



Unit Two

Conducting a youth friendly consultation

Activity 2.1 Youth friendly communication and engagement skills



Introduction (1 minute)



Purpose	Welcome participants, recap key points from Unit One if needed and provide outline for Unit Two activities.
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Show powerpoint slide 1 </p> <p>Welcome participants to this training unit. If the three units are being conducted separately, recap key points from Unit One.</p> <p>Ask if there any questions or comments from the first session.</p> <p>Show powerpoint slide 2 </p> <p>Outline the contents and activities of Unit Two.</p> <p>Unit Two aims for participants:</p> <ul style="list-style-type: none"> • <i>To understand the importance of ensuring confidentiality in working with young people</i> • <i>To be able to conduct a youth friendly consultation – reassuring confidentiality; seeing the young person alone; using youth friendly communication skills</i> • <i>To have increased confidence in communicating and engaging with young people in a therapeutic relationship</i> • <i>To understand the impact of culture on adolescent health and development and have increased awareness of the principles of cultural competence</i>
Key Points	Provide outline for Unit Two activities.

DVD: Youth friendly communication (10 minutes)

Purpose	To prompt participant reflection on youth friendly practice.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Dr Link DVD and player
Method	<p>Introduce the topic:</p> <p><i>Young people are often embarrassed, mistrustful and anxious about seeing a doctor. The key to overcoming these concerns is effectively engaging and communicating with the young person in order to establish a trusting relationship.</i></p> <p><i>This involves developing rapport with the young person and connecting with them in a meaningful way. Effective engagement requires:</i></p> <ul style="list-style-type: none"> • <i>The use of youth-friendly communication skills</i> • <i>Understanding of adolescent developmental issues and concerns</i> • <i>A supportive and non-judgmental approach</i>

	<p>Show powerpoint slide 3 </p> <p>Inform the group that you are now going to show a short DVD to demonstrate some of the difficulties a young person may experience in visiting a GP.</p> <p>Show Dr Link DVD here – ‘bad’ and ‘good’ examples of engagement.</p> <p>Pause between the two examples. Ask participants to share their responses to the DVD, and in particular the approach of the GP</p>
Key Points	Use the Dr Link DVD to highlight engagement skills.

Small group discussion (15 minutes) and powerpoint presentation (4 minutes)


Purpose	To identify key issues for the GP in engaging young people.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Discussion questions
Method	<p>Show powerpoint slide 4 </p> <p>Divide participants into three small groups.</p> <p>Allocate each group one of the following questions to discuss (on slide 4):</p> <ul style="list-style-type: none"> • <i>What concerns might a young person have coming to an initial appointment with a GP?</i> • <i>What are some of the difficulties and barriers you experience in communicating and engaging with young patients?</i> • <i>What can a GP do, in terms of their communication and consultation approach, to effectively engage with an adolescent patient?</i> <p>Ask each group to choose a representative to feed back the group's ideas.</p> <p>Give the groups 8-10 minutes for this and then ask each group to feed back their responses to their question. Ask each group to add any new ideas that have not yet been covered until all ideas have been tabled. Clarify and give appropriate feedback.</p> <p>Show powerpoint slides 5-8 on engagement and communication </p> <p>Give a short presentation on engagement and communication skills.</p> <p>Here is some further information to supplement slides 5-8:</p> <p>Engagement</p> <ul style="list-style-type: none"> • The principle of engagement is central to working effectively with adolescents. • Engagement is the process of establishing rapport and building a trusting relationship with the young person. • Engagement is an ongoing process – it may take a number of sessions to successfully engage some adolescents. • Effective engagement requires: <ul style="list-style-type: none"> - Youth-friendly communication skills - Awareness of developmental stage and issues - Sensitivity to risk factors and behaviours • Discuss confidentiality. • See young person alone (even if they come with a family member).


	<p>Communication style</p> <ul style="list-style-type: none"> • Adopt a non-judgmental approach – this will allow the young person to feel safe talking about sensitive issues. • Build rapport – ask about their interests, family background, school, friends – find common ground. • Be yourself – have the confidence and authority to respond in ways that you know are right without being authoritarian. • Use an interactive style of communication – give feedback, encouraging questions & explain processes and procedures. • Allow the adolescent to educate and inform you e.g. <i>“I’m not sure.....have I got this right?”</i>. • Treat the young person as being responsible and capable of contributing to decision-making. • Compliment the young person on what they are doing well & their willingness to come and see you. <p>Sensitivity</p> <ul style="list-style-type: none"> • Be sensitive to the young person’s cultural background, values and norms. • Ask open-ended questions when possible; move to more directive questions if necessary. • Begin with less sensitive issues and proceed to more sensitive ones – ask permission to ask sensitive questions. • Offer a non-threatening explanation for the question you ask: <i>“I’m going to ask a number of questions to help me better understand your health.....or your situation”</i>. • Use reflective listening – restate back to client what you’ve heard them say and the feelings they are expressing.
<p>Key Points</p>	<p>Young peoples’ access to and use of GP services is greatly affected by the practice environment and by the attitude and approach of the GP and other practice staff.</p>

