# Core competencies in adolescent health and development for primary care providers

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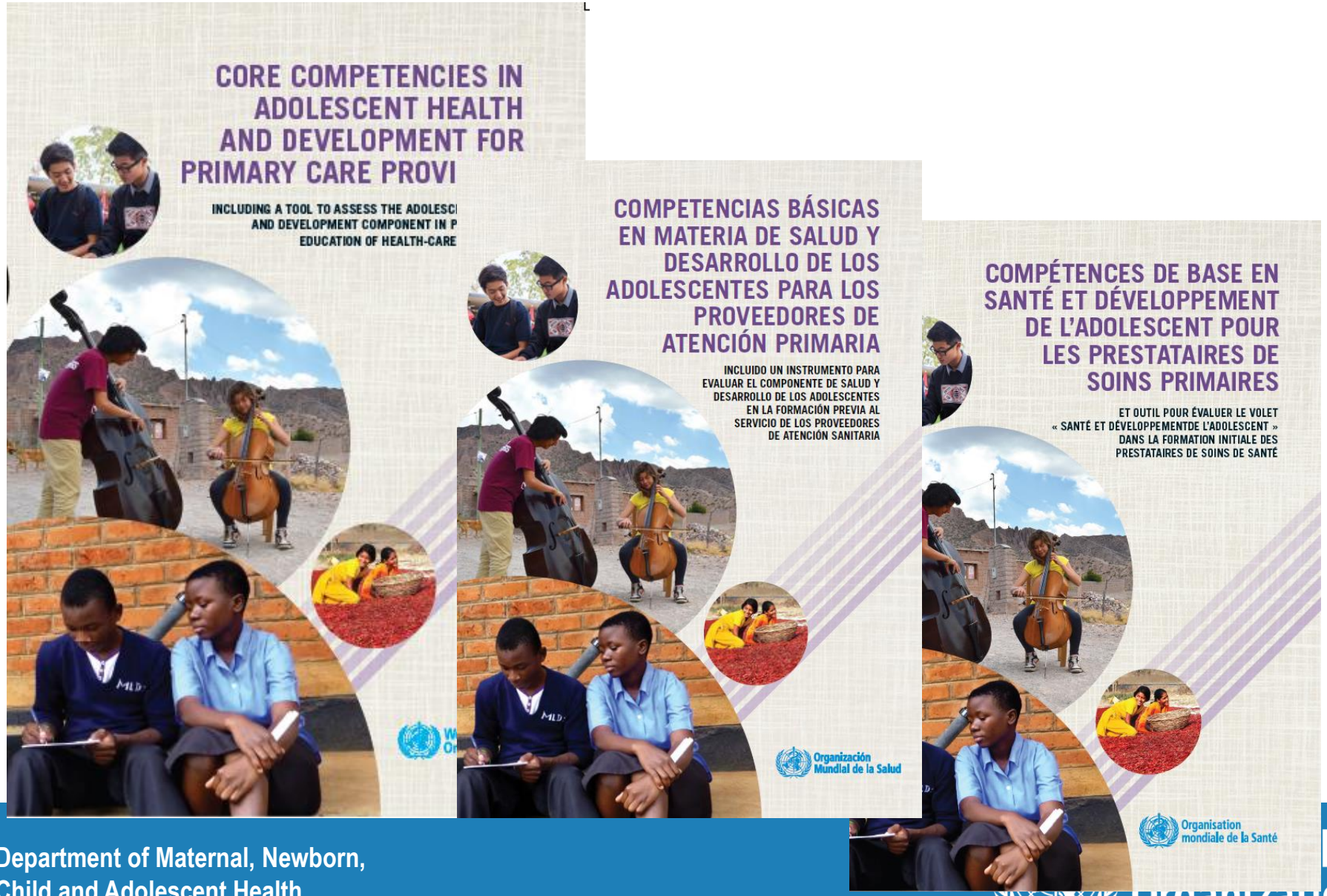
http://www.who.int/maternal_child_adolescent/documents/core_competencies/en/

