Learning Pack: Adolescent Health

This learning pack can be used for local teaching and for individual reading and reflection. Several activities have been designed and they have been mapped to the RCPCH Progress curriculum. Feel free to use any or all of this pack in your department. If you wish, you can reflect on the learning activity and upload to your e-portfolio linking to the relevant domains.

This week will build on some of the sessions from Safeguarding Week and more relevant content will be delivered in Mental Health Week (week commencing 27th July).

Other learning packs are available on https://londonpaediatrics.co.uk/.

Comments/feedback to:

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The above activities are relevant to all levels of trainees and have adaptations to ensure maximal learning for all.

At the end of the pack you'll find some of our favourite resources and information on how to join YPHSIG – the Young People's Health Special Interest Group

HEADSSS assessment

Activity 1 – individual reflection (30 minutes)

Objective

- To reflect upon communication skills needed to effectively perform a HEADSSS assessment.

Instructions:

Watch this video of a HEADSSS assessment in real time (using actors). Start from 1 minute 14 and watch until 10 minutes 30 (or longer if you would like).

https://www.youtube.com/watch?v=IaXq43U1t3I

Reflect on:

- ❑ What goes well?
- ❑ What would you do differently?
- ❑ What might you use in your own practice?

Record this as a reflective entry into your e-portfolio.

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Young person in status epilepticus following drug use

Objectives

1. Manages acute presentation of drug or alcohol intoxication (including seizures)
2. Assesses alcohol and drug use including taking a detailed history
3. Recognises the wide range of acute and long-term presentations (e.g. trauma, depression, hypertension) related to the use of alcohol or other drugs.

Activity 1: Group simulation (45 minutes) *Links to domains 2, 4 and 6*

Facilitator: Consultant or Registrar

Trainee (to lead scenario): ST3 or above

Equipment: low fidelity simulation equipment, access to toxbase

Instructions for facilitator:

Appoint a trainee to lead scenario and a team to assist them. Any remaining trainees should be asked to observe the scenario and to provide feedback.

Scenario (to run for 10-15 minutes):

You are a registrar working in the Emergency Department of a DGH. You receive a priority call for a 15 year old male with a generalised tonic clonic seizure. You have 5 minutes before he arrives, gather your team and prepare for his arrival.

Pause to prepare team, WETFLAG and equipment

The ambulance arrives and you receive the following handover:

S: 15 year old Sam, found having a GTC seizure in a park. His friend called an ambulance and reported that he had taken some 'rolexs' and drunk half a bottle of vodka.

B: Not known

A: A: patent, NPA in situ B: In 15l via none rebreathe saturations 100% C: HR 157 unable to get ECG trace IV access D: Ongoing seizure GCS 3, gave IV lorazepam about 10 minutes ago E: Temperature 38, no rashes, no injuries.

R: Take over his care

Pause to allow A to E assessment details as above

Seizure stops if second dose of IV lorazepam given. Remains tachycardic, GCS 13 (E4 V4 M5), pupils dilated bilaterally. Scenario terminates when highlights need to toxbase reviewed and management plan made. Scenario can continue with increasing heart rate, agitation and raised temperature.

Points trainee expected to cover:

- Allocating roles, management of status epilepticus in accordance with APLS guidelines.
- Ensuring A to E assessment, repeating this following any intervention.
- Identifies where to find further information about 'rolexs' (ecstasy) and identifies risk of serotonin syndrome.

Feedback

- Facilitator and group provide constructive feedback to the based on the above checklist, in addition to relevant human factors.
- If time allows discussion could be focussed on the following areas:
    - The management of serotonin syndrome (please see information on toxbase)
    - How you would manage this patient once they regained consciousness (HEADSSS assessment, involvement of other team members)

Activity 2: Communication skills scenario (45 minutes)

Facilitator: Consultant or Registrar

Role player 'Sam': Any team member

Trainee: SHO or Registrar

Case (20 minutes):

You are a doctor on the ward. 15-year-old Sam was admitted to the ward following a seizure which was secondary to drug use (ecstasy). This morning Sam is more lucid and your consultant asks you to perform a HEEADSSS assessment. Sam is currently in an open bay on the ward.