Activity 2.2 Engaging the young person and explaining confidentiality





Group discussion - Engagement (10 minutes)

<p>Purpose</p>	<p>To describe key skills in the process of engagement.</p>
<p>Materials</p>	<p><input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Discussion questions</p>
<p>Method</p>	<p>Show powerpoint slide 9 </p> <p>Ask these questions of the group (on slide 9):</p> <ul style="list-style-type: none"> • <i>What are the challenges in arranging time alone with an adolescent patient?</i> • <i>How can they be overcome?</i> • <i>At what age would you start seeing the patient alone?</i> • <i>When might you want to have the parent/carer present?</i> <p>Draw out the following points in the group discussion:</p> <p>Begin the process of engaging the young person on your first contact with them; by showing warmth and openness towards the young person, you will help to overcome their fears or embarrassment.</p> <p>If the young person is accompanied by a parent or other adult, invite them both to see you together in order to outline their concerns and reasons for the visit.</p> <p>Engaging the family and gaining the trust of parents is often critical in treating young people from other cultures.</p>

	<p>If there is a discussion around issues of confidentiality or complex health issues consider the English language ability of the parents or family. Consider using the GP Priority Line Phone Interpreter Service. Ring TIS Client Liaison and Promotions for pamphlets 1300 655 820. Do not use the young person as an interpreter.</p> <p>Politely inform them that it is often standard practice in Australia to see a young person by themselves and that at some stage of the consultation and that you may like to do so.</p> <p>Engagement is an ongoing process and it may take a number of consultations to successfully engage some adolescents.</p> <p>Consultation with a young person may take a little longer:</p> <ul style="list-style-type: none"> • Plan your time accordingly • Be realistic with what you can achieve in the available time <p>Successful engagement may sometimes be the primary goal of your initial consultation. GPs need to be opportunistic in their approach to treating young people, especially if the patient presents with a complex psychosocial problem. A good outcome in these cases might initially be successful engagement of the young person and having them return for a follow-up visit.</p> <p>However, it is also important to address and provide appropriate treatment for any presenting complaint (eg. acne, infection, sore throat, etc.) because this may be the only time you get to see the young person. The GP can use this opportunity to foster engagement and build a relationship which may increase the likelihood of the young person returning.</p>
Key Points	<p>Participants should have a good understanding of the engagement process.</p> <p>Refer to the GP Resource Kit section two chapter one Conducting a Youth-Friendly Consultation for more information on youth-friendly communication and engagement. http://www.caah.chw.edu.au/resources/gpkit/03_Section_2_chap_1_youth_friendly_consultation.pdf </p>

Group discussion - Confidentiality (10 minutes)

Purpose	To highlight the importance of confidentiality to successful engagement with young people.
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Introduce the topic of confidentiality by emphasizing that confidentiality is the number one concern raised by young people in attending health services. It is important to carefully explain your terms of confidentiality to the young person in your first meeting with them.</p> <p>Ask participants how they usually explain confidentiality to young patients. Do they have a particular policy or routine approach regarding confidentiality?</p> <p>Show powerpoint slides 10-13 on explaining confidentiality </p> <p>Give a short presentation on confidentiality.</p>


	<p>Here is some further information to supplement slides 10-13:</p> <ul style="list-style-type: none"> Confidentiality is legally part of the general duty of care to (adolescent) patients. It is good practice to routinely explain the terms of confidentiality at the initial consultation, even if the young person presents with a relatively minor complaint (e.g. sore throat). This helps to build a relationship of trust, increasing the likelihood that the young person will return if they need assistance for other health or psychosocial problems in the future. In some cultures a young person may be seen as a 'child' well into adulthood. You may need to develop some trust and rapport with the family and sensitively negotiate with them about seeing their adolescent alone. Don't assume that people understand what the word 'confidentiality' means. You may need to explain to some CALD families that in Australia there are very strong regulations/ethics around the concept of privacy. It is important to explain any exceptions to maintaining confidentiality. These are usually on the grounds of the patient's safety (e.g. where the young person is at serious risk of harm); or, where the patient has expressed verbal or written permission to disclose information to a third party e.g. a parent or another professional. <p>Discuss any questions or issues they have about confidentiality.</p>
Key Points	<p>See powerpoint slides 10-13 on explaining confidentiality.</p> <p>Refer to the GP Resource Kit section two chapter one Conducting a Youth-Friendly Consultation for more information on youth-friendly communication and engagement, p.30. http://www.caah.chw.edu.au/resources/gpkit/03_Section_2_chap_1_youth_friendly_consultation.pdf </p>