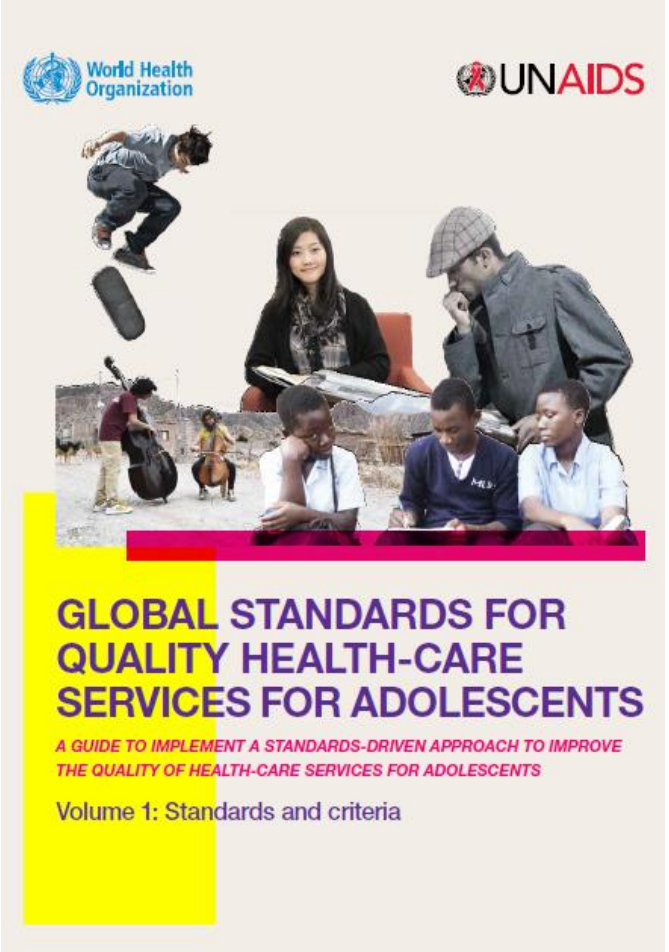


# Outline

- Rationale
- Methods – described in the document
- Content
- How to use
- Link with *Global Standards for quality health care services for adolescents*

# *WHO/UNAIDS* Global Standards for quality health-care services for adolescents:

- Volume 1: http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf
- Volume 2: http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf
- Volume 3. http://apps.who.int/iris/bitstream/10665/183935/5/9789241549332_vol3_eng.pdf
- Volume 4: http://apps.who.int/iris/bitstream/10665/183935/6/9789241549332_vol4_eng.pdf



# Standards' statements

## Standard 4

Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination,

non-judgmental attitude and respect

# Rationale

- Why training in adolescent health?
- Why primary care providers?
- Why pre-service training?

# Why training in adolescent health?

## 1.Having competencies in paediatric or adult care is not enough

Adolescents are not simply “older children” or “younger adults”

- Individual, interpersonal, community, organizational and structural factors make adolescent clients unique in the way they understand information, what information and which channels of information influence their behaviours, and how they think about the future and make decisions in the present

## 2. Training is not available

Primary care providers express the need to access training on adolescent health and development yet in many countries such training is not available/accessible

## 3. Training does make a difference

# Rationale

- Why training in adolescent health?
- Why primary care providers?
- Why pre-service training?

# Systems for the primary care of adolescents

- paediatric
- general practitioner/family doctor
- combined

**general practitioner/family doctor is a key provider of primary care for adolescents in many countries**

**Yet few countries have training in adolescent health as part of GP/family physician residency programmes**

# Rationale

- Why training in adolescent health?
- Why primary care providers?
- Why pre-service training?

