

*Physicians for Reproductive Health*  
Adolescent Reproductive and Sexual Health Education Program  
Standardized Patient Video Clips  
Facilitation Guide

The seven vignettes in this series each depict a short segment of a longer clinical interaction between a healthcare provider and an adolescent patient. The first six 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). The seventh 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 should 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 existing slide set or to replace certain slides.

**During the showing of clips for the first six scenarios, presenters should remind participants that there is no “good” or “bad” version. The providers in each of the scenarios do some things well and could improve on other things. The presenter should facilitate an interactive critical discussion within 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/ 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. I will 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 strengths and weaknesses from the guide if they are not addressed. This can be accomplished by incorporating leading questions such as: “What did you think of...?” “How did you feel about the way they...?”

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**Scenario 1: Coming Out — “I Think I’m Gay”**

**Modules this scene should be used with:**

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth  
Cultural Competency and Adolescent Health  
Adolescent-Friendly Health Services  
Male Adolescent Reproductive and Sexual Health

**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.

**In Version A,** the provider has a great rapport with the patient and has a friendly demeanor. He knows Christopher’s family and remembers that Christopher runs track. He also asks about whether school or friends are playing a part in Christopher’s discomfort. This provider assures confidentiality when he suspects that the patient is going to discuss a sensitive issue. However, he is very dismissive (and almost offensive) when Christopher discloses his belief that he is gay. The provider encourages Christopher not to tell his parents, and uses scare tactics to dissuade any same sex experimentation.

**In Version B,** the provider has less of a rapport with the patient. He appears rushed, and is busy writing notes in the beginning of the visit. He makes little eye contact with Christopher and is a bit insensitive in suggesting that the illness is all in Christopher’s head. However, when Christopher is ready to discuss the cause of his concern, the provider assures him that the office is a safe space and waits patiently for Christopher to speak. When Christopher reveals that he has been having sexual dreams about males, this provider asks him how he feels and then reassures him that there is nothing wrong with being gay. The provider does dismiss Christopher’s fears about his parents finding out, and falsely reassures him that his parents will not react adversely. Finally, he discusses condom use.

**Points presenter should ensure are discussed in this scenario:**

**Version A**

1. 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
  
2. 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**

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1. 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
  
2. 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.**

**Scenario 2: Young Sexually Active Adolescent – “I Know What I’m Doing”**

**Modules this scene should be used with:**

Cultural Competency and Adolescent Health  
Adolescent-Friendly Health Services  
Pregnancy Options Counseling with Adolescents

**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.

**In Version A**, the provider allows Jennifer's cousin to remain in the room for the interview. She uses very clinical language when inquiring about Jennifer's sexual activity which makes her questions unclear. She is accepting of Jennifer's experience though, and does not judge her decision to have sex. She expresses her concerns respectfully and asks Jennifer about the possibility of her engaging in other less risky behaviors. In the end, she does not provide Jennifer with birth control.

**In Version B**, the provider respectfully asks the patient's cousin to wait in the waiting room. She asks specific, open-ended questions but does not believe the answers. The provider expresses her concern in a judgmental way that makes Jennifer become defensive. However, she does fulfill Jennifer's request for birth control and begins a discussion of her options.

**Points presenter should ensure are discussed in this scenario:**

**Version A**

1. 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

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2. 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**

1. 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
2. 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

**Scenario 3: Discomfort Wearing Condoms – “I’m Too Big”**

**Modules this scene should be used with:**

Cultural Competency and Adolescent Health  
Male Adolescent Reproductive and Sexual Health  
Adolescent-Friendly Health Services  
Sexually Transmitted Infections: Epidemiology, Testing, and Treatment for Adolescents

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

**In Version A**, the provider asks the preferred name of the patient and commends him for seeking treatment. The provider also utilizes open-ended sentences (“Can you tell me about it?”), lets the patient know that he is going to need to ask a few sensitive questions in order to figure out the cause, and assures confidentiality. However, the provider also uses gendered language and dismisses the reason the patient gives for not using condoms.

**In Version B**, the provider startles Ricky by immediately asking about his sexual behaviors without providing context. He uses very clinical language, but also asks specifically about the types of sex Ricky has had and the gender(s) of his partners. When asking about same sex partners, the provider assures Ricky that he is not insinuating a sexual orientation; he is merely asking a question he asks of all his patients. When told about Ricky’s discomfort wearing condoms, the provider acknowledges his concerns and suggests other brands.

