Teen Clinic Services Manual

Healthy Child Manitoba
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Healthy Child Manitoba Office

Teen Clinic Services Manual

INTRODUCTION: TEEN CLINIC SERVICES MANUAL

In 2002, Healthy Child Manitoba Office (HCMO) provided funding to Klinic Community Health Centre (Klinic) to establish a teen clinic at Elmwood High School in Winnipeg. Klinic was selected based on its years of experience providing service to youth and their use of volunteers within their many different program areas. After an initial development and pilot phase, the Elmwood Teen Clinic (ETC) was transferred to the Winnipeg Regional Health Authority (WRHA) for administration by Access River East. Following up on the success of ETC, HCMO provided funding to Mount Carmel Clinic (MCC) in 2005 to begin providing teen clinic services at St. John's High School (SJTC) which opened in September, 2005.

In working together with community partners, it became clear there was a lack of consistency in how teen clinics (HCMO funded and others) were operating in Winnipeg. To support teen clinics, it was determined that a teen clinic service manual and sexual and reproductive health volunteer training manual, based on available evidence, best practice and community experience, would be beneficial. In response, HCMO, in partnership with the WRHA and community stakeholders created these manuals.

In 2006, HCMO began developing this manual, as well as a companion manual for Adolescent Sexual and Reproductive Health Counselling/Education, with an advisory and stakeholder committee of community and regional health authority partners. The manuals support the work of existing and future HCMO-funded teen clinics. As well, HCMO has made these documents available for community or regional organizations that may benefit. These manuals are meant to help support existing and future teen clinic programming. As the development of literature and best practices in adolescent health services and teen clinics are evolving, so will the manuals.

This manual is a first step and focuses primarily on Winnipeg clinics. However, much of the information may be useful in northern and rural communities. The manual does not address some of the unique features and challenges of providing adolescent health services in northern and rural communities. The information is general and does not deal with the specific needs of diverse populations. However, the manual represents a collection of the vast knowledge and experience of the advisory committee and stakeholder groups.

HCMO would like to acknowledge the hard work and contribution of the members of the Sexual and Reproductive Health Volunteer Training Manual and Adolescent Health Services Manual Advisory Committee from the following organizations:

- Access River East
- Sexuality Education Resource Centre
- Healthy Child Manitoba Office
- Family Services & Housing
- Mount Carmel Clinic
- Nor'West Co-op Community Health Centre
- Winnipeg Regional Health Authority
- Manitoba Health
- Klinic Community Health Centre
- Women's Health Clinic
- Youville Centre

Additional copies of the manual can be ordered through HCMO by contacting: 204-945-2785 in Winnipeg or downloaded from HCMO's website at www.manitoba.ca/healthychild/.

ACRONYMS AND ABBREVIATIONS:

BC – birth control

GLBTT – gay, lesbian, bisexual, two-spirit, transgender

G/P/L – Used in recording Obstetrical History Information. In current practice;

G – the number of pregnancies, regardless of duration, including the present pregnancy

P – the number of pregnancies ending after 20 weeks gestation, regardless of whether the infant is born dead or alive and regardless of number of fetuses (ex: twins count as one pregnancy)

L – number of current living children to whom the woman has given birth

HCMO – Healthy Child Manitoba Office

HIV/AIDS – human immunodeficiency virus/acquired immune deficiency syndrome

SRH – sexual and reproductive health

STI – sexually transmitted infection

TA – medical terminology to describe therapeutic abortion

UPP – unplanned pregnancy

WRHA – Winnipeg Regional Health Authority

Community Health Centres and Teen Clinics' abbreviations used in this manual:

Elmwood Teen Clinic (ETC)

Klinic Community Health Centre (Klinic)

Mount Carmel Clinic (MCC)

Nor'West Co-op Community Health Centre (Nor'west)

Women's Health Clinic (WHC)

Youville Centre (YC)

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Introduction

The goal of this manual is to help Healthy Child Manitoba Office (HCMO) ensure young Manitobans have access to health services appropriate to their needs. To provide good health care and lay a good foundation for a healthy transition to adulthood, young people need opportunities to learn about the issues that concern them, identify strategies for maintaining good health and access to health promotion tools and resources. They need access to accurate, non-judgmental information, respectful care that acknowledges the diversity of cultures and values of all young people, and recognition of gender specific needs. A common framework for adolescent health services enhances the quality of programs and makes them relevant and accessible to people who need them.

This manual will help health planners and program managers plan and set up a teen clinic or adolescent health service program, including primary, sexual and reproductive health. It will:

- help health planners and program managers set up adolescent health services
- provide standard guidelines and tools to plan programs based on best practices and evidence base
- provide tools to support monitoring and evaluation of teen health clinics

Who should use the manual?

People wanting to:

- plan, implement, monitor and evaluate new adolescent health programs
- adapt existing programs
- use existing tools to assess and improve services

Checklists identify areas that require additional planning or attention and reference pages in the manual for information on the specific activity or topic. Resource lists are also provided at the end of each section. These resources have been adapted from existing teen clinic services in Manitoba and may be reproduced for your own use with acknowledgments to the original source. Additional resources and tools are listed at the back of the manual. Footnotes are indicated with roman numerals. All other references are listed at the back of the manual.

Glossary

Access: Programs and services delivered in a way that allows for all Manitobans to take part in programs and receive services all across the province.[I]

Adolescent: A person aged 10 to 19; teen refers specifically to adolescents between the ages of 13 and 18.[II]

Confidentiality: Making sure there is a system in place to protect the privacy of your health, financial and personal information.[III]

Cultural responsiveness: Means people working in service/government agencies will respect each person's needs including culture, race, ethnic background, sexual orientation and faith or religion.[I]

Determinants of health: Our levels of health are determined or affected by many things including social and economic factors, physical environment, and individual behavior. It is the combined influence of these factors that determine or affect your health.[IV]

Diversity: Diversity includes the many differences among people in a society. It includes ethnicity, race, cultural traditions, religious expressions, age, gender, socio-economic status, geography, mental or physical ability and sexual orientation.[I]

Harm reduction: Things people can do to reduce harm to themselves and their communities. It includes sharing relevant information, facts and practical material, tools that will help them make informed decisions about how they live. It includes individuals' abilities to protect themselves, families and communities.[V]

Informed choice: The provision of accurate and full health information delivered in a clear and understandable manner so as to facilitate informed decision making on the part of the patient.

PHIA: *Personal Health Information Act.* Manitoba's provincial act regulating the protection of personal health information. It ensures individuals can find out their own personal health information and have the information kept secure and confidential by those who collect and maintain it. The act can be viewed online at: www.manitoba.ca/health/phia/index.html.

I Immigrant Women's Association of Manitoba
II World Health Organization
III Personal Health Information Act, Government of Manitoba
IV Public Health Agency of Canada, *Population Health*
V Public Health Agency of Canada, *Harm Reduction Considered and Applied*

Pro-choice: Pregnant women can expect to be supported in their full range of reproductive rights and freedoms including the right to access safe and legal abortion services.

Reproductive health: Women should have complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to her reproductive system.[I]

Reproductive rights: Couples and individuals have the right to decide freely and responsibly on the number and spacing of desired children, and to have the information and the means to achieve this. They also have the right to the highest standard of sexual and reproductive health and to make decisions free from any kind of pressure or prejudice.[II]

Sex positive: Sexuality is defined as a basic human right, focusing on the life-enhancing aspects of sexuality. It notes the negative aspects, while being non-judgmental and challenges narrow social ideas (ex: the myth that sex=intercourse). It uses inclusive language and avoids stereotyping. It also makes people more aware of the choices involved in sexual decisions (ex: whether or not to be sexual and exactly what being sexual can mean).[III]

Sexual Health: Positive results (ex: self-esteem, respect for self and others, non-exploitive sexual satisfaction, rewarding human relationships, the joy of desired parenthood) are the goal instead of negative results (ex: unintended pregnancy, sexually transmitted infection, sexual coercion).[II]

Sexuality: Sexuality includes not only physical and sexual desires, but also identity, social and gender roles and personal relationships with family, peers and partners.[II]

Teen: People between the ages of 13 and 18 are considered teens.[I]

Young people: The term includes people between 10 and 24 years.[I]

Youth: The term includes people between 15 and 24 years.[I]

[I] World Health Organization

[II] Canadian Federation of Sexual Health (formerly Planned Parenthood Federation of Canada)

[III] Planned Parenthood Edmonton, *Being Sex Positive, Promoting Young People's Sexual Health*

Environmental Scan

The following section is an overview of adolescent health services in Winnipeg as of fall, 2006. It provides context to help with planning new programs and services for young people in Winnipeg. It may also be used by program managers and service providers to find more support and resources to enhance existing programs.

ADOLESCENT HEALTH SERVICES IN WINNIPEG

In Winnipeg, adolescent health services are provided through a range of venues. Community health centres (Women's Health Clinic, Mount Carmel Clinic, Youville Centre, Klinic, Nor'West) and Health Science Centre: Children's Hospital provide services through dedicated teen clinics operating at least one afternoon or evening per week. These teen clinics provide a range of services including sexual and reproductive health and primary care to young people on a drop-in basis. (See table 1). A number of school-based clinics have also been established in Winnipeg and there are plans to open more in the future.

All of the teen clinics provide services to young people with some differences in ages. R.B. Russell and St. John's Teen Clinic provide service to their students along with the students' partners and children. Elmwood Teen Clinic serves its students and young people from other neighbourhoods. Klinic, WHC and MCC provide service to all youth regardless of where they live. Youville Centre and Nor'West serve young people from their immediate catchment areas (St. Vital/St. Boniface and Inkster/Seven Oaks Areas, respectively) although both will see teens from any part of the city.

Table 1: Winnipeg area teen clinics as of February 2008

Clinic	Age range	Catchments	Description of services
SCHOOL BASED			
Elmwood Teen Clinic 505 Chalmers Avenue	students up to age 21	No geographic limit.	Managed by Access River East (WRHA). Clinic operates out of Elmwood High School every Tuesday from 4:00 p.m. to 8:00 p.m. from September to June and 1:30 p.m. to 5:00 p.m. from July to August.

Clinic	Age range	Catchments	Description of services
SCHOOL BASED			
St. John's High School 401 Church Avenue	high school students	St. John's High School students and their family members.	Every Wednesday afternoon from 12:15 noon to 4:15 p.m. from September to June. The clinic offers full primary care, sexual and reproductive health services to youth and adult students of St. John's High School. It is run by Mount Carmel Clinic in partnership with the school.
Tec Voc High School 1555 Wall Street	youth 21 and under living in or attending school in the area	Tec Voc High School area	Monday 11:00 a.m. to 3:00 p.m. and Thursday 1:00 p.m. to 3:00 p.m. September to June. Closed July and August. It offers full primary care, sexual and reproductive health services.
R.B. Russell 364 Dufferin Avenue	students (youth and adult)	R.B. Russell High School students and their family members.	Every Tuesday afternoon from 12:00 noon to 4:00 p.m. from September to June. It offers full primary care, sexual and reproductive health services to youth and adult students of R.B. Russell High School. Clinic is run by Mount Carmel Clinic in partnership with R.B. Russell school.
Sisler High School 1360 Redwood	all youth	Sisler high school students only	Thursdays 11:00 a.m. to 4:00 p.m. Offers full primary health care and reproductive health services to the young men and women attending the school.

Clinic	Age range	Catchments	Description of services
SCHOOL BASED			
Vincent Massey Collegiate 975 Dowker Avenue	all youth	Vincent Massey students only	Mondays 11:00 a.m.–2:30 p.m. and Fridays 11:00 a.m. to 2:30 p.m (Closed long weekends) Offers full primary health care and reproductive health services to the young men and women attending the school.
COMMUNITY-BASED			
Klinic 870 Portage Avenue	12-21	No geographic limit.	Monday evenings from 4:00 p.m. to 8:00 p.m. on a walk-in basis. Offers full primary health care and reproductive health services to young women and men.
Women's Health Clinic 3rd Floor 419 Graham Avenue	19 and under	No geographic limit.	Thursday evenings from 3:30 p.m. to 8:00 p.m. on a walk-in basis. Offers full primary health care and reproductive health services to young women and men.
Mount Carmel Clinic 886 Main Street	21 and under	No geographic limit.	Saturday afternoons from 12:00 noon to 4:00 p.m. Offers full primary care and reproductive health services to young men and women.

Clinic	Age range	Catchments	Description of services
COMMUNITY-BASED			
Nor'West Co-op Community Health Centre 103-61 Tyndall Avenue	21 and under	Primarily youth in the Inkster and Seven Oaks areas (although nobody will be turned away).	Wednesday afternoons from 3:00 p.m. to 5:30 p.m. Teens may also be seen for same-day appointments any day of the week if a practitioner is available. Offers full primary health care and reproductive health services to young women and men.
Youville Centre 6-845 Dakota Street	14-20	Primarily St. Vital & St. Boniface (although no one will be turned away).	Tuesday evenings from 4:00 p.m. to 7:00 p.m. by walk-in or appointment. Offers full primary care and reproductive health services to young women and men. Mental health counsellor and nutritionist are available. Ask a Nurse program is also available Monday to Friday on drop-in basis for pregnancy testing, emergency
Access Transcona Teen Clinic 845 Regent Ave West	all youth	No geographic limit.	Thursdays 4:00 p.m. to 7:00 pm Opening February, 2008
Gilbert Park Teen Clinic 7-35 Gilbert Ave	12-21 years	Open for any teen living in Gilbert Park on alternate Wednesdays	Wednesdays 2:30 p.m. to 5:00 p.m. Offers full primary health care and reproductive health services to young men and women.

Clinic	Age range	Catchments	Description of services
COMMUNITY-BASED			
Adolescent Parent Centre	18 and under	students and their children only	Wednesdays 9:30 a.m. to 1:30 p.m. Offers full primary health care and reproductive health services to the young women and their children attending the centre .
Ndinawe Youth Clinic 472 Selkirk Ave	all youth	Drop in for youth of Ndinawe only	Mondays 4:00 p.m. to 7:30 p.m.(Closed all long weekends). Offers full primary health services and reproductive health services to the young men and women attending Ndinawe programs.
HOSPITAL BASED			
Children's Hospital 840 Sherbrook Avenue	<18 years old	No geographic limit.	Tuesday and Thursday 1:00 p.m. to 4:00 p.m. at Children's Hospital (840 Sherbrook St.) Offers a full range of primary care and reproductive health services to teens 18 years old and younger.
Women's Outpatient Department (HSC) 735 Notre Dame Avenue	all youth		Adolescent Prenatal and Postpartum Clinics by appointment only

STRENGTHS

The findings in this environmental scan are based on one-on-one interviews conducted with key staff from each of the above teen clinics between October 2006 and February 2008. Staff were interviewed for information about the types of services offered at each clinic. They were also asked to comment on the aspects of the services that contribute to high quality. All of the teen clinics in Winnipeg operate on the same core principles of choice, confidentiality, accessibility and cultural responsiveness. (See glossary for definitions). Collectively, these clinics offer a wealth of experience and expertise in providing health services to teens. Among the many strengths they have to offer are:

1. A primary care focus: Although the majority of youth are seeking sexual and reproductive health services (STI testing, birth control, etc.) the clinics themselves provide a full range of primary care services. This enables clients to feel confident in approaching staff about any health care needs. A primary health care approach also supports access for young men, who may not see reproductive health care as their main need.
2. Pro-choice: All clinics stressed the need to ensure that clients are provided with accurate, non-judgmental information about all their health options. This includes, but is not limited to, full information about pregnancy options (abortion, adoption and parenting) as well as referrals and follow-up that respect the individual client's choice.
3. Dedicated time and place for teens: Clinics offer a dedicated time and space for young people to access services, this offers security and safety and ensures that youth feel their privacy and needs are being fully respected by the staff. As well, dedicated teen clinics are careful to ensure that staff who work these shifts have the capacity to respond to and work well with young people.
4. Accessible to teens: Teen clinics are offered at different times and locations throughout Winnipeg, including community and school-based, offering flexibility and a range of options.
5. Harm reduction focused: Staff are able to work with young people at various ages and stages in life and with divergent lifestyles, and to respond appropriately and effectively. A harm reduction approach respects the young person, offers pragmatic solutions to reducing harm and, most importantly, recognizes the need to work with youth "where they are at" in life, without demanding or assuming particular behaviour.
6. Integrated care: All key staff stressed the need for an integrated or holistic approach to care. This may take the form of providing mental health services, counselling, health education on various topics, nutrition or dietary education and counselling, support groups etc. Integration also facilitates continuity of care across a range of services and providers.

7. Partnerships: Working in partnership and collaboration with all other teen clinics in Winnipeg improves communication, encourages sharing of resources and expertise and improves consistency in the type of care provided at different venues.
8. Volunteer health counsellors: Two teen clinics (Women's Health Clinic and Klinic) use volunteer health counsellors who provide options-counselling in birth control, STI/HIV prevention and testing and pregnancy. This model has many benefits. Among them:
    - engaging community members and peers in service delivery
    - providing information in plain language in a setting that is more comfortable to the clients
    - helping health care practitioners by warming up the client before they see a nurse or physician, providing the core background information that will support informed choice and reinforcing the key messages that are then repeated by the health care providers themselves
9. Agency commitment to adolescent health care: All agencies fully support and integrate the teen clinics into their overall programs and services. This is accomplished in a variety of ways and ensures teen clinic clients are respected and treated as equally-valued clinic clients and share the same rights as any adult client.
10. Confidential: Most often stressed as the key issue of importance to young people, is client confidentiality. It is a fundamental aspect of all teen clinics. Youth who use these clinics are made to understand that their confidentiality will be fully respected. For this very reason, young people continue to attend all the clinics in large numbers for needed health services.

GAPS

Teen clinics in Winnipeg, while making an important contribution to the health and well-being of Winnipeg's young people, continue to face ongoing challenges. On a weekly basis, these agencies struggle to meet youth's changing and increasingly complex needs with limited resources and limited options for referral. Gaps in services for adolescents and young adults continue to challenge and frustrate service providers.

1. Mental health services: There is a need for improved access to mental health services for young people. This includes services that don't require parental/guardian consent as well as more mental health workers who specialize in youth issues. Limited services specializing in adolescent mental health care as well as long waiting lists for available care mean that many young people may go without needed care.

2. Graduating clients once they are no longer eligible to access services: After having attended teen clinics as adolescents, young people are often faced with the difficult circumstance of having to find alternate health services when no longer eligible to attend teen clinics. While clinic staff offer support and referrals for these clients, there are relatively few options for people seeking a primary care provider in Winnipeg. The overall lack of primary care physicians or clinics accepting new patients means that many young people may be left without alternate care.
3. More coverage needed across the city of Winnipeg: In some areas of the city, young people don't have teen clinics nearby and must travel across Winnipeg. If they don't have the means to get to other areas of the city, they have no access to care at all.
4. Lack of funding to provide free and low-cost supplies: Birth control supplies, including condoms must be available free or at low-cost for young people who may not be able to afford pharmacy prices. Subsidizing these supplies places an economic burden on clinics already struggling to manage with budget constraints.
5. Lack of teen friendly resources on teen sexual health: Young people need more information on sexual function and sexuality in general, to support healthy sexual relationships during adolescence and into adulthood. Most sexual health literature for youth is focused on pregnancy prevention and STI prevention with little information on healthy sexuality.
6. Most teen clinic clients are young women seeking sexual and reproductive health care (birth control, STI testing, prenatal care or abortion referrals): Although all clinics provide full primary care, young people, particularly young men, are not taking full advantage of this. The reasons have not yet been fully explored. There is a need for further study of young peoples' health care needs and service use patterns in Winnipeg and surrounding area to ensure all needs are being met.
7. Moving towards improved central co-ordination: While there has been much progress made in this area already, continued support is required at all levels to develop common standards and guidelines for teen clinic services. They must support consistent delivery of pro-choice, youth friendly, culturally responsive and gender sensitive services.

OPPORTUNITIES

1. Increase collaboration and resource sharing among all clinics: As teen clinics continue to grow and expand, the existing network provides the opportunity to continue to evaluate services and define standards of care.
2. Engage youth in planning: To date, young people have had little involvement in directly planning or implementing services. There is interest and opportunity to include young people in innovative and creative ways that will strengthen services in the long term.
3. Improve use of volunteers in teen clinics: Two agencies currently use models of volunteer counsellors within the teen clinic. Opportunities to use them should be identified.
4. Increase awareness of available primary care services: While all clinics offer primary care services, teen clinics are mainly seen as sexual and reproductive health clinics. To expand their roles within adolescent health care and engage highly marginalized youth, teen clinics may wish to consider alternative marketing and outreach strategies.
5. Increase opportunities to engage young men as clients and volunteers: To ensure young men are accessing and obtaining appropriate care, it is important to engage with them and identify their needs and concerns. It is also important to find opportunities to involve them in all aspects of teen clinics.