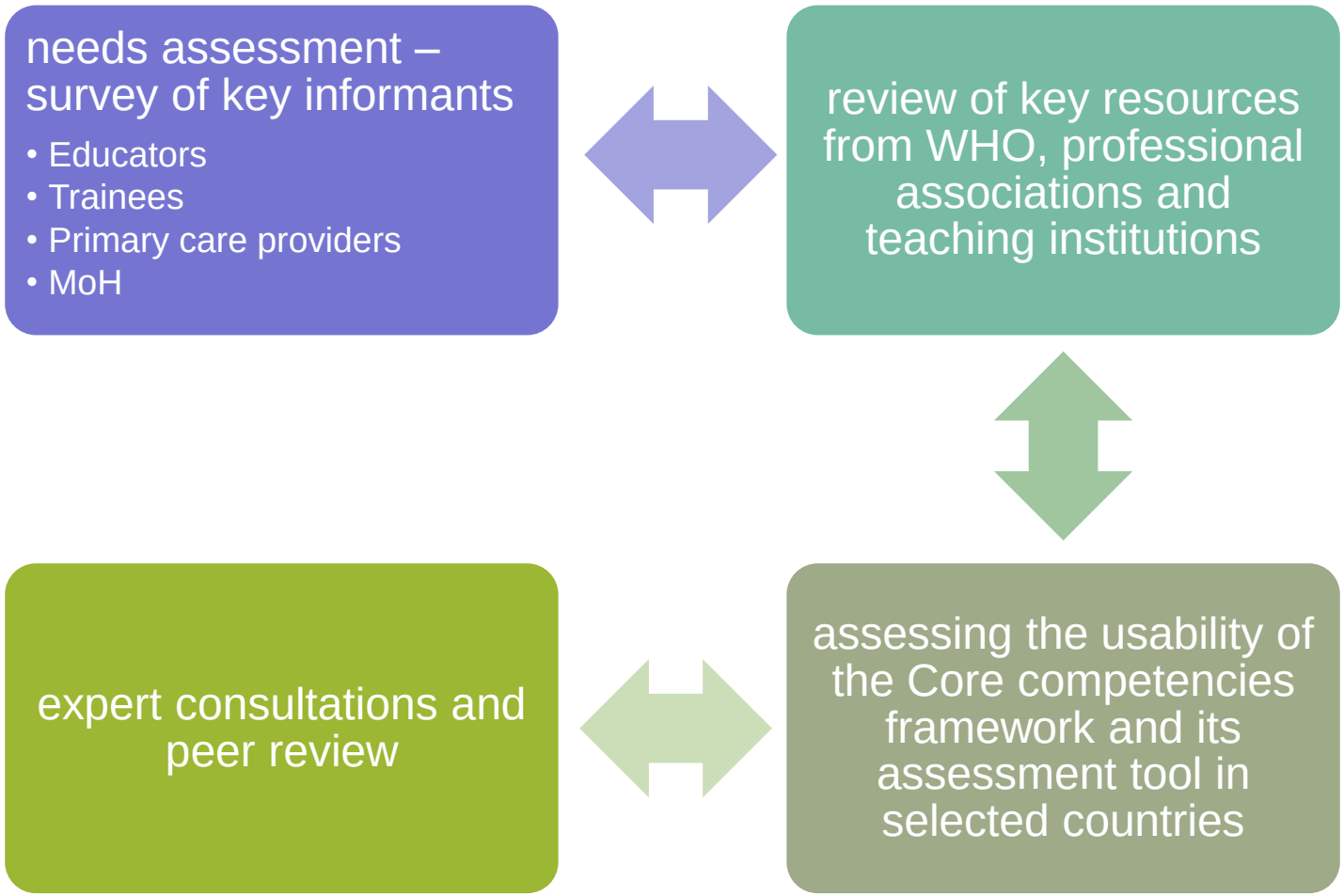
# Why pre-service training?

