ELSEVIER

Patient Education and Counseling 62 (2006) 189–192

Patient Education and Counseling

www.elsevier.com/locate/pateducou

Enhancing the relationship and improving communication between adolescents and their health care providers: A school based intervention by medical students

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Received 8 January 2005; received in revised form 23 June 2005; accepted 1 July 2005

Abstract

Objective: To develop, implement and evaluate a workshop to help adolescents develop independent and active relationships with their physicians.
Methods: A needs-assessment survey informed the development of a workshop delivered by medical student volunteers and incorporated into the career and personal planning curriculum of high schools in Vancouver, Canada.
Results: Over a 6-year period, 64 workshops were delivered by 181 medical students to 1651 high school students in six schools.
Conclusion: The workshop is acceptable, do-able, effective and sustainable, characteristics that arise from the mutual benefits to all the groups involved: the medical school, the school board, the medical students, the high school teachers and students. The workshop provides a model for providing health care education to adolescents in the community.
Practice implications: Teaching adolescents the importance of good doctor–patient communication encourages them to take ongoing responsibility for their health care and is an alternative route to direct health care education.

Keywords: Adolescents; Schools; Patient–physician communication; Decision making

1. Introduction

Adolescents have difficulty in communicating important health concerns to physicians and making the transition from seeing the physician with their parents to an independent relationship.

Adolescents who receive regular care by a family physician have healthier behaviours and fewer unmet health needs [1]. Adolescents have major health concerns that go beyond the strictly medical problems they most frequently present with. These include exercise, STDs, contraception, alcohol and drug use that may provide physicians with important opportunities for promoting teenage health [2]. However, few adolescents would or actually do, discuss these issues, when they visit a physician [3–6]. Major barriers appear to be embarrassment and worry that their parents might be told about the consultation [7–9]. Assurances of confidentiality increase adolescents' willingness to disclose sensitive information [10,11]. Adolescents have a poor understanding about their physician as a source of confidential care [5,12]. Physicians do not consistently discuss confidentiality with their adolescent patients and those who do often assure unconditional confidentiality, which is inconsistent with professional guidelines or the law [13]. For adolescents, who maintain a relationship with their families physicians, exploring the issues of confidentiality may be especially helpful.

Most teenagers start making decisions about their attendance for health care at around age of 15 years and over half attend by themselves at this age [2]. Older teenagers would prefer to see their own general practitioner

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0738-3991/$ – see front matter
doi:10.1016/j.pec.2005.07.007

(GP) rather than their families' physicians [9] but are unsure how to find their own GP [4]. Physician visits by adolescents during this time of transition provide an opportunity to develop an adult relationship and establish good patterns of communication.

Medical students have been found to be acceptable peer sex educators of adolescents [14]. Medical students at The University of British Columbia (UBC) who were involved in a doctor–patient communications project reflected on their own experience of making that transition. From this exercise, they designed an outreach workshop to teach effective communication strategies that will help high school students develop an independent and active doctor–patient relationship.

2. Methods

2.1. Needs assessment

A needs assessment questionnaire was developed to identify in our local setting: (i) the most appropriate age group for the workshop (i.e. when students were making the transition to an independent relationship with a doctor) and (ii) the most frequent communication problems that could be addressed by the workshop. Initial questions were developed by medical students working with the project team and were refined and piloted with the target population by two student teachers.

Surveys were conducted in two private and six public schools in the Vancouver area, representing a range of socioeconomic and cultural profiles, in 1999 (252 students in grades 8–12) and 2000 (181 students in grades 11 and 12). Questionnaires were administered by a research assistant from the university; participation was voluntary and anonymous.

Overall, 65% of students in grades 11 and 12 usually saw the family doctor accompanied by their parent or guardian. The proportion within individual classes over eight schools ranged from 50 to 91%. There were no obvious associations with demographics or socioeconomic status since proportions varied widely within the same school. Of those who stated that they usually saw the doctor alone, the average age at first independent visit was 12.8–14.5 years; 69–95% had the same family doctor as their parents.

