



Physicians for  
Reproductive Health

# ARSHIEP

ADOLESCENT REPRODUCTIVE SEXUAL  
HEALTH EDUCATION PROGRAM

Facilitation Guide for  
Standardized Patient Videos

# About This Guide

The comprehensive, evidence-based Adolescent Reproductive and Sexual Health Education Program (ARSHEP) curriculum is designed and updated in collaboration with a faculty of extensively trained adolescent medicine physicians with a shared goal of educating physicians and other youth-serving professionals in best practices for adolescent reproductive and sexual health. It includes both presentation modules and standardized case videos, which are free to use, edit, and share. This facilitation guide supplements the ARSHEP case videos with discussion questions that aim to engage youth-serving professionals in thinking critically about how to help young patients make healthy decisions.

Each ARSHEP case video vignette depicts a short segment of a longer clinical interaction between a health care provider and an adolescent patient. The scenarios in the vignettes are presented twice, each time with a different provider perspective, to emphasize the nuances, techniques, problems, and strengths of each perspective. The clips should be shown with 5-10 minutes of discussion following each version of the scenario. Comparing the two versions should encourage critical response regarding the differences in provider performance. The video exercise should last approximately 10-25 minutes per scenario (depending on length of discussion).

Please note: One video has only one version and is intended to demonstrate how a provider can successfully ask a parent to “please step out” of the exam room to allow for a confidential visit.

The clips are encouraged to be used in concert with the ARSHEP PowerPoint modules on related topics. Depending on the amount of time allotted for the presentation, the clips can be used to supplement the

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# How To Present ARSHEP Videos

During the showing of clips for the scenarios, presenters should remind participants that there is no “good” or “bad” version. There are both strengths and weaknesses demonstrated by the providers. The presenter should facilitate an interactive critical discussion with the group to identify positive elements of the encounter and areas for improvement.

Presenters should introduce the video segment to participants stating:

1. The segment is a snippet of a longer clinical encounter and is meant to emphasize various techniques related to the presentation we are about to view or have just viewed.
2. The same scenario is presented twice to demonstrate different provider approaches. Each version illustrates strengths, areas for improvement, and aspects of the provider’s personal style that are neutral.
3. Please note each provider’s verbal and non-verbal communication style; clinical knowledge and appropriateness; and other attributes that might result in better or worse outcomes with the adolescent patient in the video, as well as with your own patients.
4. Facilitate the discussion by asking the same basic questions after each version:
  1. What does the provider do well in the clinical encounter?
  2. What might the provider have done differently or better?

This guide notes selected strengths and weaknesses demonstrated in each segment. Facilitators are encouraged to discuss the strengths and weaknesses identified in the guide if they are not addressed by participants. This can be accomplished by incorporating leading questions such as: “What did you think of...?” “How did you feel about the way they...?”

# Case Videos

Videos are organized by topic category.

## BEST PRACTICES

1. Annual Visit: Abuse at Home | *Evelyn*
2. Chronically Ill Adolescent: “I just want to be normal” | *Isabel*
3. Asking a Parent to “Please Step Out” | *Caitlin*
4. Young Sexually Active Adolescent: “I know what I’m doing” | *Jennifer*

## LGBTQ ESSENTIALS

1. Coming Out: “I think I’m gay” | *Christopher*
2. Sexual History Taking & Gender: “Do I really need to talk about this during my physical?” | *James*

## SEXUAL HEALTH

1. Sports Physical: Sexual History | *James*
2. New Patient: Male Adolescent Reproductive Health | *Sharif*
3. Long Acting Reversible Contraception: “IUDs, what are those?” | *Lisa*
4. Drop-In Clinic Visit: Emergency Contraception | *Monica*

## SEXUALLY TRANSMITTED INFECTIONS

1. Annual Visit: Sexually Transmitted Infection | *Tiffany*
2. STI Screening: “Test me for everything” | *Michael*
3. Discomfort Wearing Condoms: “I’m too big” | *Ricky*

## PREGNANCY OPTIONS

1. Scheduled Appointment: Unintended Pregnancy | *Kayla*
2. Hoping for a Positive Pregnancy Test: “I’m ready to be a mom” | *Jessica*

# Case Video Discussion Questions

**BEST PRACTICES**

# BEST PRACTICES

## 1. Annual Visit: Abuse at Home | Evelyn

**Synopsis:** Evelyn is a 14-year-old patient visiting the clinic for a suspected urinary tract infection.

### VERSION A

#### **What did the provider do well in the clinical encounter?**

- Greets patient first (before mother)
- Understands the importance of confidential interview
- Suggests UTI screening and treatment

