POLICY BRIEF

Building an adolescent-competent workforce

Towards universal health coverage for the world's adolescents

The workforce is at the heart of every health system. The WHO report *Health for the world's adolescents: a second chance in the second decade* suggests that progress towards universal health coverage for adolescents will require renewed attention to the education of health-care providers (WHO, 2014). Globally, evidence is growing that education in adolescent medicine improves the clinical performance of health-care practitioners (Sanci, 2000; Sawyer, 2013). A paradox persists, however: Health professionals report high interest in developing skills to work better with adolescents, and yet their educational needs remain unmet Sawyer, 2013.

This policy brief provides the rationale for investing in an adolescent-competent workforce and the latest evidence on how this can be done through pre-service and continuous professional education. The policy brief is intended for officials from ministries of health and ministries of education in charge of implementing pre-service and continuous professional education programmes and for improving the quality of health services for adolescents; curriculum coordinators and educators in teaching institutions and in worksites responsible for professional education of health-care providers; and foundations and civil society organizations supporting governments in training health-care professionals and improving the quality of health services for adolescents.

World Health Organization

Why do health-care providers need special training in adolescent health?

Adolescents are not simply "older children" or "younger adults". Individual, interpersonal, community, organizational and structural factors make adolescent clients unique in the way they understand information, what information and which channels of information influence their behaviours, and how they think about the future and make decisions in the present (Fig.1).

Fig.1. An ecological model of factors that make adolescent clients unique

Individual-level factors related to the age and stage of development

- Rapid growth and maturation with puberty (e.g. physical growth, sexual maturation, neurocognitive functioning, emotional maturation)
- Onset of health-related behaviours and states which signal a wider scope of health risks than in younger children
- Limited capacity to modify behavior to override risks in the context of intense activities involving peers ("hot cognitions")
- Limited capacity to perceive long-term health risks that might otherwise influence current behaviours
- Increasing desire for confidentiality and autonomy in health consultations when compared to younger children
- Lower health literacy in comparison to adults
- Greater capacity than children to seek health care independent of parents, yet less experience than adults about when to seek health care
- Less empowered than adults to claim rights in health care

Interpersonal-level factors

- Often reliant on adults to transport them to health consultations
- Often accompanied by parents or other adults, who generally expect to remain present in health consultations
- Distancing from parents or other adults reduces parents' capacity to understand the inner world of their child and the risks the adolescent may be experiencing (e.g. self harm)
- Embarrassment, shame and fear of consequences can reduce adolescents' preparedness to share important information with parents and health-care providers
- Health-care providers function as "gatekeepers" to health resources; their beliefs about the appropriateness or legality of resources for adolescents can reduce access to health-promoting resources (e.g. provision of contraception to unmarried sexually active girls)

Community-level factors

- Many health issues that particularly affect adolescents are highly stigmatized within communities, which may may deter adolescents from care seeking
- Adolescents have a lower ability to resist community values and norms which oppose or stigmatize care seeking (e.g. HIV testing for unmarried girls)
- Community values and norms reflect adults' views, which may not appreciate the prevalence of adolescent behaviours nor the challenges of behavior change