Activity 2.3 Demonstration: Engaging a young person & explaining confidentiality




Demonstration (10 minutes)

Purpose	To demonstrate engagement skills and explaining confidentiality.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Chairs and space for demonstration <input type="checkbox"/> Actor or volunteer <input type="checkbox"/> Case studies - Engagement
Trainer Note	<p>The following activities are best done as role plays to enable participants to try out the practical skills that have been discussed. There is extensive evidence that simulated role plays are effective in assisting medical professionals to develop competency in critical consultation and communication skills (see Introduction). Role play techniques enable participants to rehearse the skills they are learning using realistic scenarios in a safe environment.</p> <p>However, many people are uncomfortable doing role plays and so it is important to set up the activities to minimize anxiety and to create a safe and supportive learning atmosphere for skills practice.</p> <p>Emphasize that they are not being asked to perform in front of their peers, nor are they being assessed – the role plays will be conducted either in pairs or small groups. See Introduction of Trainer Guide for more information on conducting role plays.</p>

<p>Method</p>	<p>Show powerpoint slide 14 </p> <p>Explain to participants that you are now going to give them a demonstration of practicing the skills of engagement and explaining confidentiality to the young person. Set up 2 chairs in front of the group. Explain that you will play the role of a GP seeing a young person for the first time. The young person will be played by either the co-facilitator, a volunteer from the group, or by a young actor. (Whoever you use, it is important to prepare them in advance for participation in the role play. See Guidelines for Conducting Role Plays in the Trainer Guide preparation section for more information on this).</p> <p>Distribute Case Studies – Engagement. Make sure to use at least one case study of a young CALD person.</p> <p>Inform the group which case study character the actor will be playing and the name of the character.</p> <p>Demonstrate briefly:</p> <ul style="list-style-type: none"> • Greeting the young person • Building rapport by giving some information about yourself and asking questions about them and their interests • Explaining confidentiality <p>Make sure you use good non-verbal communication (eg relaxed eye contact; friendly facial expressions; open posture; etc.).</p> <p>Explain that the skills required to communicate in a culturally appropriate manner are the same generic skills that apply to consultation with any young person:</p> <ul style="list-style-type: none"> • Adopt an open, non-judgmental approach • Show positive regard and respect for differing values • Provide reassurance about confidentiality <p>Continue the role play only as long as you need to demonstrate the key skills.</p> <p>Ask the other participants for their observations about the role play:</p> <ul style="list-style-type: none"> • <i>How might the young person be feeling?</i> • <i>What do you think worked or didn't work in engaging the young person?</i> <p>Then ask the person playing the young person for feedback about how they felt about the interaction and what was good about the way you engaged them.</p>
<p>Key Points</p>	<p>See powerpoint slides 5-13 on engagement and confidentiality.</p>

Activity 2.4 Skills practice: Engaging and explaining confidentiality



Skills Practice (20 minutes) and introduction (5 minutes)