The popularity of all the clinics is a clear indicator youth are interested in taking responsibility for their health care and that current services are relevant and of high quality. Service levels should be expanded to try and fill existing gaps specifically in:

- mental health care
- male health care
- improved access for youth who have difficulty getting to a teen clinic
- co-ordinating support for older clients to find long term primary care

Adolescent Health Services

THE HEALTH OF YOUNG PEOPLE IN CANADA

Adolescence is a period of many physical, emotional, cognitive and physiological changes. For many it is a time of new opportunities and choices. Many approach this stage of life with energy, curiosity and a sense of adventure. As life presents new challenges, young people respond with resourcefulness and resilience, even under challenging circumstances. For some, this may also be a time of experimentation and risk taking.[2] Adolescents may be particularly vulnerable to a range of health risks. Some, but not all of these are developmental needs and issues. As they explore sexual feelings, they start to deal with sexual identity and sexual and reproductive health. The ability to maintain good sexual and reproductive health and well-being is critical and depends largely on their ability to make informed, autonomous choices about their lives.

A variety of factors may affect young people's health and health behaviour. Among them are peer influence, family, community supports, personal, environmental and social factors.[2] Good adolescent health care includes not only avoiding negative health outcomes, but also the positive aspects of adolescent health and behaviour. Young people have routinely demonstrated that they are interested in and capable of taking responsibility for their own health care. Clinics dedicated to offering high quality adolescent health services provide an opportunity for young people to attend to their health needs and concerns in a safe, supportive and confidential environment.

In responding to adolescent health needs, it is important to recognize that within the context of young people's lives lies a rich diversity of cultures, values, behaviours, beliefs and capacities. This diversity is often overlooked in reports on national or regional trends in adolescent health. These often portray young people as a homogenous entity. This section identifies some of the key issues facing young people in Canada. It includes a brief summary of statistics from various national and provincial sources. However, the importance of the social context of individual people's lives and structural factors that may impede or facilitate good adolescent health should be considered.

Psychosocial Development:

- Development from childhood to adulthood is a time of many smaller changes in which individuals may move toward greater freedom, opportunity and responsibility in life. Young people may engage in health risks along with exploration.[3]
- Adolescents may struggle with independence and self-identity. Adolescence is a time of identifying personal values, beliefs and goals and exploring various aspects of social and sexual identity. Difficulties faced during this time may include conflict with family or school and issues of self-acceptance.[4]
- Adolescents must develop a foundation to sort out values and decide what to believe and how to behave.[4] Family has provided a basis for this along with input from peers, school and media.
- As they mature, adolescents become more capable of conceptual thinking and deductive reasoning. This may heighten self-esteem. At the same time, some may overvalue their intellectual theories and see things unrealistically. It is common for teens to act on the belief that they are immune to harm.[4]

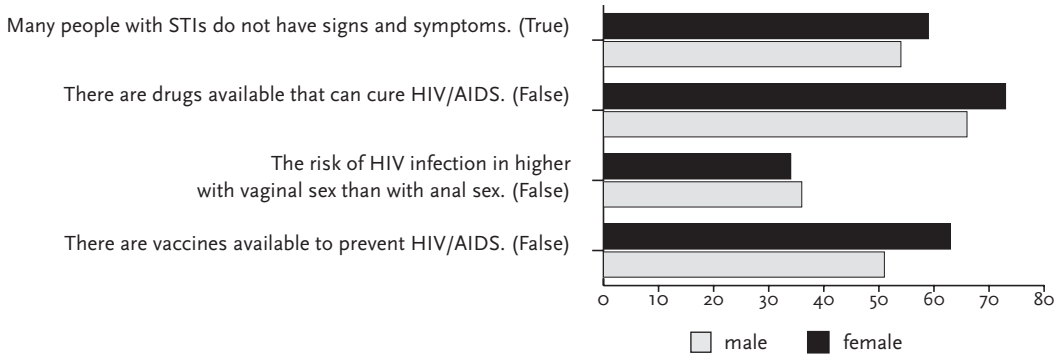
Physical Health:

- "In 2000/01, nearly 30 per cent of 12- to 17-year-olds rated their health as poor, fair or good. At ages 15 to 17, girls were less likely than boys to report very good/excellent health and were more likely to have a chronic condition and to have experienced depression in the past year. When other factors were taken into account, the odds of reporting very good/excellent health were significantly lower for teens who were daily smokers, episodic heavy drinkers, physically inactive during leisure time, infrequent consumers of fruit and vegetables, or obese, compared with teens who did not have these characteristics."[5]
- In 2000/01, four out of five Canadian youth, aged 12 to 19 were not active enough to meet international guidelines for optimal growth and development. Data from the National Population Health Survey indicates that boys are more physically active than girls and that physical activity decreases with age.[6]
- Data from the 2004 Health Canada study *Young People in Canada: Their Health and Well-being* indicates that "between one-fifth and one-quarter of boys in each age group were classified as overweight or obese. Proportionately fewer girls than boys were overweight or obese, with less than one-fifth being overweight or obese in each of the age groups."[6]

Sexual Behaviour, Contraceptive Use and Safer Sex:

- "Healthy sexual development, which includes the development of intimacy and trust, gender identification and sexual orientation, and positive experiences of sensual and sexual feelings begins in childhood."[7]
- Gay, lesbian, bisexual, two-spirited and transgender (GLBTT) youth may be dealing with potential challenges to coming out in a sexist or homophobic society. As such, gay and lesbian youth may be particularly sensitive to discussing sexuality with their health care providers. Providing a safe space for GLBTT young people to access health care is crucial to ensuring effective and equitable access to health services.
- Young people often express concerns about sexual health and sexuality. Studies in sexuality among young people show that there will always be a proportion who are sexually active. Contrary to common assumptions, this includes young people from highly conservative cultures who may be at greater risk, due to restricted access to information.
- Young people are interested and often seek out health information from a variety of sources (Internet, friends, parents, health care providers). Having access to accurate and non-judgmental information at this formative stage in their sexual lives helps ensure young people will adopt and maintain healthy sexual practices throughout their lives.
- The Canadian Youth, Sexual Health and HIV/AIDS Study shows half of Canadian youth reported having had sex at least once by Grade 11.[7]
- The Canadian Youth Sexual Health and HIV/AIDS Study identified gaps in knowledge among students in Grade 7, Grade 9 and Grade 11 related to HIV and STIs.[7]

Knowledge of HIV/AIDS & STIs, Grade 11 (% correct)
(Source: Canadian Youth, Sexual Health and HIV/AIDS Study, 2003)



Sexually Transmitted Infections (STI) and HIV/AIDS:

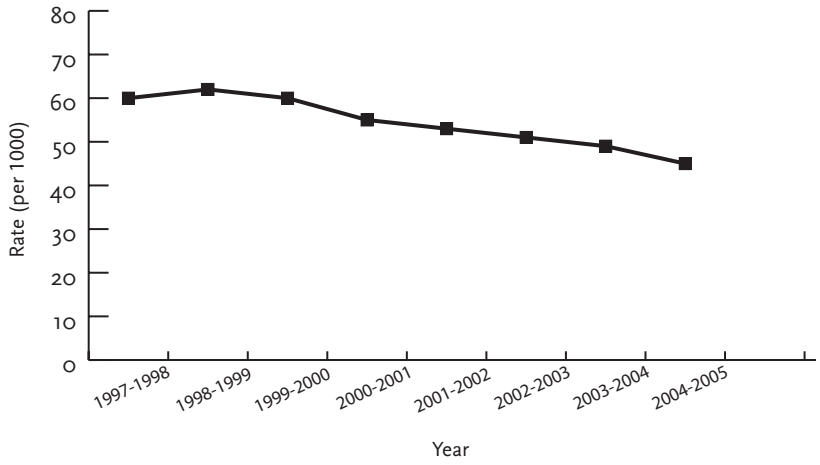
- Young people who are sexually active are particularly vulnerable to STI and HIV transmission due to limited access to information and preventive resources.[7-10]
- Canadian clinic-based studies suggest that rates of human papilloma virus (HPV), likely Canada's most common STI, are highest (16 per cent to 21 per cent) among women under the age of 25.[11]
- Gonorrhea rates in Canada are highest among the 15 to 24 age group and accounted for almost half of all cases in 2000.[12]
- The overall rate of chlamydia infection in Manitoba for 2003 was 315.6/100,000. Among 15 to 24 year old females the rate was more than seven times greater (2,468.1/100,000). The rate for 15 to 24-year-old males (862.2/100,000), although considerably less than females, is about 2.5 times the provincial rate.[13]
- In 2005, females accounted for 35 per cent of positive HIV test reports in Canada among those aged 15 to 29 years (183/523). When compared to other age groups, the proportion of positive HIV test reports attributed to females is highest among youth. Women in other age groups account for approximately 25 per cent of positive HIV tests.[14]

Pregnancy:

- Adolescent pregnancy is often unintended. Among adolescents, there is increased risk of low birth-weight infants and preterm delivery, and a higher infant mortality rate.[15] Teen pregnancy can also increase risk of delayed antenatal care, anaemia, urinary tract infection and hypertension.[9]
- Access to therapeutic abortion (TA) services are limited by the uneven distribution of services across the province, with all providers located in Winnipeg or Brandon. Women from the northern regions are at a particular disadvantage in terms of accessing abortion services.
- Historically, Manitoba teen pregnancy rates have been above the national average and the highest rate of any province in Canada.[16]

- Teen pregnancy rates nationally and in Manitoba have been on the decline since 1998. In 1998/99, the rate of 62.5/1,000 totalled 2,416 pregnancies among 15 to 19-year-old females. In 2004/05, the rate of 45.2/1,000 totalled 1,852 pregnancies in this age group in Manitoba.[17]

Rate (per 1000) of teen pregnancies among 15-19 year old females in Manitoba (1997-2005)
(Source: Sexuality Education Resource Centre, 2006)



Mental Health:

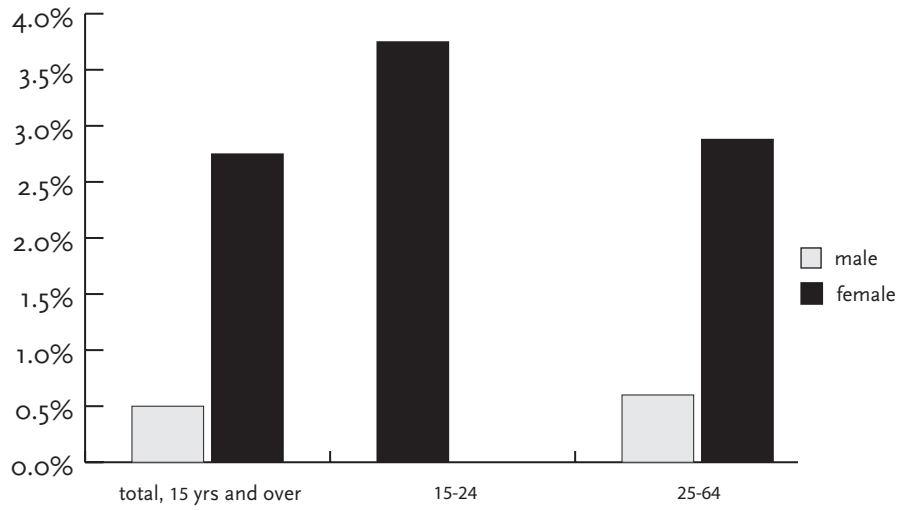
- At any given time, 14 per cent of children, aged 4 to 17, experience mental disorders that cause significant distress, impairment at home, at school and in the community.[18]
- Despite the number of children with depression, eating disorders and other mental disorders, mental health advocates say many of these illnesses are left untreated in youth. The Canadian Psychiatric Association says professional mental health resources reach no more than one of every six children and adolescents.[18]

Ensuring that staff are trained and able to recognize signs and symptoms of psychosocial and mental health problems, to talk openly and honestly about mental health and well being and to provide quick and appropriate referrals as needed are the most effective ways to respond to young people's mental health concerns.

- Eating disorders (anorexia nervosa and bulimia) are increasing among Canadian teenage girls. They also occur in boys, but much less often.[18] The Canadian Community Mental Health survey shows the risk of eating disorders to be highest among young women aged 15 to 24 with a prevalence of 3.5 per cent compared to the rate of 1.7 per cent among all Canadians 15 and over.[19]
- Women aged 15 to 24 report almost twice the rate of suicidal thoughts than any other age or gender group in the country.[19]

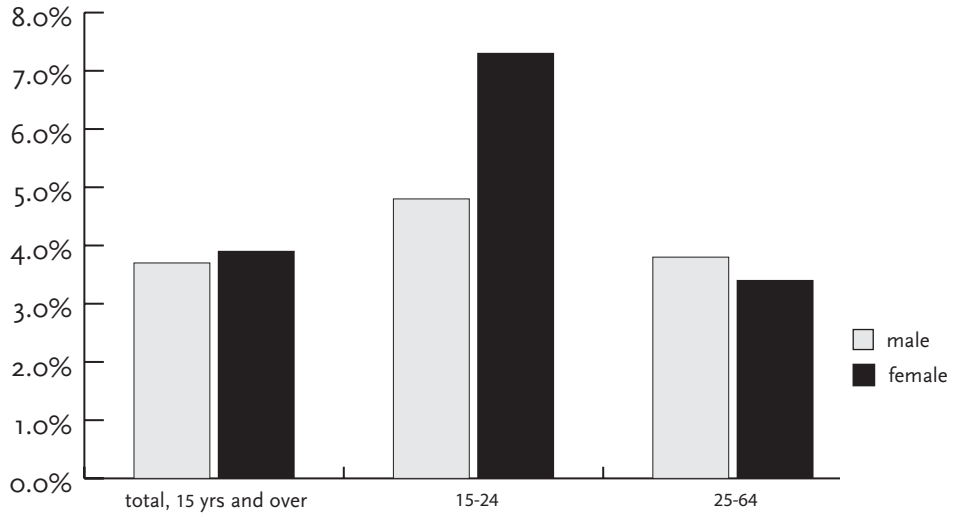
Risk of eating disorder, by age group and sex in Canada chart

(Source: 2002 Canadian Community Health Survey: Mental Health and Wellbeing)



Suicidal thoughts by age group and sex in Canada chart

(Source: 2002 Canadian Community Health Survey: Mental Health and Wellbeing)



Tobacco, Alcohol and Other Drug Use:

- One of the most important things young people need to prevent substance abuse is honest, evidence-based information. Scare tactics do not work. Studies indicate that young people who quit using drugs often do so because of concerns about health and their own negative experiences.[20]
- Substance use is strongly associated with adverse childhood experiences such as physical, emotional, or sexual abuse. Other factors such as employment, income and social supports influence healthy development. Effective health promotion strategies should address these health factors at all stages of intervention.[21]
- In 2005, the Addictions Foundation of Manitoba (AFM) conducted a survey of alcohol and other drug use patterns among Manitoba students from Grades 7 through Grade 12. Alcohol and cannabis are the two most commonly used substances among young people. Ninety per cent of students reported having tried alcohol by the end of high school. Use of other drugs was much lower, compared to alcohol and cannabis. The highest reported rate of other drug use was among Grade 12 boys and girls, with about 25 per cent reporting other drug use.[22]

Percent of Manitoba males and females in each grade who report using alcohol, cannabis and other drugs.

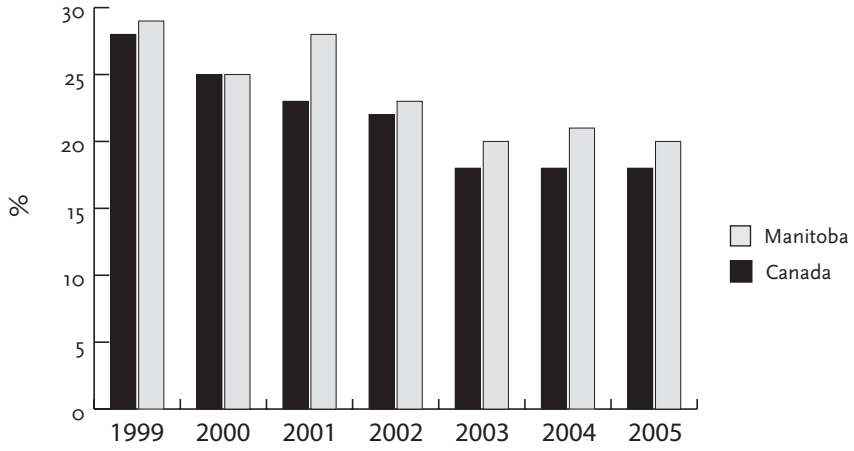
Source: Addictions Foundation of Manitoba, 2005

	Alcohol		Cannabis		Other drugs
	Lifetime	Past Year	Lifetime	Past Year	Past Year
Males					
Grade 7	38.8	27.5	6.2	4.4	8.5
Grade 8	52.2	36.9	9.4	8.2	7.8
Senior 1 (Grade 9)	71.6	59.2	27.4	22.7	14.1
Senior 2 (Grade 10)	81.2	72.5	36.9	31.1	18
Senior 3 (Grade 11)	81.9	77.2	42.1	35.4	21.3
Senior 4 (Grade 12)	89	84.3	19.6	43.4	26.5
Females					
Grade 7	27.9	17.5	5.7	3.6	5.7
Grade 8	44.1	35.6	12	9.9	10.4
Senior 1 (Grade 9)	70.1	60.6	27.3	21.6	17.3
Senior 2 (Grade 10)	79.3	71.7	37.1	31.6	18.5
Senior 3 (Grade 11)	84.2	78.9	48.6	40.3	20.5
Senior 4 (Grade 12)	88	83	48.7	38.7	23

- Across Canada in 2005, the smoking rate for female and male youth aged 15 to 19 was 8 per cent. Provincially, the rate of smoking among Manitoba youth in the same age group was 20 per cent. Rates of smoking among youth in Manitoba have generally been decreasing over time.[23]

Total percentage of current daily smokers aged 15 – 19 chart (1999-2005)

Source: Canadian Tobacco Use Monitoring Survey, 2005



ADOLESCENT HEALTH SERVICE NEEDS

Young people have diverse needs and concerns and often straddle many different cultures including the culture of adolescence. As a result, health services should acknowledge this diversity and respond by providing competent care in a wholly open and inclusive manner. Delivery of fully inclusive services that promote an environment where diversity is highly valued and people are safe, respected and full participation is supported, is a long term process. In *Inclusive Organizations*: *A Tool for Continuous Improvement in Health and Social Service Agencies*, the concept of cultural responsiveness is used to describe the aim of organizations in providing effective and equitable service to all. Cultural responsiveness incorporates the broadest range of cross-cultural knowledge, self-awareness and skill development, recognition of diversity and respectful practice.[24] Ensuring that programs and services meet the needs of Manitoba's diverse youth is an ongoing process of learning and adaptation that includes young people as key sources of information. This manual supports the delivery of culturally responsive health services that meet the needs of all young people through improved access and reduction of systemic barriers.

Numerous assessments of young people's health service needs have identified important criteria for establishing youth friendly and accessible health services.[15;25-28] Factors that young women and men repeatedly stress as important include high quality care, confidentiality and co-ordinated services.[10] Young women in Nova Scotia were asked to describe the types of health care services they required. Participants defined access to confidential sexual health services, which include birth control, healthy sexuality, pregnancy support, STI testing and treatment, relationships support, abortion information and support to combat sexual bullying, as primary concerns.[25]

Confidentiality

Confidentiality is repeatedly cited as being of highest importance to young people seeking health services. Fear of disclosure of personal health information can result in delays in seeking testing, care or treatment. A U.S. survey of high school students found that 58 per cent had health concerns they wanted to keep private from parents and 68 per cent had concerns about confidentiality of services they received from school based clinics.[10] Health care providers are often unclear about the extent to which young people have the right to privacy and under which circumstances minors can consent to their own treatment. Subsequently, young clients are just as uncertain, if not more so, about whether or not they can expect confidential care.

World Health Organization (WHO) – Child and Adolescent Rights:

Life, survival, maximum development, access to health and access to health services are not just basic needs of children and adolescents but are also fundamental human rights. However, the protection and fulfilment of these fundamental rights depends on the realization of other rights.