Instructions for facilitator:

Allocate a team member as role player and provide them with the relevant information below. Any remaining trainees should be asked to observe the scenario and provide feedback.

Points trainee expected to cover:

- Introduce self to Sam and explains reason for conversation
- Suggests moving to a private space, explains confidentiality and its limits
- Answers Sam's questions clearly.
- Asks relevant questions in HEEADSSS assessment
- Demonstrates active listening and empathy
- Summarises the information gathered and explains what will happen next.

Instructions for role player 'Sam':

You are a 15-year-old who has recently been admitted to hospital. You remember arriving in the emergency department but are not sure what happened, you were out drinking with some friends and had taken some pills. You're worried about stressing your Dad out, he's already mad you've ended up in hospital. Please find below the following information about your life which you should only reveal if asked. If the trainee does not offer privacy/explain confidentiality you can choose not to reveal some of the information about your mood/drug use.

Home	Live with dad, younger sister and older brother. Mum died 2 years ago. Dad works a lot; you don't get on with your brother.
Education	In Year 10, going ok, have friends.
Eating	Don't eat breakfast/lunch, generally get some food after school. Don't get hungry. No weight concerns.
Activities	Hanging out with your friends. Used to play rugby and swim but quit as you would rather go out with your mates and kept missing early morning practices.

Drugs	You're feeling scared by what happened last night, especially as you've done ecstasy before. Drink a lot at weekends (spirits, half a bottle) and will do 'whatever is going'. Smoke cannabis during the week.
Sex	Have had girlfriends in the past, no one currently. Have had sex before.
Self-harm/ suicide	Feeling low since your mum died. Can't sleep unless you smoke cannabis or drink. Always tired. No self-harm, suicidal thoughts when mum first died but none recently.
Safety	No concerns

Feedback

Facilitator and group to provide structured and constructive feedback according to the above checklist.

Discussion regarding how to explain confidentiality and its limits.

Discussion regarding what you will do with the information gathered – what local and national resources might Sam benefit from accessing?

Reflection:

How did I feel doing/observing this HEEADSS assessment?

Did I learn anything from this experience that will improve my communications skills when faced with a similar scenario in real life?

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Vulnerable young people:

Themes from this session should build around concepts touched upon during our safeguarding week where the concept of contextual safeguarding was introduced. You should also use the session on HEEADS ('engaging with young people') when using this worksheet with trainees to maximise the learning experience.

Objectives:

- Identify at risk young people in clinical practice and be able to refer and signpost to appropriate services.
- Understand the concept of contextual safeguarding
- Escalate and share concerns with consultants, CAMHS and safeguarding team and refer to social care if deemed necessary.

Domain 9 - Safeguarding (GPC 7)

Level 1 KEY CAPABILITY - Recognises features in presentation, where safeguarding may be an issue. D09; L1

Level 2: KEY CAPABILITY - Applies knowledge of the impact of adverse childhood experiences in working with vulnerable CYP across a variety of clinical settings. D09; L2

Level 3: KEY CAPABILITY - Instigates appropriate medical investigations and initiates and contributes to multi-agency involvement in all forms of abuse. D09; L3

Case discussion (Used as an interactive case based discussion):

- 17 years old
- Seen in emergency department
- Found in the lobby of a hotel at 4am
- Appears drunk
- Brought in by London Ambulance Service
- Mother & sister arrive in ED to support her.

Level one: Talk through HEEADS and questions you would ask in ED.

- Home:
  - Own room? who lives there? Do you get on?
  - Lives with mother and sister. Has own room. Spends most of her time alone in there. Finds her mother is supportive but a worrier.
- Education & employment:
  - Ambition (If I were to meet you in 10 years time, what do you want to be?)