#### **What might the provider have done differently or better?**

- Question patient less aggressively about sexual activity as cause of UTI
- Trust patient's responses
- Do not assume consensual sexual contact

### VERSION B

#### **What did the provider do well in the clinical encounter?**

- Asks open but pointed questions
- Follows patient's direction in questioning and allows the patient to provide information instead of suggesting information
- Asks behavior-specific questions about sexual activity: penis in the vagina, buttocks, anus, oral sex, etc.
- Follows up about home life, uncovering likely abuse

#### **What might the provider have done differently or better?**

- Not assertive enough regarding confidential interview

### **Notes**

Providers need to have a system in place to deal with cases of suspected abuse. Many providers do not have a social worker on staff. How do providers in your audience prepare for these situations? Sometimes parents will not leave the room as easily as depicted in these scenarios. What are some strategies that audience members have used to perform successful "parentectomies?"

## 2. Chronically Ill Adolescent: “I just want to be normal” | Isabel

**Synopsis:** Isabel is a 15-year-old female who is severely asthmatic. She has been under the care of the physician in the video for one year and has recently begun recovering from a bout of pneumonia.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Ask whether Isabel is dating anyone
- Assesses Isabel’s plans for sexual initiation
- Offers herself as a resource for when Isabel eventually decides to have sex
- Mentions contraception

#### **What might the provider have done differently or better?**

- Conduct the clinical interview separately from the physical exam
- Ask open-ended questions without making assumptions about the answers

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Establishes good rapport with Isabel
- Explains why she is going to ask non-clinical questions
- Explores how home, friends, and school are going for Isabel
- Offers to talk to Isabel’s mother about her daughter’s progress

#### **What might the provider have done differently or better?**

- Discuss sex and sexuality

### 3. Asking a Parent to “Please Step Out” | Caitlin

**Synopsis:** Caitlin is a 14-year-old female who comes to the clinic with her mother for an annual school physical. Her mother requests to stay in the room for the entirety of the visit

#### VIDEO

#### **What does the provider do well in the clinical encounter?**

- The provider introduces herself to the adolescent patient first and then to the patient’s mother.
- She explains what will take place during the visit, specifying that she will ask Caitlin’s mother to step out of the room after taking a general health history.
- She validates Caitlin’s mother’s concerns and explains why she would like to see Caitlin alone for a portion of the visit:
  - It will help Caitlin take responsibility for her health history
  - It is developmentally appropriate
  - It is clinic policy
- When Caitlin’s mother protests, the provider again validates her concerns and repeats them back to her to let her know that she has been heard.
- The provider asserts that though parents want their children to be able to talk to them about anything, sometimes adolescents don’t feel comfortable doing so. The provider underscores that when adolescents talk to physicians they get factual information and will get help if they need it.
- The provider also affirms the impact that Caitlin’s mother has had on Caitlin’s development and the decisions that Caitlin will make.
- She asks whether there is anything specific that Caitlin’s mother would like her to discuss during the appointment.



## 4. Young Sexually Active Adolescent: “I know what I’m doing” | Jennifer

**Synopsis:** Jennifer is a 13-year-old female who has come to the clinic with her cousin to request birth control. She is a new patient and is sexually active.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Does not judge Jennifer’s disclosure that she is sexually active
- Uses open-ended questions
- Expresses her concerns about Jennifer’s sexual activity respectfully
- Explores the dynamics of Jennifer’s relationship with her partner, including asking whether Jennifer’s parents have met him
- Discusses sexual pleasure and other sexual activities that are less risky than intercourse

#### **What might the provider have done differently or better?**

- Use less clinical language and fewer open-ended questions
- Insist that she conduct the clinical interview without Jennifer’s cousin in the room
- Provide a prescription for contraception and discuss emergency contraception
- Inquire whether Jennifer knows how to use condoms
- Discuss STI risk

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Maintains good eye contact and demeanor (initially)
- Asks Jennifer’s cousin to wait in the waiting room
- Uses language that Jennifer can understand
- Provides a prescription for hormonal contraception and discusses emergency contraception

#### **What might the provider have done differently or better?**

- Withhold judgment when Jennifer discloses sexual activity
- Discuss Jennifer’s partner and her feelings about him instead of accusing Jennifer of not telling the truth.
- Speak with a softer tone when discussing sexuality
- Discuss condoms and STIs