These include the right to:

- Non-discrimination
- Education and access to appropriate information
- Privacy and confidentiality
- Protection from all forms of violence
- Rest, leisure and play
- An adequate standard of living
- Freedom from all forms of exploitation
- Participation, including the right to be heard

Internationally and nationally, medical regulating bodies have repeatedly stated that adolescents are generally considered to be able to consent to their own care. The Mature Minor Doctrine states that regardless of age "a child is capable of consenting (or refusing to consent) to treatment if he or she is able to appreciate the nature and purpose of the treatment and the consequences of giving or refusing consent. If the child has the requisite capacity, then the child's consent is both necessary and sufficient; the parent's consent is not required, nor can the parent override the child's decision."[29]

The World Health Organization (WHO), Department of Child and Adolescent Health and Development, states that minors have the right to privacy and confidentiality when accessing care (see WHO statement on child and adolescent rights). In the U.S. the American Medical Association, the Society of Adolescent Medicine, the American

Academy of Pediatrics and the American College of Obstetrics and Gynecology all have written policies supporting minor's right to confidential health care.[30] The Canadian Paediatric Society (CPS) offers practice guidelines for the care of adolescents which state:

> A major problem in caring for adolescents is that of maintaining parental trust and support while respecting the adolescent's need for confidentiality and consent. The transition to adolescent care makes it imperative that the paediatrician begin to relate first to the patient and second to parents.[31]

In terms of adolescent pregnancy, the CPS says practitioners should respect the adolescent's right to privacy and medical confidentiality.[32] In Manitoba, the *Personal Health Information Act* (PHIA) extends to young people in the care of a health care provider and minors are entitled to the same confidentiality as any competent adult.

A FRAMEWORK FOR ADOLESCENT HEALTH SERVICES

An environment that is friendly and accessible to young people will enhance the feeling of safety and comfort for clients attending for the first time and on all subsequent visits. As part of the planning process ask local youth questions about privacy, location, hours of operation and physical space to find out what type of clinic they would like to see in their community that would pose the least number of potential barriers. Basics of adolescent health services include:

Confidentiality:

- Post signs in waiting, exam and counselling rooms that outline the client's right to privacy and confidentiality, including when confidentiality may not be protected.
- Confidentiality should be reviewed at the first and each subsequent visit. Basically confidentially means keeping all information confidential except in circumstances of abuse, suicide, or a threat to harm others.[30]
- If there appears to be a risk for harm, the young person must be told that the provider cannot keep this confidential and give the client the opportunity to participate in the disclosure.

Personal privacy:

- Use first names only or first name and last initial when calling out a client's name in the waiting room. Once clients have entered the examining or counselling room, confirm their identity.

- School-based clinics should be designed to ensure that a private, windowless waiting area is available to avoid having students waiting in a hallway or open area.
- Each visit should include some time alone with the client (even if he/she comes with a friend, boyfriend, girlfriend or parent).
- Young people should be given a variety of options for being contacted if follow-up is required, including e-mail, letter, or sending a message with a friend.
- Make sure all outgoing calls are automatically display blocked so they don't show on a home call-display system.
- A private, internal phone line that that can be used to leave messages should be available. Calls received on this line should be answered with "Hello". Do not identifying the agency or health centre.

Tips for service providers: Addressing concerns of parents/guardians of adolescent clients

It is not uncommon for staff to encounter parents or guardians seeking information about their child's attendance at a clinic. Parents/guardians of adolescents may feel that they are entitled to information about their son or daughter and may be frustrated or have difficulty understanding a clinic's rationale for withholding information from them. It is challenging to respond to a parent or guardian's concerns while continuing to respect the client's right to privacy, especially if parents/guardians become angry or are especially persistent. Each individual should be dealt with according to the particular circumstances, while at all times maintaining full confidentiality for the client. Some suggestions for doing this include:

- **Do not acknowledge or confirm that the son or daughter has attended the clinic.** Even if the parent/guardian insists that the know for certain that "Jane" has been to teen clinic, remind them of the clinic's policy to not disclose any information about clients to a third party without the client's permission.
- If appropriate, try to educate the parent/guardian about the rationale for maintaining confidentiality. For example: "The policy is in place to respect all clients of this clinic so as to ensure that they feel confident and secure in discussing their health concerns honestly and openly with their health care professional."
- If a parent/guardian wants to know what kind of services are provided be clear that the clinic offers a full range of primary care services delivered by trained health care professionals. Essentially it may help to describe the clinic as a "walk-in clinic" that is specifically for teens.
- Do not engage with the parent/guardian who persists in continuing to ask many questions. Avoid getting into an argument. If a parent/guardian insists on asking questions, suggest that they write their concerns to the Executive Director, provide contact information and end the interaction. Follow up with the Executive Director according to agency protocol (e.g. complete an incident report) so as to inform them of the incident.

Location and hours:

- Options for location of clinics include school-based or community-based clinics. Both are important for access to health care services. Research shows that adolescents were most likely to seek reproductive health services from community health clinics and private medical clinics, perhaps because of the increased perception of anonymity such centres offer.[33] Having the option of going to either an on-site, easily accessible school-based service or a more anonymous community-based centre is important.
- Community-based clinics should be located in areas that are easily accessible by bus so young people without a vehicle or driver's licence can get there. Different hours and/or days of operation will work in different locations and settings and should be taken into account during the assessment phase.
- Physical space should be planned to reduce or eliminate any barriers for people with disabilities including accessible building access, elevators and automatic door openers, signs in large print and Braille, wheelchair accessible exam rooms and rest rooms. Additionally, any forms that are to be completed by clients should be written in simple, plain language and available in large print and Braille for clients with visual impairments.
- The waiting room should include youth friendly posters and magazines showing the diversity of young people accessing care. Very busy teen clinics may have a television in the waiting room, playing movies for clients while they wait.
- Young people are often involved in a wide range of activities, including school, work, sports and extra-curricular programs. A range of options for accessing services is important – during school hours in school-based clinics and evenings and weekends in the community. Having dedicated times for adolescents on a walk-in basis on different days of the week, ensures they have options that support their schedules.
- Conduct a safety audit within the immediate vicinity of the clinic to ensure that clients walking to and from the building are safe.

Full continuum of care:

- All staff and volunteers should demonstrate a genuine interest in young people. They must be comfortable engaging in conversations with youth and listening openly to their concerns. Some youth have said they prefer a brief period of small talk before beginning with their health histories.[30] Young people having their first physical examination may be particularly nervous and need an opportunity to get to know their provider to reduce their anxiety.
- Adolescent health service staff should consider offering or working with partners, to offer a range of integrated services to reduce the number of appointments and places clients must travel.

- There is a perception that teen clinics only deal with sexual and reproductive health issues. Adolescent health services should respect their clients' need for a full range of health care including mental health, nutrition, stress, physical injuries and general primary health care. Ensuring that providers are trained to respond to the diverse range of health concerns of all clients is important.[34]
- Continuity of care means a well-connected network of care providers. By working effectively together as a team, care providers can provide integrated services from many different sites.

Freely accessible reproductive health and safer sex supplies:

- Teens and adolescents often have limited finances and need access to free or low-cost reproductive health and safer sex supplies. Cost can be a barrier for some young people who need to buy condoms or birth control supplies. This leaves them vulnerable to pregnancy or STI/HIV. Counselling and education about birth control, safer sex and risk reduction should include discussion about methods that are appropriate and readily accessible.
- Having to attend several appointments at different clinics and times of the day is an obstacle to young people who have limited flexibility. Services should be provided in as few appointments and locations as possible. Having a range of service providers from many disciplines available at teen clinics to address concerns in a single visit means clients are more likely to use all available services. The service providers may include counsellors, peer counsellors, nutritionists, nurses, nurse practitioners and physicians.
- It is important to take a balanced approach to services and be open about all options. Young people have the right to access factual and non-judgmental information about their health. Harm reduction means full participation and respect for clients, regardless of where they are at in their lives. A truly pro-choice environment supports access to a full range of options and supports young people in making their own decisions according to their own needs and circumstances.
- Sexuality and sexual orientation must be respected. It is important to respect each client as an individual. Making assumptions about sexual behaviour (ex: assuming a young woman who uses a wheelchair does not require birth control) or sexual orientation (assuming all young people are straight) will only create barriers and limit opportunities for young people to have their needs addressed.
- Issues of sexuality and sexual exploitation must also be addressed. Be respectful and non-judgmental. Don't make assumptions about relationships. Ask questions, promote open dialogue and support clients who are in exploitive or abusive situations. Have the resources and trained staff available to deal with issues appropriately. Use child protection services for professional development and training options.

Characteristics of youth-friendly health services[1]

Health provider characteristics

- staff specially trained to work with youth
- respect for young people
- privacy and confidentiality honoured
- adequate time for discussion between client and provider
- peer counsellors available

Health facility characteristics

- separate space and special time set aside
- convenient hours
- convenient location
- adequate space and sufficient privacy
- comfortable surroundings

Program design characteristics

- youth involved in design and ongoing feedback
- drop-in clients welcomed and appointments arranged rapidly
- no overcrowding and short waiting times
- affordable fees
- publicity and recruitment that inform and reassure youth
- boys and young men welcomed and served
- wide range of services available
- necessary referrals available

Other positive characteristics

- educational material available on site, to take away
- group discussions available
- possible to delay pelvic examinations and blood tests before receiving contraceptives
- alternative ways to access information, counselling and services outside of a formal health facility

Program Planning & Design

INTRODUCTION

From the earliest stages of planning, programmers should attempt to identify and develop strategies that will be sustainable over time and have the greatest possible impact. This requires careful preparation that includes partnerships and support in the community. It also means learning from other adolescent health service programs, assessing needs and planning and preparing before initiating service delivery. Specific steps and activities will vary depending on the agency. For example, an existing health centre that wants to initiate an adolescent health program may already have the infrastructure to provide clinical services and would therefore need to focus on program planning and community engagement. On the other hand, starting a brand new program in a school or community centre will require more careful planning in terms of space, equipment and staffing requirements. Time frames for planning will depend on the individual project.

Programmers should set up an advisory team to consult and direct the planning process. This team will ideally include agency staff and managers along with representatives from partner agencies, youth and community. The following section identifies the planning steps. The first two steps (engaging youth and engaging community) should be integrated throughout the entire planning process.

PLANNING CHECKLIST

- Engage youth.
- Engage parents and community members.
- Do a situational assessment.
    - What are the needs of young people in your setting?
    - What are the barriers?
    - What will facilitate the program?
    - What is the current situation?
- Describe the goals, objectives and activities of adolescent health services program.
- Design the evaluation.
- Secure funding and or support for training staff as required.
- Implement the program.

Best Practices in a box...

Before setting out to plan a teen clinic, review and consider the following key elements that will contribute to a successful program[1]:

- **Strategic planning**: Effective programs clearly state process and behavioural objectives before the program begins, as a prerequisite to measuring success.
- **Target audience identification**: Young people have diverse needs, depending on their varied characteristics such as age, school status, gender, sexual orientation, family characteristics and experience. In designing programs, it is important to identify the specific target group(s) and address their needs accordingly.
- **Needs assessment**: Understanding the specific issues and needs of the youth who are expected to participate in or receive services from the program ensures that the program is appropriately shaped.
- **Youth involvement**: Youth are best able to identify their own needs and will feel more ownership of a program when they are included in the design and implementation.
- **Community involvement**: Community members, such as policymakers, health professionals and community leaders should be involved in program planning to ensure support and acceptance.
- **Adult involvement**: Involving parents/guardians and other adult family members may help to ensure that the program does not meet with resistance and to educate parents about adolescent health needs.
- **Protocols, guidelines and standards**: Specific and detailed operational policies that are evidence based, govern how a program should serve youth will help to encourage a consistent level of quality.
- **Selection, training and deployment of staff**: Staff providing services to young people require specific qualities, training and supervision to ensure that clients are well-treated and to ensure client retention.
- **Monitoring and evaluation**: Collecting data to help managers monitor performance, evaluate outcomes and impact and improve program strategies.

Adapted from (with additional components): Adamchak, Susan, et. al. *A guide to monitoring and evaluating adolescent reproductive health programs*. 2000. Washington, Focus on Young Adults.

ENGAGING YOUNG PEOPLE

Youth participation can help achieve better program results.[35] A commitment to youth involvement requires a dedicated investment of time to make it meaningful for the clients and clinic staff. Young people should be involved at all stages of program delivery including planning. Consider during planning, how young people will be involved over the course of the project and how the clinic will maintain their ongoing involvement.

Youth involvement keeps the focus on assets, strengths and competencies of young people. It ensures that programs designed to benefit young people include their input. It can also provide opportunities for skills development.[35]

Clinics need to set the age limits for client input. Younger people (under 18) can help with planning and administration (ex: advisory committees, as focus groups, peer counsellors in the school). One-to-one support, options counselling, or any role that requires charting or direct care should be done by people 18 and over. Volunteer counsellors may include people aged 18 to 24, but need not be limited to this group.

Possible areas where young people can be involved in program planning and delivery:

- research, monitoring, evaluation (feedback to support needs assessment, focus groups, interviews, surveys)
- decision-making as board members
- communication, advocacy, publicity (outreach to share information about service, referrals)
- advisory committee members, consultants, youth advisory boards
- one-to-one health counsellors (pre/post test education, birth control, pregnancy options counselling)
- mentoring, recruiting, training and supporting new volunteers

Four Major Factors in Youth Engagement:

1. Selection, recruitment and retention of youth:

- Clarify types of people needed and how they will be involved. Include age restrictions where appropriate.
- Recognize the differences among youth, including age, sex, education, sexual orientation and ethnicity.
- Identify the kinds of support they'll need, including special needs like English as an additional language.
- Help youth balance school, work and family commitments.
- Develop a system to recruit younger people as the older volunteers become adults.

2. Levels of participation:

- Assess the current level of youth participation in the clinic.
- Determine ways youth can be involved meaningfully.
- Avoid tokenism (ex; keeping young people without using their expertise).
- Ensure youth are involved at all stages and levels of the clinic.

- Ensure they have a role in decision-making.
- Emphasize that power is to be shared between young people and older adults.

3. Organizational capacity:

- Foster commitment to youth and adult partnerships at all levels.
- Support youth in mentoring and skill-building.
- Ensure mentors have the time and energy needed to supervise youth.
- Ensure flexible meeting times for youth and provide food and transportation, if necessary.
- Establish clear goals, expectations and responsibilities for youth and adults.
- Monitor needs of youth and adults regularly.

4. Attitude shift:

- Be aware of misconceptions and biases that youth and adults have about each other.
- Be open to changing attitudes and building skills to work with youth and adults.
- Be aware of different styles of communication.
- Acknowledge the skills and experience of both youth and adults.
- Use training to stop stereotyping and encourage collaboration.

ENGAGING PARENTS AND COMMUNITY

Parents are an important part of the community, and their acceptance and support are a highly valuable part of programming. If parents are involved and well informed, they can play a direct role in communicating with their children. If they're not, they can be a barrier to success. It is important to involve parents while recognizing that there is a limit to the roles they can play in their children's health service because of confidentiality.[36]

Parental and community support will add to the success of the program. Community members and parents, particularly those who are actively engaged in the community, should be invited to be on the advisory team. Specific groups can be identified for specific projects and may include: policy makers, health professionals, community leaders and teachers. Inform the community of your progress while asking for their input on an ongoing basis. It is also important to keep the broader community

informed and aware of your activities. Communicating with the community from the outset can reduce potential misunderstandings and possible opposition later. As well, providing parents and community members an opportunity to express their concerns early in the process ensures your ability to identify and address potential obstacles.

Engaging with parents and community, through public forums, community newspapers or public campaigns allows you to teach them about the positive benefits of adolescent health programs. Research showing that early interventions make a difference will help gain parents' support.[36] Parents and community members can also be asked to help identify youth issues in the community. They may even become important advocates for your program.

CONDUCTING A SITUATIONAL ASSESSMENT

The term "situational assessment" is used here in place of the phrase "needs assessment" to avoid focusing entirely on deficiencies or difficulties in the assessment phase. Situational assessments consider available strengths and assets alongside potential gaps and barriers. The following information is based on the University of Toronto Health Communication Unit's *Introduction to Health Promotion and Program Planning*.[37] The original document can be downloaded at www.thcu.ca.

Situational assessments gather data to find the best way to approach a problem. In the case of adolescent health services, the situational assessment is intended to provide data on the best way to provide health services to teens in a particular community or setting. Data collected is affected by:

- the theory or health approach applied to the situation (biomedical, behavioural, socio-environmental)
- the assumptions about the links between theory and behaviour of individuals and community and action
- thinking about the whole "situation" rather than focusing only on gaps and needs
- the data that is readily available

Steps in Conducting a Situation Assessment:

See resource: Situation assessment worksheet

1. Gather the perspectives of key stakeholders:
    a. List individuals and organizations with an interest in young peoples' health care and health promotion. Stakeholders can include staff, health care providers, youth, educators, parents, community members, etc.
    b. Describe the stakeholders' views about teen clinics – who is supportive, who is opposed, and who has clear ideas for a teen clinic.

2. Research the literature and others' experience:
    a. Identify what your own or others' experiences in delivering teen clinic services has revealed. Review documents and data on young people's service use and needs.
    b. Examine the research on projects, communities and issues of youth and adolescent health services. Search online, peer-review and journal databases (ex: CINAHL, SCOPUS, PubMed, Google Scholar). Use key words such as: adolescent health; reproductive health; youth; health care services; teen clinics; school-based clinics; evaluation.
    c. Examine previous evaluations on similar projects.
    d. Review the literature on similar types of projects and recommendations for designs.

ONLINE RESOURCES:
Focus on Young Adults

Focus on Young Adults was a project of Pathfinders International that aimed to improve the reproductive health of young adults. The project ended in 2001 but produced a large of amount of publications and resources on the issue of young peoples' reproductive health.

The full list of publications can be accessed on Family Health International's website at http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/index.htm

3. Collect health data about youth in your community:
    a. demographic data, including local departments of education and health
    b. health status data such as social, economic and environmental indicators including local public health departments and university epidemiology units
    c. health behaviour and practices, including local experts and researchers
4. Review existing mandates and vision:
    a. It is important to review your mandates and vision to ensure a clinic fits. Specifically, the following should be reviewed:
        - organization's own mandate and vision
        - other legislation and regulations
    - policies and guidelines
    - professional standards and ethical guidelines
    - mandates and vision of potential partners and contributors
    - budgets for implementation

5. Do a political, economic, environmental, social and technological (PEEST) analysis. Use the information to identify factors that could potentially affect your project.
6. Identify information gaps. Look at all the information to find any gaps, particularly affecting young people's health needs. Identify where you may find more information.

Based on all the information, identify all the positive factors and all the challenges or constraints. Set out what is needed to proceed with planning.

DESIGN AND DESCRIBE THE PROGRAM

Once an assessment is done, define the overall vision and strategy to implement a teen clinic. One method is to describe the program using a logic model to map out each short and long-term objective. This model ensures the objectives are theoretically and practically tied to the intended goals. Design the plan based on these goals.

Guidelines for gathering data:

Maintain focus:

- Focus on strengths, capacities and resources – not only deficits and problems.
- Focus on the determinants of health, rather than health as just the absence of disease.

Gather and analyze a variety of data:

- Choose a method for gathering information (unobtrusive methods, key informant survey, community forum, focus groups, mail/face-to-face or telephone survey);
- List methods for data collection and break them out into data gathering steps;
- Determine who already has data that are useful to you, and determine who you need to contact to gather new information;
- Throughout the process, continue to describe the information gaps (list the additional information you would like to have);
- Look at data analysis associated with each type of data collected.

From *Introduction to Health and Program Planning*, Version 3.0, April 2001, The Health Communication Unit, Centre for Health Promotion, University of Toronto

Step one: Identify goals, populations and objectives:

Clearly stating goals and objectives helps understand why a program is designed a certain way. A goal statement summarizes the ultimate desired achievement of the program. Clearly stated outcome oriented goals can provide a clear focus around which strategies and activities can be planned. As the situation changes, strategies may change but the goals are rarely affected.

Describe the population of interest. Young people encompass a wide and diverse range of groups and communities. Being clear about the key groups of interest whether by age, gender, geography or other characteristics is an important part of setting clear and specific goals and objectives and identifying the most appropriate strategies.

Objectives: An objective is a brief statement of desired impact or affect. A good objective is specific, measurable, achievable, realistic, and timed (SMART). Objectives may be short or long term. Short-term objectives result in immediate or intermediate results that need to occur to bring about sustainable long-term changes. Long term objectives specify the results needed to achieve program goals, such as improving young people's health.

See resources:

- Worksheet: Setting goals, population and objectives
- Logic model template

Step two: Developing strategies, activities and resources:

This step involves identifying the activities to be carried out to achieve the objectives. It states what specifically will be done to accomplish the goals and objectives. Once the activities have been defined, it is possible to determine the resources required to implement them.

Strategies: This is the means through which changes will be made. Strategies identify thevehicles for how the program will be provided.[37]

Activity: Activities describe the specific ways that the strategy will be applied. They are the specific actions to be taken within a certain time period.[37]

In planning a teen clinic, activities can be very broad or specific, always supporting the overall goals and objectives in step one. Activities can include such things as offering clinical primary care and sexual/reproductive health services to members of the target population; providing one on one health education or counselling; conducting outreach with students to provide sexual and reproductive health information in schools; holding prenatal classes for members of the target population; offering mental health counselling services; and offering nutrition education.