The doctor was the main source of health information identified by 65–90% of students. The topics that students would most like to ask about but do not because they feel uncomfortable were ''sexual problems'', ''emotional and mental well being or family problems'' and ''exercise, dieting or body weight''. The top three communication problems were: ''feeling awkward or shy about talking about my problems'', ''not knowing how to ask the doctor the questions I really wanted answers to'' and ''not feeling comfortable discussing some private, embarrassing or sensitive things''. 30–58% of students rated the communication between themselves and their family doctor as good or excellent, 4–15% rated communications as poor or below average. Students wanted to be able to: ''know how to describe how I have been feeling or what my symptoms are'', ''express my thoughts and opinions about my health concerns'' and ''ask more questions, when I do not understand what my doctor is telling me''.

2.2. The workshop program

The workshop was designed by the project team (faculty members in the medical school) and medical students based on results of the 1999 surveys. Results from 2000 confirmed its appropriateness for a more diverse adolescent group. The workshop addresses the importance of good communication: how to talk about difficult or embarrassing problems; confidentiality of health issues; how to find or change your doctor. The format consists of an 'icebreaker' to establish rapport, followed by a skit to illustrate problems that can arise if adolescents cannot communicate well with the doctor. Small group discussions follow with role play about problems adolescents can go to their doctor about; how to begin talking about difficult problems; confidentiality. The workshop closes with a review of key points, completion of evaluation forms and responses to the inevitable enquiries about how to get into medical school. The workshop lasts 50–60 min. Although the general format of the workshop is standardized, the medical students develop variations on the themes that allow them to personalize it.

Workshops are facilitated by groups of four to six medical students, depending on class size. Medical students are recruited after their first semester during which they take a 14-week communication skills course, an ethics course that includes confidentiality and have gained experience in facilitating small group discussions. They continue with the program through second year and may return in fourth year depending on their clinical program. New recruits attend a 2 h training session run by the program team and medical students who are experienced workshop facilitators. The session includes information about the purpose, content and format of the workshop; dates of upcoming workshops; and formation of teams to begin planning their specific workshops with the assistance of experienced students. Training emphasizes that medical students should respond to questions about health problems by saying ''so how would you ask your doctor about that?'' A second important point made in training is that the students must familiarize themselves with the law and ethical standards regarding confidentiality and that they should address this topic directly with the high school students. In the workshop, the medical students tell the high school students what they should expect legally and ethically of their physicians and that if they have any doubts they should explicitly check with the doctor whether that particular consultation will be kept confidential.

A comprehensive workshop package helps to standardize and streamline the job of the medical students, minimizes the effort required for them to participate and provides a framework for further improvement and modification. It includes tips and techniques for running the workshops, examples of scenarios for role playing, take home information sheets for participants and evaluation forms.

Two members of the Faculty of Medicine are responsible for the annual recruitment of medical students and leading the training workshop. Liaison with the schools, scheduling of workshops, distribution of workshop packages and collection and synthesis of evaluation forms is done by a part-time student coordinator. As a recognition for their contribution, students who give workshops receive a letter for their student file and their participation is recorded in their Dean's letter of reference at the end of medical school.

The costs of maintaining the workshop program at a sustainable level (approximately, 10–15 workshops annually) were estimated at CAN$ 2000/year. The main costs are the salary of the student coordinator and catering for the training workshop. Initial costs (needs assessment and workshop development and implementation) were covered by two development grants. Funding was subsequently obtained from the Vancouver School Board and through a fundraising campaign to ensure ongoing sponsorship.

2.3. Incorporation into the school curriculum

All school districts in British Columbia utilize the same curriculum approved by the provincial government. The Career and Personal Planning (CAPP) curriculum (grades 8–12), and more recently, planning 10, include objectives related to health, informed decision making and personal responsibility.

Initial contact was made with the principals of the 18 public high schools in Vancouver asking for their permission to conduct the needs-assessment survey. Shortly afterwards, the Director of Instruction at the Vancouver School Board requested further information to take to the Program Development Team. As a result of their meeting, the Director recommended participation in the study to all public schools and incorporation of the workshop into CAPP classes. Six schools agreed to take part in the needs-assessment survey and expressed early interest in the workshops.

A steering group was established of the key stakeholders: the Faculty of Medicine project team, medical students, a representative of the Vancouver School Board and high school teachers and students. Over a period of a year, the steering group guided the translation of a small development project into a sustainable workshop program. It advised on workshop scheduling, identified schools particularly suitable for the program, facilitated contact with CAPP teachers, planned evaluation and developed fund raising strategies.