**Points presenter should ensure are discussed in this scenario:**

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**Version A**

1. 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
  
2. 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**

1. 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
  
2. 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?**

**Scenario 4: STIs – “Test Me for Everything”**

**Modules this scene should be used with:**

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

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**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.

**In Version A**, the provider commends Michael for being tested before initiating a sexual relationship with a new partner, but also uses gendered language when assessing sexual history. The provider is visibly judgmental when Michael informs her that he’s had five partners. She explains clearly the tests she will run and the reasons why she will run them. The provider informs Michael that there is no HPV test for males, but that his girlfriend can get the HPV vaccine to help her protect herself. The provider also advises condom use at each act of sex.

**In Version B**, the provider treats Michael disrespectfully and insinuates that males are the vectors of STIs. She asks about the gender of Michael’s partners and the types of sex he has had. In doing so, she uncovers that Michael has had anal sex once. The provider ignores Michael’s discomfort (and possible shame) in having disclosed this information and continues with the clinical questions. She then further upsets Michael by stating that this behavior dramatically increases his risk of disease. In the end, the provider lectures Michael about being monogamous without exploring the issue further, thereby shutting down the conversation.

**Points presenter should ensure are discussed in this scenario:**

**Version A**

1. 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
  
2. 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**

1. 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
  
2. What might the provider have done differently or better?
  - Discuss STI risk without blaming the male partner

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- 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

**Scenario 5: Hoping for a Positive Pregnancy Test – “I’m Ready to Be a Mom”**

**Modules this scene should be used with:**

Pregnancy Options Counseling with Adolescents  
Adolescent-Friendly Health Services  
Cultural Competency and Adolescent Health

**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.

**In Version A,** the provider asks what the patient hopes the result of the pregnancy test will be (and does not assume that Jessica is hoping for a negative test). Though the provider asks about the involvement of Jessica's partner and mother, her tone is condescending and lecturing. She has no understanding of why Jessica may want a baby and does not pursue this. Though she is very insistent on contraception, she eventually offers to discuss pre-pregnancy planning.

**In Version B,** the provider assumes that Jessica is hoping for a negative pregnancy test and that she must have experienced a contraceptive failure. The provider is very interested in the reasons why Jessica may want to become pregnant and seeks to understand how her life plans may play a role in her current decision.

**Points presenter should ensure are discussed in this scenario:**

**Version A**

1. 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
2. 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**

1. 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
2. What might the provider have done differently or better?

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

**Scenario 6: Chronically Ill Adolescent – “I Just Want to Be Normal”**

**Modules this scene should be used with:**

Cultural Competency and Adolescent Health  
Adolescent-Friendly Health Services  
Essentials of Contraception and Adolescents

**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.

**In version A,** the provider uses closed-ended questions and interviews the patient while listening to her back with a stethoscope and looking in her ears. She does ask about sexual behaviors, though the questions are leading and often judgmental. The provider lets Isabel know that she can come to her if she decides to become sexually active.

**In version B,** the provider is very attentive, uses appropriate eye contact, and asks open-ended questions. She assures confidentiality and also offers to talk to Isabel’s parents about her health and what Isabel can and cannot do. This provider asks about Isabel’s medication and how she thinks it is affecting her mental and physical health. However, she does not inquire about sexual behaviors.

**Points presenter should ensure are discussed in this scenario:**

**Version A**

1. 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
2. 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**

1. 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
2. What might the provider have done differently or better?
  - Discuss sex and sexuality



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**Scenario 7: Asking a Parent – “Please Step Out”**

**Synopsis:** Caitlin is a 15-year-old female who has come to the clinic with her mother for a routine physical. The doctor introduces herself to Caitlin first and then to Caitlin’s mother. She explains what will happen during the course of the visit, specifying that after an initial conversation about health history she will ask Caitlin’s mother to step out of the room. Caitlin’s mother responds that she wants to stay for the entirety of the visit. The doctor explains that having time alone with a physician is developmentally appropriate and a matter of clinic policy. Caitlin’s mother is still not convinced. Having been a teen mother herself, she wants to be sure that Caitlin is not going to make the same mistakes she made. Caitlin’s mother also expresses frustration that Caitlin does not confide in her and that she feels shut out of her daughter’s life. The doctor is empathetic but firm. In the end, Caitlin’s mother agrees to wait in the waiting room.

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.