# Case Video Discussion Questions

LGBTQ ESSENTIALS

## 1. Coming Out: “I think I’m gay” | Christopher

**Synopsis:** Christopher is a 15-year-old male who has been a patient in the office since early childhood. He made an appointment today because of a chronic stomach ache. He has no fever or other symptoms.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Maintains good eye contact and comfortable demeanor
- Mimics Christopher’s language when appropriate
- Asks Christopher about school, sports, friends, and family
- Assures confidentiality

#### **What might the provider have done differently or better?**

- Ask how Christopher feels about his emerging sexuality
- Separate his personal opinions from his patient’s case
- Explore Christopher’s interest in potential partners instead of using fear tactics to discourage sexual experimentation
- Discuss condoms

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Assures confidentiality
- Affirms that being gay is no reason for Christopher to hate himself
- Discusses condom use as well as planning for future sexual partners

#### **What might the provider have done differently or better?**

- Maintain eye contact instead of focusing on chart
- Explore Christopher’s symptoms respectfully (instead of suggesting that the illness is “in his head”)
- Acknowledge Christopher’s fear about telling his parents and identify why Christopher feels that they “will kill him”

### **Notes**

Facilitator can discuss with participants how a provider can separate his/her personal feelings about homosexuality from the clinical care being provided.

## 2. Sexual History Taking & Gender: “Do I really need to talk about this during my physical?” | James

**Synopsis:** James is a 16-year-old patient who is new to the area, and has come to the office today for a school physical.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Asks patient’s name at the start
- Explains why questions are asked, and that answers will be confidential
- Starts interview with less sensitive questions (about home and school), then moves into questions about sex and sexuality
- Provides positive feedback about the patient’s strengths (having a job, helping at home)
- Asks about gender identity
- Corrects chart with name and pronouns for future

#### **What might the provider have done differently or better?**

- Correct the patient’s misunderstanding regarding testosterone and contraception
- Clarify sexual behaviors when taking a sexual history (oral, vaginal, anal, insertive or receptive)

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Uses patient’s preferred name
- Asks about sexual behavior with both males and females
- Provides positive reinforcement about condom use
- Discusses contraception including emergency contraception
- Corrects patient to make sure he knows hormones will not protect against pregnancy

#### **What might the provider have done differently or better?**

- Ask about gender identity or preferred pronouns
- Clarify sexual behaviors (oral, vaginal or anal sex, insertive or receptive)

# Case Video Discussion Questions

**SEXUAL HEALTH**

# SEXUAL HEALTH

## 1. Sports Physical: Sexual History | James

**Synopsis:** James is a 17-year-old male who has come in to the office for a sports physical and has left many of the questions on his personal intake form blank.

### VERSION A

#### **What did the provider do well in the clinical encounter?**

- Good eye contact and comfortable demeanor
- Mimics patient's language where appropriate
- Discusses STI risk

#### **What might the provider have done differently or better?**

- Discuss confidentiality at the beginning of the visit
- Use less gendered language around sex and potential partner(s)
- Ask specific questions regarding sexual behaviors and risks associated
- Discuss the benefits of dual protection (condom use and the pill)

### VERSION B

#### **What did the provider do well in the clinical encounter?**

- Uses gender-neutral language
- Uncovers that patient has experimented with men
- Asks specific sexual behavioral questions
- Affirms that sexual behavior does not equal identity

#### **What might the provider have done differently or better?**

- Provider should maintain eye contact instead of focusing on chart
- Use adolescent-appropriate terms instead of clinical language

### **Notes**

Facilitator is encouraged to ask audience members if they have ever had patients who engaged in same-sex sexual activity but did not identify as gay, lesbian, or bisexual. How did they talk to these patients? How do they include questions about partner gender in each clinical interview?

## 2. New Patient: Male Adolescent Reproductive Health | Sharif

**Synopsis:** Sharif is a 17-year-old Muslim, Moroccan, first-generation immigrant. He lives with his family, goes to school, has a full-time job, and is involved in his local mosque. Today is his first visit with the doctor.