- Doesn't have an ambition or anything. No goals. Dropped out of school aged 16. No GCSE's. No ambition. Looks low when talks about it.

- Activities:
  - Get an idea of friendship group/what they do during their time off/influences/social media/gang violence. Has been approached by older men via Snapchat and met them in central London this evening. Didn't know their surnames and they turned up in the emergency department searching for her. They brought her drinks for her all evening as she had no money.
- Drugs:
  - Legal & illegal highs-Denies either but has tried cannabis and cocaine having been given it in a club.
- Sexuality:
  - "Are you seeing anyone?"-Identifies as heterosexual. Hasn't got a boyfriend but gave limited information on the men that came to ED. Shrugged her shoulders when asked who they were.
- Suicide/depression:
  - Mood/sleep/thoughts of self harm/harm to others/suicide-Low mood and poor sleep patterns. Sleeps all day and awake all night. Has self-harmed previously. Flat affect.

Level 2/3: identify need to speak to young person alone where the following is disclosed:

- Invite to speak to young person alone where the following is disclosed:
  - Disclosed being raped 2 years ago
  - Did not tell the police
  - Stranger rape, in a park by another young person-disclosed to teacher at school 6 months after event occurred. No psychological support had. Mother and sister know about it.

Level 2/3:

Able to identify risk factors (sexual and gang exploitation, not in education, low mood, previous sexual assault not disclosed to police/in London on her own with no money and not able to identify the men with her) for this young person, protective factors (mother and sister in this case who were advocating for her and appropriate worried/concerned) and organisations best to support her (Redthread/Women's aid/Lighthouse if in North London). Importance of ensuring she is medically safe (consider blood borne viruses/any evidence of assault that night/emotional well-being and risk assess mood).

Discussion points:

- Challenges of Statutory Child Protection-Private/familial space (Often designed to protect children & young people from parents & carer's/or adults connected to families) vs contextual safeguarding an approach which:
    - Builds in child protection approaches that identify, access & intervene with social conditions of abuse. Acknowledges public/peer-and-community interface as well as private/familial space in which young people encounter harm. Developed by Dr Carlene Firmin. Adopted into statutory child protection guidance in England in 2018.
- The challenge of an interplay between the young person, their family/school/society and risk stratify.
- Arrange follow up care at sexual health clinic to ensure no blood borne viruses have been transmitted from historical rape if not conducted previously and referral to appropriate psychology support given the historical nature of event. This will be area dependent.
- Importance of discussing with consultant and named consultant in safeguarding for support and advice on management. Acute sexual assault in London goes via the Haven (https://www.thehavens.org.uk/about-us/**)**
- One-third of sexual offences committed against children in the UK are instigated by another child (Hackett 2004).
- Research into adult CSA survivors found 66% had experienced abuse from another child or young person rather than from an adult (Radford et al. 2011).
- The risk of vulnerable young people in recruitment in county lines or sexual exploitation should not be under-estimated. Get help and advice.
- The use of external organisations to support vulnerable people such as Redthread or Oasis. Their role will be expanded on during our teaching session.

Online training:

RCPCH: https://www.rcpch.ac.uk/resources/exploitation-children-young-people-online-learning

References:

- Firmin, Carlene (2019) Relocation, relocation, relocation: home and school-moves for children affected extra-familial risks during adolescence, Children's Geographies, DOI: 10.1080/14733285.2019.1598545
- Hackett, Simon. 2004. What Works for Children and Young People with Harmful Sexual Behaviours? Ilford: Barnardos.
- Lloyd, Jenny (2019): From who...to where? A geographical approach to peer-on-peer sexual abuse, Children's Geographies
- Radford, Lorraine, Susana Corral, Christine Bradley, Helen Fisher, Claire Bassett, Nick Howat, and Stephan Collishaw.2011. "Child Abuse and Neglect in the UK Today". NSPCC [online] https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf [accessed 17th June 2019]