Purpose	To demonstrate engagement skills and explaining confidentiality.
Materials	<input type="checkbox"/> Chairs and space for role plays <input type="checkbox"/> Case studies - Engagement <input type="checkbox"/> <i>Adolescent Health GP Resource Kit 2nd edition Section two – chapter one Conducting a Youth-Friendly Consultation</i> , pp. 27-38 http://www.caah.chw.edu.au/resources/gpkit/03_Section_2_chap_1_youth_friendly_consultation.pdf
Method	<p>Inform the participants that they will now have the chance to practice these skills.</p> <p>Divide participants into pairs.</p> <p>Give clear instructions for the activity:</p> <ul style="list-style-type: none"> • Allocate each participant pair one of the case study characters and role play that young person seeing a GP for the first time. (You may wish to allocate case studies to participants on the basis of their relevance to the particular group needs). Allow time for participants to read the case study. • The other participant will role play the GP and practice engaging the young person and explaining confidentiality. • Spend about 5 minutes on each role play, then swap roles so that each participant has a turn as 'GP' and young person. • After each role play, the participant playing the young person will give feedback to the 'GP' (Refer to Guidelines for Giving Feedback in the Introduction). • Emphasize that when participants are playing the role of the 'young person', they should not make it too difficult for their partner. On the other hand it should not be unrealistically easy (see Guidelines for Conducting Role Plays in the Introduction). <p>Give the pairs about 10 minutes for this activity and then ask them to return to the large group (ie about 4 minutes for each role play and a minute for feedback).</p> <p>Remind the participants that in these role plays, you want them only to focus on the initial engagement with the young person i.e. engaging and getting to know a bit about the young person; explaining confidentiality to the young person. You don't want them to get into exploring or trying to solve the young person's problem yet at this stage.</p> <p>Discuss these questions with the large group to debrief:</p> <ul style="list-style-type: none"> • <i>What was difficult about the process of engaging?</i> • <i>What strategies worked or didn't work in engaging the young person?</i> • <i>What was it like playing the young person?</i> • <i>What areas do you need to improve to better communicate and engage with young people?</i> <p>Ask participants if they have any questions about engagement or communication with young people.</p>
Key Points	<p>In answering, emphasise developing rapport, providing support, being clear, and aiming to develop trust.</p> <p>Refer participants to <i>Adolescent Health GP Resource Kit 2nd edition</i> section two – chapter one <i>Conducting a Youth-Friendly Consultation</i>, pp. 27-38 http://www.caah.chw.edu.au/resources/gpkit/03_Section_2_chap_1_youth_friendly_consultation.pdf </p>

Activity 2.5 Engaging the challenging young person



Small group discussion (15 minutes) and powerpoint presentation (5 minutes)



Purpose	To learn skills in engaging the challenging young person.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Case studies - Engagement <input type="checkbox"/> Space for small group discussion
Method	<p>Show powerpoint slide 15 </p> <p>Introduce this activity:</p> <p><i>GPs often encounter young people who are resistant or hostile, or sullen and withdrawn. Some of these young people may be at high risk and may have been coerced into attending. These young people present a particular challenge for the GP – the goal is still to build rapport and encourage the young person to engage with you.</i></p> <p>Divide participants into small groups of about five to six participants.</p> <p>Allocate one case study to each group. Instruct the groups to read the case study and discuss the questions regarding engaging, communicating and confidentiality with the case study client.</p> <p>Ask them to consider how they might use some of these strategies in attempting to engage the young person in the case study.</p> <p>Ask them which strategy or strategies they think would be most important to engaging this young person. Ask them to use a pie chart to draw up which what strategies they would use to engage this young person.</p> <p>Give the groups about 10 minutes for this task then ask for each group to briefly summarise their case, and present the findings from their discussions, including their piechart.</p> <p>Show powerpoint slides 16-17 on engaging the difficult adolescent </p> <p>Give a short presentation on strategies for engaging the challenging young person.</p> <p>Here is some further information to supplement slides 16-17:</p> <p>If the points below have already been revealed in discussion, do not labour them</p> <ul style="list-style-type: none"> • Recognise the context and background of the young person's behaviour. • Challenging behaviours may be an expression of underlying trauma, or mental health or behavioural problems. • Some challenging behaviours are a coping mechanism – a response to difficult feelings or a threatening situation. • Challenging behaviours can be a learnt response – especially to dealing with authority figures or situations where they feel uncomfortable. • Take a helpful stance with the young person: <ul style="list-style-type: none"> - Validate their feelings - Be collaborative with them – e.g. decide together about next steps - Avoid being authoritarian



Key Points	<p>See powerpoint slides 16-17 on engaging the difficult adolescent.</p> <p>Refer participants to the section in the <i>Adolescent Health GP Resource Kit 2nd edition</i>, section two chapter one, Conducting a Youth-Friendly Consultation, subsection on Engaging the Difficult Adolescent, pp. 37-38. http://www.caah.chw.edu.au/resources/gpkit/03_Section_2_chap_1_youth_friendly_consultation.pdf </p> <p>Additional reading:</p> <p>McCutcheon, L.K., Chanen, A.M., Drew, L.R., & Brewer, W. (2007). Tips and techniques for engaging and managing the reluctant, resistant or hostile young person. <i>Medical Journal of Australia</i>, 187(7 Supplement),S64-67.</p>
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Activity 2.6 Cultural sensitivity



Group discussion (10 minutes), powerpoint presentation (5 minutes)

