their adolescent patients. The last step, refreezing, institutionalizes the new behavioral patterns. In this proposed study, refreezing will occur by using a posttest after the training program. The application of Lewin’s model will facilitate a change in the PA students’ social construct so they understand how to have open communication with adolescents.

 In order to effectively apply this theory, it will be necessary for me to continue my leadership training. This will occur through the Elon Leadership Education and Development program, which will include finishing the third tier consisting of three workshops, service and my leadership minor. These experiences will allow me to better understand leadership.

**Part IV: Feasibility, Budget and Timeline**

**Feasibility**

The proposed project of study is feasible for the timeframe of this prize. Professor Moore from Elon’s Department of Physician Assistant Studies has expressed interest in collaborating and therefore I will have direct access to administrators, professors and students. By utilizing the department and on-campus undergraduate students, the project will be able to be completed at Elon. The two-year timeframe will provide a year to develop the training and a year to implement and assess the outcomes.

The budget is divided into two main categories. The first category of costs will be for my actual research. This includes an audio recorder, transcription costs, and qualitative analysis software/training as well as incentives for the participants and training materials. The second category of the budget is associated with deepening my understanding of adolescent and public health overall and includes memberships to the Society of Adolescent Medicine and the American Public Health Association. I have also included funds for an internship in New York City. The budget will also allow me to attend annual meetings and these conferences will provide me with networking opportunities and a fuller understanding of the issues associated with SRH communication between HCPs and adolescents.

**Budget**

* Books
	+ Greene, J. (2012). *The fault in our stars.* New York, $10.00

New York: Penguin Press.

* + Elkind, D. (1998). *All grown up and no place to go:*

*Teenagers in crisis*. Rev. ed. New York, New York:

Perseus. $17.00

* + Erikson, E. (1994). *Identity and the life cycle*. New

York, New York: W. W. Norton & Company. $16.00

* + Naar-King, S. & Suarez, M. (2010) *Motivational*

*interviewing with adolescents and young adults (applications*

*of motivational interviewing)*. New York, New York:

Guilford Press. $27.00

* + Fortin, A., Dwamena, F., Frankel, R., & Smith, R. (2012).

 *Smith’s patient-centered interviewing: An evidence-based*

 *method.* New York, New York: McGraw-Hill. $30.00

* Equipment
	+ Olympus Digital Voice Recorder $40
	+ Transcription service ($1/min)
		- 2 ½ hour men focus groups X 2 ½ hour women

focus groups (120 min.) $120

* Interviewee Incentives
	+ 2 men focus groups X 2 women focus groups (8 per focus

 group = 32 interviewees X $20.00 each) $640

* + 10 Physician Assistant Students X $20.00 each $200
* Training Supplies
	+ Training DVDs, etc. $2,900
* Computer software
	+ Atlas TI and - training $500
* Association Memberships
	+ SAHM (2 years) $150
	+ APHA (2 years) $150
* Conferences
	+ SAHM Conference (March 18-20, 2015)
		- Round Trip Flight from Greensboro to Los Angeles $525
		- Airport parking $50
		- Hotel ($150.00 X 3 days) $450
		- Food $200
	+ APHA Conference (November 7-9, 2015)
		- Round Trip Flight from Greensboro to Chicago $300
		- Airport parking $50
		- Hotel ($150.00 X 3 days) $450
		- Food $200
	+ SAHM Conference (Spring 2016)
		- Round Trip Flight from Greensboro to DC $200
		- Airport parking $50
		- Hotel ($150.00 X 3 days) $450
		- Food $200
* Summer 2015 Internship- New York City’s Health and Hospital Corporation
	+ Housing/food $1500
	+ Transportation $375

Total $10,000

**Timeline**

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| Spring 2014 | Proposal |
| Fall 2014 | Copenhagen |
| December 2015 | Apply for SURE |
| January 2015 | Meet with Alexis Moore |
| March 2015 | SAHM conference in Los Angeles, CA |
| February –May 2015 | Hold focus groups with undergraduate and current PA students |
| May-July 2015 | Create pre-test, training modules and post-testParticipate in SURE if funded |
| August 2015 | Internship in NYC |
| September 2015 | Begin trial run of training module by giving pre-test |
| September-December 2015 | Conduct training modules |
| November 2015 | Attend APHA conferences in Chicago |
| January 2016 | Give post-test and receive feedback |
| March 2016 | SAHM conference in Washington D.C. |
| February- May 2016 | Report results and finalize training |

**Part V: List of sources**

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