Learning to take a sexual history in the Pediatric population: A Canadian medical school clinical skills curriculum







Alexandra Hudson¹, Tania Wong², Kim Blake²

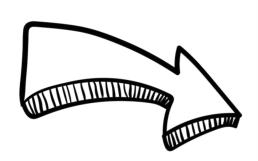
¹University of Alberta, Edmonton, Alberta, Canada ²Dalhousie University, Halifax, Nova Scotia, Canada



Background

Taking a sexual history is challenging to teach and assess.

There is a need for collaboration and sharing of innovative curriculum ideas across institutions.









Paediatrics & Child Health

Canadian Medical School's per-clerkship Pediatric clinical skills

• Hudson A, et al. (In press)

- National survey of 17/17 Canadian Medical Schools in 2018
- Eight schools (47%) had adolescent SP's provide verbal feedback.
- Two schools (12%) used written feedback from adolescent SP's





Learning to take a sexual history in the Pediatric population: Dalhousie University

Dalhousie Curriculum Med I

- Tutorials:
- **Human Development** Teenager
- Questioning sexuality.
- Ethics/law Sex trafficking.
- Clinical skills practice
- Taking a sexual history Teen cases.
- Male wanting STI testing.
- Female wanting oral contraceptive.
- Transgender male.

Dalhousie Curriculum Med II

Lectures:

Interviewing an adolescent and mother SP. Students give feedback using the SCAG.

Clinical Skills Practice

Cardiovascular and
Respiratory Unit.
Mother and teen SP pair
Interviewed by each student.
Asthmatic and e-cigarette
use.

Clerkship

Interviewing teen patients and getting written feedback from teens using the SCAG.



Structured Communication Adolescent Guide (SCAG)

LIFESTYLES: Physician asks or talks about the following:				
13. Home: Family	0	1	2	
14. Education: School	0	1	2	
15. Friends/Cyber Bulling	0	1	2	
16. Activities/Hobbies				
18. Alcohol:	0	1	2	
19. Drugs: Cigarettes/Vaping	0	1	2	
20. Marijuana				
21. Street/Prescription drugs				
22. Diet: Weight/diet/eating habits	0	1	2	
23. Sex: Boyfriend/Girlfriend	0	1	2	
24. Sexual activity				
25. safer sex/contraception				
26 Self: body image self esteem	0	1	2	
27. Moods/depression/suicide				
28. Screens: Screen time per day	0	1	2	
29. Social media/Apps				



	Did Not 0	Did	Did Well 2	Give coamples of frings that stood out i your interview, one positive and one negative
TEEN ALONE				Example: "I was glad you talked obout confidentiality, I need lost of reasonrance the you new? (et) my mon."
1 Separated me & porent.	- 0	- 1	2	
(Segre out if no patent present)				
 Discussed confidentiality. 	0		2	1
3 Gave me a chance to talk about	0	- 1	2	1
things other than what I came in				
to discuss.				
4 Reflected on my feelings or	- 0	- 1	2	1
concerns, (example: You seem)				
LIFESTYLES: Physician asks or talk	s about the	following:		1
13 Home: Family	- 0	1	2	Europh: "Third how you asked me at
14 Education: School	0		2	the good things in my life too, what I in interested in and what I are entering
15 Friends/Cyber Bullying	0	1	2	reservoire se and some I are equiyong
16 Activities/Hobbies	0	1	2	
	0	1	2	
18 Alcohol: beer & hard liquor	- 0	- 1	2	1
19 Drugs: Cigarettes/Vaning	- 0	- 1	2	1
20 Marijuana	0	1	2	
21 Street/Prescription drugs	0	1	2	
22 Diet: Weight/diet/eating habits	- 0	- 1	2	1
23 Sex: Boyfriend/girlfriend	0	- 1	2	1
24 Sexual activity	0	1	2	
25 Safer sex/contracention	0	1	2	
26 Self: body image self esteem	0	- 1	2	1
27 Moods/depression/suicide	0	- 1	2	
28 Screens: Screen time per day	0	- 1	2	1
29 Social Media/Apps	0	1	2	
GENERAL RATING A B	C D	F		I

A programmatic validated assessment tool developed for HEADSS interviewing skills.

Numeric and written feedback, evaluating for learning rather than of learning

Assessment is provided by the patient themselves

Take home points



 Only half of Canadian medical schools guarantee pre-clerkship exposure to adolescent patients, and only 2 schools use written feedback from the adolescent patient... Room for improvement?

 Feedback directly from the adolescent patient can improve sexual health history taking and discussion of confidentiality

 Providing a structured guide provides an avenue for normalizing feedback about the sensitive part of the adolescent interview

Special consideration for Trans-Health

- Identified preferred
- pronoun including at
- registration.
- Biological gender do not discuss.
- Self harm and abuse
- Self examination/testing preferred
- Time to get ready in the morning i.e. binders.
- Showers in the dark, public washrooms, gym issues.
- Safety issues can occur with family, peers, teachers.

