

Adolescent Medicine (PL2 and PL3)

The Adolescent Medicine Rotation is for PL2 and PL3 categorical residents. Most categorical residents will take the rotation in both their PL2 and PL3 year. In the first adolescent medicine rotation the resident is primarily expected to master communication and patient-care objectives and to read about all conditions he/she sees during the rotation. During the second rotation the resident is expected to make certain he/she has become familiar with all teaching objectives he/she had not already covered in the first block on the rotation. Any differences in goals, by level, will be noted under individual goals. However, it is important for residents to have mastered all of the material by the end of their last rotation in Adolescent Medicine. Categorical residents planning to enter a specialty in which they will not care for adolescents (e.g. neonatology) and Med-Peds residents take the rotation only in their PL2 or PL3 year. In this instance it is expected that the resident will learn as much as possible about the curriculum during the 4 week rotation.

The rotation is primarily an outpatient experience, though the resident may be asked to do inpatient consultations with the attending physician on service. In addition to learning and practicing primary care of adolescent patients the elective will present an in-depth experience of adolescent medicine as a subspecialty, including, but not limited to, conditions such as eating disorders, disorders of puberty and menstruation, obesity, ADHD, and substance abuse.

Clinic Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dr. Tosh (UP) 9:00 Adol Clinic	Dr. Lawson (UP) 9:00	Dr. Lawson (UP) 9:00	Dr. Lawson (UP) 9:00 Dr. Robinson (SH) 8:15 Dr. Tosh (UP) Diabetes/Obesity Clinic	Dr. Tosh (UP) 9:30 Adol Clinic
Dr. Lawson (UP) 1:00 Dr. Tosh (SH) 1:00	Dr. Lawson (UP) 1:30 Dr. Tosh (Diab/Obes) (UP) 1:15	Dr. Robinson (UP) 1:15 Dr. Tosh (UP) 1:15 Adol Clinic	 Dr. Tosh (UP) 1:15 Adol Clinic	 Dr. Robinson (UP) 1:15

Goals and Objectives

Patient Care:

GOALS: Residents are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health and prevention of illness. They should be able to care appropriately for the range of illnesses commonly seen by adolescent medicine practitioners.

OBJECTIVES:

- Obtain accurate and appropriate medical and psychosocial information for each patient.
- Perform a gender and age-appropriate physical examination on adolescents.
- Performs a pre-participation history and physical examination.
- Reviews immunization status at every visit.
- Recognize normal and abnormal growth and development in adolescent patients and be able to initiate an appropriate workup for the latter.
- Perform a pelvic examination on adolescents.
- Perform an adequate GU examination on males.
- Obtain and interpret a sexual history and be able to discuss prescribe hormonal and non-hormonal means of contraception.
- Counsel adolescents about abstinence as well as birth control methods.
- Obtain and interpret a menstrual history and be able to evaluate and treat the full spectrum of menstrual disorders.
- Assess for substance abuse, including the use of the CAGE and the CRAFFT questions.
- Assess and interpret patients' educational/school performance.
- Orchestrate an ADHD evaluation and treat it appropriately.
- Evaluate and treat eating disorders in adolescents, including metabolic stabilization.
- Evaluate sports injuries in adolescents.
- Evaluate and treat acne in adolescents.

Medical Knowledge:

GOALS: Residents must consistently demonstrate proficiency in obtaining knowledge through reading the reference literature, performing evidence-based reviews, clinical discussion, and weekly didactic discussions with the adolescent faculty members. They will apply an open-minded, analytical approach to acquiring new knowledge, using faculty experience whenever needed.

OBJECTIVES:

- Understand and describe the fundamentals of anticipatory guidance for adolescents and their families.
- Understand the use of trigger questionnaires, such as GAPS questionnaires and show that he/she can use the HEADDSSS examination appropriately.
- Learn and be able to describe the physiologic actions of the different forms of hormonal contraception.
- Understand and teach the appropriate use of barrier contraception.
- Understand the pathophysiology of menstrual disorders in adolescents, their evaluation, and treatment.
- Understand the prevention, pathophysiology, and treatment of sexually transmitted infections in adolescents.
- Understand the reasoning behind HIV screening in adolescents and how to screen adolescents appropriately.
- Be familiar with the issues of adolescent pregnancy, including reasons for the problem and prevention.
- Learn about male GU health issues, including urethritis, epididymitis, testicular torsion, orchitis, and prostatitis.
- Become knowledgeable about adolescent mental health issues, including depression, somatization disorders, ADHD, anxiety disorders, oppositional defiant disorder, eating disorders, and substance abuse disorder, and abuse.
- Understand the effects family members with alcoholism or substance abuse disorder have on children and adolescents in the family.
- Be familiar with the issues of gay and lesbian youth.
- Understand the issues of obese youth and an approach to management.
- Prepare for and pass a written test on adolescent medicine at the end of the rotation.

Practice-Based Learning and Improvement:

GOALS: Residents are expected to investigate and evaluate patient care practices and to appraise and assimilate clinical information to make appropriate patient management decisions. They should learn to improve their care of any given condition as they learn more about the condition they are treating.

