

Conversations with Adolescents: What We Have Learned from Medical Student Exercises with Standardized Patients

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Abstract

- **Objective:** To describe medical student teaching and training experiences in communicating with adolescents.
- **Methods:** Provision of example interview and techniques to facilitate communication based on observations from student exercises with standardized patients.
- **Results:** Expressing a clear confidentiality statement is rarely performed by students without prompting, but it is essential to a successful interview. Language that limits rapport (eg, yes/no questions, jargon, unclear language, judgmental responses) should be avoided. Gentle and persistent open-ended inquiry seems to work best.
- **Conclusion:** Training that involves the use of adolescent standardized patients allows medical students to improve their clinical communication skills.

Communicating with adolescents is notoriously difficult. The interview of an adolescent patient presents complex issues of maintaining confidentiality, addressing the concerns of both parent and adolescent, assessing the patient's strengths and risks, and providing age-appropriate medical health information. Adolescents limit their communication with physicians about sensitive health topics due to privacy concerns [1]. They are also often uninformed of their own biology and of risk factors.

Due to this complexity and recognized difficulty, we believe that communicating with adolescent patients requires special skills in explaining, encouraging, and educating. However, medical students seldom receive much training in communication with adolescents. Using simulated or standardized patients (SPs) as part of training can improve interview communication skills [2]. In this paper, we describe an approach used to teach medical students skills for communicating with adolescents and describe some of the lessons learned from this training.

Program Description

Beginning in 2001, the University of Texas at Houston has pro-

vided third-year medical students with a 3-hour block of communication training using standardized adolescent patients. The training occurs during the medical student's pediatric rotation and involves 200 students per year divided into 6 groups. The first hour lecture-demonstration introduces key elements of clinician-patient communication developed by the Institute for Healthcare Communication, including the 4 Es and the 2 Fs (Engage, Empathize, Educate, Enlist and Find-it, Fix-it) [3-7]. The second hour consists of a review of adolescent risk behaviors and the topics encompassed by the HEADSSS interview: Home; Education and employment; Activities; Drugs, including cigarettes, alcohol, and illicit drugs; Sexuality; Suicide; and Safety [8]. We include discussion of the need for a conditional confidentiality statement early in the interview to build rapport and to help obtain honest answers [9,10]. The third hour is a small group practice session with SPs. In this exercise, we instruct our students to ask the HEADSSS questions and use the 4E techniques. SPs are trained to reject questions about high-risk behaviors if a confidentiality statement has not been provided. However, if the SP thinks that the medical student was developing good rapport yet had neglected to provide a confidentiality statement, the SP is instructed to prompt the student.

The following example of interviewing is derived from multiple observations of student-adolescent SP interviews. It is not a verbatim transcript but illustrates a successful approach.

Sample Interview

Student: Hello. Are you John Smith? I'm Jill Jackson. I'm a third-year student physician here at the medical center. Dr. Brown asked me to spend a little time with you before she joins us. Is that OK?

SP: Yeah.