- Structured CPE opportunities are largely not available in LMIC
- Epidemics of in-service training

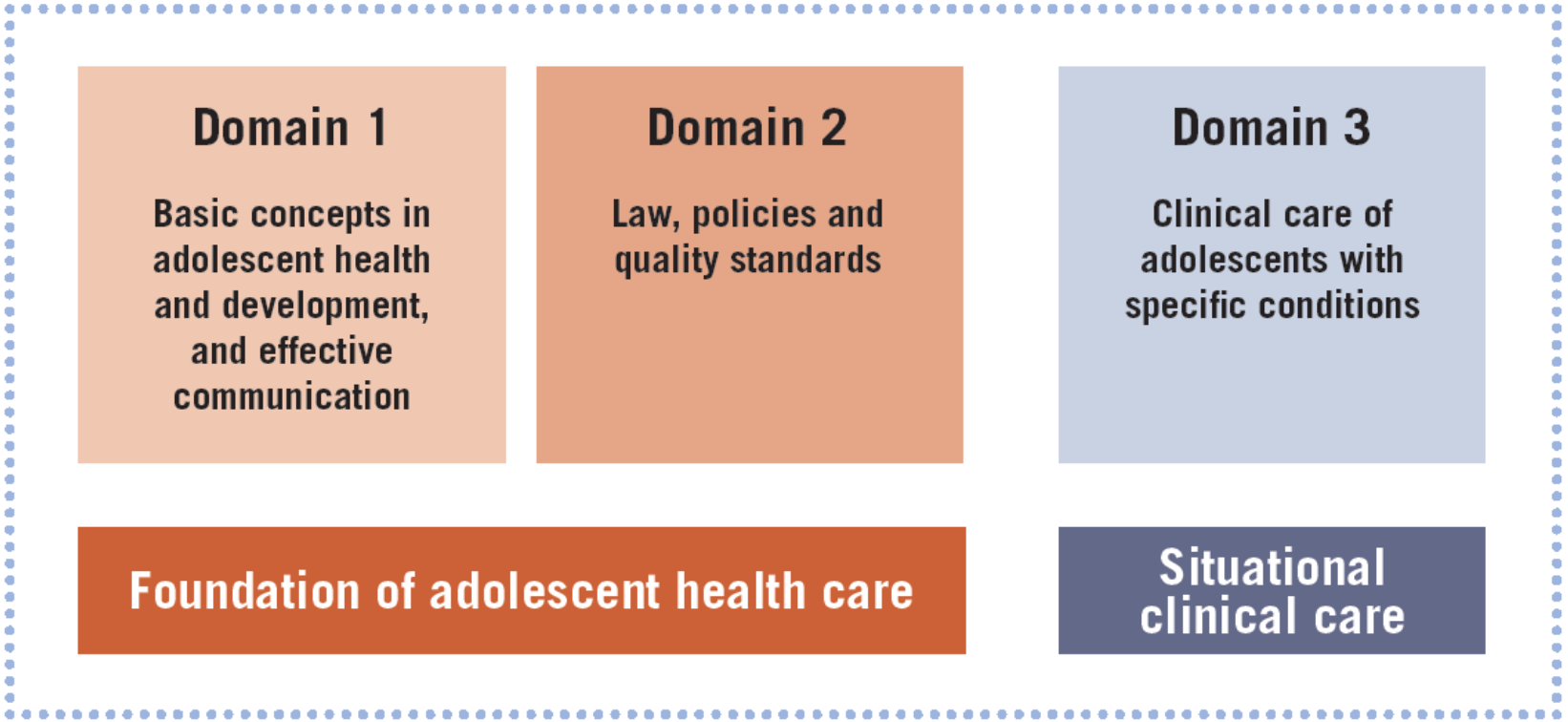
"The numerous projects and programmes… are replete with budget lines to train staff, but lack comprehensive workforce strategies… While trainees may welcome an expense-free trip to a major urban centre, these trips pose significant opportunity costs. Staff are rarely replaced when they travel and often the same staff will attend several courses every year. Furthermore, the courses often have few links with local training institutions, and thereby opportunities are missed to involve faculty members or to contribute to the development of locally-based courses."

