

Preparing Your Practice for Adolescent Health Care

There are many different ways to incorporate adolescent health care into your practice. Please review these suggestions and determine what will work best for your practice. Some of these suggestions may be more appropriate for young adolescent patients and may not be suited for older adolescent patients who may be more independent. It may be helpful to consider an adolescent's developmental level and then implement the suggestions as appropriate.

I. Assess your current office practice.

- A. Review the scope of patients you currently are seeing.
- B. Determine what percentage of your practice you want to devote to adolescents. To increase adolescent patients, place the sample letter and standup card in a visible location.
- C. Confirm that your associates are supportive of adolescent care and are familiar with how to cover adolescent patients in your absence.

II. Train and prepare staff.

- A. Office personnel
 1. Work with your appointment staff to allow adequate time for both new and follow-up adolescent visits.
 2. Identify office personnel who are a good “match” for adolescents—generally people who are open minded, positive, flexible, nonpatronizing, and professional.
 3. Make sure that office personnel are well-versed on use of appropriate *Current Procedural Terminology* (CPT) coding and documentation to allow appropriate billing for time spent. (See “Billing and Coding Issues in Adolescent Reproductive Health.”)
- B. Make your office accessible to adolescent patients.
 1. Design a labeling system that clearly identifies adolescent charts for staff.
 2. Appoint key individuals to handle adolescent calls. If at all possible, one of these individuals should be available for these callers during office hours because adolescents often do not call back and do not want to leave a telephone number where they can be reached. Most teens now have cellular phones. It is important to ask the teen for a cellular phone number and whether they are comfortable with messages being left on their cellular phone.

3. Establish protocols to triage questions about common adolescent gynecologic problems to facilitate an immediate response. (See “Suggested Responses to Common Adolescent-Related Telephone Questions.”)
 4. Give the patient clear directions for telephone calls to your office during and after hours.
 5. Have instructions for handling adolescent visits and problems when you are not available.
- C. Understand and train office staff on federal and state laws regarding treatment of minors and the rules of confidentiality.
1. Have the document “Confidentiality in Adolescent Health Care” readily available for your office staff. Consider incorporating the American College of Obstetricians and Gynecologists confidentiality statement found in this document in your consent-to-treat materials.
 2. Develop a system that clearly identifies the areas of the chart that are confidential and should not be provided to the parent(s) or guardian(s) of the adolescent patient.
 3. Make sure that members of your office staff understand the boundaries of confidentiality regarding telephone calls, walk-in appointments, and divulging information to caretakers.
 4. Establish procedures addressing parental consent, billing, and situations such as suicide and life-threatening illness, which would alter confidentiality status. For more information on billing issues, see “Billing and Coding Issues in Adolescent Reproductive Health.”

III. Create an office environment that is appealing to adolescents.

- A. Nonpregnant adolescents often are intimidated by a reception area full of obstetric patients. Consider seeing your adolescent gynecology patients during a dedicated time.
- B. Many adolescents prefer after-school appointments.
- C. Make sure your reception area and examination rooms contain age-appropriate and culturally-inclusive reading materials and audiovisual aids.
- D. Consider having one or two rooms where adolescents are seen and examined or remove or de-emphasize materials and equipment (ie, colposcope) that may make adolescents uncomfortable during their visit.





- E. Designate a place for the parent(s) or guardian(s) to wait that is away from the examination room. Be certain that the adolescent patient understands that the parent(s) or guardian(s) is not within hearing range (avoid letting them wait in the hall outside the examination room).

IV. Provide appropriate on-site educational materials.

- A. Make available pocket-sized materials that are age appropriate, teen friendly, concise, and discreet.
- B. Consider a portable display that allows teens free access to a variety of teen-oriented patient materials while they wait.
- C. Make it clear to teens which materials are for them and may be taken.
- D. Provide touchable models and charts to view while waiting and to use as an aid during the patient visit.
- E. Be certain that displayed magazines and newsletters are age appropriate and relay positive messages, such as the importance of involvement in sports.

V. Have appropriate supplies and equipment available. (See “Tools for Adolescent Assessment.”)

- A. Specula
 - 1. Availability of suitable specula is essential. For example, narrow-blade (Huffman) specula are necessary for many adolescents, especially those who are not sexually active.
- B. Teaching models
 - 1. Three-dimensional pelvic models to explain pelvic examination
 - 2. Contraceptive use models
 - 3. Breast examination models
 - 4. Sexually transmitted disease models
- C. Ready access to immunization for Hepatitis A and B and human papillomavirus (HPV).
- D. Availability of other vaccinations, such as diphtheria and reduced tetanus toxoids and acellular pertussis vaccine (Tdap), meningococcal vaccine, and measles–mumps–rubella (MMR) vaccine is desirable.

VI. Tailor the visit for adolescents.

- A. Greet the patient while she is clothed.
- B. Office staff or physician should explain confidentiality issues to the adolescent patient and her parent(s) or guardian(s), including the expectation that they each may be interviewed alone at some point during the visit. Refer to “Confidentiality in Adolescent Health Care.” Establish the identity of the adult(s) accompanying the patient. If they are not the patient’s parent or guardian, the relationship should be noted.

- C. It may be helpful to structure adolescents’ (particularly young teens) visits, talking first with both the teen and accompanying adult, then with the adult alone to assess their concerns, then with the teen alone. It often is helpful to again see the teen and adult together to summarize the recommendations or findings after establishing with the teen what findings she’s comfortable discussing in front of the accompanying adult.
- D. Discuss with the patient who else may be present during the examination and her comfort level with this. Limit the number of people present during the examination. When alone with the patient, inquire as to whether she would like a companion (parent, friend) to be present during the examination. If a companion is present during the examination, ask the patient where she would like him or her to sit. Often times, the patient is most comfortable with the companion positioned at head of the examining table. At some point, the companion should be asked to leave the room to allow for confidential discussion. Also, if appropriate, inquire as to whether she would feel comfortable with medical students or residents present during the examination. A chaperone (nurse or medical assistant) may or may not be appropriate for all examinations, depending on the institution’s standards or adolescent’s needs.
- E. Include medical students and residents in as many situations as possible unless it will be detrimental to the visit.
- F. No interruptions should be allowed during the examination.
- G. Allow adolescents to make decisions about evaluation and treatment, including the timing of pelvic examination. The physical examination may be deferred at the request of the adolescent, including one who is seeking oral contraceptives.
- H. Not every adolescent patient needs a pelvic examination. Examinations should be tailored to the experience, age, and emotional preparedness of the adolescent, as well as her presenting symptoms. The asymptomatic teen does not need a pelvic examination because screening for gonorrhea and chlamydia can be done through a urine-based nucleic acid amplification test. For adolescents who need an examination but are unable to cooperate, especially those who have never been sexually active or who have a history of abuse, self-insertion of a cotton-tipped applicator may be used in assessing vaginal discharge. Self-guided insertion of the speculum, with the reassurance that the examination will be discontinued at the patient’s request, also may be used in some instances.
- I. An exit interview that reinforces follow-up and treatment should routinely follow the physician visit.
- J. Materials, such as samples or posters, should be provided when possible.

VII. Develop a network of school and community resources for adolescent services beyond medical care.

- A. Know avenues for referral to social service, mental health, and financial support in your community.
- B. Whenever possible, foster communication links with schools and community agencies.