



Training objectives for UEMS specialists pertaining to the care of adolescents and young adults

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Context

Worldwide, the specific health needs of adolescents and young adults (AYAs) defined as individuals aged 10 to 24 are increasingly recognized. This phase of exploration and of shaping of one's identity drives both opportunities and risks, such as improved self-confidence, health enhancing behaviours, or poor therapeutic adherence, lack of long-term vision, which potentially interfere with treatment. Both specialists and primary care practitioners (e.g. in-practice paediatricians, family physicians, school doctors) can play a pivotal role in tailoring their approach to the specific needs of AYAs. This training package has been developed by members of the UEMS Multidisciplinary Joint Committee in Adolescent Medicine and Health (Chair, Prof. P.-A. Michaud, Lausanne, Switzerland), an initiative launched by the European Academy of Pediatrics. The content has been carefully discussed and reviewed by the MJC members, as well as an international group of experts working in the field and belonging to the Euteach training program (www.euteach.com).

The present document lists a set of practical, clinically oriented, holistic objectives that should allow all European specialists and primary care providers (paediatricians and family doctors) to respond better to the special health care needs of AYAs. They are competency-based and integrate knowledge, attitude and skills. In this respect, they are inspired by the CanMEDS model, as well as the "EPA" (Entrustable Professional Activities) approach. They can be freely adapted to the specific health care approaches and topics of various UEMS specialties (including paediatricians) and family doctors. Additionally, they should be applied taking into account the variety of cultural and legal frames of European countries. In the near future, it is foreseen to develop an accompanying tutorial (content, slides and videos) to assist trainers in implementing and developing teaching sessions.



The health care provider initiates and conducts the consultation with an AYA patient in a *developmentally appropriate way* (considering the patient's puberty stage, age as well as cognitive & affective level)

- ✓ Offers a setting that respects privacy and guarantees a trustful, empathetic and respectful relationship with the patient,
- ✓ Explains confidentiality and makes sure to get time alone with the patient for an appropriate part of the consultation. Agrees with the AYA what to disclose or not to disclose to the parent/guardians by the end of the consultation
- ✓ Uses developmentally appropriate communication skills: adapts language and wording to the age/cognition, verifies that the patient understands the information
- ✓ Clarifies the reason for the consultation and its goal and process. Gives the parents/guardians time to voice their worries
- ✓ Is attentive to cues for undisclosed problems ("hidden agenda").
- ✓ Assesses the adolescent's capacity in autonomous decision making (competence)
- ✓ Involves the parents/guardians in the evaluation, treatment and further measures, balancing the importance of the patient's privacy and increasing autonomy on one hand, and the communication within the family on the other hand
- ✓ Pays attention to the needs of AYAs minority groups, low socio-economic groups, homeless, refugees, LHBTI. Collaborates with trained interpreter when meeting AYA & family of foreign origin/cultural context.

The health care provider assesses and responds to the patient's lifestyle/behaviour in a non-judgmental way, paying extra attention to areas prone to be problematic in the age group and the AYA's resources (The HEADSSS¹ acronym provides useful guidance in this regards)

- ✓ Assesses the patient's cognitive and affective development and daily functioning
- ✓ Identifies AYA's personal and environmental resources/protective factors, including the presence of trusted adult(s)
- ✓ Discusses daily leisure, diet, sports and social activities
- ✓ Assesses school/academic performance, screens for learning difficulties and other conditions (developmental/neurocognitive) leading to poor academic outcomes
- ✓ Screens for overt and covert symptoms of depression and/or anxiety in exploring mood, behaviour and expectations. Identifies self-harm, suicidal ideation and former or planned suicide attempts, as well as any victimization or violence
- ✓ Explores the value of substance use from the patient's viewpoint, the patient's use/misuse of drugs, the associated risk factors, the perceived range of consequences and the preparedness for change
- ✓ Discusses screen/internet/social media misuse and its health consequences
- ✓ Respectfully explores sexuality and reproductive life, including questions of gender identity and sexual orientation. Responds appropriately to common situations
- ✓ Assesses safe/unsafe sexual behaviour and risk for sexually transmitted infection and treats or refers for treatment; identifies need for contraception and responds empathetically to a suspected or verified pregnancy (pregnancy test, referral)

¹ Goldenring JM. Getting into adolescent heads: An essential update. Contemporary Pediatrics 2004;21:64.



- ✓ Opens up for disclosure of subjection to violence and involvement in criminal activity.

The health care provider performs a physical examination taking into account the patient's growth and development

- ✓ Explains the process of any physical examination and the reasons for it
- ✓ Adapts the examination to the AYA's complaints/symptoms, physical/sports activity, social and professional background
- ✓ Follows a sequence that respects patient comfort and intimacy
- ✓ Evaluates and comments the patient's pubertal stage (e.g., Tanner stage)
- ✓ Assesses systems that change particularly during puberty (skeletal, sight, skin etc.)
- ✓ Investigates body shape's representations and self-image within the cultural and social context

The health care provider provides appropriate care to an AYA living with a chronic condition and facilitates transition and adaptation to adult health care settings

- ✓ Assesses the impact of chronic condition on patient's daily functioning
- ✓ Fosters an inter-professional approach and collaborates with the appropriate resources and people to assist the patient in coping with the chronic condition and life
- ✓ Promotes optimal adolescent development: minimizes the impact of the chronic condition on education and social life together with interdisciplinary team members
- ✓ Promotes self-confidence and capacity in managing health and illness
- ✓ Beyond the care of the chronic condition itself, addresses the basic health care needs of the patient; (HEADSSS, immunization, complaints regarding general health)
- ✓ Participates in the *transition process* from paediatric to adult health care settings: preferred age for transfer, adolescent's expectations, available support during transition (e.g. clinical nurse, social worker and psychologist) and joint consultation with both paediatric and adult health care provider. Actively involves the AYA in all decisions regarding transition.

Training tools and websites

Link with the home page of Euteach: <https://www.unil.ch/euteach/home.html>

The original presentation of the HEADSSS:

<https://www.peds.arizona.edu/sites/default/files/curriculum-files/headss.pdf>

Educational tools: <https://www.unil.ch/euteach/home/menuinst/how-to-teach/interactive-teaching-methods.html>

Interviewing skills: <https://www.unil.ch/euteach/home/menuinst/how-to-teach/teaching-communication-skills-videos.html>



E-learning tool (UK, examples, youth friendly services): <https://www.e-lfh.org.uk/programmes/adolescent-health/>