

Physicians for Reproductive Health

Adolescent Reproductive and Sexual Health Education Program

Standardized Patient Video Clips

Facilitation Guide

Each of the six scenarios represents a short piece of a longer clinical interaction that emphasizes various aspects of care, from communication skills and clinical knowledge to office environment. Each scenario is presented twice to emphasize different nuances, techniques, problems, and strengths. The clips should be shown with 5-10 minutes of discussion following each version. Comparing the two versions should encourage critical response and active discussion regarding the differences in provider performance. The total video segment exercise should last approximately 10-25 minutes per scenario (depending on length of discussion).

The clips should be used in concert with the ARSHEP PowerPoint Modules on the related topics. Depending on the amount of time you have to present and whether you are presenting the 30- or 60-minute slide set of the related module, the clips should either be shown before and after the slides are presented, or simply after.

Presenters should not tell participants what the provider did well or not in each scene, but rather should facilitate an interactive discussion that induces active and critical discussion within the group. Presenters should introduce the video segment to participants stating:

1. The segment is a snippet of a longer clinical encounter that is meant to emphasize various techniques related to the presentation we are about to/just went through.
2. The same scenario is presented twice with different provider approaches. Each version illustrates strengths, areas for improvement, and neutral personal styles.
3. Please note the provider's verbal and non-verbal communication style, clinical knowledge and appropriateness, and other issues that might result in better or worse outcomes with the adolescent patient in the video and your own patients.
4. I will facilitate the discussion by asking the same basic questions after each version:
 1. What did the provider do well in the clinical encounter?
 2. What might the provider have done differently or better?
 3. What would you ask/do next in this clinical encounter?
5. I will ask other follow-up questions based on our discussion.

There are many positive, negative, and neutral aspects of each segment that will not be the same from setting to setting. In addition to these, this guide notes selected strengths and weaknesses in each segment. Facilitators are encouraged to discuss these points if they are not addressed. This can be accomplished incorporating leading questions such as: "What did you think of...?" "How did you feel about the way they...?"

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Scenario 1: Sports Physical— James — Sexual History

Modules this scene should be used with:

Cultural Competency and Adolescent Health
Essentials of Contraception and Adolescents
Male Adolescent Reproductive and Sexual Health
Providing Confidential Reproductive Health Care to Adolescents

Points presenter should ensure are discussed in this scenario:

Version A

1. 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

2. 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)

3. What would you ask/do next in this clinical encounter?

Version B

1. 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

2. 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

3. What would you ask/do next in this clinical encounter?

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?

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Scenario 2: Scheduled Appointment— Kayla — Unintended Pregnancy

Modules this scene should be used with:

- Cultural Competency and Adolescent Health
- Pregnancy Options Counseling with Adolescents
- Providing Confidential Reproductive Health Care to Adolescents

Points presenter should ensure are discussed in this scenario:

Version A

1. 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
2. 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
3. What would you ask/do next in this clinical encounter?

Version B

1. 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
2. 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
3. What would you ask/do next in this clinical encounter?

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.

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Scenario 3: Annual Visit— Tiffany — Sexually Transmitted Infection

Modules this scene should be used with:

Sexually Transmitted Infections: Epidemiology, Testing and Treatment for Adolescents
Cultural Competency and Adolescent Health

Points presenter should ensure are discussed in this scenario:

Version A

1. 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

2. 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
 - Sexual behaviors that could lead to STIs

3. What would you ask/do next in this clinical encounter?

Version B

1. What did the provider do well in the clinical encounter?
 - Uses gender-neutral language, no assumptions about number of partners
 - Suggests STI testing and explains STI risk
 - Discusses STI risk connected to oral sex
 - Mentions HIV

2. 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

3. What would you ask/do next in this clinical encounter?

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?

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Scenario 4: Annual Visit— Evelyn — Abuse at Home

Modules this scene should be used with:

Adolescent-Friendly Health Services
Sexually Transmitted Infections: Epidemiology, Testing and Treatment for Adolescents
Cultural Competency and Adolescent Health
Providing Confidential Reproductive Health Care to Adolescents

Points presenter should ensure are discussed in this scenario:

Version A

1. 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
2. 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
3. What would you ask/do next in this clinical encounter?

1. What did the provider do well in the clinical encounter?
 - Asks open but pointed questions
 - Follows patient's direction in questioning— 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, uncovers likely abuse
2. What might the provider have done differently or better?
 - Not assertive enough regarding confidential interview
3. What would you ask/do next in this clinical encounter?

Version B

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?"**

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Scenario 5: New Patient— Sharif — Male Adolescent Reproductive Health

Modules this scene should be used with:

Adolescent-Friendly Health Services
Cultural Competency and Adolescent Health
Male Adolescent Reproductive and Sexual Health

Points presenter should ensure are discussed in this scenario:

Version A

1. 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
2. What might the provider have done differently or better?
 - Avoids conversation about STIs and sex in deference to culture
3. What would you ask/do next in this clinical encounter?

Version B

1. 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
2. What might the provider have done differently or better?
 - Ask questions about religion and family structure
 - Follow up on managing stress and responsibilities
3. What would you ask/do next in this clinical encounter?

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.

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Scenario 6: Drop-In Clinic Visit— Monica — Emergency Contraception

Modules this scene should be used with:

Sexually Transmitted Infections: Epidemiology, Testing and Treatment for Adolescents
Cultural Competency and Adolescent Health
Emergency Contraception and Adolescents

Points presenter should ensure are discussed in this scenario:

Version A

1. 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
2. What might the provider have done differently or better?
 - Respect patient's lesbian relationship
 - Less aggression on subject of hormonal contraception
 - Discuss STIs in gender-neutral context and need for testing
 - Write advanced prescription for EC
3. What would you ask/do next in this clinical encounter?

Version B

1. What did the provider do well in the clinical encounter?
 - Asks about unprotected sex
 - Implicitly respectful of patient's lesbian relationship
 - 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
2. What might the provider have done differently/better?
 - Give condoms **with** directions for use
3. What would you ask/do next in this clinical encounter?

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.