How to identify strategies, activities and resources:

1. Brainstorm potential strategies. Identify project strategies by brainstorming a list of possible health promotion strategies for each of the objectives developed in the previous step. The key question is **"What do we need to do to reach the objective that is consistent with health promotion philosophy and the organization's mandate?"**

2. Review current literature on adolescent sexual and reproductive health services. Identify the best practices in providing care and services to young people. Search electronic databases with links to peer-reviewed journals such as Cochrane Library: www.thechochranelibrary.com.
3. Select the best strategies and identify specific activities. For each objective, list the major strategies, the specific activities for each, who will implement them, and potential indicators (ex: how will you know the strategy or action is successful)?
4. Review current activities. Note the current program activities you offer in this area (assuming it's not a brand new program) and identify activities that are to be continued, what should be dropped, what needs to be changed and what is new. This will help reassign priorities among existing and new programs.
5. Assess resources:
    - Review the resources (financial and human) required to implement the program.
    - Review the resources currently available (including teen clinics offered by other organizations) and examine the gaps between what is needed and what you have.
    - Explore ways of obtaining the required resources (human or financial) from other organizations (including grants and in-kind contributions).

See resources:

- Worksheet: Identifying, activities and resources
- Logic model template

PROGRAM PLANNING TOOLS

Situational assessment working notes

Situational assessment worksheet

Setting goals, population and objectives worksheet

Identifying activities and resources worksheet

Logic model template

SITUATIONAL ASSESSMENT WORKING NOTES

1. Stakeholder perspectives

   List the individuals and organizations who have a stake in the teen clinic. What are their views? (Who wants it, who doesn't, who has clear ideas for it)?

Stakeholders	Views

2. Literature and previous experience

   What does the literature say about teen clinics and how they should be designed?

3. Health-related data

   List the health and disease issues facing young people in your community from the available demographic and health status information.

4. Mandates and vision

   List the groups and organizations with mandates on young people's health. Identify those who might be interested in collaborations or partnerships.

   List those who have ideas or a vision on young people's health and what they are.

5. PEEST

   Examine the political, economic, environmental, social and technological (PEEST) factors that may affect the teen clinic.

6. Information Gaps

   Identify the information gaps and other information required.

SITUATIONAL ASSESSMENT WORKSHEET

Relying on the situational assessment and referring to working notes, list the following:

1. Possible features of project design

   Identify aspects of the teen clinic that need to be considered in the overall program design, including population(s) of interest (ex: gay, lesbian, immigrant, refugee, etc.), activities and timelines.

2. Positive factors

   Based on the analysis, identify the factors that will help the project.

3. Limiting factors

   Based on the analysis, identify the factors that will act as barriers to the project.

4. Can the project proceed and what will it take? Who needs to be involved? What information is needed and how much time will it take?

SETTING GOALS, POPULATION AND OBJECTIVES

1. Goal

   State what you want to achieve in concrete positive terms.

2. Key factors contributing to the goal

   Identify the key factors that will help achieve the goal. Identify factors that affect young people's access to health services.

3. Populations of Interest

   Looking at the key factors and research, what needs special attention to achieve the goal?

   Population of interest **Key factors that need attention**

4. Objectives

   Take each factor and turn it into an objective, incorporating the population of interest and key factors.

   Objectives

   Short-term

   Long-term

IDENTIFYING STRATEGIES, ACTIVITIES AND RESOURCES

1. For each population of interest and objective from the previous worksheet, list possible strategies. Select the most appropriate for your budget, skills, effectiveness, etc.

Objective	**Possible Strategies**

2. Select the best strategies and identify specific activities

Population(s) of interest

Objectives

Strategies List the best strategies	**Activities** List specific activities for each strategy	**Implementers** List who will implement the activities

3. Review current activities

   List the current activities to be dropped

   List the current activities to be continued

   List the current activities to be changed and the changes needed

   List activities that are new (or need to be developed)

4. Assess resources

   Resources required to implement the program (human and fiscal)

   Resources available (human and fiscal)

   Gaps in resources (human and fiscal)

LOGIC MODEL TEMPLATE

Transfer the information from the previous worksheets onto the logic model below.

Goal			
Population(s) of interest			
Objectives			
Strategies			
Activities			
Resources			

Monitoring and Evaluation

EVALUATION CHECKLIST

- Determine and acquire a budget for monitoring and evaluation.
- Engage the stakeholders.
- Describe the program.
- Focus the evaluation design.
- Gather and analyze the evidence.
- Ensure use and share any lessons learned.
- Review the sample evaluation framework.

MONITORING AND EVALUATION

Monitoring is the routine tracking of a program's activities by regularly measuring whether planned activities are being carried out. Results reveal whether program activities are going according to plan, and assess the extent to which a program's services are being used.

Process evaluation is done along with monitoring. It measures the quality of program implementation and assesses coverage. It may also measure the extent to which a program's services are being used by the intended population.

Outcome Evaluation measures the extent to which program goals are achieved, and assesses the impact of the program on the target population. It measures changes in knowledge, attitudes, behaviour, skills, community norms, use and health status.

WHY EVALUATE?

Demonstrate that the program is working:

Staff, volunteers, funders and stakeholders want to know if the program activities are working. Evaluation helps demonstrate results, offers better understanding of how programs are working and helps assess how the teen clinic works with other activities in the community. Managers and staff can use the evaluation to asses the quality of services and the extent to which the program is reaching its target audience. Evaluation supports ongoing planning, helps assess training and staffing needs and provides valuable feedback from clients.

Validate programs:

Evaluations can help stakeholders and the community understand what the program is doing, how well it is meeting its objectives and whether there are barriers to progress. Results can be used to educate board members, funders, government officials and community members who can help ensure social, financial and political support.

Shape decisions of funding agencies and policymakers:

Funding agencies and policy makers use monitoring and evaluation results to help them choose how to spend resources and prove that the expenditures produce quality results. Results also help them identify and support new or expanded programs. Findings may reveal barriers to program success and can be used to lobby for policy or legislative changes. Results can also raise awareness of teen clinic services among the general public and help build positive perceptions about young people and adolescent health services.

Contribute to the global understanding of what works:

Evaluation contributes to global understanding of what works and what doesn't in improving young people's health. It advances the field by building a body of research and best practices that can strengthen adolescent health services nationally and globally.

Mobilize communities to support young people:

Monitoring and evaluating helps enable communities and youth, inform local leaders about youth needs and helps advocate for funding. Results point to ways to develop new and better support for young people and identify additional community resources. They can increase the community's understanding of the benefits of the program and its accomplishments; develop a sense of ownership through participation; improve co-ordination and; mobilize support for youth and the array of programs that foster their health and development.

FRAMEWORK FOR EVALUATING COMMUNITY HEALTH PROGRAMS

The U.S. Centres for Disease Control and Prevention (CDC), in Atlanta, Georgia, have created a simple framework to evaluate community health programs.[38] It is designed to address the following questions:

- Who is the evaluation for?
- What programs are being evaluated?
- What methods will be used to do the evaluation?
- How will the information be gathered and analyzed in a credible way?
- How will conclusions be justified?
- How will findings be used?

The framework also addresses the quality of the evaluation by asking:

1. Will the evaluation be a good one?

To assess the quality of a good evaluation the following four standards should be applied:

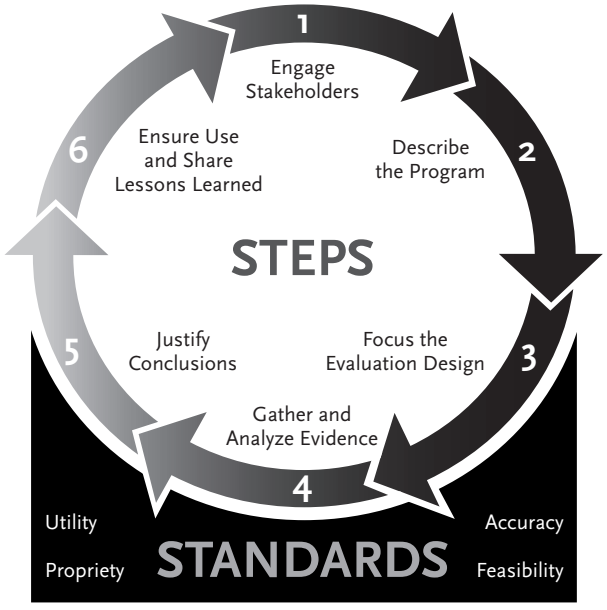
1. utility (Is it useful)?
2. feasibility (Is it viable and practical)?
3. propriety (Is it ethical)?
4. accuracy (Is it correct)?

The following sections provide a brief overview of key concepts and ideas in program evaluation, based on the CDC framework. For more information, see *An evaluation framework for community health programs* online at www.cdc.gov/eval/evalcbph.pdf.

STEPS IN PROGRAM EVALUATION

Engage Stakeholders

Evaluation cannot be done in isolation. Almost everything done in community health involves partnerships between different organizations, community members, as well as those affected by adolescent health. Any serious effort to evaluate adolescent health programs must consider the different values held by the partners and stakeholders. Stakeholders must be part of the evaluation so their unique perspectives are understood. When stakeholders are not appropriately involved, evaluation findings may be ignored, criticized or resisted.



Stakeholders categories:

1. primary users – the specific individuals or groups who are in a position to decide on and/or do something with the results
2. those involved in implementing the program
3. those served or affected by the program

A successful evaluation will identify stakeholders early in the evaluation's development. It will maintain frequent interaction with stakeholders to ensure the evaluation addresses their values and needs.

As you consider how to go about identifying and engaging stakeholders in the evaluation, consider:

1. Who falls into the three types of stakeholder categories – those involved in implementing the program, those served or those affected by it, the primary users?
2. How can you find out what each stakeholder cares about?
3. What communication strategies could you use to ensure different interests are represented?
4. What challenges or barriers exist in identifying and recruiting stakeholders?
5. How can you deal with the challenges or barriers?

Describe the Program

Section four of this manual includes a description of program design and development. A logic model, such as the one described in this section, can be used to support and direct evaluation. A program description, such as one outlined in a program logic model, sets a frame of reference for all future decisions about evaluation. Knowing the program's objectives, activities and expected results will focus the evaluation.

In addition to the logic model, a program description should include a description of the context or important features of the environment in which the program operates. This includes understanding:

- the history
- the politics
- the geography
- the social and economic conditions
- what other organizations have done

Understanding the context allows users to interpret findings accurately.

A program's stage of development also affects the evaluation process. For example, evaluation of a new program may differ significantly from evaluation of an existing one. Evaluations done at different stages in program development may have different goals.

Stage of program	**Evaluation goal**
Planning: Program activities are untested.	Refine plans as much as possible (formative evaluation).
Implementation: Program activities are being tested and modified.	Track activities and improve operations (process evaluation).
Effects: Enough time has passed for the program's effects to emerge.	Identify and understand the program's results, including those that were unintentional (outcome evaluation).

Questions to consider in approaching program description:

1. How are your program's goals, objectives and strategies defined?
2. How are your program's activities, processes and products linked to the program's results?
3. What resources might be available to implement the program?
4. What else might be happening in your community that could affect your program?
5. What other programs have been tried and by whom?
6. Is your program new or has it existed for a year or more?

Evaluation Design

Focusing the evaluation design involves determining the direct purpose of the evaluation. The design should consider the stakeholders' questions and what approach will be taken to answer them. Designing the evaluation involves:

- determining the information needs of the various stakeholders
- assessing the best techniques to describe and measure the program's activities
- assessing what qualitative and quantitative data may be available
- determining the design methods that best answer the key questions set by the stakeholders
- preparing a framework that summarizes the evaluation procedures and specifies the questions, indicators and sources of data.

Depending upon the objectives of the program and the purpose of the evaluation, the design will include:

- Questions: Identify the aspects of the program that will be addressed. Questions should be clearly worded to address changes in individuals, within organizations or within communities. The questions will help guide method selection and evidence gathering.
- Indicators: These are the benchmarks used to measure or test change or impact. In other words, indicators help program planners know how or if their program is having the desired effect. Indicators should reflect the objectives set out in the program logic model.
- Measures: These can include quantitative measures (counting how many times an event occurs) or qualitative measures (things that may clarify the context within which an event occurs). In defining measures, it is important to consider whether the information is available to the evaluator.
- Data source: This notes where the information to calculate the measures will come from? Data sources can include such things as information collected directly from clients on intake (demographic information); number and type of visits; interviews with staff and clients; and client satisfaction surveys. When deciding on how to collect data, consider how the data will be stored and analyzed. This will ensure forms are designed to support ongoing monitoring and evaluation.

Questions to consider in designing the evaluation:

1. What kinds of information needs are your users likely to have?
2. How can the information from the evaluation be used?
3. What are possible evaluation questions for your program?
4. What types of evidence can help you show that the program has had the intended effect?
5. How can you get the evidence you need?
6. Who can help you with the technical and design aspects of your evaluation?

Gathering and Analyzing Data

See resources:

- Sample Client Satisfaction Survey

Having good quality, credible data strengthens evaluation results and the recommendations based on them. Recognizing that all types of data have limitations, the evaluation can be strengthened by using multiple procedures for gathering, analyzing and interpreting data. There may be cases that will require additional expertise or technical support. Consulting with an evaluator or researcher will help identify the most appropriate methods to use, especially if there are data restrictions or resource constraints.

Sources of evidence can include people, documents and observations. More than one source may be used for a given indicator. Multiple sources provide an opportunity to include different perspectives, increasing the overall quality of the evaluation. Some potential sources are:

- written surveys
- focus group discussions
- personal interviews
- diaries or journals
- document analysis (including patient records)
- observation
- geographical mapping
- case studies
- logs, activities forms, registries

To ensure the best quality of data collection the following factors need be addressed before gathering any information:

- instrument design (including repeated testing and revision)
- data collection procedures clearly laid out and documented

- training of data collectors done to ensure accuracy and consistency
- source selection – how will sampling be carried out, which charts will be reviewed, which staff/clients will be interviewed or surveyed
- coding, data entry and data management planned (how data will be coded, where will information be stored, any additional software or expertise required in analysis, how security and confidentiality will be maintained)
- routine error checks included throughout data collection and entry stages

Quantity refers to the amount of information gathered in an evaluation. Planners should consider in advance the amount of information required and establish criteria to decide when to stop collecting data. All evidence collected should have a clear, anticipated use. Logistics are the methods, timing and physical infrastructure for gathering and handling data. The techniques should be in keeping with a given community's cultural norms and should always protect confidentiality.

Analysis and synthesis of data should be used to summarize findings. Analysis (isolating important findings) and synthesis (combining different sources of information to reach a larger understanding) involve deciding how to organize, classify, compare and display information. These decisions are guided by the questions being asked in the evaluation and the types of data available.

Questions to consider in gathering and analyzing data:

1. What expertise and resources can be drawn on for help in defining methods?
2. What sources of information can be used in the evaluation (people, documents, observations)?
3. What systematic processes can be used to gather information?
4. How will you check for errors and make corrections as part of the data gathering process?
5. What data analysis and synthesis techniques can be considered?
6. How can the analysis process answer key questions effectively?

Using Evaluation Findings

Once data has been analyzed, stakeholders can be invited to review and interpret the findings and make recommendations about the program. Once the findings have been interpreted and conclusions have been agreed upon, it is important to share these findings and put them to use in future planning and activities.

Putting evaluative findings to use:

1. **Preparation** before, during and after the evaluation will strengthen the ability to translate new knowledge into action. It will also allow stakeholders to explore the positive and negative implications of potential results and identify different options for responding to the evaluation.
2. **Feedback** is necessary throughout, to create an atmosphere of trust. Early in an evaluation, giving and receiving feedback keeps the evaluation on track so everyone is informed about how the program is being implemented and how the evaluation is proceeding. As the evaluation progresses and preliminary results become available, feedback helps ensure the intended users have opportunities to comment on evaluation decisions. Valuable feedback can be obtained by holding discussions during each step of the evaluation and routinely sharing interim findings, provisional interpretations and draft reports.
3. **Follow up** refers to the support that is needed after users receive evaluation results and begin to reach and justify their conclusions. Active follow up reminds users of the intended uses of the evaluation; helps prevent misuse of results by ensuring that evidence is applied to the questions that were the evaluation's focus; and prevents lessons learned from becoming lost or ignored.
4. **Dissemination** is the process of communicating evaluation procedures or lessons learned to relevant audiences in a timely, unbiased, consistent manner. The goal of dissemination is to share the information and lessons learned with all those who have a vested interest in the program's activities.

Questions to consider in sharing results:

1. How will you ensure stakeholders receive and provide feedback throughout the evaluation process?
2. How will you make sure the lessons learned are used?
3. What support is available to follow up on evaluation results?
4. What types of communication strategies might be appropriate for the program and stakeholders?

Example Evaluation Framework for Evaluating a Teen Clinic

HCMO Teen Clinic Evaluation Framework; Healthy Child Manitoba Office, 2006

1. What does the teen clinic client look like in comparison to other populations?

Questions	Indicators	Measures	Source
1.1 What is the profile of teen clinic clients?	A. Basic demographic information on clinic clients	• Sex, age, grade level, living situation	1.1 A1 Intake: • Gender; age; grade level; living situation
	B. Health behaviour of clinic clients	• Smoking, drug use, alcohol use, sexual activity, use and type of birth control, frequency of condom use, pregnancy	1.1 B1 Intake: • Smoking; drug use; alcohol use; sexual activity; use and type of birth control; frequency of condom use; pregnancy
1.2 What is the profile of clinic catchment area?	A. Basic demographic information of catchment area population (10-21 years) B. Health behaviours of catchment area population (10-21 years)	• Sex, age, grade level, living situation • Smoking, drug use, alcohol use, sexual activity, use and type of birth control, frequency of condom use,pregnancy • Medical diagnoses (i.e., most common)	1.2 A1 Manitoba Health (incl. community assessment data)/ Statistics Canada/ Manitoba Centre For Health Policy (MCHP)

2. Has the teen clinic increased access to primary health care for its clients?

2.1 What are the specific medical issues of clinic clients?	A. Basic profile of presenting issues/diagnoses	• Description of presenting issues/diagnoses	2.1 A1 Intake form 2.1 A2 Follow up form 2.1 A3 Nurse stats 2.1 A4 Chart audit
2.2 What has been the uptake of clients in the clinic since it opened?	A. Number of clinic clients B. Number of new clients per year	• Number of clients presenting at clinic since it opened • Number of new clients per school year • Number of follow-up visits	2.2 A1 Intake form 2.2 A2 Follow up form
2.3 What is the frequency of clinic use?	A. Frequency of clinic use	• Number of visits per client	2.3 A1 Intake form 2.3 A2 Follow up form
2.4 Are clients attending the clinic from other areas of the city/town?	A. Residence of client	• Number or per cent of clients attending clinic from outside the catchment area • Profile of client residence	2.4. A1 Intake form 2.4. A2 Follow up form
2.5 What other clinic options are clients using?	A. Other clinics attended	• Profile of other clinics used by clients	2.5 A1 Intake form 2.5 A2 Client satisfaction survey

Questions	Indicators	Measures	Source
2.6 Are clients successfully obtaining the services they require?	A. Clients report they are successfully obtaining services	• Number or per cent of clients indicating they successfully obtained services • Number or per cent of clients indicating they felt the service was convenient • Number or per cent indicating convenient clinic hours • Overall satisfaction • Satisfaction with specific services • Appropriateness of service/ expectations met	2.6 A1 Client satisfaction survey
2.7 Is clinic referring clients to other services?	A. Referrals are made to other professionals when needed	• Number of referrals to appropriate services • Type/reason for referral • Where are clients getting referred?	2.7 A1 Intake form 2.7 A2 Follow up form 2.7 A3 Chart audit
2.8 Identify service gaps for further development.	A. Inventory of service gaps	• Identified service gaps from staff and clients	2.8 A1 staff interviews 2.8 A2 client satisfaction survey
2.9 Identify gaps in data being collected.	A. Inventory of data gaps	• Identified data gaps from staff	2.9 A1 staff interviews

3. Does the teen clinic assist clients in building their capacity for self-care?

Questions	Indicators	Measures	Source
3.1 How does the clinic assist students in building their capacity for self-care?	A. Provides clients with knowledge about self-care B. Clients satisfied with information given	• Potential knowledge exchange through the following mechanisms: counselling, special events and referrals to other resources • Practitioners follow mandated counselling procedures; questions will revolve around asking if there were issues in implementation of these procedures • How can clinic demonstrate that knowledge exchange occurred? Were there teaching opportunities seized upon, etc. Why? Why not? • Client feedback re: usefulness of information and effectiveness of above mechanisms	3.1 A1 Staff interviews 3.1 A2 Intake forms 3.1 A3 Client satisfaction survey