Websites:

- Role of country lines in young people: https://www.childrenssociety.org.uk/what-we-do/our-work/tackling-criminal-exploitation-and-county-lines/county-lines-resources
- Contextual safeguarding: https://contextualsafeguarding.org.uk
- Barnardos: https://www.barnardos.org.uk
- Young Women's Service in South London: https://www.redthread.org.uk/
- St Thomas Hospital (Lambeth & Southwark) https://www.oasisuk.org/youthviolence
- The Haven (Pan London acute sexual assault): https://www.thehavens.org.uk/about-us/
- The Lighthouse (5 boroughs of North London): https://www.uclh.nhs.uk/OurServices/ServiceA-Z/CYPS/lighthouse/Pages/Home.aspx
- London Youth: https://londonyouth.org/

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Adolescent gynaecology

Objectives:

- Distinguish between normal and abnormal menstruation
- Arrange initial appropriate investigations
- Prescribe and monitor simple treatments
- Identify when to refer for specialised gynaecological input

Activity one: Individual Learning

Target level: All trainees

Online elearning (30 minutes):

Elearning for Health -> Adolescent Health Program -> 09_007 Adolescent Gynaecology

https://portal.e-lfh.org.uk/Dashboard

Work through the module on adolescent gynaecology. Depending on your level of training you may want to review some of the linked modules. This module is interactive with questions throughout. Once complete you can obtain a certificate which you can upload to your eportfolio.

Reflection on eportfolio (20 minutes) *link to domain 4*:

- Has this elearning improved my knowledge of normal menstruation?
- Has this elearning improved my knowledge of how to approach abnormal menstruation?
- How would I communicate this knowledge to a young person, considering the experiences of the young person with menorrhagia in the video?

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Prescribing in Adolescent Health - Using Ideal Body Weight in drug calculations

Objectives

4. Considers prescribing in context of obesity
5. Demonstrates use of Ideal Body Weight (IBW) calculation

Activity 1: Self Task (15 minutes)

Facilitator: Self (can discuss with Consultant, Registrar, Pharmacist, ANP/PNP)

Scenario:

You are working in the acute paediatric ward. A 13 year old boy, weight 72kg height 155cm, attends the paediatric day unit to receive IVIG. You are asked to prescribe the IVIG giving a dose of 2g/kg. You are aware from discussion with your local pharmacist this is prescribed using IBW. What dose do you prescribe?

Calculating IBW:

The equation for BMI can be used in reverse to determine IBW:

$$\textbf{IBW} = \textbf{BMI50} \times (\textbf{height in m})^2$$

*BMI50 represents the 50th centile of a BMI chart, which is the ideal BMI for height, age and gender.

Resources:

BMI charts from RCPCH are available here: **https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf**

Further learning:

- Consider asking your pharmacist about other commonly used medications in adolescents which should be calculated using IBW.
- Read about prescribing in obesity here: https://www.sps.nhs.uk/wp-content/uploads/2018/10/QA-drug-dosing-in-childhood-obesity-final.docx

Answer:

A 13 year old boy who is 1.55m tall

- BMI50 = 18 kg/m2 (using RCPCH chart)
- IBW = BMI50 x (height in m)^2 = 18 x 1.55 x 1.55 = 43.2kg

Dose of 2g/kg = 2 x 43.2 = 86.5g

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LGBTQ+ young people and healthcare

Objectives

- Have an awareness of the difficulties LGBTQ+ young people might face when accessing healthcare
- Be able to apply this to your own practice and department

Activity one: Individual reflection (30 minutes)

Target level: All trainees

Instructions:

Read the chapter on discrimination in healthcare (pages 11- 14)

https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Consider the following questions and record your thoughts on your portfolio

1. What were the key themes highlighted in this chapter?
2. Did any aspect of the report surprise you?

Read this article on improving care for LGBTQ+ young people

https://www.paediatricfoam.com/2018/08/improving-paediatric-services-for-lgbt-young-people/