Student: Well, since we haven't ever met, maybe we could

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- start with you telling a little about yourself.
- SP: OK. What do you want to know?
- Student: Well, whatever is important to know about you. How about if we start with home? Tell me where you live and who else lives there besides you.
- SP: I live at home. There's my parents, but my dad has moved out. And my little sister; she's a brat. And the dog, Lucy.
- Student: I see. You and your parents, but Dad's not there right now, and your sister and Lucy.
- SP: Yeah.
- Student: So how are things going at home with a bratty sister and your mom and dad?
- SP: OK, I guess. My mom's not very happy. She's mad at my dad and sometimes she's mad at me. I don't get to see my dad as much now that he's moved out.
- Student: I see. That can be rough.
- SP: Yeah.
- Student: How about school?
- SP: What do you mean?
- Student: Well, tell me about it.
- SP: Nothing much to tell. I'm a sophomore at East. I'm doing OK, I guess. Nothing special.
- Student: I see. Any favorite subjects?
- SP: Yeah, I like typing. And Spanish. I do pretty good in those.
- Student: Great! I imagine you get plenty of chances to practice Spanish here.
- SP: Some.
- Student: Well, it would help me to know about some of the things you do, some even that might be dangerous to you. So, I need to tell you that whatever you say will be completely confidential between both of us. I'm not going to tell your parents what you say unless you give me permission. I will tell Dr. Brown some of it since we work together to care for you. And I should add that if you tell me anything that says you are in danger of killing yourself or someone else, I will need to tell someone. How does that sound?
- SP: OK, I guess. So you're not telling anyone anything I say unless I might kill myself?
- Student: Or if you want me to pass the information on to anyone.
- SP: OK. So what do you want to know?
- Student: Well, how about typical teen stuff. Drugs? Smoking? Alcohol? That sort of stuff.
- SP: Well, I drink a little. Everyone does. But never enough to get bombed. Maybe a beer or 2 a week. Otherwise nothing. I don't do drugs and I don't smoke weed.
- Student: OK, so some beer but no drugs. I like that you keep yourself from getting bombed; that's when a lot teens get themselves hurt or in trouble. Now there are a couple of touchy things I want to ask about. Let me know if any of my questions worry you. I ask all my patients these. OK?
- SP: Like what?
- Student: Well, sex for one. Are you having sex with anyone?
- SP: I don't think so.
- Student: What do you mean?
- SP: I mean I go out some and we make out a little, but no, you know, not all the way.
- Student: So no intercourse?
- SP: Uh-uh. Not yet.
- Student: What about oral sex?
- SP: Yeah, sure, but that's not sex.
- Student: Well, many people place oral sex on a different level but for me as your health care provider oral sex does raise some health concerns.
- SP: Well, its not going to hurt me, is it?
- Student: Oral sex can pass sexually transmitted diseases, so yes, oral sex can hurt you.
- SP: Gross.
- Student: Are you thinking about something in particular?
- SP: I guess I never thought of catching a disease. We learned about some of them in school—they're nasty.
- Student: So it sounds like we should talk about your choices to reduce your risk of those nasty diseases. Let's hold that for later.
- SP: OK.
- Student: Now, I want to ask a couple of other things. Sometimes kids your age get feeling pretty down and even consider killing themselves. You ever been that way?
- SP: You mean suicide? No, never. Sometimes I'd like to off my sister, but not really. No.
- Student: OK. Do I take it that you are kidding about your sister? Or serious?
- SP: No, I'm kidding. She's a brat but she's OK. I even like her sometimes.
- Student: OK. So you live with your mom and your sister and the dog, you like typing and Spanish, you aren't doing drugs and only drink a little, and you aren't going to hurt yourself or anyone else. You make out and have oral sex but didn't know you could catch a disease from that. What else should I know about you?
- SP: That's it. Except I didn't tell you that I work 2 nights a week at Pizza Barn. Otherwise, that's me.
- Student: OK. One final question, is there an adult you go to with questions or concerns?

- SP: Yeah, my Aunt Susan. She's cool. She never lectures me but just helps me be me.
- Student: She sounds like a great lady. Tell me, have you ever talked about oral sex with Aunt Susan?
- SP: No way.
- Student: So, the person you'd trust most isn't aware of your oral sex.
- SP: That's right and you'd better not tell her either!
- Student: I don't see that as necessary, but it does mean you're on your own with your decisions on sex. What I want you to know is you can catch herpes and gonorrhea from an infected partner if you have oral sex. You might catch HIV if your partner is positive. Have you heard of ways to reduce the risk of getting these diseases?
- SP: You mean wearing protection?
- Student: Yes, a condom can reduce your chance of getting the infection. Anything else?
- SP: What do you mean?
- Student: Well, many teens I know choose to not have oral sex to protect themselves. Is that something you'd think about?
- SP: Yeah, I'll think about it and I'll use a condom if I do it.
- Student: Good, so you have 2 options for a healthier choice about oral sex.
- SP: Got it. Now what about my acne? You didn't ask me about it.
- Student: That's next. . . .

General Observations

Confidentiality Statements

During the exercise, few students offered a confidentiality statement initially, but most responded with such a statement to the SP's prompting, "You're not going to tell my mom, are you?" One student used humor to engage the SP but gave no confidentiality statement. During subsequent debriefing, he claimed that his comment, "I'm not going to tell your parents if you're sneaking out of the house" could be viewed as a confidentiality statement. The other students noted that a confidentiality statement should include the fact that the conversation was private and would not be shared with the parents but that there were situations in which the student would have to break confidentiality, such as suicidal or homicidal ideation. Another student told his patient, "Some of the things I will be asking about might make you uncomfortable. If you are not comfortable talking about them, let me know." But he never gave a complete confidentiality statement and the SP subsequently did not disclose the risk-taking behavior built into his script. In another interview, the SP asked, "You won't tell my parents?" The student responded with, "I promise." The class later discussed that no conditions had

been noted in which the student might need to break that promise. Thus, despite discussion of the importance of proactive and conditional confidentiality statements prior to the SP exercise and a clear understanding of appropriate terms when offering confidentiality as demonstrated by the students while debriefing, most students did not spontaneously or thoroughly discuss confidentiality with the SP.