Questions	Indicators	Measures	Source
3.2 Is there effective communication between the client and the care provider at the clinic?	A. Effective communication between staff and client is demonstrated	• Staff competency: number or per cent of clients who felt respected by staff number or per cent of clients who felt understood by staff • Effectiveness of provision of service: number or per cent of clients who felt that their privacy was protected • comfort level: number or per cent of clients who would use service in the future • Staff perception of communication between client/staff • Client perception of communication between client/staff	3.2 A1 Client satisfaction survey 3.2 A2 Staff interviews

4. Does the clinic respond to the sexual/reproductive heath process?

Questions	Indicators	Measures	Source
4.1 How does the clinic respond to the sexual/ reproductive health process?	A. Reproductive health counselling	• Number of birth control starts • Number of condoms handed out	4.1 A1 Intake forms 4.1 A2 Staff interviews
	B. Connection to pregnancy resources and referrals (parenting; therapeutic abortions; adoption)	• Number or per cent of pregnancy referrals • Type of pregnancy referrals	4.1 B1 Intake forms 4.1 B2 Chart audit
	C. Screening for STIs/HIV	• Number or per cent receiving complete screening for GC, CT, HIV, Syphilis	4.1 C1 Chart audit/Manitoba Health (Provincial Laboratory Data)
	D. Treatment for bacterial STIs	• Number positive cases treated for a STI/ number positive cases within a given time frame	4.1 D1 Chart audit/ Manitoba Health (CDC Unit Data)
	E. Pregnancy tests	• Number of pregnancy tests (raw and as a proportion of female clients)	4.1 E1 Nurse stats/chart audit
4.2 What are the pregnancy outcomes in the area?	A. Pregnancy statistics for the area	• Number or per cent of pregnancies in the community or catchment area in a similar age group, within the same time frame	4.2 A1 Manitoba Health (Health Information Management)

Questions	Indicators	Measures	Source
4.3 STI outcomes	A. STI profile for clinic clients B. STI profile for catchment area	• Number of STI tests ordered overall, and as a proportion of all clients • Number of positive tests overall, as proportion of tests ordered and of clients, for all STIs • Comparison of above, and examination of differences between sexes, ages, etc.	4.3 A1 Chart audit/Manitoba Health (Provincial Laboratory Data) 4.3 B1 Manitoba Health (Provincial Laboratory Data)

5. Process Evaluation

Process Piece	Questions	Target	Tool
5.1 Development of teen clinic	A. What worked and what didn't in terms of development and initial implementation? Example: What are the barriers and successes around mandate, goals, objectives, vision, and partnerships?	• Steering committee	5.1 A1 Interviews

Process Piece	Questions	Target	Tool
5.2 Key stakeholder involvement • (E.g., Primary care provider, Healthy Child Manitoba, Parent-child coalition, Community, etc.)	A. Identify what worked and what didn't in terms of development and initial implementation. Examples: • Involvement of primary care provider, relative to involvement of site provider during clinic development • Was there sufficient input from all parties involved? • Were parties treated as equal partners? • What type of relationship exists between site provider and primary care provider? • What makes the relationship work? • What has caused concerns/ problems? • How could this initiative benefit other communities?	• Identified staff, steering committee members, partners, community reps	5.2 A1 Interviews

Process Piece	Questions	Target	Tool
5.3 Overall teen clinic operations	A. Identify what worked and what didn't in terms of operations and service delivery. Examples: • What are the gaps and barriers staff have come up against and how have these been resolved? • How has the clinic impacted its clients?	• Clinic staff/volunteers • Identified staff • Clients	5.3 A1 Interviews 5.3 A2 Teen survey
5.4 Clinic location	A. What is the general view of the clinic's present location? B. What barriers exist due to the clinic's present location? C. What are the advantages of the clinic's present location?	• Clinic staff/volunteers • School staff • Parent council • Clients	5.4 A1 Interviews 5.4 B1 Interviews 5.4 C1 Interviews

MONITORING AND EVALUATION TOOLS

Sample Client Satisfaction Survey

SAMPLE CLIENT SATISFACTION SURVEY

(Adapted from St. John's Teen Clinic Satisfaction Survey)

We want to know if this teen clinic is providing services to teens in the best way. The feedback we get from you will tell us what is good about teen clinic and what needs to be improved. **Please do not put your name on the survey. We want to make sure your answers are confidential.**

The answers to the questions are based on your general opinion of the clinic. If you do not feel comfortable answering a question, you do not have to. You also can stop filling out the survey at any time.

1. Why did you choose to come to teen clinic? (Check all that apply.)

- ☐ It was a teen clinic.
- ☐ It was easy to get to.
- ☐ They give out free birth control.
- ☐ They give out free condoms.
- ☐ The staff understand my needs.
- ☐ They don't tell my parents.
- ☐ The staff are approachable.
- ☐ Everything is private.
- ☐ I didn't want to go to my family doctor.
- ☐ I could talk to someone about my problems.
- ☐ Other _____

2. Do you come to the teen clinic for any of the following? (Check all that apply.)

- ☐ physical exam
- ☐ pap test
- ☐ breast or testicular exam
- ☐ birth control
- ☐ condoms
- ☐ pregnancy test
- ☐ morning after pill
- ☐ counselling
- ☐ feeling sick
- ☐ physical injuries
- ☐ depression
- ☐ family problems
- ☐ boyfriend/girlfriend problems
- ☐ sexually transmitted infection (STI) test
- ☐ other _____

3. Where else do you go if you have health issues?

- ☐ family doctor
- ☐ walk-in clinic
- ☐ other teen clinic
- ☐ community clinic
- ☐ nowhere
- ☐ other_____

4. Check the topics you received information about from this clinic. (Check all that apply.)

- ☐ birth control
- ☐ drugs and alcohol
- ☐ breast or testicular exams
- ☐ smoking
- ☐ pap tests
- ☐ pregnancy
- ☐ HIV/AIDS
- ☐ nutrition
- ☐ relationships
- ☐ pregnancy test
- ☐ family issues
- ☐ safer sex
- ☐ violence / personal safety
- ☐ STI
- ☐ sexual assault
- ☐ depression
- ☐ sexuality issues
- ☐ other_____

5. Did the information you received at teen clinic: (Check all that apply.)

- ☐ help you solve a problem
- ☐ help you protect yourself
- ☐ help you make a tough decision
- ☐ provide new information you had never heard before
- ☐ other _____
- ☐ the information didn't help

6. For each statement, please check the answer that best suits your opinion:

	Agree	Neutral	Disagree
When visiting the clinic, I felt respected by staff.	☐	☐	☐
When visiting the clinic, I felt staff understood me.	☐	☐	☐
Staff at the clinic were able to provide me with information on other resources.	☐	☐	☐

	Agree	Neutral	Disagree
When visiting the clinic I felt my privacy was protected.	☐	☐	☐
I was able to get what I wanted through the clinic.	☐	☐	☐
The clinic hours are good for me.	☐	☐	☐
The services at the clinic were what I expected.	☐	☐	☐
Overall I was satisfied with the service I received at teen clinic.	☐	☐	☐
I would use this service again in the future.	☐	☐	☐

7. What could be improved at teen clinic? (Check all that apply.)
   - ☐ the physical space
   - ☐ your privacy / confidentiality
   - ☐ communication between staff and you
   - ☐ open more days of the week
   - ☐ other:_____

8. What else could teen clinic offer you? (Check all that apply.)
   - ☐ groups for girls only for support and information
   - ☐ groups for boys only for support and information
   - ☐ volunteer opportunities for teens
   - ☐ more counselling
   - ☐ groups to help quit smoking
   - ☐ groups to help parents and teens talk to each other
   - ☐ depression support groups
   - ☐ other: _____

THANKS

Program Implementation

This section outlines how to offer adolescent health services that are accessible and youth friendly. Specific details about how programs are designed and delivered will depend upon the findings of the situational assessment. However, there are many considerations that must be taken into account regardless of program specifics.

LOGISTICAL AND OPERATIONAL CONSIDERATIONS:

- facility characteristics
- service provision
- administrative procedures
- accessibility

The following section provides questions and considerations for program planners in program implementation. Where applicable, reference has been made to sample forms or templates. These tools can be found in the resources at the end of this section.

Facility Characteristics

Scheduling / Clinic Hours

Key Elements	Considerations	Applicable Resources
What times will the program be offered to be convenient to youth? Which day(s) of the week? What will be the hours of operation? Will this time be exclusively for youth? Will there be any exceptions to this schedule? If so, what will they be? Will clients be seen by appointment or drop-in?	These questions can be incorporated into the situational assessment by asking young people for their particular preference. Walk-in appointments are typically preferred for teen clinics to enable youth to attend without needing to plan ahead.	Findings from situational assessment (See section IV on how to conduct a situational assessment)

Location

Key Elements	Considerations	Applicable Resources
Is the clinic to be located in an area that is accessible to youth? (i.e. access to public transit, clear and visible signage). Is the entrance and parking lot well lit? Is the clinic close to areas where youth spend their time (schools, recreation centre, shopping mall, etc.)? What schools are nearby (elementary, junior high, senior high, university, college)? Are they aware of your plans? What are your plans to involve them?	Are there opportunities for outreach or partnerships with local youth serving organizations and/or schools?	Findings from situational assessment

Physical space

Key Elements	Considerations	Applicable Resources
Does the space already exist or will you be building/remodeling? Is the space (including entrance, exam rooms, washrooms) fully accessible to people with physical disabilities? What modifications (if any) will be required? Is there a separate and private waiting area? When clients approach the receptionist is there opportunity to speak privately or will they be overheard? Where will intake be conducted? Is there a private room? How many counselling rooms are required/available? Are counselling room(s) comfortable, accessible? Are resources, supplies available? How many examination room(s) are available/required? Are they accessible? Where will supplies, drugs be stored? Is the area secure? Is there a secure area for storing client files?	Building new space or remodeling will affect the overall timeline but provides an opportunity to plan the most appropriate layout possible. If the teen clinic is in a school, consider the best location inside the school. Ideally clinic should be away from high traffic areas, quiet location (ex: not near a band room or gymnasium), away from offices (students may feel that the staff are monitoring their use of the clinic).	Principles of Universal Design for people with disabilities Sample counselling room inventory Sample exam room inventory

Service Provision

Staffing

Key Elements	Considerations	Applicable Resources
Are staff in place or will you need to hire? Are existing staff/ volunteers trained and willing to work with youth? What staff are required? (doctors, nurses, nurse practitioner, counsellor, nutritionist, health educator, medical assistant, receptionist, volunteer co-ordinator) Have job descriptions been developed? How will staff be recruited, screened and trained? What additional and ongoing training will service providers require? Who will provide the training? Who will provide sexual and reproductive health counselling? Will volunteers be used and in what capacity? If volunteers are used, who will manage volunteers (recruit, screen, train, support and evaluate)? What partnerships and collaboration are required to strengthen volunteer services?	Engage with staff to ensure that those assigned to work teen clinic shifts are comfortable and willing to work with youth. Identify the core skills required by staff in order to work teen clinic (ex: knowledge of STI, BC and teen health related issues, harm reduction, pregnancy counselling skills, communication skills, etc.) Try to balance meaningful involvement for volunteers (ex: as sexual and reproductive health counsellors) with the agency's need and ability to train and support them. For further information about using volunteer sexual and reproductive health counsellors, refer to the Volunteer SRH Counselling Training Manual developed by HCMO. Explore potential partnerships to support volunteer involvement (ex: WRHA volunteer services)	Sample job description – medical assistant

Standards / guidelines

Key Elements	Considerations	Applicable Resources
Are all required guidelines and policies developed? (ex: confidentiality, consent, crisis intervention). Are guidelines in place to ensure that a full range of pro-choice sexual and reproductive health options are available? What will be the scope of the nursing role? What will are the criteria for eligibility to attend teen clinic? What age range? What will be the process for graduating clients from teen clinic?	Review existing policies and procedures to ensure that they are reflective of teen clinic philosophy and approach to care.	Sample policy – providing services to minors Teen clinic health maintenance form – key and guidelines Birth control – educational checklists Sample standing order – STI testing Sample delegation of function – pelvic exams Sample letter for youth no longer considered eligible for teen clinic

Clinical operations

Key Elements	Considerations	Applicable Resources
What will be the process for registering clients? How will intake be conducted (by whom, what will be asked)? What documentation is required for counselling services? What documentation is required for health care services? What other services will be provided and how? How will STI Testing be managed and followed up? Are provincial standards being met? Are practitioners up-to-date on testing procedures for men and women? How will laboratory, diagnostic testing and follow up be managed? How will reproductive supplies/prescriptions be provided? How will clients be contacted for follow up?	The following standards for STI screening and notification in Manitoba are available through the Manitoba Health or Public Health Agency of Canada websites: **MB Health STD Treatment Guidelines** www.gov.mb.ca/health/publichealth/cdc/fs/std.pdf **STD Treatment Guidelines for Children:** www.gov.mb.ca/health/publichealth/cdc/protocol/children.pdf **Canadian STD Guidelines** http://www.phac-aspc.gc.ca/std-mts/sti_2006/sti_intro2006_e.html **Notification of Sexually Transmitted Disease form*** www.gov.mb.ca/health/publichealth/cdc/protocol/form3.pdf **Guidelines from Cadham Provincial Laboratory on urine testing (see resources at the end of this section.)** https://web2.gov.mb.ca/health/cdc/mailings/100605.pdf	Sample registration forms Sample health history form Sample drop-in intake form Sample charting forms: progress notes, issues list, periodic health review, contraceptive screening history and counselling forms, nutritional assessment Request for release of information Letter from Cadham Provincial Laboratory on urine testing for chlamydia & gonnorhea.

* All public forms and communique are accessible at https://web2.gov.mb.ca/health/cdc/. Username: cdc Password. info

Administrative Processes

Key Elements	Considerations	Applicable Resources
Will billing systems be required? If so, how will billing data be gathered and monthly submissions made? What information will be collected for statistical monitoring and how? How will services be communicated/publicized in the community?		Sample teen clinic billing sheet

Accessibility

Key Elements	Considerations	Applicable Resources
How will you ensure that clinic is gay, lesbian, bi-sexual, two-spirit, transgender (GLBTT) friendly? How will you ensure that the clinic is appropriate for youth from the target population (if identified) or youth from diverse backgrounds? Are posters, pamphlets and resources culturally responsive and youth friendly? Is there the ability to show videos, movies in the waiting area? How will you reduce language barriers? How will you identify and address systemic barriers (ex: discriminatory practices, organizational barriers)? How will information be provided in a way that is respectful and non-judgmental? How will you increase participation of young men? If there is a cost associated with obtaining a product or services, are the fees affordable or offered on a sliding scale?	Clients will be attracted to a place that feels comfortable and welcoming. Consult with youth to identify ways in which to establish an environment that is safe and welcoming to teens.	

PROGRAM IMPLEMENTATION TOOLS

Principles of Universal Design

Counselling room inventory

Exam room inventory

Sample job description – Medical Assistant

Sample policy – Providing Services to Minors

Teen Clinic Health Maintenance Form

Birth Control Educational Checklists

- Depo provera
- Nuva ring
- Oral contraceptives
- OCP eligibility assessment
- Birth control patch
- Patch eligibility assessment
- Emergency contraceptive pill

Sample standing order – STI testing

Sample delegation of function – pelvic examination

Sample letter for clients past eligible age for teen clinic

Sample registration form

Sample health history form

Sample intake form

Sample charting forms

- Progress notes
- Issues list
- Periodic health review
- Contraceptive screening history and counselling form
- Nutritional assessment

Request for release of information

Letter from Cadham Provincial Laboratory on urine testing for chlamydia & gonorrhea

Sample teen clinic billing sheet

THE PRINCIPLES OF UNIVERSAL DESIGN

Version 2.0 - 4/1/97

Compiled by advocates of the Principals of Universal Design, listed in alphabetical order:

Bettye Rose Connell, Mike Jones, Ron Mace, Jim Mueller, Abir Mullick, Elaine Ostroff, Jon Sanford, Ed Steinfeld, Molly Story, and Gregg Vanderheiden

UNIVERSAL DESIGN: The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

The authors, a working group of architects, product designers, engineers and environmental design researchers, collaborated to establish the following Principles of Universal Design. They guide a wide range of design disciplines including environments, products and communications. These seven principles may be applied to evaluate existing designs, guide the design process and educate both designers and consumers about the characteristics of more usable products and environments.

PRINCIPLE ONE: Equitable Use

The design is useful and marketable to people with diverse abilities.

Guidelines:

1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.

1b. Avoid segregating or stigmatizing any users.

1c. Provisions for privacy, security, and safety should be equally available to all users.

1d. Make the design appealing to all users.

PRINCIPLE TWO: Flexibility in Use

The design accommodates a wide range of individual preferences and abilities.

Guidelines:

2a. Provide choice in methods of use.

2b. Accommodate right- or left-handed access and use.

2c. Facilitate the user's accuracy and precision.

2d. Provide adaptability to the user's pace.

PRINCIPLE THREE: Simple and Intuitive Use

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

Guidelines:

3a. Eliminate unnecessary complexity.

3b. Be consistent with user expectations and intuition.

3c. Accommodate a wide range of literacy and language skills.

3d. Arrange information consistent with its importance.

3e. Provide effective prompting and feedback during and after task completion.

PRINCIPLE FOUR: Perceptible Information

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

Guidelines:

4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.

4b. Provide adequate contrast between essential information and its surroundings.

4c. Maximize legibility of essential information.

4d. Differentiate elements in ways that can be described (ex: make it easy to give instructions or directions).

4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

PRINCIPLE FIVE: Tolerance for Error

The design minimizes hazards and the adverse consequences of accidental or unintended actions.

Guidelines:

5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.

5b. Provide warnings of hazards and errors.

5c. Provide fail-safe features.

5d. Discourage unconscious action in tasks that require vigilance.

PRINCIPLE SIX: Low Physical Effort

The design can be used efficiently and comfortably and with a minimum of fatigue.

Guidelines:

6a. Allow user to maintain a neutral body position.

6b. Use reasonable operating forces.

6c. Minimize repetitive actions.

6d. Minimize sustained physical effort.

PRINCIPLE SEVEN: Size and Space for Approach and Use

Appropriate size and space is provided for approach, reach, manipulation and use, regardless of user's body size, posture, or mobility.

Guidelines:

7a. Provide a clear line of sight to important elements for any seated or standing user.

7b. Make reach to all components comfortable for any seated or standing user.

7c. Accommodate variations in hand and grip size.

7d. Provide adequate space for the use of assistive devices or personal assistance.

Please note that the Principles of Universal Design address only universally usable design, while the practice of design involves more than consideration for usability. Designers must also incorporate other considerations such as economic, engineering, cultural, gender and environmental concerns in their design processes. These principles offer designers guidance to better integrate features that meet the needs of as many users as possible.

