

Trainer guide

Youth Friendly General Practice: Advanced Skills in Youth Health Care

Introduction to the trainer guide

This Trainer Guide provides trainers with key information for conducting *Youth Friendly General Practice: Essential Skills in Youth Health Care*. It includes:

- Learning activities
- Suggested timing of activities
- Training notes and instructions
- Background information and resources on specific topic areas

The kit includes Powerpoint slides for use in the presentations and resources to be used in the learning activities.

Trainers should also read the background information contained in the Coordinator section at the front of this manual.

Structure and content of the learning module

The ALM consists of a 6-hour face-to-face structured learning activity that includes interactive training activities and formal presentations. There is also a predisposing activity which precedes and a reinforcing activity which follows the 6-hour structured learning activity. The predisposing and reinforcing activities are designed to link the learning in the structured learning activity to GPs' practice. The activities are designed to encourage small group discussion and skills practice in a safe environment. The ALM also includes an evaluation that is completed by all participants.

The three training units in the ALM are designed to be delivered sequentially. Coordinators and trainers are encouraged to design training to suit local need and maximize participation. Delivery of each unit may be over 3 x 2-hour sessions or over one whole day with meal and rest breaks added to the six hours of the structured learning activity. Participants must attend all units and complete all requirements of the ALM in order to be allocated 40 category 1 professional development points.

Goal and learning objectives

The overall goal of this learning module is to increase the capacity of GP's to deliver effective health services within a youth friendly environment by increasing their capacity to apply key medicolegal principles in the treatment of young people, and equipping them with the knowledge and skills to provide appropriate intervention and management for their health problems.

Learning objectives

Following completion of this learning module, participants will be able to:

- Understand and apply medicolegal principles relevant to the medical treatment of young people, particularly those under 18 years, in order to ensure patient safety
- Develop a management plan for providing collaborative care

- Apply brief intervention strategies for addressing young people's risk behaviours and psychosocial problems
- Understand and apply the principles of culturally competent consultation
- Identify a range of strategies that could be implemented by a practice to achieve a more youth friendly and culturally sensitive service

Trainer preparation

Before commencing delivery of this learning module, it is important for trainer(s) to plan ahead and ensure they are well prepared for conducting the program. Trainers need to:

- Read this Trainer Guide and the incorporated activities closely in order to be thoroughly familiar with the contents of the training program
- Confirm administrative responsibilities with the coordinating training organisation staff member
- Prepare each education session in advance and be familiar with both the Powerpoint contents and the activities of the session, including all of the handouts that are given to participants. Read the Activities for each Unit prior to the session, and be prepared to conduct the activities and answer questions. Be ready to write down and summarise discussion points on the white board or flip chart.
- Familiarize themselves with the *Adolescent Health GP Resource Kit 2nd edition*
- Familiarize themselves with the time required for each activity so that the session runs smoothly within the scheduled timeframe

Group work

Many of the activities involve small group discussion and role play. Change small group composition for each activity, so that group members have the benefit of interacting with a range of group members, rather than being restricted to the same group members for all small group work.

Group members typically enjoy discussion and it is very easy for the group to run over time with discussion. Trainers need to be flexible: keep an eye on time, allow discussion to go where the group wants, but at the same time communicate clear guidelines about how long to take with discussion activities.

Give group members responsibility for reporting back and explaining their ideas to others.

In order to enhance learning and provide variety, vary how groups report back to the large group: some suggestions are made in the method sections.

Medicolegal issues (Unit One)

It is essential that the trainer conducting Unit One (Medicolegal issues in the treatment of young people) has a sound knowledge of medicolegal issues in relation to treatment of young people. If the trainer delivering the overall ALM does not have sufficient knowledge of this topic, then it may be necessary to recruit a professional

(medical or legal) with expertise in this area to act as a resource person for this Unit.

Note that the Unit is not designed to provide specific legal advice about individual cases. The role of the trainer is NOT (and should not be) to give opinions about specific medicolegal problems or cases that participants raise. Rather, the focus is on exploring and defining key medicolegal principles in relation to treatment of young people, particularly minors. Participants should be advised that if they have specific medicolegal concerns or questions, they should consult their Medical Defence provider.