Purpose	To identify key principles in cultural sensitivity.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> <i>Adolescent Health GP Resource Kit 2nd edition</i> section two - chapter seven Culturally Competent Practice, pp.77-83 http://www.caah.chw.edu.au/resources/gpkit/09_Section_2_chap_7_culturally_competent.pdf <input type="checkbox"/> Transcultural Assessment Checklist
Method	<p>Remind the group that in Unit One, we saw that there are large numbers of young people in Australia from Culturally and Linguistically Diverse (CALD) backgrounds.</p> <p>Show powerpoint slide 18 </p> <p>Ask participants: <i>What are some of the challenges in working with young people from CALD backgrounds?</i></p> <p>Ask five to six volunteers from the group to come to the front and write their ideas on whiteboard in circles that reflect the size of the challenge. Acknowledge contributions, seek clarification, and draw out key points.</p> <p>Show powerpoint slides 19-21 on Cultural Sensitivity </p> <p>Give a brief presentation on cultural diversity and sensitivity.</p> <p>Here is some further information to supplement slides 19-21:</p> <p>Young people from CALD backgrounds (slide 19)</p> <ul style="list-style-type: none"> • 24% are from a non-English speaking background. • Adolescent health care is a multicultural challenge with more young people from a wider range of Culturally and Linguistically Diverse (CALD) backgrounds than ever before – including refugee young people. • CALD young people may be exposed to a variety of stressors associated with the challenge of growing up “between two cultures” including: <ul style="list-style-type: none"> - Conflict between traditional cultural values and those of the mainstream culture - Migration, resettlement and acculturation difficulties - Language problems - Exposure to racism or discrimination - Confusion about their cultural identity - Refugee experience

	<p>GP role (slide 20)</p> <p>In order to provide effective health care to young people from diverse cultural backgrounds, GPs need to:</p> <ul style="list-style-type: none"> • Be aware of how the young person’s cultural background impacts upon their developing identity • Adopt a non-judgmental approach in dealing with differing cultural norms and practices • Consult with specialist CALD services or workers if unsure about cultural issues • Explain to both young person and their parents the doctor’s role in treating the young person – respect parents’ wishes to be involved and actively encourage their participation • Explain confidentiality in Australian context and seeing the young person alone • Be sensitive to cultural influences in the young person’s life and the diversity of ethnic, language and social backgrounds within any given culture • Avoid cultural stereotyping – do not assume that people from a particular cultural or language background share the same set of cultural attributes, beliefs and practice <p>Culturally competent consultation (slide 21)</p> <ul style="list-style-type: none"> • Enquire about experiences that may have adversely affected their health, development and identity – e.g. migration; refugee experience; exposure to war and trauma; etc. • Consider how the patient’s life experience, ethnicity or religious beliefs are relevant in the case presentation, diagnosis and management. • The most important source of cultural information is the patient themselves – enquire about the adolescent’s cultural background, family history, and how they define their cultural identity. • Where relevant, ask about beliefs within their culture of origin regarding: their symptoms, its cause and management and cultural or traditional health practices. • Check their understanding of the diagnosis and treatment instructions. • When taking a patient history or conducting a psychosocial assessment – enquire about acculturation and identity issues. • In many cultures, participation in health care is a family responsibility. • Engaging the family and gaining the trust of parents is often critical in treating young people from other cultures. <p>Discuss any questions or issues they have about cultural sensitivity.</p> <p>Refer participants to resource Transcultural Assessment Checklist which provides practical guidelines for cultural assessment of patients.</p> <p>Show powerpoint slides 22-23 </p>
<p>Key Points</p>	<p>Cultural sensitivity involves being aware of your own attitudes and assumptions about different cultures and how you communicate with patients from other cultural backgrounds.</p> <p>The skills required to communicate in a culturally appropriate manner are the same generic skills that apply to consultation with any young person:</p> <ul style="list-style-type: none"> • Adopt an open, non-judgmental approach • Show positive regard and respect for differing values • Provide reassurance about confidentiality <p>Refer participants to <i>Adolescent Health GP Resource Kit 2nd edition</i> section two - chapter seven Culturally Competent Practice http://www.caah.chw.edu.au/resources/gpkit/09_Section_2_chap_7_culturally_competent.pdf </p>
<p>Other resources</p>	<p>Transcultural Mental Health Centre (go to Diversity Health website) www.dhi.gov.au for further information on cultural competence.</p>

References

Chown, P., Kang, M., Sancu, L., Newnham, V., Bennett, D.L. (2008). *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds*, GP Resource Kit 2nd Edition. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney.

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Bennett, D. L., Kang, M. & Chown, P. (2009). 'Promoting cultural competence in adolescent health care', in *Challenges in Adolescent Health*, eds Bennett, D.L., Towns, S., Elliott, E.J., Merrick, J., Science Publishers, Inc, New York, pp 189-204