Source: WHR 2006

# Methods


needs assessment – survey of key informants
• Educators
• Trainees
• Primary care providers
• MoH
review of key resources from WHO, professional associations and teaching institutions
assessing the usability of the Core competencies framework and its assessment tool in selected countries
expert consultations and peer review

# Content (1)


Domain 1
Basic concepts in adolescent health and development, and effective communication
Domain 2
Law, policies and quality standards
Domain 3
Clinical care of adolescents with specific conditions
Foundation of adolescent health care
Situational clinical care

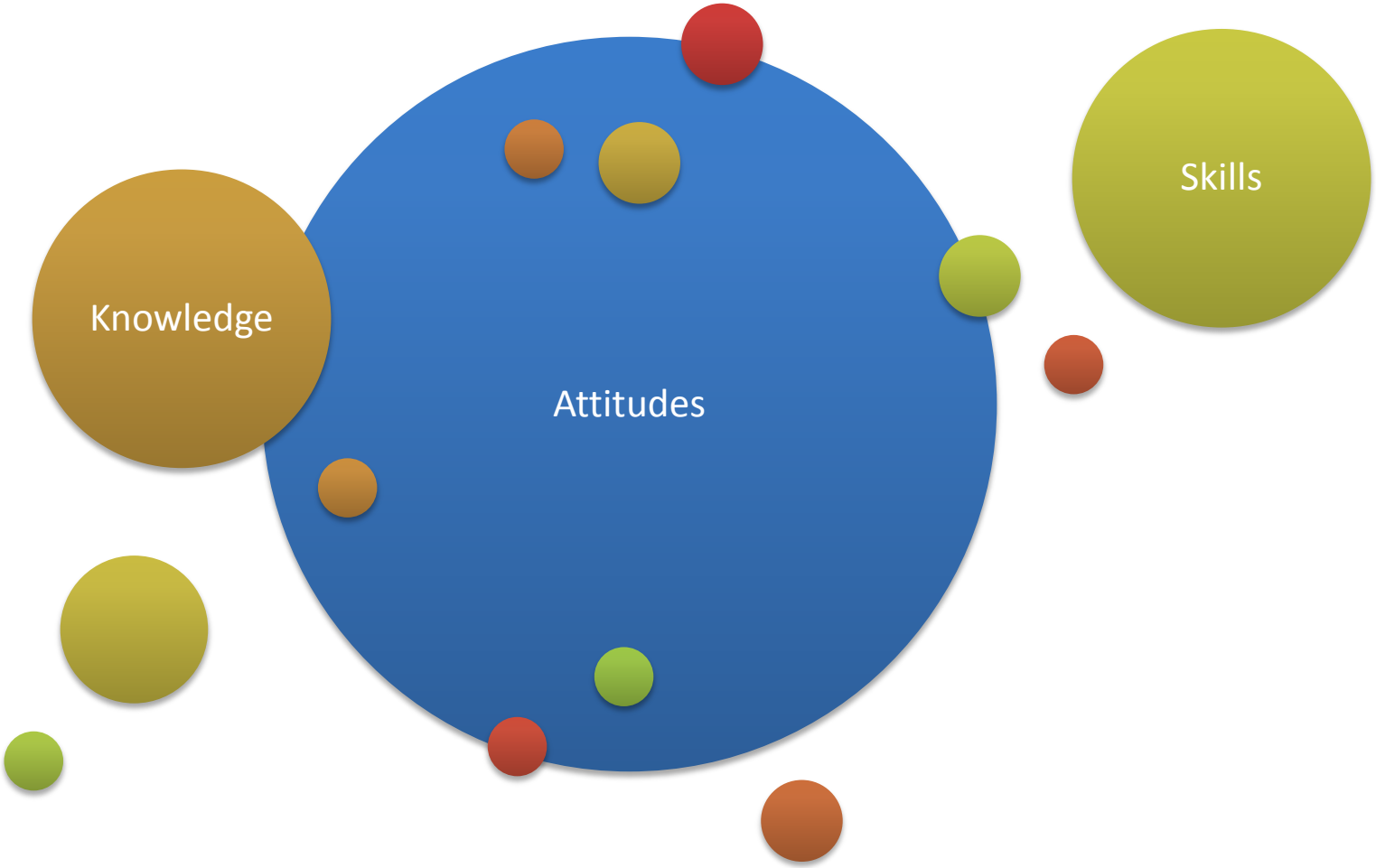
# Content (2): 17 competencies

| Domains | Competencies |
|---|---|
| **1. Basic concepts in adolescent health and development, and effective communication** | 1.1. Understand normal adolescent development, its impact on health and its implications for health care and health promotion |
| | 1.2. Effectively interact with an adolescent client |
| **2. Laws, policies and quality standards** | 2.1. Apply in clinical practice the laws and policies that affect adolescent health-care provision |
| | 2.2 Deliver services for adolescents in line with quality standards |