Trainers need to be aware that participants are likely to raise questions about specific cases and medicolegal concerns they have been faced with. Therefore, it is essential to manage and contain the amount of discussion and question about these issues – as there is neither sufficient time to answer individual case concerns, nor is it the role of the trainer to provide these answers.

Motivational interviewing (Unit Two)

Motivational Interviewing (MI) is one of the key skills covered in this module. It is essential that Trainers have a competent understanding of the knowledge and skills involved in Motivational Interviewing. Motivational Interviewing is a brief intervention strategy that aims to improve a client's motivation to change, as well as reinforcing their capacity to make behaviour changes ('self efficacy').

There is growing evidence of the efficacy of Motivational Interviewing approaches in promoting behaviour change with adolescents (Baer & Peterson, 2002).

Motivational Interviewing is a collaborative and client-centred counselling technique approach that is based on active negotiation between the counsellor and the clients. It is a process of preparing young people for change by:

- Enhancing their motivation to change
- Providing them with a range of skills and strategies for making desired changes in their life
- Helping them overcome resistance to change
- Provide them with practical skills and strategies for implementing and maintaining changes

Motivational Interviewing aims to get the young person doing the talking and voicing the advantages of change, plans for change, readiness to change and confidence in ability to change ('Change talk'). Some of the key principles of the Motivational Interviewing approach are:

- Motivational Interviewing is patient-centred – it focuses on the concerns and perspectives presented by the patient
- Motivational Interviewing is based on the belief that the resources and motivation for change already exist within the patient
- However, the practitioner must also be directive – seeking to elicit these resources and motivation from the client to increase the likelihood they will choose positive behaviour change
- Motivational Interviewing is based on research which indicates that people who talk about making change

are more likely to do so than those who don't

- The core aim of Motivational Interviewing is to elicit this "change talk" from patients, so that they hear *themselves* talk about their reasons, ability and intention to make change
- The role of GP is to use communication skills such as reflective listening which reinforces the change talk
- Ambivalence to change by the client is seen as totally understandable
- Motivation is not a static state, but something that is influenced by professional-client interaction

Specific communication skills for Motivational Interviewing

Motivational Interviewing makes use of specific communication skills to create an atmosphere of collaboration with the client and that increases the likelihood they will choose positive behaviour change.

The core skills of Motivational Interviewing can be summarised as follows:

- The Microskills of Motivational Interviewing – "OARS":
 - O – Open ended questions** – these establish rapport, gather information and increase understanding – e.g. "How do you think your drug use affects your health?"
 - A – Affirm** – "It's good that you decided to talk to someone about your drug use"
 - R – Reflectively listen** – "It sounds like you're starting to...."
 - S – Summarise** – "Let me see if I understand what you're saying..."

For further information about Motivational Interviewing, see:

- The Motivational Interviewing website – www.motivationalinterviewing.org
- Miller W. and Rollnick S. *Motivational Interviewing: Preparing people for change*. (2nd edition) Guildford Press London, 2002.
- *Adolescent Health GP Resource Kit, 2nd edition*, pp. 63-65 and pp. 89-91

http://www.caah.chw.edu.au/resources/gpkit/07_Section_2_chap_5_risk_taking.pdf

http://www.caah.chw.edu.au/resources/gpkit/10_Section_2_chap_8_substance_abuse.pdf

References

Baer, J.S. & Peterson, P.L. (2002). Chapter 21. *Motivational interviewing with adolescents and young adults*. In W. Miller, S. Rollnick, *Motivational Interviewing: preparing people for change 2nd Edition*. Guildford Press, London, 320-332.

Guidelines for trainers on using role plays

Many of the training activities in this guide use experiential education methods. Experiential methods encourage the active involvement of group members in learning by sharing information and experiences, and practicing new skills. In particular, the training activities in the ALM focus on providing participants with the opportunity to practice and rehearse practical skills in communicating and consulting with young people through activities such as role plays and case study vignettes.

