

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



Home.....

Education...

Activities  
Alcohol.....

Diet  
rugs.....

Self-esteem  
Sexuality...

Safety  
Suicide.....

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## 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	0	1	2
18. Alcohol:	0	1	2
19. Drugs: Cigarettes/Vaping	0	1	2
20. Marijuana	0	1	2
21. Street/Prescription drugs	0	1	2
22. Diet: Weight/diet/eating habits	0	1	2
23. Sex: Boyfriend/Girlfriend	0	1	2
24. Sexual activity	0	1	2
25. safer sex/contraception	0	1	2
26 Self: body image self esteem	0	1	2
27. Moods/depression/suicide	0	1	2
28. Screens: Screen time per day	0	1	2
29. Social media/Apps	0	1	2

Instructions for scoring this form  
After your check-in please score your doctor or resident student using this form.

For each item, circle the number that best describes your response. Do not use 0 or 2 unless you are certain.

GENERAL RATING: Add a general impression of each section. A = excellent, B = good, C = average, D = poor, F = fair

GETTING STARTED

1. General use

2. Interest level

3. General satisfaction

GENERAL RATING: A B C D F

GATHERING INFORMATION

1. General use

2. Interest level

3. General satisfaction

GENERAL RATING: A B C D F

	Did Not	Did	Did Well	
	0	1	2	
<b>TEEN ALONE</b>				
1. Separated me & peers	0	1	2	
2. Discussed confidentiality	0	1	2	
3. Came out & talked to the doctor	0	1	2	
4. Reflected on my feelings or concerns (example: You seem...)	0	1	2	
<b>LIFESTYLES: Physician asks or talks about the following:</b>				
13. Home: Family	0	1	2	
14. Education: School	0	1	2	
15. Friends/Cyber Bullying	0	1	2	
16. Activities/Hobbies	0	1	2	
18. Alcohol: beer & hard liquor	0	1	2	
19. Drugs: Cigarettes/Vaping	0	1	2	
20. Marijuana	0	1	2	
21. Street/Prescription drugs	0	1	2	
22. Diet: Weight/diet/eating habits	0	1	2	
23. Sex: Boyfriend/Girlfriend	0	1	2	
24. Sexual activity	0	1	2	
25. Safer sex/contraception	0	1	2	
26. Self: body image self-esteem	0	1	2	
27. Moods/depression/suicide	0	1	2	
28. Screens: Screen time per day	0	1	2	
29. Social Media Apps	0	1	2	
GENERAL RATING: A B C D F				

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

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- 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.