SAMPLE COUNSELLING ROOM INVENTORY

Furniture

- two comfortable chairs
- extra chair(s) for partners/family
- small table
- lamp
- shelving
- filing box
- small garbage can

Forms/requisitions

- birth control methods fact sheets (www.serc.mb.ca)
- contraceptive teaching sheet, pregnancy test sheet
- STI fact sheets (www.serc.mb.ca)
- sexual and reproductive health demo book
- gestational wheel
- miscellaneous brochures
- blank charting forms
- referral forms
- teen clinics in Winnipeg sheet
- counselling guidelines

Other

- business card holder
- paper bags (lunch size and small) for pills and condoms
- phone, cordless one with two handheld
- tissue

Birth control supplies

- birth control teaching kits including, film, ring, patch, penis, vagina and cervix, demonstration pap kit, cervical cap, female condoms, Mirena, Nova t, sponge, foam, OCP, dental dam

Safer Sex supplies

- condoms (lubricated, non-lubricated, flavoured)
- female condoms
- dental dams
- latex gloves

Sample Exam Room Inventory

Adapted from Klinic Community Health Centre Teen Klinic

Medical Supplies	• Abd pads 5 5x9 5 8x10	• Eye pads
	• Alcohol Gel 2 rooms 1 lab 1 counselling room	• Finger splint
	• Alcohol swabs	• Formulin containers
	• Bandages spot 7/8, strip 3x3/4	• Gen probe (GC CX)
	• Butterfly needles for lab	• Test strips for glucometer, needles, and bottle of control
	• cervical scrapers	• Pr sterile gloves size 6.5
	• Charcoal swabs (Gc and pertussis)	• Disposable gowns
	• Gloves (3 small 2 Medium 1 large)	• KOH (Potassium Hydroxide)
	• Kidney Basin	• Syringe with Needles
	• Percussion Hammer	• Luer lock syringes
	• Sharp Container	• Tape plastic 1" paper 1", cloth 4"
	• Sharp container 13.2 liters	• TCA bottle & 1 tub Vaseline
	• Sharp container 5.1 liter wall mountable	• Tongue depressor
	• Tape Measure cloth	• Tourniquets (latex free)
	• Tensor 3"	• Lubricating jelly
	• Triangle bandage (sling)	• Box pipettes
	• Tuning Fork	• Needles 25 1' 25 1 1/2'

	• Cotton balls	• Vacutainer lab needles
	• Cotton swabs 6′ wooden shaft & 16" proctoswab	• Non adherent pads 2"x3" telfa
	• Or 100 pap covers/case for slide transport	• Obs towelettes
	• CPR micro shields	• Rapid strep
	• Cyto brushes	• Saline irrigation 100ml OR 25 individual
	• Cyto spray Bottles	• Scissors bandage
	• 10x10 sterile dressing	• Silver nitrate stick
	• Tegederm 6x7 transparent	• Suture needles
	• Sponges sterile 2x2, 4x4	• Xylocaine 2 % pl
	• U/S transmission gel	• Vacutainer holders
	• Urinalysis test strips	• Vacutainer needles
	• Urine collection bottles	• Viral Transport Medium
	• Wound closure strips sterile ¼′ x 1 ½"	• Single-use safety engineered lancet
Medications	• Amoxicillin (STI) Doses	• Doxycycline (STI)
	• Cefixime STI doses	• Eythro (STI)
	• Ceftriaxone Doses	• Hep B vaccines, Td
	• Ciprofloxacin (STI)	• 2 Epi pens
	• Flagyl	• Hepatitis A Vaccine, Twinrex Vaccines
Forms/requisitions	• lab requisition forms	• Contraceptive teaching sheet, contraceptive refill
	• CPS book	• Sheet, all get the facts on, STI book, Plan B sheet with card,
	• Maternity care calendars U of M	• Canada food guide, pap, abnormal pap,
	• NSTD notification forms	• Chart note sheets
	• Teen Klinic across city, Chart sheets, immunization form,	• Chart covers

	• diagnostic requisitions (Ultrasound etc)	• Other resources (e.g. smoking cessation information, physical activity guides). Check the Healthy Living Manitoba Website www.gov.mb.ca/healthyliving/
Furniture	• Appt slip holder for rooms	• Magazine holder
	• Chairs	• Mirror
	• Cupboard in rooms	• Stool
	• Foot Stool	• Mounting bracket for hand wash pumps
	• Garbage basket large for rooms exam paper & paper gowns	• Mounting rack for sharps
	• Garbage Can small – med	
Other	• Bleach 4 l	• Pads, panty liners and tampons
	• Business card holder	• Paper bags lunch size and small for pills and condoms
	• Paper towel Dispenser & paper towel rolls	• Paper rolls for exam beds
	• Phone, cordless one with two handheld	• Pillow cases
	• Soap	• Disposable sheets
	• Deodorizer- room metrimist	• Ziploc bags
	• Gel antiseptic hand cleaner	• Cups paper or 200
	• Hibitane skin cleanser	• Masks
	• Kleenex	• Ophthal/Otoscope Transformer with spec dispenser
Equipment	• Blood pressure machine	• Stethoscopes
	• Blood pressure wall mount	• Tympanic thermometer and probe covers
	• BP Monitor on wall in room one auto machine	• Eye chart
	• Cidex instrument cleaner	• Glucometer
	• Exam Beds	• Obs Doppler
	• Exam light system for plastic specs, extra bulbs	• Speculum disposable 3 small 2 lg
	• Small, regular and large sized blood pressure cuff	

Birth control supplies	• Oral contraceptive pills	• Pregnancy tests
	• Evera Patch	• IUD tray
	• Plan B	
	• Birth Control kits including, film, ring, patch, penis, vagina and cervix, pap kit, cervical cap, female condoms, Mirena, Nova T, sponge, foam, Oral Contraceptive Pills, dental dam	
Safer Sex supplies	• Condoms lubed non-lubed and flavoured	• Dental dams

SAMPLE JOB DESCRIPTION

Job Description

Teen Clinic Medical Assistant

Adapted from Klinic Community Health Centre Teen Clinic

Qualifications:

- certificate in doctors' office or clinic assistant course/health unit assistant program or equivalent experience
- knowledge of reproductive health issues
- completion of and or willingness to completes Sexual and Reproductive Health Counselling training
- completing and current status of BLS-C Basic rescuer in Cardio pulmonary Resuscitation according to the guidelines of the Heart and Stroke Foundation
- demonstrates ability to work effectively in a multi-disciplinary team environment
- demonstrates commitment to youth and community based health care, and knowledge of community resources
- knowledge of the psychosocial implications of illness for individuals, facilities and community
- application of current health promotion strategies and commitment to primary health care principles
- knowledge and sensitivity to the impact of social, economic, environmental and cultural differences on individuals, families and community
- excellent interpersonal and communication skills

Duties and responsibilities:

- assures all intake forms are completed with current and correct information such as address, phone number and date of birth
- notes Manitoba Health numbers and Personal Health Information Number and if not available requests it from Manitoba Health
- triage of teen clinic walk-ins, co-ordinates flow of teen clinic by assessing service required by client to be seen by physician, nurse or counsellor, and always communicates same to clinic co-ordinator
- if time permits, assists nurse /volunteers with pregnancy testing
- promotes health education and provides information as required
- provides clinical support to physician, nurses and volunteers if appropriate

- offers input in program planning
- participates in in-services and training courses
- manages education and office resources (ex: stocks info sheets in counselling rooms, exam rooms and waiting room)
- enters appropriate information as required in charts
- makes referrals, books diagnostic tests, informs clients and instructs and educates around appointment/tests
- provides and books follow up appointments
- maintains stats and attends monthly meetings
- obtains client consent and while maintaining PHIA, gathers information and facilitates resources
- ensures exam rooms are well stocked and clean before and after teen clinic
- ensures equipment is safe, clean and in place to facilitate care and treatment
- provides assistance with speciality services
- process laboratory specimens and arranges for courier pick-up and delivery to lab

SAMPLE POLICY

Providing Services To Minors

Adapted from Women's Health Clinic

Policy:

_____ supports the provision of services to minors (individuals under the age of 18) with as few barriers to service as possible. Minors may receive services on the basis of their own informed consent. Such minors are entitled to the same rights of confidentiality as any competent adult client.

Procedure: The decision to provide services to a minor on the merit of her/his own informed consent will be made on a case by case basis as per the "Mature Minor Doctrine". In essence, this Doctrine states that regardless of age, a child is capable of consenting (or refusing to consent) to treatment if he or she is able to appreciate the nature and purpose of the treatment and the consequences of giving or refusing consent. If the child has the requisite capacity, then the child's consent is both necessary and sufficient; the parent's consent is not required, nor can the parent override the child's decision.

1. Service providers will consult with their program co-ordinator/clinical supervisor in at least the following situations:

a) where there are statutory reporting issues (under The Child and Family Services Act)

b) where the situation is not straight-forward

2. If the minor is NOT capable of giving informed consent to treatment, consent from at least one parent or legal guardian will be obtained. If parents are separated/ divorced, consent will be obtained preferably from the custodial parent. Even in such circumstances attempts to obtain consent from the minor client will be made. If parental rights have been suspended or terminated and guardianship transferred to a third party, such as Child and Family Services, either temporarily or permanently, the consent of that third party must be obtained.

3. When the minor is not capable of giving informed consent and when permission is not given to obtain informed consent from parent/guardian, treatment will not be provided. (NOTE: In situations of urgency where the immediate health of the individual is at risk, the person may need to be treated before informed consent is given).

4. It is acknowledged that in some situations optimal treatment can be provided only with the knowledge and support of a parent/legal guardian, or other significant family members (ex: mental health related treatment). When it is seen as clinically in the best interest of the minor, every reasonable attempt will be made to involve parent/guardian, or other significant family members in her treatment. In these circumstances therefore, all minors capable of giving informed consent will be encouraged to inform their parent or legal guardian of the treatment they will be/are receiving. In addition, they will be encouraged to allow their service provider to inform parents or legal guardians, and with permission, provide them with sufficient information (agreed upon with client) to foster and facilitate the parents' support in treatment.
5. Where the capable minor refuses number 4 above, a decision to refuse or discontinue treatment/services will be made if it is judged that there is greater potential for harm than benefit in providing treatment without the knowledge/support of the parents or legal guardian.

Signed: _____ Date: _____

SAMPLE GUIDELINES

Teen Clinic Health Maintenance Form

Key and Guidelines

(Adapted from Youville Centre)

Home/Living Situation: Discuss where they are living and who is their primary caregiver. Do they feel safe in their home environment? Do they have enough to eat and are finances a stress in their life? Can they talk to their caregiver or is there someone in their life they can talk to?

Education/school: Are they attending school (and can we list it in the chart)? What are their education goals, aspirations? Do they like school, and do they feel good about going? Have they completed Grade 12? If dropped out, are they interested in going back? If in university, explore health services offered on campus.

Social History: Do they smoke? Do they use alcohol, binge drink? Do they use drugs? Explore safety plans when drunk, high. How do they feel about themselves? Do they have any symptoms of depression (ex: change in sleeping pattern, interest in activities, guilt, lack of energy, concentration problems, appetite changes, agitation or suicidal thoughts)? Are there any violence or sexual abuse issues? Do they have a current partner and are there any issues? What is the age difference between themselves and partners? Offer counselling as appropriate.

Nutrition: What does their typical food intake look like? Do they have any dietary restrictions (ex: vegan, etc.)? Do they eat breakfast? Do they eat three meals a day? If not, why not? Are they happy with their weight? Are they trying to lose weight? Are they on a diet? Have they ever forced themselves to throw up after eating? Are they physically active? Offer referral to dietician or other if appropriate. If there are concerns about things like anaemia, check with nurse practitioner or physician.

Contraceptive Teaching: Provide brief overview of the contraceptive choices available. This will narrow down the clients' options and focus on the methods they are most interested in. Their options of contraceptives are: hormonal methods such as OCP and Depo; spermicides such as film, foam, jellies and creams; condoms, male and female, lubricated and non-lubricated; barrier methods such as cervical cap, diaphragm and the sponge; IUD- review both Mirena and the standard IUD; sterilization – both female and male; and the calendar and withdrawal method. Include pros, cons and effectiveness of methods. Offer written material on methods of interest to client. Complete appropriate educational checklist. Review difference between combined pills versus progesterone only and difference in administration. Review low-cost program and/or explore private coverage (ex: employment income assistance (EIA), treaty or Blue Cross).

Emergency Contraceptive Pill Teaching: Review what the morning after pill is. It is used to prevent pregnancy after unprotected sex (where no condom or birth control was used). This is similar to taking large doses of birth control pills. ECP is most effective in the first 24 hours, but will be given up to five days after unprotected sex. Review content of educational checklist. Complete health record on back of ECP education checklist to assist if it is eligible and medically appropriate. Stop taking OCP (if applicable), start NEW pack with next bleed.

STI / HIV Teaching: Cover how to know if you have an infection, how they spread; how to use condom and dental dam and demostrate if appropriate. Review STI checklist that provides information on most STIs. Review testing, swab urine and serum, contact tracing, reporting and confidentiality. Review importance of protective barriers and provide some. Ensure you establish a way to get in touch with the client if it's positive or needs to be repeated.

Pap Test / Pelvic Exam: Describe the procedure and, if appropriate, show the client what a speculum, brush and spatula look like. Review the purpose of a pap test, who should have one, and how often you should have one.

Pregnancy Testing: Assess the date of the client's last normal period. Check if the client's period is over-due and by how long. Review timing of testing and false negatives. If false negative is suspected, advise client to return in one week if there's still no period to repeat test. Was contraception used? If yes, what type? Is it being used as directed? Ask the client if she is having any symptoms of pregnancy (ex: tender breasts, nausea, vomiting, frequent voiding, mood changes, appetite changes, or increased fatigue)? If test is positive, discuss all three options (abortion, adoption and parenting). Refer to Your Choice for Your Reasons resource available from Healthy Child Manitoba Office. Review cutting down/quitting smoking, alcohol, street drugs and review nutrition if planning to continue pregnancy. Refer to pregnancy counselling services, if client is unsure. If test is negative, discuss contraception and referral to practitioner.

Breast Self Exam/ Testicular Self Exam: Review risk factors (ex: family history). Review proper technique and recommended frequency. Provide shower card outlining techniques. Refer to a physician/nurse practitioner if required.

EDUCATIONAL CHECKLIST: DEPO PROVERA

Source: Youville Centre

(Place a ✓ beside items discussed with client)

Alternative Methods: Benefits/Risks of:

____ Abstinence

____ OCP

____ Contraceptive patch

____ Nuva Ring

____ Emergency contraceptive pill

____ Condoms

____ Spermicides

____ Diaphragm

____ IUD

____ Sterilization

Benefits of Depo Provera

____ Rate of effectiveness

____ Ease of use (4X/year)

____ May reduce risk of endometrial cancer

____ Decrease iron deficiency anemia

____ Decrease menorrhagia, dysmennorhea, pelvic inflammatory disease

Risks of Depo Provera

____ Major: increased risk of stroke/depression/pulmonary embolism/increase risk for at risk diabetics/osteoporosis

____ Warning signals: chest pain or shortness of breath, increased frequency or intensity of headache, visual disturbances or blurred vision, persistent leg pain, severe abdominal pain

____ Side effects: weight gain (2.5 kg in first year), lethargy, menstrual changes such as amenorrhea, spotting or bleeding, abdominal discomfort, delay in return of fertility, dizziness, nervousness, headaches, decreased libido, breast tenderness

To minimize risk of osteoporosis:

____ Need to have 1500mg Calcium & 800 IU Vitamin D/day from diet &/ or supplements

____ Need to do weight bearing exercise a minimum of 30 minutes 3x/week or be "on your feet" for 4 hours or more/day

Instructions re: use

____ To be given within the first 5 days of normal menstrual period. Effective from the day of injection.

____ Need to receive injection every 12 weeks.

____ Not effective against STIs. Need to use condom.

____ Pregnancy test prior to each injection.

Other information given:

____ Supplementary information pamphlet on birth control options

____ Discussion

Comments:

I have discussed the above items with _____ and have given other opportunities to ask questions. (client)

_____

(Nurse signature)

I acknowledge I have received information on the benefits and risks of Depo Provera.

_____ _____

(Client signature) Date

EDUCATIONAL CHECKLIST: CONTRACEPTIVE VAGINAL RING (NUVA RING)

Source: Youville Centre

(Place a ✓ beside items discussed with client)

Alternative Methods: Benefits/Risks of:

_____ Abstinence

_____ Condom

_____ Spermicides

_____ Emergency contraceptive pill

_____ Depo Provera

_____ OCP

_____ IUD

_____ Diaphragm

_____ Contraceptive patch

_____ Sterilization

Benefits of Nuva Ring:

_____ Rate of effectiveness (98%)

_____ Regular periods

_____ May decrease length of periods and cramping

_____ May reduce endometrial cancer, ovarian cysts, and ovarian cancer

Risks of Nuva Ring

_____ Major: increased risk of heart attack/stroke/depression/pulmonary embolism DVT/liver disease

RISK factors: smoking, history of vascular disease

_____ Warning signs: chest pain or shortness of breath, increased frequency or intensity of headache, visual disturbances or blurred vision, persistent leg pain, severe abdominal pain, jaundice

_____ Minor (short term): vaginitis, nausea, weight gain, breast tenderness, spotting, PMS

Mechanism of action:

Inhibition of ovulation, increased viscosity of cervical mucous, reduced building of endometrial lining

Instructions re: use

____ When to start (first day of period if no previous hormonal method), if was on hormonal method, any time during first 7 days of cycle

____ Ring stays in for 3 weeks, then remove ring for 1 week

____ Uses of back-up method for first 7 days of cycle

____ Missing a period: call the clinic

____ Breakthrough bleeding

____ Not protective for STI/HIV

____ Diet

____ Re-filling prescriptions

Other information given:

____ Supplementary information pamphlet on birth control options

____ Discussion

Comments:

I have discussed the above items with _____ and have given other opportunities to ask questions. (client)

_____

(Nurse signature)

I acknowledge I have received information on the benefits and risks of oral contraceptives.

_____ _____

(Client signature) Date

EDUCATIONAL CHECKLIST: ORAL CONTRACEPTIVES

Source: Youville Centre

(Place a ✓ beside items discussed with client)

Alternative Methods: Benefits/Risks and how they work:

_____ Abstinence

_____ Condoms

_____ Depo Provera

_____ Spermicides

_____ Contraceptive patch

_____ Diaphragm

_____ Nuva Ring

_____ IUD

_____ Emergency contraceptive pill

Benefits of Oral Contraceptives (OCP):

_____ Rate of effectiveness

_____ Regular periods

_____ May decrease length of periods and cramping

_____ May reduce endometrial cancer, ovarian cysts, ovarian cancer

Risks of Oral Contraceptives

_____ Major: increased risk of heart attack/stroke/depression/pulmonary embolism liver disease

RISK factors: smoking (can also decrease effectiveness of OCP), history of vascular disease

_____ Warning signs: chest pain or shortness of breath, increased frequency or intensity of headache, visual disturbances or blurred vision, persistent leg pain, severe abdominal pain, jaundice

_____ Minor (short term): nausea, breast tenderness, spotting, PMS

Instructions re: use

____ When to start package

____ Taking pills at the same time each day

____ Use of back-up method for first cycle and when taking antibiotics/"stomach flu"

____ Missing one or more pills

____ Missing a period: call the clinic

____ Breakthrough bleeding

____ Not protective for STI/HIV

____ Cost recovery system

____ Re-filling prescriptions/follow up

Other information given:

____ Supplementary information pamphlet on birth control options

____ Discussion

Comments:

I have discussed the above items with _____ and have given other opportunities to ask questions. (client)

_____

(Nurse signature)

I have received information on the benefits and risks of oral contraceptives. To the best of my knowledge, I have provided accurate information regarding my health history and that of my biological family.

_____ _____

(Client signature) Date

OCP ELIGIBILITY ASSESSMENT

Source: Youville Centre

Client Name: _____ Age: _____

External prescription No Yes (refer to Dr/NP)

General Health

Smoker No Yes # of cigarettes/day _____

History of migraines No Yes

Frequent Headaches No Yes

Allergies/Reactions:_____

Current/Past Health Conditions:_____

_____

(eating disorder, depression, liver disease, clotting disorder, MI, CAD, CVA, thrombophlebitis, breast, uterine or ovarian cancers and undiagnosed vaginal bleeding are contraindications)

Personal/family history of MI, CAD, CVA, uterine, breast, ovarian cancer:

No Yes

Personal /family history of clotting disorder/thrombophlebitis:

No Yes

History of depression: No Yes

History of liver disease: No Yes

Medications: _____

(***Meds affecting OCP effectiveness include but are not limited to: antibiotics, anticoagulants, anticonvulsants, antidiabetic drugs, antihypertensive agents, corticosteroids, sedatives/hypnotics, Tricyclic antidepressants – refer to CPS for complete list***)

Reproductive Health

LNMP: _____ Cycle length: _____ Menses duration: _____

PMS? No Yes

Hx of amenorrhea: No Yes

Undiagnosed vaginal bleeding: No Yes

Possibility of Pregnancy: No Yes

Presently breastfeeding or < 6 weeks postpartum:

No Yes

Length of time sexually active: _____ # of partners: _____

Type of contraception used/using (if any): Condoms Foam OCP Depo

Diaphragm Cervical Cap Contraceptive film Other (specify) _____

Problems with methods: No Yes/specify _____

Partner's attitude towards birth control: _____

Previous Pap (date/result): _____

Previous STI/STD testing No Yes/Date(s) _____

Previous Dx of STI/STD: No Yes specify dx/date: _____

Partner history of unprotected sex:

No Unknown Yes/specify_____

Partner previously tested for STI/STD:

No Unknown Yes/specify_____

BP _____ (must be below 135/90) Weight _____

(for patch must be below 197 lbs)

Comments: _____

_____

_____

_____

_____

_____ _____

(Nurse's signature) Date

EDUCATIONAL CHECKLIST: CONTRACEPTIVE PATCH

Source: Youville Centre

(Place a ✓ beside items discussed with client)

Alternative Methods: Benefits/Risks of:

____ Abstinence

____ OCP

____ Depo Provera

____ Nuva Ring

____ Emergency contraceptive pill

____ Condoms

____ Spermicides

____ Diaphragm

____ IUD

____ Sterilization

Benefits of the Contraceptive Patch:

____ Rate of effectiveness

____ Regular periods

____ May decrease length of periods and cramping

____ May reduce endometrial cancer, ovarian cysts, ovarian cancer and benign breast disease

____ May improve acne

Risks of the Contraceptive Patch

___ Major: increased risk of heart attack/stroke/depression/pulmonary embolism liver disease

RISK factors: smoking, history of vascular disease

___ Warning signs: chest pain or shortness of breath, increased frequency or intensity of headache, visual disturbances or blurred vision, persistent leg pain, severe abdominal pain, jaundice

___ Minor (short term): nausea (especially in first 2 days after applying patch), breast tenderness, spotting, PMS, skin irritation at patch application site

Instructions re: use

____ When to start

____ Care of/application/location of patch

____ Change patch every 7 days "patch change day"

____ Use of back-up method for first week

____ Patch detachment/Late putting patch on

____ Discuss any other meds with health provider

____ Missing a period: call the clinic

____ Breakthrough bleeding

____ Not protective for STI/HIV

____ Cost recovery system

____ Re-filling prescriptions

Other information given:

____ Supplementary information pamphlet on birth control options

____ Discussion

Comments:

I have discussed the above items with _____ and have given other opportunities to ask questions. (client)

_____

(Nurse signature)

I acknowledge I have received information on the benefits and risks of the contraceptive patch.