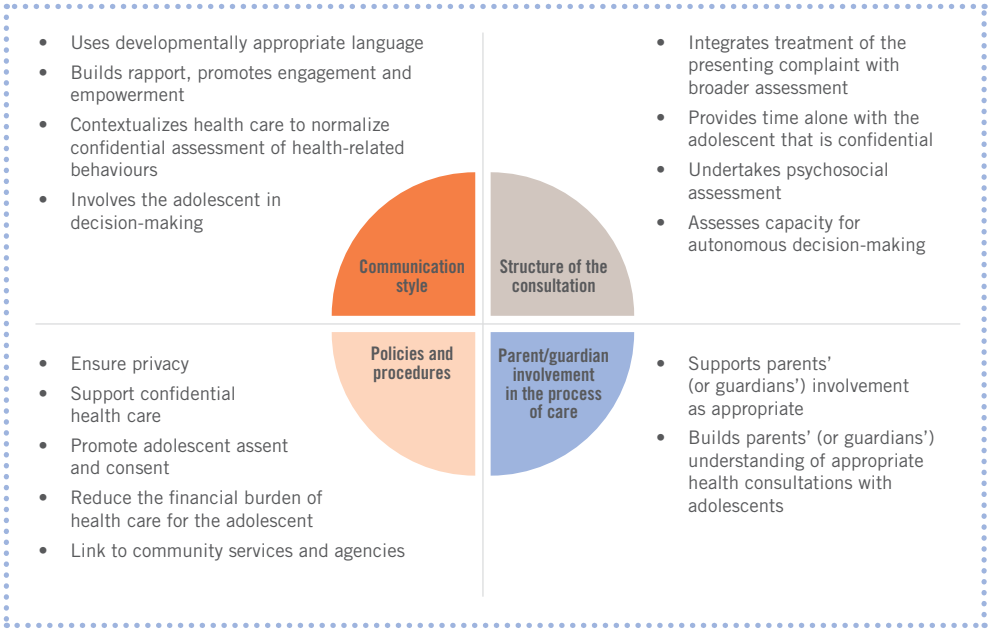
Organizational and structural factors

- Lack of privacy within health services can be more challenging for adolescents than adults due to adolescents' sensitivity about what others think
- Lack of or insufficient training in adolescent health makes health-care providers less acquainted with the health and social needs of adolescents and their rights
- Limited rights to consent to services
- Limited access to practical resources (e.g. finances, transportation)

Source: Baltag V, Sawyer SM (in press).

As a consequence of these factors, health consultations with adolescents will have to be carried out with special attention to the provider's communication style, the structure of the consultation and adolescents' involvement in decisions that affect their health. The rapid intellectual and emotional development during adolescence opens opportunities for clinicians to transform direction and guidance into reminders and advice, and later into exchanges on an equal footing (UN CRC, 2009). Fig. 2 summarizes the domains that require special attention in health consultations with adolescents in order to fulfil their rights.

Fig. 2. Domains that require special attention in health consultations with adolescents

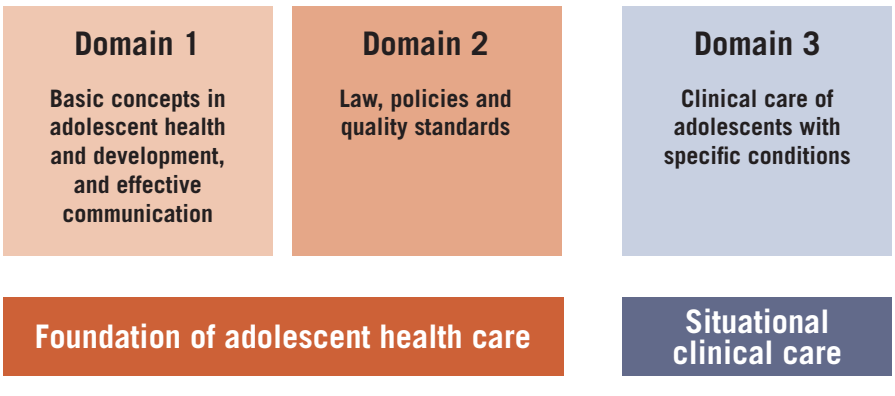


Source: Baltag V, Sawyer SM (in press).

What does it mean to be an adolescent-competent provider?

Responding to adolescents uniqueness requires providers to develop competencies – *knowledge, skills and attitudes* – in better understanding adolescent development and in adopting a different communication style tailored to an adolescent's age and stage of development. Equally important, providers need to be competent in applying in clinical practice the laws and policies that promote, protect and fulfil adolescents' rights in health care, for example, in assessing adolescents' capacity for autonomous decision-making. Finally, the particularities of management of adolescents with specific conditions need to be known to ensure effective care.

Fig. 3. Health-care providers working with adolescents need competencies in three key domains



It is important that every health-care provider is adolescent-competent.

Every graduate of a medical school or college should have core competencies in adolescent health and development. The core competencies (Table 1) can be taught in both pre-service and in-service education. A progression across this spectrum of education is necessary to ensure lifelong learning. Many countries, however, do not have sustainable forms of continuous professional education. Therefore, improving the structure, content and quality of the adolescent health component of pre-service curricula is very important. Making competency-based education in adolescent health care mandatory in pre-service curricula and post-graduate education is one of the key actions towards a workforce that is competent in adolescent health (WHO, 2014).