Reflect upon aspects of your own practice you could improve based on this article

Activity 2: Group learning (45 minutes)

Target level: All trainees

Facilitator: Any team member

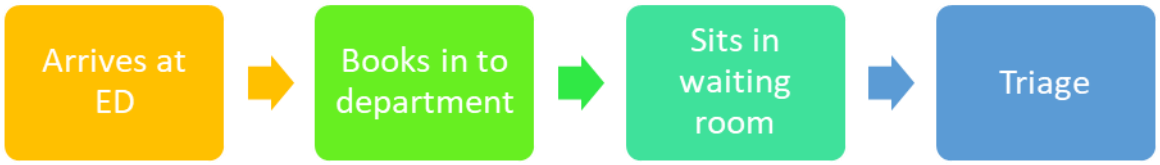
Equipment: white board and pens or flip chart/large paper and post-its, access to the articles below

Instructions for facilitator:

Read the documents in activity 1 and the resources below.

Divide the group into teams to focus on different locations within your place of work (e.g. arriving to ED -> ED-> ward).

Ask the team to think about a young person's journey at your place of work – draw this out on the white board/flip chart.



Ask each group to consider the ways in which a young person who identifies as LGBTQ+ may be made to feel unwelcome during their journey in their allocated setting. Consider processes, the environment and staff.

Ask them to write their ideas on post its and add this to the patient journey. Each group can then explain their answers to their colleagues.

Now think about ways LGBTQ+ young people could be made to feel more welcome and repeat the exercise as above.

Ask the group if there are any ideas they would like to take forward? How might young people be involved in any improvements?

Further reading on participation

http://www.youngpeopleshealth.org.uk/ayph-participation-statement

A run through of some key principals to apply to involving young people in improvement work

Further reading on young people friendly services

http://www.youngpeopleshealth.org.uk/yourewelcome/wp-content/uploads/2017/02/YoureWelcome_RefreshedsStandards.pdf

This runs through key standards for young people friendly services

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Voice of Young People Activity

Objectives

1. Consider the curriculum capabilities from the perspective of children and young people
2. Reflect on current practice and identify any positive changes

Activity 1: 15 – 25 minutes

Target level: All

Facilitator: Self (can discuss with Consultant, Registrar, nursing team, allied health, ANP/PNP). This can be self-directed or form peer-group discussion in person or remotely.

Activity:

The voice of Young People in healthcare is vital.

The RCPCH Progress curriculum capability domains each have a 'What children and young people say' section.

Look through this booklet produced by RCPCH&Us which collates what the Progress domains mean to children and young people. Discuss the quotes and observations from young people and their families. Reflect on what you (and your department) are currently doing, or struggling to do, to meet these expectations.

https://www.rcpch.ac.uk/sites/default/files/2019-05/progress_domains_-_what_do_cyp_think.pdf

Facilitator notes:

Equipment:

- Access to 'What do the RCPCH Progress domains mean to children, young people and families?' Booklet (printed copies or access to pdf)

Process:

Ask the group to read through the booklet – if you have a large group you may want to ask each person to focus on one domain

While reading ask participants to identify quotes that stand out and think about their own, and their departments practice that is meeting these expectations.

For example you could use the Start, Stop and continue model of reflection on practice:

Start doing – identify one thing you/your department should do that it isn't already

Stop doing – identify one thing you/your department should stop doing now

Continue doing – identify one thing you/your department is doing that is going well

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Adolescent health week

Please remember to fill in your feedback form here:
https://www.surveymonkey.co.uk/r/LSoPOnlineTeaching

Recommended resources:

- The YPHSIG App: https://app.appinstitute.com/heeadsss
- Essential support for under 25's: https://www.themix.org.uk/

For more learning check out Mental health week – week beginning 27th July
Feeling inspired – join YPHSIG
https://www.yphsig.org.uk/join