_____ _____

(Client signature) Date

PATCH ELIGIBILITY ASSESSMENT

Client Name: _____ Age: _____

External prescription No Yes (refer to Dr/NP)

General Health

Smoker No Yes # of cigarettes/day _____

History of migraines No Yes Frequent Headaches No Yes

Allergies/Reactions:_____

Current/Past Health Conditions:_____

_____

(eating disorder, depression, liver disease, clotting disorder, MI, CAD, CVA, thrombophlebitis, breast, uterine or ovarian cancers and undiagnosed vaginal bleeding are contraindications)

Personal/family history of MI, CAD, CVA, uterine, breast, ovarian cancer:

No Yes

Personal /family history of clotting disorder/thrombophlebitis

No Yes

History of depression: No Yes

History of liver disease: No Yes

Medications: _____

(***Meds affecting OCP effectiveness include but are not limited to: antibiotics, anticoagulants, anticonvulsants, antidiabetic drugs, antihypertensive agents, corticosteroids, sedatives/hypnotics, Tricyclic antidepressants – refer to CPS for complete list***)

Reproductive Health

LNMP: _____ Cycle length: _____ Menses duration: _____

PMS? No Yes

Hx of amenorrhea: No Yes

Undiagnosed vaginal bleeding: No Yes

Possibility of Pregnancy: No Yes

Presently breastfeeding or < 6 weeks postpartum:

No Yes

Length of time sexually active: _____ # of partners: _____

Type of contraception used/using (if any): Condoms Foam OCP Depo

Diaphragm Cervical Cap Contraceptive film Other (specify) _____

Problems with methods: No Yes/specify _____

Partner's attitude towards birth control: _____

Previous Pap (date/result): _____

Previous STI/STD testing No Yes/Date(s) _____

Previous Dx of STI/STD: No Yes specify dx/date: _____

Partner history of unprotected sex:

No Unknown Yes/specify_____

Partner previously tested for STI/STD:

No Unknown Yes/specify_____

BP _____ (must be below 135/90) Weight _____

(for patch must be below 197 lbs)

Comments: _____

_____

_____

_____

_____

_____ _____

(Nurse's signature) Date

EDUCATIONAL CHECKLIST: EMERGENCY CONTRACEPTIVE PILL (ECP, PLAN B)

Source: Youville Centre

(Place a ✓ beside items discussed with client)

"Plan B" is a series of 2 hormone pills, which decrease the likelihood of becoming pregnant by increasing the blood hormone level to prevent and/or delay the release of an egg and/or preventing sperm and egg from uniting. It may also prevent the fertilized egg from attaching itself to the wall of the uterus. It is used when a woman has had unprotected sexual intercourse (or contraceptive failure) within the last 5 days (120 hours). It is not an effective method of ongoing contraception.

General Info:

____ The sooner the treatment is taken, the more effective it is.

____ Fertility depends on the time in the cycle when the emergency situation occurred. There is no "safe" time during the cycle to have unprotected intercourse, as timing of ovulation varies from person to person.

Generally, there is a 25% chance of becoming pregnant with unprotected sex or contraceptive failure. When taken within 24 hours of emergency, it is 95% effective. Effectiveness decreases after 24 hours.

____ If you have had more than one episode of unprotected intercourse since your last menstrual period, the rate of effectiveness may decrease. You may already be pregnant as a result of previous unprotected sex. Taking ECP while pregnant has not been shown to have any harmful effects on the fetus.

Risks

Complications are not likely with treatment. If you suddenly experience any of the following, contact your doctor, and/or hospital emergency room: Cramping or severe abdominal pain before your next normal period, chest pain (shortness of breath), headaches (severe), eye problems (blurred or loss of vision), severe leg pain, itching all over your body.

Common Side Effects

____ Nausea in 21% of clients

____ Vomiting in 5% of clients

____ Irregular menstrual bleeding (you may experience spotting a few days after taking Plan B or get your period earlier than expected).

____ Other Side effects: breast tenderness, headache, fatigue, lower abdominal pain, and diarrhea. If these symptoms are severe or last longer than 48 hrs, consult your physician.

Instructions:

____ Take 2 white tablets with a glass of water (and preferably with food)

____ If you vomit within 4 hours of taking the tablet, you need to repeat the dose. Notify Youville Centre to receive replacement dose.

____ Take the replacement dose as soon as possible once your stomach has settled (the sooner the better).

____ Your period should start within a week of when it was expected. If it is more than a week late, have a pregnancy test done.

____ Not protective for STI/HIV

____ Abstain from intercourse or do not have unprotected sex.

____ Restart new pack of birth control pills (where applicable) on the first day of your next period/bleeding

Review of Contraceptive Methods:

____ Abstinence ___ Condoms & foam ___ Depoprovera ____ OCP ____ Nuva Ring
____ Diaphragm ____ Contraceptive patch

Other information given:

____ Supplementary information pamphlet on birth control options

____ Discussion

EMERGENCY CONTRACEPTIVE PILL CONSENT

I have read and understood the Emergency Contraceptive Pill (ECP) form. I have discussed my questions and concerns with my practitioner. I have been given the information sheet to keep for reference. I am aware of the process, effectiveness, side effects and consent to treatment with the ECP.

_____

(Nurse signature)

_____ _____

(Client signature) Date

SAMPLE STANDING ORDER

Sexually Transmitted Infections (STI) Treatment Guidelines

Standing Orders to Nurses

Adapted from Klinic Community Health Centre

Date: _____

Issued by: ❑ Site medical leader

❑ Primary health care physician

❑ Director of health services

Signatures: _____

(Physician representative)

Delegation Recipient: _____

(Nurse)

Category: Health Services

Subject: STI Treatment by Nurses

Education: The nurse will have clinical orientation and training for the clinical function indicated in the subject of this document.

Purpose: STI in lab confirmed cases, contacts of confirmed cases or individuals with a high probability of infections requires timely treatment to reduce complications of STI and transmission to partners.

Protocol:

1. Manitoba Health Communicable Disease Control. Sexually Transmitted Disease Treatment Guidelines. October 2003
2. Manitoba Health Communicable Disease Management Protocol. Children with sexually transmitted disease. November 2001
3. Under the guidance of this document, a nurse can provide antibiotic treatment of gonorrhea and/or chlamydia to clients at high risk of infection, contacts of confirmed cases and uncomplicated lab confirmed cases as a standing order from the site medical leader of clinic physicians.

4. Once a nurse has been orientated to STI treatment guidelines and assessed by the clinic site medical leader or their designate to be competent with this function, they are able to provide care to clients as outlined in this document.

5. STI treatment guidelines only applies to care provided by the nurse while working at _____.

Care map:

- The goal of early treatment is to prevent complications of gonorrhea/chlamydia and reduce transmission.
- Standing medical orders apply to all uncomplicated infections/exposures for clients over the age of 18 years.
- Standing orders apply to uncomplicated infections/exposures for youth between the ages of 16 and 18 years who's sexual partner is within two years of the client's age and where abuse issues are not a concern.
- Where abuse or sexual exploitation of youth under the age of 18 years is suspected, the nurse will consult a physician who will assess and make appropriate referrals to Child and Family Services.
- Women that are pregnant and at high risk for infection or contacts of confirmed cases, should have treatment held pending lab confirmation. To encourage adherence and minimize gastric side effects, non-allergic pregnant women can be treated with Cefixime and Azythromycin. Pregnant women with pelvic pain, fever and suspected pelvic inflammatory disease require a medical consult to a physician.
- Clients should be simultaneously treated for gonorrhea and chlamydia.
- Urine samples for gonorrhea and chlamydia should be collected on all male clients without current lab results prior to treatment (20 to 30 millilitres of fresh urine, initial part of void collected in sterile specimen container). Urine specimens from males for chlamydia are six to 14 per cent more sensitive than GenProbe swabs. Urine specimens from males for gonorrhea are two to four per cent more sensitive than GenProbe swabs. Clients should be examined for tender inguinal nodes, genital lesions (retract the foreskin to examine the glands), scrotal discomfort and urethral discharge, as indicated based on history.

- GenProbe cervical swab for gonorrhea and chlamydia should be collected on all female clients without current lab results prior to treatment. A physician or a nurse with the appropriate delegation agreement may do the pelvic exam. Female clients that refuse a pelvic exam can have a urine sample collected. Urine specimens from females for chlamydia have a comparable sensitivity to GenProbe swabs. Urine specimens from females for gonorrhea are approximately five to eight per cent less sensitive than GenProbe swabs.
- Blister like genital lesions should be swabbed with cotton tip swab (wood or plastic handle) and placed in viral transport medium for herpes culture. Consult a physician to discuss clients with visible lesions or symptoms of recurrent lesions. Antiviral medication may reduce duration and severity of herpetic lesion if started within 48 to 72 hours of symptoms.
- Serum samples should be collected on all confirmed cases of gonorrhea or chlamydia for syphilis and hepatitis B surface antigens. Clients should be offered a HIV test (it may be advisable to ask the client to arrange for an HIV test three months after they contracted a STI).
- Provide non-judgmental safer sex/harm reduction information and education to client.
- Health care provider can discuss with the client the merits of completing the Notification of STD (NSTD) form now verses returning to the clinic for interview if the test results are positive. NSTD forms can be held in the front of the client's chart, discarded in PHIA approved confidential waste if results are negative and forwarded to Manitoba Health if results are positive.
- Manitoba Health will provide no cost hepatitis B immunization to people at high risk of infection. This includes:
    - sexual household, needle-sharing or razor sharing contacts of people with acute or chronic HBV
    - people with HCV
    - people with multiple sex partners
    - people with a history of a STI within the past year
    - street-involved people
    - men who have sex with men
    - people who use injection drugs

- Test of cure can be done at four weeks for the following reasons:
  - suspected treatment failure
  - concerns about drug absorptions due to vomiting or diarrhea
  - re-exposure
  - infections during pregnancy
  - additional reasons indicated in the Manitoba Health CDC STD guidelines.

Documentation: Document in the client's chart, relevant history, assessment, client education, treatment and follow up plan as outlined in the protocol. Record dispensing of medication on the medication record in the client's chart and on the STD medication administration form. Complete NSTD form as indicated.

References:

Manitoba Health Communicable Disease Control. Sexually Transmitted Diseases Treatment Guidelines. October 2003.
www.gov.mb.ca/health/publichealth/cdc/fs/std.pdf

Manitoba Health Communicable Disease Management Protocol. Children with Sexually Transmitted Diseases. November 2001.
www.gov.mb.ca/health/publichealth/cdc/protocol/children.pdf

Canadian STI Guidelines. 2006 Edition. Public Health Agency of Canada
www.phac-aspc.gc.ca/std-mts/sti_2006/pdf/sti2006_e.pdf

Canadian Pharmacists Association. Compendium of Pharmaceuticals and Specialities, 2005.

Manitoba Health Sexually Transmitted Disease Control. Notification of Sexually Transmitted Disease.
www.gov.mb.ca/health/publichealth/cdc/protocol/form3.pdf

SAMPLE DELEGATION OF FUNCTION

Delegation of Clinical Function

Adapted from Klinic Community Health Centre

Number: _____

Subject: Pelvic Exam

Issued by: _____

Issued to: _____

Based on the evaluation of the knowledge, skills, attitudes and judgment of _____, a nurse in the Province of Manitoba, she/he is hereby delegated the ability to perform the function of a pelvic examination.

We, the undersigned, understand that this delegation of function only extends to services provided by the nurse named above during the course of his/her employment at _____. We understand that the undersigned physician may rescind this delegation if there are concerns about the ability of the nurse to continue to competently provide those services and that participation in this delegation is completely voluntary.

Dated on the _____ day of _____, year _____ .

Nurse's signature: _____

Physician's signature: _____

Education:

The nurse will have had clinical training and experience in the area of speculum and bimanual pelvic exams.

Definition:

A pelvic exam is done to assess the health of the external and internal genitalia and to collect specimens from the cervix and vaginal secretions. Obtaining cervical and vaginal specimens are routine with a pelvic exam. Swabs taken for culture and examination may include gonorrhea, chlamydia, candida, bacterial vaginosis and trichomonas. A cervical cytology smear may be taken as indicated to screen for carcinoma of the cervix. Swabs for viral culture of suspected genital herpes lesions may be done. A bimanual exam is done to determine the position, size, shape and mobility of pelvic structures. It also assesses evidence of tenderness of the pelvic structures.

Protocol:

Procedure:

- History and physical examination surrounding the pelvic examination is based on the procedure outlined in, A guide to Physical Examination and History Taking (Bates, 1987).
- Obtain a cervical cytology smear as per guidelines from, Manitoba Cervical Cancer Screening Program (September, 2000).
- Obtain specimens for detection of gonorrhea and chlamydia using the protocol outlined in the Communicable Disease Management Protocol Manual (Manitoba Health, November 2001) and testing procedure recommended by Cadham Provincial Lab.
- Obtain specimens for the detection of bacterial vaginosis, candida, trichomonas and herpes simplex virus according to the testing procedure recommended by Canadian STI Guidelines 2006 edition.
- Pelvic exams may be omitted under the following circumstances:
    - patient under the age of 18 years unless sexually active or symptomatic.
    - patient refuses.
    - cases involving child sexual assault;
    - active bleeding in the second or third trimester of pregnancy (absolute contraindication).

Patient Education:

Explain the procedure to the patient. Respect the sensitive nature of the examination and offer the presence of a third party during the examination.

Documentation:

Documentation in the patient's chart shall include a description of the findings of the pelvic examination (external, internal and bimanual), specimens collected, description of any abnormalities (ex: discharge, pain/tenderness).

Consultation:

Consultation with a physician will be arranged in the following circumstances:

External examination:

- delayed puberty
- ambiguous genitalia
- presence of any abnormal skin lesion (i.e. infected Bartolin's cyst, chancre, cyst)

Internal speculum examination:

- presence of vaginal inflammation, ulcers or masses
- lesions on cervix not consistent with ectropian or nabothian cysts
- evidence (visual inspection) of urinary incontinence
- pain experience with examination

Bimanual Examination:

- vaginal pain and/or mass
- abdominal/rectal pain and/or mass
- uterine enlargement
- uterine/cervical motion tenderness/pain
- nodules on uterine surface
- adnexal tenderness/pain
- adnexal mass
- swollen fallopian tubes
- presence of rectocele, cystocele, uterine prolapse

Management:

The nurse will inform the patient of any abnormal findings. Abnormal results will be discussed with the physician and time for a patient follow up set.

Evaluation:

Chart audit of approximately six charts before a scheduled annual review. Period physician evaluation.

References:

Bates, B. (1987). *A guide to physical examination and history taking* (4th ed.). J.B. Lippincott; Philadelphia.

Division of STD Prevention and Control (2006). *Canadian STI Guidelines*. Health Canada; Ottawa.
www.phac-aspc.gc.ca/std-mts/sti_2006/pdf/sti2006_e.pdf

Manitoba Cervical Cancer Screening Program. (September ,2000). *Pap smear: A resource guide for Manitoba Health Professionals*. CancerCare Manitoba: ActionCancer Manitoba

Manitoba Health. (March 2001). *Communicable Disease Management Protocol Manual*. Manitoba Health: Communicable Disease Control Unit.

SAMPLE LETTER TO CLIENTS OVER THE AGE OF ELIGIBILITY FOR TEEN CLINIC

(Source: Adapted from Klinic Community Health Centre)

Instructions: this letter is intended to be given to clients in person when they are nearing the age at which they will no longer be eligible to use the teen clinic.

Dear Teen Clinic Client:

Thanks for coming to the teen clinic for your health services. We hope we have helped you with your health issues over the years. Now that you are _____ years old, you will soon no longer be eligible for teen clinic services. It is important to think about how you will address your health needs in the future. There are several options available to you:

Finding A Health Care Provider

- If you already have a family doctor or nurse practitioner, but have been coming to teen clinic for part of your healthcare, you can choose to start seeing your family doctor or nurse practitioner for all your health needs. This may be a good option, because your family doctor already knows you and can provide comprehensive care. With your written permission, we can send your health records to your doctor free of charge.
- If you don't have a family doctor, you can call the Family Physician Connection (Phone: 786-7111) and find out which physicians are accepting clients in your area.
- If you live near this clinic, you can discuss with the physician/nurse practitioner that you see whether you are eligible to become a regular client here. If eligible, this would mean that a _____ physician or nurse practitioner would become your family practitioner and you would book appointments during the regular daytime agency hours.

Regardless of which of these options you choose to establish a family physician, there are other services that you can use, including:

- list available community services

For other health information, call Health Links/Info Santé **788-8200** in Winnipeg or toll-free **1-888-315-9257**.

Sincerely,

The Staff at Teen Clinic

SAMPLE FORM

Teen Clinic Registration Form

(Adapted from Mount Carmel Clinic Teen Clinic)

Instructions: This form is to be filled out by clients using the teen clinic on their first visit or whenever there are changes to the information. It should be kept in the clients' medical files.

Date: _____ Time: _____

Name: _____

Birthdate (month/day/year): _____

Address: _____

City: _____ Postal Code: _____

Home Phone number: _____

Other number: _____

Medical number: (6 numbers) _____

Personal Health Information Number: (9 numbers) _____

Can we call you at home? Yes No

If no, where can we leave a message?

_____ _____

(place/person) (phone #)

Please leave a message saying: "Call teen clinic" or "Call Laura"

Emergency contact: _____

(Name) (Relationship)

_____

(Phone number)

Why did you come today? *(Please check all the ones you want)*

❑ birth control pill start
❑ birth control needle (Depo)
❑ pregnancy testing
❑ STI testing
❑ HIV testing
❑ check-up
❑ sexual assault
❑ pap test
❑ breast exam or testicular exam
❑ birth control pill refill
❑ morning after pill
❑ other _____

To talk about:

❑ drugs and/or smoking ❑ losing weight ❑ depression

❑ any other _____

Do you have any allergies? _____

Do you have any medical condition (ex: diabetes, asthma)? _____

For women: When was your last period? _____

When was your last pap test? _____

Some of the services we offer take more than 30 minutes.

How long can you stay here today? _____

SAMPLE FORM

Personal Health History

(Adapted from Women's Health Clinic)

The information you provide will be kept in your personal medical file. All information is confidential.

Date: _____

First Name: _____

Chart # _____

How would you describe your health?

❑ Great ❑ Good ❑ Okay ❑ Bad ❑ Terrible

Your health history:

1. Have you ever had surgery?

❑ Yes ❑ No ❑ Don't know

If yes, when and what surgery did you have? _____

2. Have you been to the hospital before?

❑ Yes ❑ No ❑ Don't know

If yes, when and why were you in the hospital? _____

3. Do you have:

❑ Asthma ❑ Diabetes ❑ Blood problems ❑ Migraines (bad headaches)

4. Are you taking any medications (including herbs and/or vitamins)?

❑ Yes ❑ No

If yes, what kind? _____

5. Do you have allergies?

❑ Yes ❑ No ❑ Don't know

If yes, what are you allergic to?

_____

6. Do you smoke cigarettes?

❑ Yes ❑ No ❑ Don't know

If yes, how many cigarettes do you smoke a day on average? _____

How old were you when you started smoking? _____

Have you tried to quit?