3. Results

Over a 6-year period (1999–2004), 64 workshops were delivered by 181 medical students to 1651 high school students in six schools. After the first year, workshops were held only at public schools in order to consolidate working relationships with the Vancouver School Board. All workshops were held in CAPP classes for grades 11 and 12 students. Workshops seem to be most valued by schools with a diverse population or in less affluent areas of the city; the need is greater and the added value of the medical students as role models more important. CAPP teachers at those schools have sought the workshops regularly each school year.

Evaluation surveys administered to high school students at the end of each workshop include open-ended questions about what they liked, learned, wanted more of and suggestions for improvement. They also asked specific questions related to the major learning objectives (asking questions, confidentiality, finding a new doctor, talking about awkward things), the facilitators and the workshop level. The 94% said the workshop was ''just right''. The main things students said that they learned were ''confidentiality'', ''how to communicate with the doctor effectively'' and ''can see the doctor for more than just physical problems''. Improvements (more skits, longer workshops) were suggested by less than 10% of students. Overall, the evaluation results were very favourable and consistent across schools and classes. The medical students have great credibility and high school students relate well to them. CAPP teachers say the medical students are skilled facilitators and good role models. They note that the students continue to refer to what they learned at the workshop.

A small follow-up survey was done in 2000 with one class of grade 12 students about 2 months after the workshop to find out if they had made any changes to their communication with their doctor or if they had discussed the workshop with anyone else. Of the 17 respondents, 59% had been to the doctor since the workshop; 57% of these said there was a difference compared to previous encounters. The examples they gave included: they attempted to ask more questions, brought up concerns other than those the doctor was mentioning and tried to get the doctor to explain more about the medication prescribed. 71% of students had talked to family or friends about the workshop.

An unexpected outcome of the workshop has been the benefit to medical students who say that participation is worthwhile, as it provides them with good experience in talking to adolescents (their future patients). The students' medical school curriculum provides them with the skills in facilitation and communication needed for the workshop. Participation in the program is do-able for the medical students: they pick up the workshop package from a central office, complete planning while driving to the school, often run two workshops back to back and choose dates that fit their schedule.

4. Discussion and conclusion

4.1. Discussion

The program is limited in scope by the availability of free time in the medical students' schedule that matches with the timetable for the CAPP classes and by the need to minimize travel time for the medical students. We have easily been able to recruit sufficient numbers of new volunteers each year (about 30 from a medical school class size of 128) to maintain the program at its current level. Although there is interest from other schools, we have not expanded the program in Vancouver beyond the six that we have been working with since the start of the program. However, starting in 2005, students in the newly expanded UBC medical school will begin pilot programs in two new locations, Victoria and Prince George.

A rigorous evaluation of the effectiveness of the intervention would require longer term follow-up. This might be accomplished by an extension of the preliminary follow-up survey that we conducted through the schools, a pre- and post-test assessment of knowledge or qualitative interviews about actual experiences following physician visits as conducted with seniors in a related project [15].

4.2. Conclusion

The workshop is acceptable, do-able, effective and sustainable. It is based on a mutually beneficial partnership between a medical school and the high school system, with endorsement from the senior administration and a small implementation team. The medical school is meeting its social responsibility mandate; medical students learn about communicating with adolescents; the school system is meeting its objectives for health education; teachers have a popular workshop to offer students who have little enthusiasm for more typical health education classes. The program is sustainable because it provides benefits to all parties; is based on a renewable resource (medical students), who require minimal training; and is low cost.

4.3. Practice implications

Teaching adolescents the importance of good doctor–patient communication encourages them to take ongoing responsibility for their health care and is an alternative route to direct health care education.

Medical students have credibility as health educators for adolescents.

Partnerships between a medical school and the high school system can be mutually advantageous.

Acknowledgements

We are grateful to the Hamber Foundation for two grants to support the needs assessment and workshop development and initial implementation, and to our current sponsors, The Vancouver School Board, British Columbia Lung Association and MDS Metro Laboratory Services. We thank the many students and teachers who played a part in making this program a success and especially acknowledge the key contributions made by Nikki Cheung, Eileen Edwards, Catherine Elliott, Valerie Overgaard and Judy Chan.

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