### VERSION A

#### **What did the provider do well in the clinical encounter?**

- Good eye contact, comfortable demeanor, mimics patient's terms
- Asks specific questions about home life and religious duties
- Discusses managing stress and responsibilities to assess behavioral risk factors and encourage mentally and physically healthy activities

#### **What might the provider have done differently or better?**

- Avoids conversation about STIs and sex in deference to culture

### VERSION B

#### **What did the provider do well in the clinical encounter?**

- Good eye contact, comfortable demeanor, mimics patient's terms
- Follows up on intake:
  - Pushes for information about sexual history
  - Asks behavior-specific questions about sexual activity
  - Makes patient feel comfortable answering by saying "some guys tell me..."
- Doesn't assume sexual orientation
- Assures confidentiality

#### **What might the provider have done differently or better?**

- Ask questions about religion and family structure
- Follow up on managing stress and responsibilities

### **Notes**

Cultural competency is an important concept in medical education. During the discussion, the facilitator should underscore that respect for culture does not allow for a circumvention of the sexual clinical interview. Additionally, race and ethnicity are only one of the many forces that contribute to an individual's culture.

### 3. Long Acting Reversible Contraception: “IUDS, what are those?” | Lisa

**Synopsis:** Lisa is a 17-year-old student who has been a patient of yours for two years. She has been in a relationship with her current boyfriend for a year and has been using oral contraception for about eight months. She is in clinic today because she has been having some irregular bleeding and is concerned it’s related to the pill.

#### VERSION A

##### **What does the provider do well in the clinical encounter?**

- Remains nonjudgmental about patient’s disclosure about forgetting her pills
- Provides positive feedback about patient following correct protocol for missing and making up pills
- Discusses dual use of condoms and contraception and risk of sexually transmitted infections (STIs)
- Discusses long- and short-term alternatives to the pill that could be appropriate for the patient
- Offers methods in order of effectiveness, offers IUDs as first line method
- Supports patient in communicating about sexual health with parents

##### **What might the provider have done differently or better?**

- Work with patient and offer strategies for improving consistent pill use
- Suggest services including emergency contraception and STI testing after disclosure of unprotected sex
- Elicit patient’s own preferences and beliefs before discussing options
- Explain reasoning when she claims the hormonal IUD is better (cite patient’s bleeding concerns)
- Acknowledge and validate patients concerns about IUDs

#### VERSION B

##### **What does the provider do well in the clinical encounter?**

- Empathizes with patient about logistic challenges at home that impact her ability to take the pill
- Discusses and offers emergency contraception
- Suggests IUD as a first line contraceptive method



- Reminds patient that IUDs can be removed at any time, and that a three-, five-, or ten-year commitment is not needed
- Explains the differences between hormonal and copper IUDs as well as side effects specifically in relation to the patient's concerns about bleeding
- Affirms patient's choice to continue using the pill and opens the door for future discussions
- Offers suggestions to help the patient remember her pills

**What might the provider have done differently or better?**

- Avoid judgment and skepticism about patient's ability to correctly and consistently take the pill
- Discuss STI risk and facilitate condom use
- Elicit patients preferences and beliefs before discussion options
- Acknowledge patient knows her needs best rather than pushing her towards the IUD
- Discuss the full range of contraceptive options, not just LARCs
- Avoid assumptions about parental communication around sexual behavior and contraception

## 4. Drop-In Clinic Visit: Emergency Contraception | *Monica*

**Synopsis:** Nineteen-year-old Monica is a college sophomore in a relationship with another female. Over the weekend, she had sex with a male friend, and she is coming in today to request a prescription for the morning-after pill. This is her third request for emergency contraception (EC).

### VERSION A

#### **What did the provider do well in the clinical encounter?**

- Asks about unprotected sex
- After patient tells him that she knows how to use a condom, provider persists and demonstrates correct use

#### **What might the provider have done differently or better?**

- Respect patient's relationship with a female partner
- Less aggression on subject of hormonal contraception
- Discuss STIs in gender-neutral context and need for testing
- Write advanced prescription for EC

### VERSION B

#### **What did the provider do well in the clinical encounter?**

- Asks about unprotected sex
- Implicitly respectful of patient's relationship with a female partner
- Mentions same-sex utility of condoms
- Discusses STIs and need for testing
- Open questioning and demeanor encourages patient to divulge home douching, allowing doctor to dispel possibly harmful myths
- Writes advanced prescription for EC

#### **What might the provider have done differently/better?**

- Give condoms with directions for use

#### **Notes**

Different providers have different opinions about EC and the number of times patients present for a prescription. Facilitators should inquire about the root of provider bias and highlight that patients are acting responsibly when seeking care after unprotected sex.