A series of case studies has been developed for use in the ALM for small group discussions and for practicing youth friendly skills in role plays. The case studies will be used as the basis for the characters that will be portrayed in the role plays and other skills practice activities. Case studies are included in participant handouts.

A role play is a simulation exercise where the participants act out specified roles in a dramatization of a situation. The purpose of a role play is to develop improved confidence and skills in handling an interpersonal interaction using a realistic simulated situation. Role play technology is extensively used in the training of medical students, physicians, GPs and other health practitioners (Denholm & Wilkinson, 1997; Nestel et al, 2007). Actors are frequently employed to play 'standardised' clients in mock consultations for training medical students in communication and interviewing skills.

The benefits of using role play include:

- Enables participants to experience 'real life' scenarios and practise the skills they are learning in a simulated and supportive environment
- Provides a practical demonstration of skills that are being taught
- Encourages interactive learning and sharing of experiences
- Illustrates key steps in complex interpersonal interactions
- Provides rapid and direct feedback which can be given to the participant in a constructive manner

However, role plays need to be carefully managed and facilitated. The following guidelines can assist with facilitating successful role plays.

Guidelines for conducting role plays

While role plays have been shown to be an effective teaching method, some people are anxious about participating in a role play. Therefore, it is important to create a safe learning atmosphere for the role plays.

Emphasize to the participants that they are not being judged or assessed on their performance. Adopt an approach that there is no 'right' or 'wrong' way to carry out the interviewing tasks. Rather, each time a participant takes a turn in a role play as a GP communicating with a 'young person', it is an opportunity to learn from each other.

Since role plays are a rehearsal, they can stop and start at will. Emphasising this will prevent people from thinking that they have to give a performance and will relieve fears and concerns.

Before starting a role play (whether it is a role play demonstration or role plays in small groups), set some ground rules with the group for conducting the role play. Rules should include:

- Discuss and make an agreement about confidentiality for all participants
- Observers should not interrupt the role play, call out, or make fun of the role players
- Participants remain quiet in the background, and act as observers in order give feedback after the role play
- Participants should not "overact" or to make their characters too difficult or complex

Conducting the role play

Once the role play has commenced, the trainer's main role is to move around the small groups and facilitate the action in the role play and keep it moving. It is important to recognize when a participant in the role play is getting stuck or when the action is stalling or becoming side-tracked. When necessary, the trainer can pause the role play, and provide support or direction to the interviewer. The trainer can do this by asking some open-ended questions such as:

- *What is happening for you right now as the interviewer?*
- *Where are you getting stuck at the moment?*
- *What are your ideas about where you want to head with this interview?*
- *What other areas do you think would be good to explore with the client?*
- *What help do you need in order to keep going with the interview?*

The trainer can provide the interviewer with some brief feedback (it is good to reassure them at this point that they are doing well), and if necessary some coaching about how to proceed. The trainer can also ask for suggestions from the observers at this point. Note, however, that this should be kept concise and contained at this point, otherwise you risk losing the momentum of the role play, or the interviewer may become overwhelmed with too much information.

Debriefing and finishing up

It is important to debrief or 'de-role' the role players after the role play is finished, so as to assist participants to leave their role behind and return to being themselves. This is especially important if you notice that any of the participants have been strongly affected by playing either of the GP or young person roles. An effective way to debrief the actors is to ask them questions about the character they played, in order to make a clear distinction between their role as the character and themselves as an individual. When doing this, it is good to address them by their real name. For example:

- *David (participant's name), how did it feel playing a young person who is involved in so much risky behaviour?*
- *Jane (participant's name), how did it feel playing the GP trying to engage such a difficult young person?*
- *What would you normally do differently to your character in a situation like this?*

Other questions that could be addressed to the role player include:

- *What went well?*
- *How did you feel about the interaction?*
- *What did you learn about the character you were playing?*
- *How was the way your character acted similar to or different from real life?*
- *What would you have liked to have done differently?*

Giving feedback

Giving and receiving feedback is a vital part of the debriefing process and an essential component in the learning process of consolidating the communication and interviewing skills being practiced in the role plays. When providing feedback to the participants, allow the participants playing the interviewer and the young person to comment on how the role play went before asking observers to comment.