Table 1. Core competencies for adolescent health and development for health-care providers in primary care settings

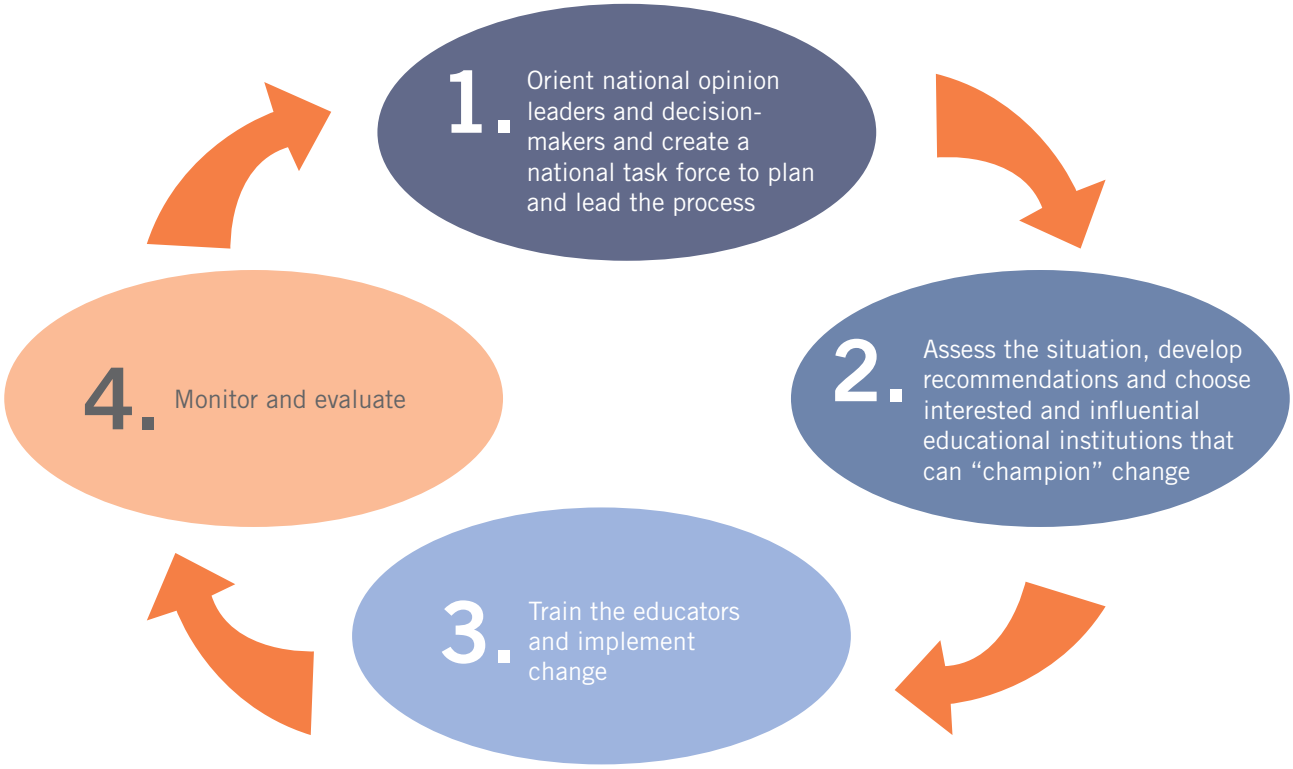
Domains		Competencies
Domain 1.	Basic concepts in adolescent health and development, and effective communication	Competency 1.1. Demonstrate an understanding of normal adolescent development, its impact on health and its implications for health care and health promotion
		Competency 1.2. Effectively interact with an adolescent client
Domain 2.	Laws, policies and quality standards	Competency 2.1. Apply in clinical practice the laws and policies that affect adolescent health-care provision
		Competency 2.2. Deliver services for adolescents in line with quality standards
Domain 3.	Clinical care of adolescents with specific conditions	Competency 3.1. Assess normal growth and pubertal development and manage disorders of growth and puberty
		Competency 3.2. Provide immunizations
		Competency 3.3. Manage common health conditions during adolescence
		Competency 3.4. Assess mental health and manage mental health problems
		Competency 3.5. Provide sexual and reproductive health care
		Competency 3.6. Provide HIV prevention, detection, management and care services
		Competency 3.7. Promote physical activity
		Competency 3.8. Assess nutritional status and manage nutrition-related disorders
		Competency 3.9. Manage chronic health conditions including disability
		Competency 3.10. Assess and manage substance use and substance use disorders
		Competency 3.11. Detect violence and provide first-line support to the victim
		Competency 3.12. Prevent and manage unintended injuries
		Competency 3.13. Detect and manage endemic diseases

Table 2. Attitudes that are a fundamental component of all the competencies in adolescent health care