# Case Video Discussion Questions

SEXUALLY TRANSMITTED INFECTIONS

# SEXUALLY TRANSMITTED INFECTIONS

## 1. Annual Visit: Sexually Transmitted Infection | Tiffany

### Synopsis

Tiffany is a 16-year-old high school student who has been seeing this doctor since she was 10. She has indicated casually dating a boy for the last two annual exams. Today, she's coming in for her regular annual check-up.

### VERSION A

#### What did the provider do well in the clinical encounter?

- Offers detailed instructions on condom use and availability
- Suggests STI testing
- Asks patient if she has any questions

#### What might the provider have done differently or better?

- Use gender-neutral language
- Don't assume single partner
- Ask behavior-specific questions about types of sexual behavior
- Use a model or pictures to instruct patient on condom use
- Explain and discuss STI risk, including sexual behaviors that could lead to STIs

### VERSION B

#### What did the provider do well in the clinical encounter?

- Uses gender-neutral language
- Does not make assumptions about number of partners
- Suggests STI testing and explains STI risk
- Discusses STI risk connected to oral sex
- Mentions HIV

#### What might the provider have done differently or better?

- Does not discuss condom use or safer sex
- Does not discuss HIV risk or testing in detail

### Notes

Participants may want to discuss how they talk about condom use. Do they just explain or do a demonstration as well? What do audience members think of using models?

## 2. STI Screening: “Test me for Everything” | Michael

**Synopsis:** Michael is a 17-year-old male who has come to the clinic asking to be tested “for everything.” His girlfriend wants to see the results before she will have sex with him because a friend of hers recently had an abnormal pap smear.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Commends Michael for coming in to be tested before initiating sex with a new partner
- Demonstrates genuine concern
- Clearly explains the asymptomatic nature of STIs
- Discusses the tests she will and will not run and the reasons why
- Recommends the HPV vaccine for Michael’s girlfriend
- Advises future condom use

#### **What might the provider have done differently or better?**

- Assure confidentiality
- Use gender-neutral language
- Discuss Michael’s sexual partners without obvious judgment
- Get a history of previous STI diagnosis
- Assess what Michael knows

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Introduces herself
- Uses gender-neutral language and uncovers past anal sex with a same-sex partner.
- Asks about specific types of sex
- Withholds judgment when discussing number of partners

#### **What might the provider have done differently or better?**

- Discuss STI risk without blaming the male partner
- Look at Michael while taking the history (instead of writing)
- Discuss Michael’s feelings about having had sex with a male
- Avoid lecturing while encouraging condom use and conveying the importance of trust in a relationship

### 3. Discomfort Wearing Condoms: “I’m too big” | Ricky

**Synopsis:** Ricky is a 16-year-old male who comes to the clinic complaining of dysuria.

#### VERSION A

##### **What does the provider do well in the clinical encounter?**

- Asks Ricky for his preferred name
- Commends Ricky for coming in to the clinic
- Utilizes open-ended questions
- Asks Ricky’s permission to ask sensitive questions about sexual activity
- Explores reasons for not using condoms

##### **What might the provider have done differently or better?**

- Use gender-neutral language
- Ask behavior-specific questions about types of sexual behavior
- Respect Ricky’s concerns about condom size and discuss ways to further facilitate use
- Refrain from using dismissive facial expressions

#### VERSION B

##### **What does the provider do well in the clinical encounter?**

- Asks about specific kinds of sexual behavior
- Uses gender-neutral language
- Explains that he asks all of his patients about same-sex sexual behavior
- Asks about condom use at last sexual encounter
- Acknowledges importance of partner trust
- Respects Ricky’s concerns about condom discomfort and discusses different sizes and brands

##### **What might the provider have done differently or better?**

- Maintain better eye contact and patient rapport
- Assure confidentiality
- Provide a transition from less sensitive to more sensitive questions
- Ask Ricky to tell him the steps in putting on a condom

#### **Notes**

Participants may want to discuss how they talk about condom use. Do they just explain or do a demonstration as well? What do audience members think of using models?

# Case Video Discussion Questions

PREGNANCY OPTIONS

# PREGNANCY OPTIONS

## 1. Scheduled Appointment: Unintended Pregnancy | Kayla

**Synopsis:** Sixteen-year-old Kayla, an honor-roll sophomore, has previously come in for annual check-ups and a bad case of the flu. She made today's appointment because she has been feeling unwell for a couple of weeks. She thinks it might be the flu again, as she is tired, achy, and sick to her stomach when she eats.