Observers play a key role in the participants' learning. Not only can the observers learn by watching, their feedback to the participants of the role play can enhance the learning of all involved. When asking observers to give feedback, it should be specific and realistic. Feedback should include specific examples of what was said and done and should not include judgments based on personal knowledge or assumptions. Feedback should be meaningful and specific so that the participant can incorporate into their practice

Some guidelines for giving feedback are:

- Comments should focus on behaviours and not on personality traits or other characteristics of the participants
- Always commence with positive feedback and say what the person did well
- Then proceed to give constructive corrective feedback if appropriate, such as what the interviewer could have done differently, or what was missing

Using young actors or volunteers in role plays

It can be beneficial to use a trained young actor to play the role of the young person in the demonstrations and skills practice activities. This approach to using trained actors in creating simulated practice scenarios is now frequently used in training doctors and health professionals throughout the world.

This training method has proven very effective and there are a number of advantages to using young actors. Firstly, it provides a more realistic experience for practitioners to simulate interactions providing health services to young people. Secondly, it provides an opportunity for practitioners to get direct feedback from a young person about their behaviours and skills. Thirdly, the involvement of a young person in training also provides a rare opportunity for practitioners to hear and learn from a young person in professional training.

However, it is essential that the actor is specifically trained and prepared for their particular role in the training program. Using young actors will also usually involve remuneration for their services. Young actors can be potentially recruited from local youth services, drama schools or high schools. Many of the Headspace sites (the National Youth Mental Health and Substance Use Prevention Program) have recruited and trained young actors for participation in their training programs. So if there is a local Headspace site, it is worth contacting them.

Otherwise, it is preferable to have another person prepared in advance for playing the role of the young person in the demonstrations and other role play activities. This could be a co-facilitator, a professional or youth worker from another agency, or alternatively, a volunteer participant from the training group. Whoever is used, it is important that it is someone who feels comfortable playing this role in front of a group. It is also important to spend some time preparing for their role and familiarizing them with the case study character(s) they will be playing.

References

- Denholm, C.J., & Wilkinson, S.J. (1997). Adolescent role-players in medical education. *Youth Studies Australia*, 16 (3) 27-30.
- Nestel, D. & Tierney, T. (2007). Role-play for medical students learning about communication: Guidelines for maximising benefits. *BMC Medical Education* 7 (3), doi:10.1186/1472-6920-7-3.

Session outline

Unit One: Medicolegal issues in the medical treatment of young people

Topics/Activities	Session duration
1.1 Welcome and introduction	15 minutes
1.2 Key medicolegal principles	15 minutes
1.3 Application of key medicolegal principles	40 minutes
1.4 Skills practice: documenting competency assessment and applying medicolegal principles	50 minutes

Unit Two: Intervention strategies and managing collaborative care

Topics/Activities	Session duration
2.1 Welcome and introduction	5 minutes
2.2 Intervention for health risk behaviours	10 minutes
2.3 Collaborative management of health risk behaviours	30 minutes
2.4 Promoting behaviour change	10 minutes
2.5 Motivational Interviewing	10 minutes
2.6 Demonstration: Motivational Interviewing	15 minutes
2.7 Skills practice: Motivational Interviewing techniques	40 minutes

Unit Three: Creating a youth friendly and culturally sensitive practice

Topics/Activities	Session duration
3.1 Cross-cultural issues in adolescent health care	15 minutes
3.2 Culturally competent consultation	30 minutes
3.3 Characteristics of youth friendly general practice	10 minutes
3.4 Making your practice youth friendly	30 minutes
3.5 Local services and referral pathways for young people	25 minutes
3.6 Conclusion, evaluation and distribution of reinforcing activity	10 minutes