OBJECTIVES:

- Consistently review the adolescent medicine literature using paper, computer and web-based resources.
- Consistently evaluate individual performance, identify gaps in knowledge, and target learning to fill these gaps.
- Consistently demonstrate learning from error.

- Work well with other learners to enhance the common knowledge.
- Provide, request, and accept feedback about performance.
- Facilitate the learning of students, junior residents, and other health care professionals (PL-3).
- Perform an evidence-based review on an adolescent topic and presents that review to faculty (PL-3).

Interpersonal and Communication Skills:

GOALS: Residents are expected to consistently demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with colleagues, patients, and their parents. They must be able to approach the patients and families in a patient-centered manner.

OBJECTIVES:

- Create and sustain a therapeutic and ethically sound relationship with adolescent patients and their families.
- Use effective listening skills (nonverbal, explanatory, and questioning) to elicit and provide information during the adolescent interview.
- Maintain gender neutral tone when appropriate.
- Understand and explain issues of adolescent confidentiality, disclosure, and consent.
- Use consultants appropriately and communicate effectively with them in a timely fashion.
- Maintain accurate and timely medical records.
- Provide counseling during patient encounters, including contraceptive options.
- Provide follow up to patients about laboratory and radiologic studies.

Professionalism:

GOALS: Residents are expected to understand and demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

OBJECTIVES:

- Consistently act in the best interest of patients.
- Consistently demonstrate a caring and respectful demeanor when interacting with patients and families.
- Maintain patient/family confidentiality.

- Demonstrate sensitivity to and respect for differences in race, ethnicity, culture, socioeconomic status, educational attainment, age, gender, sexual preference, and disability.
- Apply fundamental bioethical principles to the provision of care.
- Consistently demonstrate understanding of and provide patient access to information about the full range of contraceptive and pregnancy options, irrespective of personal beliefs.
- Conscientiously punctual, reliable, and dressed in an appropriate and professional manner.
- Follow hospital procedures for acknowledging, reporting, and correcting errors.
- Discuss errors honestly with families, when appropriate.
- Demonstrate knowledge of local laws and statutes regarding treatment and rights of teens.

Systems-Based Practice:

GOALS: Residents are expected to practice quality health care that is cost-effective and to advocate for patients within the health care system by helping patients successfully navigate through it for the best outcomes possible. They should be able to work effectively with a multi-disciplinary team of providers to aid in the best outcomes possible.

OBJECTIVES:

- Consistently advocate for patients and families and help them navigate the healthcare system by assisting them in making appointments, scheduling studies in a timely manner, and calling other providers to communicate about the patient, when necessary.
- Describe billing and coding procedures and their supporting documentation.
- Appropriately refer and follow-up patients when necessary.
- Demonstrate appropriate communication and collaboration with subspecialty consultants and ancillary staff.
- Demonstrate knowledge of a variety of community resources available to at-risk teens and their families.

References

1. English A, Kenney KE. State Minor Consent Laws: A Summary (2nd Edition). Chapel Hill, NC: Center for Adolescent Health and the Law; 2003.
2. Neinstein LS. Adolescent Health Care, a Practical Guide. Baltimore, MD: Lippincott Williams and Wilkins; 2002.
3. AAFP et al. Preparticipation Physical Evaluation (3rd Edition). Minneapolis, MN: The Physician and Sportsmedicine, a Division of McGraw-Hill Companies; 2004.

4. World Health Organization. Improving Access to Quality Care in Family Planning, Medical Eligibility Criteria for Contraceptive Use (2nd Edition). 2000.
5. Emans SJ, Laufer MR, Goldstein DP. Pediatric and Adolescent Gynecology (5th Edition). Philadelphia: Lippincott Williams and Wilkins; 2004.
6. AAP. ADHD A Complete and Authoritative Guide. Elk Grove Village, IL. 2004.
7. AAP. Substance Abuse, a Guide for Health Professionals. Elk Grove Village, IL.: 2002.
8. Hornbacher M. Wasted, a Memoir of Anorexia and Bulimia. New York, NY: Harper Collins; 1998.
9. Fisher M, Golden NH, Jacobson MS. The Spectrum of Disordered Eating: Anorexia Nervosa, Bulimia Nervosa, and Obesity. *Adolescent Medicine State of the Art Reviews*. 14 (1); 2003.
10. Hatcher RA, et al. Contraceptive Technology. New York, NY: Ardent Media; 2004.
11. Hoppenfeld S, Hutton R. Physical Examination of the Spine & Extremities. Norwalk, CN: Appleton & Lange; 1976.