### VERSION A

#### **What did the provider do well in the clinical encounter?**

- Asks about unprotected sex
- Pregnancy discussion includes options counseling
- Affirms patient responsibility in coming in for care
- Inquires about support system

#### **What might the provider have done differently or better?**

- More sensitive patient-led approach in raising the question of pregnancy
- Non-judgmental tone regarding unprotected sex
- Inquire about whether patient knows how to use condoms
- Discuss hormonal contraception and emergency contraception as back-up
- Discuss STI risk

### VERSION B

#### **What did the provider do well in the clinical encounter?**

- Good eye contact and demeanor
- Mirrors patient's language and asks for clarification when patient uses unfamiliar terms
- Shows empathy when patient tells of pregnancy suspicions

#### **What might the provider have done differently or better?**

- Counsel patient on all pregnancy options and not assume patient will parent
- Allow patient to answer questions instead of answering them herself
- Ask patient how she feels about pregnancy
- Discuss STI risk



## Notes

Pregnancy option counseling requires discussion of all options available. If providers do not feel comfortable in this role, they have an ethical obligation to refer patient elsewhere. In some venues, this case will invoke discussions regarding abortion. The facilitator should try to keep the discussion centered on ethical obligations and patient-centered care.

## 2. Hoping for a Positive Pregnancy Test: “I’m ready to be a mom” | Jessica

**Synopsis:** Jessica is a 16-year-old female who comes to the clinic with the suspicion that she is pregnant. In the initial counseling, the provider uncovers that she is hoping for a positive result.

### VERSION A

#### **What does the provider do well in the clinical encounter?**

- Assesses Jessica’s thoughts about the outcome of the pregnancy test
- Asks about partner and family involvement
- Finally agrees to discuss pre-pregnancy planning

#### **What might the provider have done differently or better?**

- Avoid lecturing about desire to be pregnant
- Explore Jessica’s reason for wanting to be pregnant without assuming it is because of a desire for unconditional love

### VERSION B

#### **What does the provider do well in the clinical encounter?**

- Maintains good eye contact and comfortable demeanor
- Asks probing questions about Jessica’s life to better understand her desire for pregnancy
- Commends Jessica on establishing future goals




















#### **What might the provider have done differently or better?**

- Avoid assuming that Jessica does not want to be pregnant
- Discuss with Jessica her dynamics with her partner

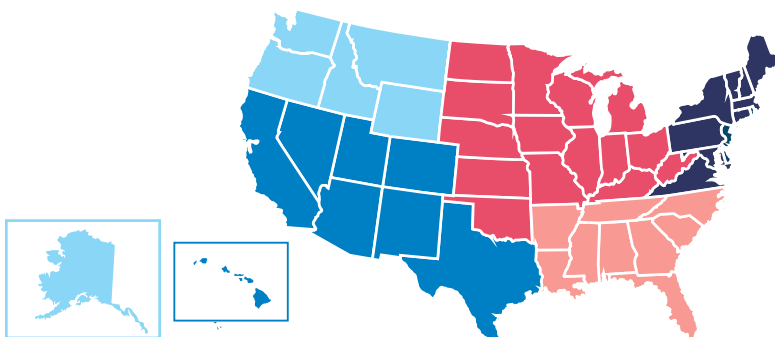
# About **ARSHEP**

Adolescent Reproductive and Sexual Health Education Program (ASRHEP) is a nationwide educational program that trains physicians and other youth-serving health professionals on evidence-based best practices for working with adolescents to help them make healthy decisions about their sexual and reproductive health. The comprehensive, case-based curriculum includes freely accessible PowerPoint modules and patient standardized case videos.

## TOPICS INCLUDE:

-  Abortion
-  Adolescent-Friendly Services
-  Adoption
-  Beyond Abstinence and Risk
-  Caring for Transgender Youth
-  Commercial Sexual Exploitation of Children
-  Confidentiality
-  Cultural Competency
-  Emergency Contraception
-  Essentials of Contraception
-  HIV Pre-Exposure Prophylaxis
-  HPV Human Papillomavirus
-  Lesbian, Gay, Bisexual, Transgender, and Questioning Youth
-  Long-Acting Reversible Contraception
-  Male Health
-  Physicians as Advocates
-  Pregnancy and Parenting
-  Pregnancy Options Counseling
-  Sexual History-Taking
-  Sexually Transmitted Infections

## WE HAVE FACULTY ALL OVER AMERICA:



**NORTHWEST: 4**  
**SOUTHWEST: 6**  
**MIDWEST: 4**  
**SOUTHEAST: 11**  
**NORTHEAST: 17**