Treat each adolescent with full respect for her/his human rights.
Show respect for adolescent clients' choices as well as their right to consent or refuse physical examination, testing and interventions.
Approach all adolescents, including those from marginalized and vulnerable populations, in a non-judgemental and non-discriminatory manner, respecting individual dignity.
Demonstrate understanding of adolescents as agents of change and as a source of innovation.
Demonstrate understanding of the value of engaging in partnerships with adolescents, gatekeepers and community organizations to ensure quality health-care services for adolescents.
Approach adolescent health care as a process, not a one-off event, and appreciate that adolescents need time to take decisions and that ongoing support and advice might be needed.
Approach every adolescent as an individual, with differing needs and concerns, and differing levels of maturity, health literacy and understanding of their rights, as well as differing social circumstances (schooling, work, marriage, migration).
Show respect for the knowledge and learning styles of individual adolescents.
Demonstrate empathy, reassurance, non-authoritarian communication and active listening.
Offer services that are confidential and provided in privacy.
Demonstrate awareness of one's own attitudes, values and prejudices that may interfere with the ability to provide confidential, non-discriminatory, non-judgemental and respectful care to adolescents.

Source: Adapted from WHO, 2011

A country strategy towards an adolescent-competent workforce



Many countries have made progress in including an adolescent health component in the training programmes of their providers. Adolescent health is taught as a stand-alone course or is part of the general flow of the curriculum, as is the case in Switzerland and Sri Lanka, for example (see box).

Embedded adolescent health training programmes in Switzerland and Sri Lanka

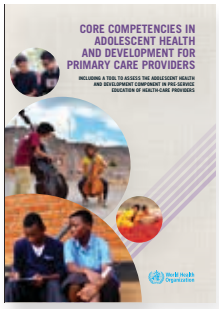
Since 1998, at the Faculty of Medicine of Lausanne, adolescent health and medicine are taught as a mandatory discipline, whose content is spread over years 3 to 5. Adolescent medicine specialists facilitate most of the sessions, but psychiatrists, endocrinologists and gynaecologists teach some sessions. Both plenary lectures and small group sessions are provided. Communication skills are taught with the help of adolescents posing as patients. The lectures take place within several modules and address paediatrics, mental health, substance use and sexuality.

The competency-based programme includes topics such as anthropology and concepts of adolescence; a life-course approach to adolescent health; legal and ethical considerations; normal adolescent bio-psychosocial development; communication skills and strategies to manage consultations effectively with adolescents and their families; psychosocial history taking using the HEADSSS acronym; deviation from normal developmental trajectories; risk-taking and exploratory behaviour; appropriate physical examination, including pubertal staging; participation of adolescents in the planning and delivery of their own care; and advocacy for adolescent health and well-being. Examinations include questions on adolescent health, which promotes students' attendance at the lectures and sessions.

In Sri Lanka the curriculum in Bachelor of Medicine, Bachelor of Surgery (MBBS) of the Faculty of Medicine of the University of Kelanyia, Ragama, has an adolescent health component that is integrated into the different parts of the curriculum. Adolescent health and development is part of the clinical skills strand taught in the departments of Obstetrics and Gynaecology, Medicine and Paediatrics; part of the Behavioural Sciences and Mental Health strand taught by the departments of Psychiatry, Family Medicine, Ethics, Professionalism and Sociology; and part of the strands of basic and applied sciences and community health.

Source: WHO, 2015

WHO support to countries



Core competencies in adolescent health and development for primary care providers (WHO, 2015).

To support countries in building an adolescent-competent workforce, WHO developed *Core competencies in adolescent health and development for primary care providers,* which includes a tool to assess the adolescent health and development component in pre-service education (WHO, 2015). WHO supported institutions involved in pre-service education of health-care professionals from China (Hong Kong SAR), Egypt, Ghana, India, Sri Lanka and the United Republic of Tanzania to assess the structure, content and quality of the adolescent health component of pre-service curricula and develop recommendations for improvement. By fostering the capacity of health-care providers in adolescent health care and development, the *Core competencies in adolescent health and development for primary care providers* supports the implementation in countries of the *Global standards for quality health-care services for adolescents* (WHO, 2015). The ultimate goal of this competency framework is to increase the quality of health-care services provided to adolescents by improving the education of primary health-care providers.