ADOLESCENT MEDICINE RESOURCES

Online Resources

Electronic Journals through the Health Sciences Library
<http://mulibraries.lcate.com/>

AAP policy statements
<http://aappolicy.aappublications.org/>

The Contraception Report
www.contraceptiononline.org/contrareport/issue.cfm

WHO - Medical Eligibility Criteria for Contraceptive Use
www.who.int/reproductive-health/publications/mec/mec.pdf

Sexually Transmitted Diseases Treatment Guidelines – 2006
www.cdc.gov/std/treatment/

Youth Risk Behavior Surveillance Reports – 2005
www.cdc.gov/mmwr/preview/mmwrhtml/ss5505a1.htm

Alan Guttmacher Institute – State Policies in Brief
Policies regarding adolescents' sexual and reproductive health and rights.
www.guttmacher.org/statecenter/spibs/index.html

Missouri Revised Statutes
Site to look up any statute.

www.moga.mo.gov/statutesearch/

Sexual offenses statutes

www.moga.state.mo.us/statutes/c566.htm

First degree rape

www.moga.state.mo.us/statutes/c500-599/5660000032.htm

Second degree rape

www.moga.state.mo.us/statutes/c500-599/5660000034.htm

Consent to surgical or medical treatment

www.moga.state.mo.us/statutes/c400-499/4310000061.htm

Authorization for physician disclosure

www.moga.state.mo.us/statutes/c400-499/4310000062.htm

Journal Articles

Adolescent Sexuality

Adolescent Sexuality and Sexual Behavior. Jennifer Feldmann and Amy B. Middleman. *Current Opinion in Obstetrics and Gynecology*, 14(5):489-493, 2002 October. [<http://mulibraries.lcate.com/>]

Contraception and Adolescents. Edited by Robert Brown and Paula Braverman. *Adolescent Medicine Clinics*, October 2005. [*available in Dr. Lawson's office*]

Providing Effective Reproductive Health Care and Prescribing Contraceptives for Adolescents. Catherine Stevens-Simon. *Pediatrics in Review*, December 1998;19:409-417. [<http://pedsinreview.aappublications.org>]

Counseling the Adolescent About Contraception. Mary E. Rimsza. *Pediatrics in Review*, May 2003;24:162-170. [<http://pedsinreview.aappublications.org>]

Cervical Cytology Screening and Management of Abnormal Cytology in Adolescent Girls. Jessica A. Kahn and Paula J. Hillard. *Journal of Pediatric and Adolescent Gynecology*, 16(3):167-171, 2003 June. [*available in Dr. Lawson's office*]

Diagnosis and Management of Sexually Transmitted Disease Pathogens Among Adolescents. Gale R. Burstein and Pamela J. Murray. *Pediatrics in Review*, March 2003;24(3):75-82. [<http://pedsinreview.aappublications.org>]

Diagnosis and Management of Sexually Transmitted Diseases Among Adolescents. Gale R. Burstein and Pamela J. Murray. *Pediatrics in Review*, April 2003;24(4):119-127. [<http://pedsinreview.aappublications.org>]

Sexually Transmitted Diseases Treatment Guidelines. Gale R. Burstein and Kimberly A. Workowski. *Current Opinion in Pediatrics*, August 2003;15:391-397. [<http://mulibraries.lcate.com/>]

Sexually Transmitted Infections: Screening, Syndromes, and Symptoms. Cynthia Holland-Hall. *Primary Care: Clinics in Office Practice*, 33:433-454, 2006. [<http://mulibraries.lcate.com/>]

Pregnancy in the Adolescent Patient. Margaret Polaneczky and Kim O'Connor. *Pediatric Clinics of North America*, 46(4):649-670, 1999 August. [*available in Pediatric Library*]

Menstrual Disorders

Dysfunctional Uterine Bleeding. Mary E. Rimsza. *Pediatrics in Review*, July 2002;23:227-233. [<http://pedsinreview.aappublications.org>]

Menstrual Disorders. Paula K. Braverman and Steven J. Sondheimer. *Pediatrics in Review*, January 1997;18:17-26. [<http://pedsinreview.aappublications.org>]

Sports Medicine

Overview of Injuries in the Young Athlete. TA Adirim and TL Cheng. *Sports Medicine*, 33(1):75-81, 2003. [<http://mulibraries.lcate.com/>]

Overuse Injuries in Pediatric Athletes. KA Hogan and RH Gross. *Orthopedic Clinics of North America*, 34(3):405-15, 2003 July. [<http://mulibraries.lcate.com/>]

Current Issues in Managing Sports-Related Concussion. Michael W. Collins, Mark R. Lovell, and Douglas B. McKeag. *JAMA*, 282(24):2283-2285, 1999 December. [<http://mulibraries.lcate.com/>]

Medical Progress: Sudden Death in Young Athletes. Barry J. Maron. *NEJM*, 349(11):1064-1075, 2003 September. [<http://mulibraries.lcate.com/>]

Consent and Confidentiality

Legal Issues in Reproductive Health Care for Adolescents. Abigail English and Patricia S. Simmons. *Adolescent Medicine: State of the Art Reviews*, 10(2):181-194, 1999 June. [*available in Dr. Robinson's office*]

Confidential Health Services for Adolescents. Council on Scientific Affairs, American Medical Association. JAMA, 269(11):1420-1424, 1993 March.

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Exploration for Physicians of the Mature Minor Doctrine. Garry S. Sigman and Carolyn O'Connor. The Journal of Pediatrics, 119(4):520-525, 1991 October.

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State Minor Consent Laws: A Summary, 2nd Edition, 2003. Abigail English and Kirsten E. Kenney, Center for Adolescent Health & the Law. *[available in Dr.*

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