# Content (3): 17 competencies

| Domains | Competencies |
|---|---|
| **3. Clinical care of adolescent with specific conditions** | 3.1 Normal growth and pubertal development |
| | 3.2 Provide immunizations |
| | 3.3 Manage common health conditions |
| | 3.4 Mental health |
| | 3.5 SRH |
| | 3.6 HIV |
| | 3.7 Promote physical activity |
| | 3.8 Nutrition |
| | 3.9 Chronic health conditions |
| | 3.10 Substance use |
| | 3.11 Violence |
| | 3.12 Unintended injuries |
| | 3.13 Endemic diseases |

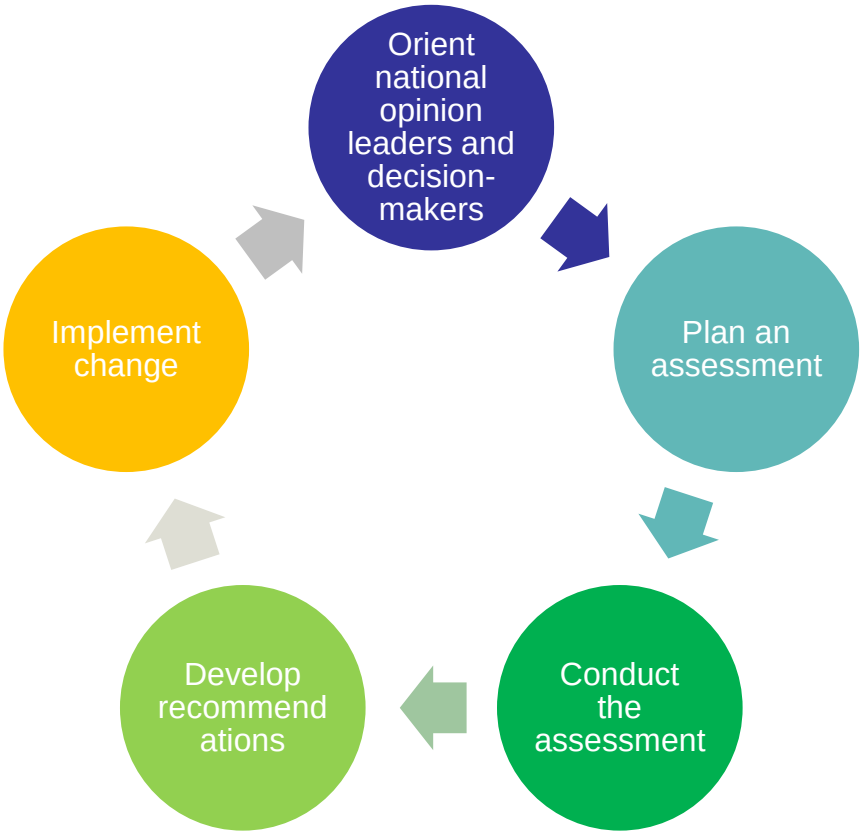
# Competency elements identified



# Knowledge and skills required to demonstrate core competencies

| Competency | Learning objectives for knowledge and skills required to demonstrate the competency |
|---|---|
| Domain 1 | **Basic concepts in adolescent health and development, and effective communication** |
| **Competency 1.2**<br>Effectively interact with an adolescent client | **Knowledge**<br>• Discuss the various factors that can improve the climate of the consultation: the importance of confidentiality, privacy, confidence, neutral nonjudgemental attitudes, respect, empathy<br>…… |
| | **Skills (ability to)**<br>Treat the adolescent client in a friendly, respectful manner that is empathic,<br>non-judgemental and without discrimination |