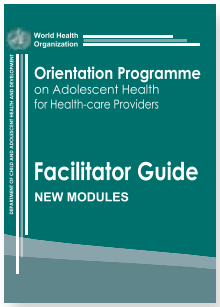
http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315_eng.pdf?ua=1

Country progress in developing training programmes in adolescent health and development

Using WHO's *Orientation programme on adolescent health for health-care providers* and *Adolescent job aids*, as well as other programme support materials, many countries have made progress in strengthening the capacity of health-care providers to deal with adolescents' special needs (WHO, 2014), as in the following examples:

- Recognizing the need to strengthen the capacity of front-line workers in the Western Pacific Region to deal with adolescents' special needs, the pre-service nursing programme of Polytechnic University's (PolyU) School of Nursing in Hong Kong implemented an integrated curriculum on adolescent health and development. The Soochow University, Suzhou, China conducted a two-week summer nursing programme on adolescent health and development for undergraduate nursing students. The WHO framework for nursing competencies in adolescent health care and the WHO orientation programme on adolescent health, which was translated and adapted into traditional Chinese and simplified Chinese, informed the curriculum.
- Responding to the need to improve the quality of national adolescent and youth health promotion, prevention and care policies and programmes, the Catholic University of Chile, in collaboration with the Pan American Health Organization (PAHO), in 2003 developed the *Integrated adolescent health and development distance education programme* (http://ucvirtual.uc.cl/medicina/adolescente2013).

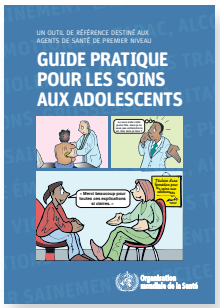
More information on available WHO tools to support training in adolescent health



Orientation programme on adolescent health for health-care providers (WHO, 2006).

This training package aims to help health-care providers promote healthy development in adolescents and prevent and respond to health problems challenging this population group.

http://www.who.int/maternal_child_adolescent/documents/9241591269/en/



Adolescent job aid (WHO, 2010).

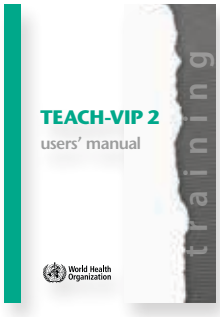
This is a handy desk reference tool for health workers (trained and registered doctors, nurses and clinical officers) who provide services to children, adolescents and adults. It aims to help these health workers respond to their adolescent patients more effectively and with greater sensitivity. It provides precise, step-by-step guidance on how to deal with adolescents when they present with a problem or a concern about their health or development.

http://whqlibdoc.who.int/publications/2010/9789241599962_eng.pdf?ua=1

TEACH-VIP E-Learning (WHO, 2010).

This is an online training resource suitable for a wide range of audiences including public health and health-care professionals, staff of public health and related government sectors, officials from nongovernmental organizations and others interested in increasing their knowledge of injury and violence prevention.

http://teach-vip.edc.org/



TEACH-VIP 2 (WHO, 2012).

WHO's modular training curriculum on injury prevention and control was developed with the input of a global network of injury experts and is applicable for a wide variety of training audiences.

http://www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/

References

Baltag V, Sawyer SM (in press). Quality healthcare for adolescents. In: Cherry A, Baltag V, Dillon M, editors. International handbook on adolescent health and development the public health response. Springer International Publishing AG.

Sanci LA, et al. (2010). Evaluation of the effectiveness of an educational intervention for general practitioners in adolescent health care: a randomised controlled trial. Br Med J.320:224–30.

Sawyer SM et al. (2013). Working with young people: evaluation of an education resource for medical trainees. J Paediatr Child Health.49:901–5.

United Nations Committee on the Rights of the Child (CRC). (2009). General comment No. 12 (2009): The right of the child to be heard. Geneva: United Nations (http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-GC-12.pdf, accessed 27 May 2015).

WHO (2011). Sexual and reproductive health: core competencies in primary care. Geneva: World Health Organization (http://www.who.int/reproductivehealth/publications/health_systems/9789241501002/en/, accessed 2 February 2015).

WHO (2014). Health for the world's adolescents: a second chance in the second decade. Summary. Geneva: World Health Organization (http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/en/, accessed 2 February 2015).

WHO (2015). Core competencies in adolescent health and development for primary care providers: including a tool to assess the adolescent health and development component in pre-service education. Geneva: World Health Organization (http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315_eng.pdf?ua=1, accessed 2 February 2015).

Department of Maternal, Newborn, Child and Adolescent Health

20 Avenue Appia
1211 Geneva 27, Switzerland
Tel +4122 791 3281
Fax +4122 791 4853
Email: mncah@who.int
Website: www.who.int/maternal_child_adolescent/en

WHO/FWC/MCA/15.05

World Health Organization

Design by Inís Communication – www.iniscommunication.com