Language That Decreases Rapport

We found students sometimes utilized language and behaviors with SPs that led to decreased rapport and should be avoided. Examples include:

Closed questioning. Yes/no questions that lead the youth to decrease conversational involvement: "Do you live at home with Mom and Dad?" We recommend, "Tell me a little bit about your home life? Who do you live with?"

Condescension. "Did you get the birds and bees lecture?"

Medical jargon. "Do you practice safe sex?"

Assumptions of agreement between parent and adolescent. SP: "My mom says I should wait until I get married to have sex." Student: "Good!" Rather, we recommend further open questioning, "What do you think of that?"

Unclear language. "Have you gotten more serious?" (In this case, the SP replied, "Kind of." She did not know what the student meant by "serious" and the student did not know what the patient meant by "kind of.")

Complex questions and questions that begin open-ended and then close down to a request for a yes/no response. "Are you exposed to alcohol and do you drink?" "How do you feel about that? Are you angry about it?"

Judgmental responses. "Aren't you afraid of getting pregnant?"

Leading questions and those where the student's nonverbal behavior clearly defines the right answer (eg, a student who asked, "You don't use marijuana on a regular basis, do you?" while shaking her head).

These statements exemplify language choices that limit rapport and disclosure. We believe that even a few poorly chosen words could severely limit the success of an interview. Of course, we are aware that our SPs were trained to simulate adolescent responses according to their script. When students were faced with difficult interactions while learning during SP exercises, we observed that they were often able to recognize the limitations of the information disclosed due to a poor choice of language. After debriefing with the SP, they felt better prepared

for more effective interactions and more appropriate approaches to questioning adolescent patients in the future.

Approaches That Seem to Work

Use of ice-breakers. "How does it feel to be back at school after the holiday?"

Open-ended inquiry. Examples of open-ended inquiry regarding important interview topics:

Home: "Who do you live with?"

Education: "What is your favorite class?" "What do you like about school?"

Employment: "Are you working outside of school?" "What kind of job would you like to have?"

Drugs: "Many teens use drugs. Do you have any friends that do?" "Have you ever had a chance to try beer or alcohol?"

Safety: "What is the most risky thing you do?" "Have you ever done anything that you thought might be dangerous?"

Sex: "Have you ever done anything sexual?" "Do you have a special friend with whom you have sex?" "Have you ever had unwanted or forced sex?"

Suicide: "Sometimes teens get feeling like they might end their lives—kill themselves. Have you ever felt that way?"

Persistence. Persisting with questioning may lead to better understanding.

Student: "What do you do with your cousin?"

SP: "We hang out."

Student: "And, hanging out—what do you do?"

SP: "You know. What teens do."

Student: "Cool! And tell me what teenagers do."

SP: "We stand around outside the rec center and watch for people we know."

Flexibility. SPs responded well when medical students used the SPs's answers to provide direction for follow-up questions instead of rigidly following a predetermined list of questions. SPs also liked when medical students reflected positive things the SP was doing in addition to their less healthy choices. Students who were able to listen and provide open, nonjudgmental responses were most effective in eliciting detailed answers.

Conclusion

Training that involves the use of adolescent SPs allowed medical students to practice simple conversational gambits prior to interviewing actual adolescents in a real clinical setting

[11]. We were surprised to find that medical students seldom used full confidentiality statements despite their recognition that those statements are important and effective with adolescents. However, subtle prompting by SPs led to more frequent use of proper statements. We also observed excessive use of closed-ended questioning, a problem that has been identified in previous interviewing studies [12–14]. These interviewing foibles are easily remedied once diagnosed. Students who were persistent but gentle in their questioning, who provided a clear confidentiality statement, and who avoided judging and lecturing did best with the SPs and we believe will do best with real patients in clinical practice.

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