# Implementation





POLICY BRIEF

Building an adolescent-competent workforce

Towards universal health coverage for the world's adolescents

The workforce is at the heart of every health system. The WHO report *Health for the world's adolescents: a second chance in the second decade* suggests that progress towards universal health coverage for adolescents will require renewed attention to the education of health-care providers (WHO, 2014). Globally, evidence is growing that education in adolescent medicine improves the clinical performance of health-care practitioners (Sanci, 2000; Sawyer, 2013). A paradox persists, however: Health professionals report high interest in developing skills to work better with adolescents, and yet their educational needs remain unmet (WHO, 2014).

This policy brief provides the rationale for investing in an adolescent-competent workforce and the latest evidence on how this can be done through pre-service and continuous professional education. The policy brief is intended for officials from ministries of health and ministries of education in charge of implementing pre-service and continuous professional education programmes and for improving the quality of health services for adolescents; curriculum coordinators and educators in teaching institutions and in worksites responsible for professional education of health-care providers; and foundations and civil society organizations supporting governments in training health-care professionals and improving the quality of health services for adolescents.

World Health Organization

Why do health-care providers need special training in adolescent health?

Adolescents are not simply "older children" or "younger adults". Individual, interpersonal, community, organizational and structural factors make adolescent clients unique in the way they understand information, what information and which channels of information influence their behaviours, and how they think about the future and make decisions in the present (Fig. 1).

Fig. 1. An ecological model of factors that make adolescent clients unique

Individual-level factors related to the age and stage of development

- Rapid growth and maturation with puberty (e.g. physical growth, sexual maturation, neurocognitive functioning, emotional maturation)
- Onset of health-related behaviours and states which signal a wider scope of health risks than in younger children
- Limited capacity to modify behavior to override risks in the context of intense activities involving peers ("hot cognitions")
- Limited capacity for perceived long-term health risks that influence current behaviours
- Increasing desire for confidentiality and autonomy in health consultations when compared to younger children
- Lower health literacy in comparison to adults
- Greater capacity than children to seek health care independent of parents, yet less experience than adults about when to seek health care
- Less empowered than adults to claim rights in health care

Interpersonal-level factors

- Often reliant on adults to transport them to health consultations
- Often accompanied by parents or other adults, who generally expect to remain present in health consultations
- Distancing from parents or other adults reduces parents' capacity to understand the inner world of their child and the risks the adolescent may be experiencing (e.g. self harm)
- Embarrassment, shame and fear of consequences can reduce adolescents' preparedness to share important information with parents and health-care providers
- Health-care providers function as "gatekeepers" to health resources; their beliefs about the appropriateness or legality of resources for adolescents can reduce access to health-promoting resources (e.g. provision of contraception to unmarried girls)

Community-level factors

- Many health issues that particularly affect adolescents are highly stigmatized within communities, which may keep older adolescents from care seeking
- Adolescents have a lower ability to resist community values and norms which oppose or stigmatize care seeking (e.g. HIV testing for unmarried girls)
- Community values and norms reflect adults' views, which may not appreciate the prevalence of adolescent behaviours nor the challenges of behavior change

Organizational and structural factors

- Lack of privacy within health services can be more challenging for adolescents than adults due to adolescents' sensitivity to what others think
- Lack of or insufficient training in adolescent health makes health-care providers less acquainted with the health and social needs of adolescents and their rights
- Limited rights to consent to services
- Limited access to practical resources (e.g. finances, transportation)

Source: Sterling V, Sawyer SM (in press)

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**The document includes a tool to assess the pre-service curriculum**

# A tool to assess the pre-service curriculum

The assessment tool consists of four sections:

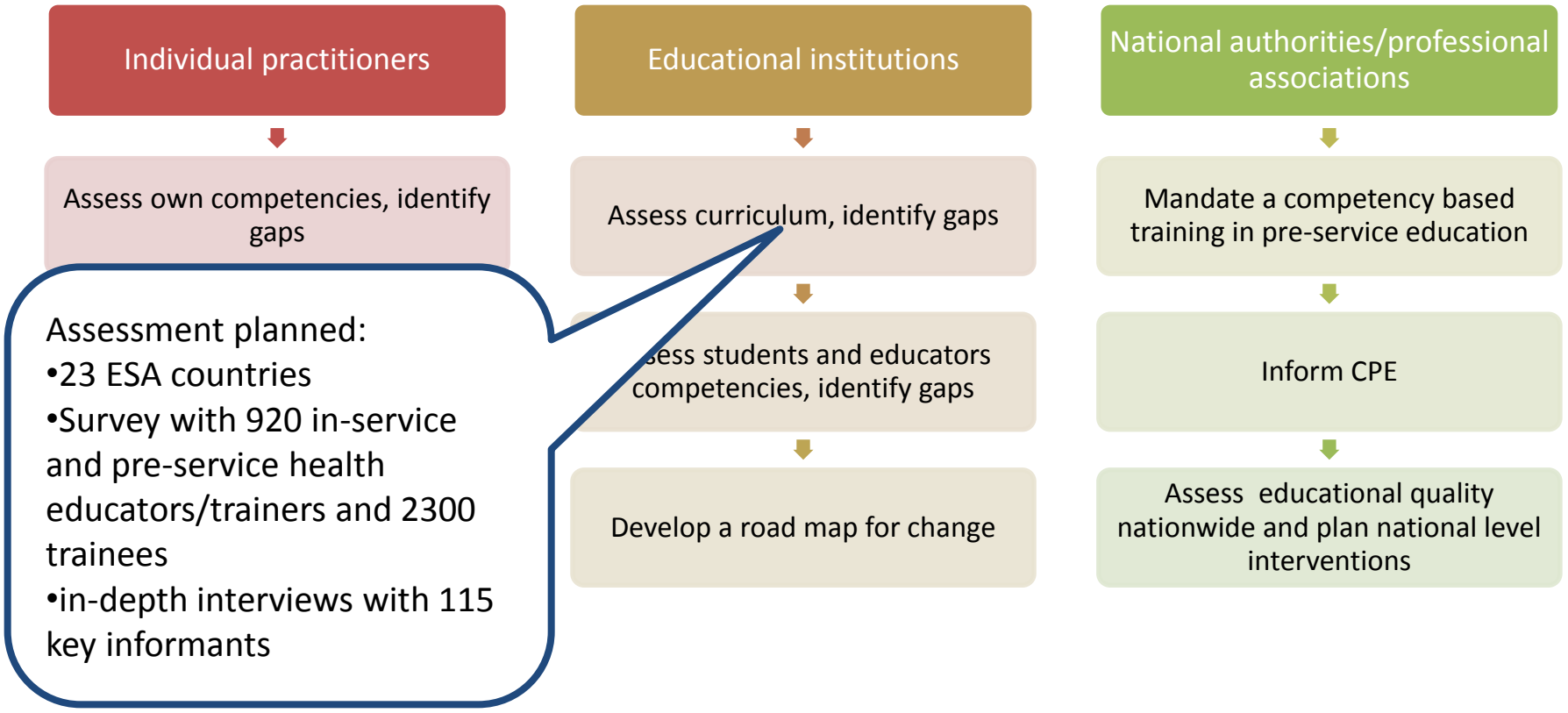
1. general characteristics of the course curriculum
2. courses/tracks devoted to adolescent health.
3. reviews the outcome-based competencies that constitute the foundation of adolescent health care
4. domains that can potentially be dealt with based on specific clinical situations as relevant for the country

# Get the message through

***EVERY*** primary care provider
should have core competencies
in adolescent health and development

Nurses
CHW
GPs/FDs
School health practitioners
Paediatricians
Etc.

# How can you, your institution and your government use the guidance?



# http://www.iniscommunication.com/hwa/

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