❑ Yes ❑ No

7. Do you drink alcohol?

❑ Yes ❑ No ❑ Don't know

If yes, how much alcohol do you drink in a week? _____

8. Do you use any street drugs?

❑ Yes ❑ No ❑ Don't know

If yes, what drugs have you used and how often do you use them? _____

Your family history:

1. Does anyone in your family have:

❑ Heart disease ❑ Blood clots ❑ Cancer

Your social history:

1. Who do you live with? _____
2. Are you happy with your living situation? _____
3. Do you go to school?_____

   If yes, what grade/level are you at in school? _____

4. Have you been sexually active? _____

   If yes, was it with: ❑ Males ❑ Females ❑ Males and Females

5. Are you currently in a sexual relationship?

❑ Yes ❑ No ❑ Don't know

6. Are you happy with your relationship?

❑ Yes ❑ No ❑ Don't know

7. Have you ever been forced to have sex with someone you didn't want to be with?

❑ Yes ❑ No ❑ Don't know

8. How do you feel about your weight? _____

9. Do you get any exercise? _____

If you are female:

1. What was your age when you first got your period? _____

2. How often do you get your period? (count from the first day of one period to the first day of the next period) _____

3. How many days do you bleed for? _____

4. Do you get pains with your period?

❑ Yes ❑ No ❑ Don't know

If yes, how many times have you had to miss work or school because of your pain?

_____

5. What was the first day of your last period? _____

6. Was this period normal (same amount of bleeding, cramps, etc.)?

❑ Yes ❑ No ❑ Don't know

Pregnancy:

1. Have you ever been pregnant?

❑ Yes ❑ No ❑ Don't know

2. Are you currently pregnant?

❑ Yes ❑ No ❑ Don't know

If you are male:

1. Do you do testicular self-exams?

❑ Yes ❑ No

2. Would you like to learn?

❑ Yes ❑ No If not, why not?_____

3. Do you have any burning when you urinate (pee)?

❑ Yes ❑ No

If yes, when has it happened before? _____

SAMPLE FORM

Patient History

Adapted from Mount Carmel Clinic – RB Russell Teen Clinic

Instructions: The following form can be used to summarize patient histories for medical records or to be kept securely in binders on site at a school-based clinic when full medical charts are stored off site. The bottom part of the page is used to append progress notes that are written in a note pad using carbon paper. The carbon copy can be transferred to medical files off site

Medications: _____

Allergies: _____

Immunizations: _____

Social Situation: _____

Pap tests – date/results

Medical history: _____

Surgical history: _____

G ____ P ____ TA ____ L ____

SAMPLE INTAKE FORM

Teen Clinic Intake

Adapted from Youville Centre

Instructions: Have all new and returning clients using the teen clinic complete this form on arrival.

Welcome to Teen Clinic! Please turn off your cell phone while in our centre.

Please write the name(s) of anyone with you or picking you up

_____

Who would you like to see today? (Check all that apply)

❑ don't know ❑ outreach worker ❑ counsellor ❑ dietician ❑ nurse
❑ doctor/nurse ❑ practitioner

How can we help you today?

❑ help dealing with relationships, self-esteem, anxiety, depression

❑ health information

❑ physical health concerns (ex: ear infection, upset stomach, rash)

❑ start birth control

❑ questions about nutrition, eating, weight concerns...

❑ pick up condoms

❑ morning after pill / emergency contraception

❑ pick up birth control pills

❑ pap test or STI (sexually transmitted infection) testing/treatment

❑ pregnancy testing

❑ get test results

❑ other _____

Have you ever thought about?

The following are a list of issues that can affect your health and happiness or the health of someone you care about. By checking off any issues below, it will give us an opportunity to discuss the topics you've chosen and provide you with some resources and information)

- ❑ **Anxiety/Stress** (ex: feeling overwhelmed, having trouble sleeping, frequent upset stomach and/or frequent headaches, irritable or not coping well with stressful situation)
- ❑ **Depression:** (ex: feeling unlike yourself; unable to feel as happy as you used to, having thoughts about hurting yourself and/or hurting yourself by cutting or burning your body)
- ❑ **Self Esteem** (ex: feeling like good things don't deserve to happen to you, are afraid to say NO, unable to stick up for yourself and/or nervous in front of others)
- ❑ **Body image** (ex: feeling consumed with how you look, how much you weigh and/or feeling guilty after eating, starving yourself, eating lots of food and then throwing up, feeling out of control and/or hiding your eating /exercise habits from others)
- ❑ **Abuse** (ex: feeling you may be in a relationship/environment/home life that is or may become emotionally, physically or sexually abusive or have experienced abuse and looking for assistance to cope with it)
- ❑ **Sexual identity** (ex: knowing or wondering if you are gay, lesbian, transgender or bisexual, unsure how to communicate this to friends/family)
- ❑ **Drugs / Alcohol** (ex: feeling unsure about decision making, peer pressure or how to stop drinking or using drugs, blacking out (not remembering) and/or doing things you wouldn't normally do when you were sober)
- ❑ **Relationships** (ex: wanting to know what is a healthy relationship with partners, friends and family, feeling like you don't have friends or don't fit in)
- ❑ **Communication** (ex: needing guidance in communicating with your parent(s)/ guardians(s) or health provider)

Name: _____

SAMPLE

Progress Notes

Adapted from Klinic Community Health Centre

Chart Number: _____

Health and Social Record

Date	Case Activity Notes	Worker

SAMPLE

Issues List

Adapted from Youville Centre

Chart Number: _____

Issues List

Issue (see progress notes)	Date first identified (d/m/y)	Date resolved (d/m/y)

SAMPLE

Periodic Health Review Form

Adapted From Klinic Community Health Centre

Patient ID Label

Personal History & Lifestyles

1. Education _____

2. Occupation _____

3. Smoker ❑ Yes ❑ No ____ pack per day

4. Alcohol use ❑ Yes ❑ No How much?_____

5. Street drugs ❑ Yes ❑ No

6. Safety issues:

   seat belt use ❑ Yes ❑ No ❑ Advised

   smoke detectors ❑ Yes ❑ No ❑ Advised

   helmet use (cycle, roller blade, snowmobile) ❑ Yes ❑ No ❑ Advised

7. Nutritional awareness ❑ Yes ❑ No

8. Regular exercise ❑ Yes ❑ No

9. Last dental exam _____

10. Last eye exam _____

11. Last hearing exam _____

Review of Symptoms

General

Have you noticed any:

1.	Fatigue	❑ Yes	❑ No
2.	Fever	❑ Yes	❑ No
3.	Weight change	❑ Yes	❑ No
4.	Decreased exercise tolerance	❑ Yes	❑ No

Integumentary

5.	Skin colour change	❑ Yes	❑ No
6.	Hair loss	❑ Yes	❑ No
7.	Generalized itching	❑ Yes	❑ No
8.	Rash	❑ Yes	❑ No
9.	Lumps	❑ Yes	❑ No
10.	Nails	❑ Yes	❑ No

Head & Neck

11.	Headache	❑ Yes	❑ No
12.	Eyes (vision, double vision, pain, tearing, glaucoma, cataracts)	❑ Yes	❑ No
13.	Ears (pain, d/c, hearing, tinnitus)	❑ Yes	❑ No
14.	Nose (smell, bleeding, d/c, obstruction)	❑ Yes	❑ No
15.	Mouth (taste, teeth, ulcers, hoarseness)	❑ Yes	❑ No
16.	Neck (lumps, glands, goiter, pain, stiffness)	❑ Yes	❑ No

Cardiac

17. Chest pain	❑ Yes	❑ No
18. Palpitations	❑ Yes	❑ No
19. P.N.D., Orthopnea, Edema	❑ Yes	❑ No
20. Claudication, Night cramps, V.V.	❑ Yes	❑ No

Respiratory

21. Cough / Sputum	❑ Yes	❑ No
22. Hemoptysis	❑ Yes	❑ No
23. Wheezing / Dyspnea	❑ Yes	❑ No
24. Pleuritic pain	❑ Yes	❑ No
25. Hoarseness	❑ Yes	❑ No
26. Hay fever	❑ Yes	❑ No
27. Any pets at home	❑ Yes	❑ No
28. Occupation exposure history	❑ Yes	❑ No

Gastrointestinal

29. Appetite, Dysphagia, reflux/ dyspepsia/pain, nausea/vomiting, Hematemesis, jaundice	❑ Yes	❑ No
30. Constipation/diarrhea, rectal bleeding, Changed colour/size/frequency of stools	❑ Yes	❑ No
31. Anal pain, Itching, d/c	❑ Yes	❑ No
32. Recent travel to diff. Country/Continent	❑ Yes	❑ No

Female Genitoreproductive

33. G _____ P _____ TA _____ L _____ Complications: _____

34. Menstrual cycle:

    Age of menarche: _____ years age

    Interval: _____ days

    Duration: _____ days

    LNMP: _____

    Flow: ❑ Normal ❑ Heavy ❑ Light ❑ Regular ❑ Irregular

35. Contraception: Oral contraceptive pills ❑ Brand _____

    ❑ Patch ❑ Depo Provera ❑ Condoms ❑ Spermicide ❑ IUD ❑ shield
    ❑ sponge ❑ diaphragm ❑ cervical cap ❑ Coitus interuptus (withdrawal)
    ❑ Other (calendar, basal body temp, mucous)

36. Date of last pap: _____

37. Regular breast self-examinations ❑ Yes ❑ No

38. Breast lumps, pain, nipple discharge ❑ Yes ❑ No

39. Dysmenorrhea, abnormal vaginal bleeding, Dyspareunia, genital lesions, urinary stress incontinence, Prolapse symptoms, vaginal d/c ❑ Yes ❑ No

40. History STI or HIV testing or risk factors ❑ Yes ❑ No

41. Sexual concerns or difficulties ❑ Yes ❑ No

42. Menopause date and symptoms _____

    _____

    _____

Male Genitoreproductive

43. Urethral d/c, genital lesions, hernia, testicular pain or swelling	❑ Yes	❑ No
44. History STI or HIV testing or risk factors	❑ Yes	❑ No
45. Contraception	❑ Yes	❑ No
46. Sexual concerns or difficulties	❑ Yes	❑ No

Urinary

47. Frequency, urgency, hesitancy, nocturia, incontinence, dysuria, reduced stream, dribbling, hematuria, flank pain	❑ Yes	❑ No

Musculoskeletal

48. Joint pain, swelling, stiffness, deformity myalgia, muscle weakness	❑ Yes	❑ No

Neurologic

49. Fainting/blackouts, dizziness/vertigo seizures, weakness, numbness, tingling, tremors, involuntary movements	❑ Yes	❑ No

Endocrine

50. Increased thirst, urination, hunger, sweating	❑ Yes	❑ No
51. Heat/cold intolerance, thyroid trouble	❑ Yes	❑ No

Hematological

52. Anemia, easy bruising/bleeding, enlarged glands or lymph nodes	❑ Yes	❑ No
53. Transfusions/reactions	❑ Yes	❑ No

Psycho-Social

54. Anxiety, depression, mood swings, insomnia	❑ Yes	❑ No
55. Witness/survivor of abuse/violence	❑ Yes	❑ No

Examiner: _____ Signature: _____ Date: _____

SAMPLE

Contraceptive Screening Form

Adapted from Klinic Community Health Centre

Date: _____ Age: _____ LNMP: _____ **Periods:** ❑ Regular ❑ Irregular	Patient Label

Pregnancies _____ # Live births _____ # Previous therapeutic abortions _____

Previous types of contraception used in the past (if any): _____

Side effects (if any): _____

History of: (check any that apply)

❑ blood clots

❑ migraines

❑ depression

❑ active liver disease (ex: hepatitis)

❑ heart attack or stroke

Family member with:

❑ blood clot (whom/age) _____

❑ stroke (whom/age) _____

❑ heart attack (whom/age) _____

❑ breast cancer (whom/age) _____

Importance of regular pelvic exams/pap tests	
Last pap date _____ ❑ Normal ❑ Abnormal	
Smoking? ❑ No ❑ Yes If Yes, (# cig/day): _____	
STI Prevention (condom teaching)	Condoms: ❑ Provided ❑ Declined
Client interested in:	
❑ regular form of birth control	❑ prescription (drug plan, treaty #, provincial welfare)
❑ low cost birth control program	❑ STI testing
❑ Emergency contraceptive pill (Plan B)	❑ prescription for future use
Discussed:	
❑ diaphram	❑ IUCD ❑ spermicides
❑ cervical cap	❑ levonorgestrel IUS
Client to see practitioner to discuss:	
❑ oral contraceptive pill	❑ emergency contraceptive pill (Plan B)
❑ contraceptive ring	❑ Depo Provera
❑ contraceptive patch	❑ other options

_____

Practitioner/Medical Assistant/Counsellor's Name (Print)

_____

Practitioner/Medical Assistant/Counsellor's Signature

CONTRACEPTIVE SCREENING HISTORY AND COUNSELLING FORM

Oral Contraceptive Pill

History of sexual intercourse: ❑ Yes (ever) ❑ No (never)

❑ Oral contraceptive pill info sheet given and reviewed

❑ Side effects discussed

❑ headaches ❑ breast tenderness ❑ nausea ❑ moodiness

❑ What to do if missed/late pills

❑ Condom back-up for first month and during illness with vomiting/diarrhea

---

Contraceptive Patch

History of sexual intercourse: ❑ Yes (ever) ❑ No (never)

❑ Contraceptive patch info sheet given and reviewed

❑ Side effects discussed

❑ headaches breast tenderness ❑ nausea ❑ moodiness ❑ rash

❑ How/where to safely apply the patch

❑ Schedule for patch changes (every seven days for three weeks, then one week off)

❑ What to do if forgot to change patch (if late more than two days, start new four week cycle - three weeks on and one week off, contact your practitioner if you do not have enough patches).

❑ What if patch falls off

– less than 24 hours, re-apply it or apply new patch - maintaining the same patch change day

– more than 24 hours, start a new four week cycle - three weeks on and one week off

– contact your practitioner if you do not have enough patches.

❑ Condom back-up for first month

Depo Provera

History of sexual intercourse: ❑ Yes (ever) ❑ No (never) Weight (kg) – optional _____

Urine pregnancy test (if applicable) result: ❑ Negative ❑ Positive
Date done: _____

History of depression? ❑ No ❑ Yes If yes, treatment: _____

❑ Depo Provera info sheet given and reviewed

❑ Side effects discussed

- ❑ irregular bleeding/no periods ❑ osteoporosis risk ❑ increase in appetite
- ❑ moodiness ❑ delay in return of fertility after discontinued

❑ Depo Provera schedule (every 12 weeks)

❑ Urine pregnancy testing before injections

❑ Interested in referral to clinic dietitian

Emergency Contraceptive Pill (ECP, Plan B)

Date and time of unprotected intercourse: _____

Urine Pregnancy Test Result: ❑ Negative ❑ Positive Date done: _____

❑ ECP info sheet given and reviewed

❑ How to take ECP

❑ Effectiveness (optimal within 24 hours, good within three days, but okay up to five days after unprotected intercourse)

❑ What to do if vomiting occurs within one to two hours of taking pills (call your practitioner)

❑ Follow up pregnancy test if no period within three weeks of Plan B

Contraceptive Ring (Nuva Ring)

History of sexual intercourse: ❑ Yes (ever) ❑ No (never)

❑ Contraceptive ring info sheet given and reviewed

❑ Side effects discussed

❑ headaches ❑ breast tenderness ❑ nausea ❑ vaginal irritation or discharge

❑ Ring schedule (in for 21, remove for seven days, then insert new ring)

❑ What if the ring falls out (rare)

– less than three hours, rinse in cool water and replace it

– more than three hours, replace and use back-up method for seven days

❑ Condom back-up for first week

_____

Practitioner/Medical Assistant/Counsellor's Name (Print)

_____

Practitioner/Medical Assistant/Counsellor's Signature

SAMPLE

Nutritional Assessment

Adapted from Klinic Community Health Centre

Nutritional Assessment

Nutritional Assessment				Label
Reason for Referral				Medications
Medical History				Social History
Relevant Labs				Activity
Weight	Height	Healthy Body Weight	Body Mass Index	Weight History
24 hour recall				
Allergy/Intolerance		Alcohol use		Eating out
Supplements		Food Prep/Shopping		Weekend

Problems Identified:			
❑ irregular meals	❑ excess snacking	❑ inadequate calcium	❑ alcohol
❑ unbalanced food groups	❑ excess fat/fried foods	❑ inadequate iron	❑ sedentary
❑ excess portion sizes	❑ excess sodium	❑ inadequate energy	❑ drugs
❑ excess sweets/desserts	❑ excess restaurant meals	❑ inadequate fibre	❑ other

Risk Factors:			
❑ inadequate money	❑ substance/alcohol abuse	❑ time	❑ lack of support
❑ stress	❑ lack of knowledge	❑ lack of motivation	❑ other

Assessment:

Plan:

Suggested diet:

Recommended supplements:

Teaching resources provided:

Follow up:

Signature: _____ Date:_____

SAMPLE

Request for Release of Information

Adapted from Klinic Community Health Centre

Client/Patient Name: _____

Chart number: _____ Date of Birth: _____

MHSC #: _____ Personal Health Information Number _____

I, _____, give my permission / request for
(client / patient or guardian) (circle one)

_____ to provide
(agency, individual)

a copy of _____
(identify specific information required)

regarding the above-named individual to _____
(agency, individual)

by verbal / written communication.
(circle one)

Information released is confidential and not for redistribution or duplication in any form. This consent for release of information will expire one year from date signed unless otherwise specified.

I am aware that there may be a cost involved to cover the chart review, preparation, photocopying, and mailing of the requested information. Should there be a service charge for the release of information, I will be responsible for these fees.

Date: _____ Signature of Client/Patient: _____

Staff Witness: _____

Manitoba

Health
Healthy Living

Cadham Provincial Laboratory
Public Health Branch

P.O. Box 8450
750 William Avenue
Winnipeg MB R3C 3Y1
PH: (204) 945-6123
FAX: (204) 786-4770
www.gov.mb.ca/health/publichealth/cpl

September 12, 2005

To: Public Health Practitioners

Re: Information on Chlamydia Testing.

This information has been prepared in response to requests for further scientific information on chlamydia detection from public health practitioners. This information is supplemented by information found in the 2005 *Cadham Provincial Laboratory Guide to Services and Manitoba Health Communicable Disease Control Protocol Manual*.

Chlamydia trachomatis is an obligate intracellular bacterium infecting mucosal epithelia, which is spread most commonly via direct sexual contact. The most common site of infection in males is the urethra and in females the cervix. Infection of the urethra may also occur in most genitally infected females. Many chlamydial infections (50 to 70 per cent) are asymptomatic. Urethral and cervical specimens therefore constitute the optimal specimens for detection and subsequent control of disease due to chlamydia. This letter outlines the current requirements for chlamydia testing in males and females in Manitoba under current resource structures. Detection of gonorrhea is also discussed, but not in detail.

There are presently three chlamydia detection methods available in Manitoba:

- Nucleic acid probe (Gen-Probe PACE-2)
- Urethral, cervical and conjunctival specimens
- Also detects *N. gonorrhoeae*, if requested
- Nucleic acid amplification (BD Probe-Tec)
- Urine specimens, particularly for males (see below)
- Also detects *N. gonorrhoeae*
- Direct fluorescent antibody (MicroTrak)
- All other specimens (e.g., throat, rectum)
- Not for *N. gonorrhoeae* detection

Manitoba Health, based in part on available laboratory resources, currently recommends the following regarding *chlamydia* detection:

Females:

- Adult and legally consenting adolescent females who are pregnant, at risk for or displaying symptoms consistent with genital tract *Chlamydia trachomatis* infection should first be offered a cervical swab as part of the complete sexual health exam, which should in most cases include a pelvic examination. Currently, testing of female urine specimens with a nucleic acid amplified test provides similar or better sensitivity in comparison to testing a cervical swab with the PACE 2 test[1,2]. Those declining a pelvic examination or in whom swab testing may not be appropriate may be offered a urine test.
- Adult females lacking a cervix (e.g. total hysterectomy) or refusing a complete sexual health exam may submit first void urine specimens.
- Prepubertal females may have several specimens submitted including first void urine, vaginal swabs and cervical swabs. It is presumed that these specimens are likely sexual assault investigations.

Males:

- Males with risks for or displaying symptoms consistent with *Chlamydia trachomatis* infection may submit either a first void urine specimen or urethral swab (Gen-Probe kit). Testing of male urine specimens with a nucleic acid amplification test is expected to provide better sensitivity than urethral swab testing by PACE 2[1,2].

Note that all patients with risks for or symptoms of chlamydia should also be offered testing for other sexually transmitted infections including gonorrhea, syphilis and HIV as part of a complete sexual health exam. For patients with recurrent or treatment-resistant urethritis/cervicitis, culture is recommended, particularly if resistant gonorrhea is suspected. Testing recommendations for gonorrhea differ depending on local laboratory capabilities; contact Cadham Provincial Laboratory or your local clinical microbiology laboratory for information on specimen collection for gonorrhea culture requirements. Please call Cadham Provincial Laboratory for specimen collection guidelines if resistant *Chlamydia trachomatis* is suspected.

Yours truly,

Paul Van Caeseele, MD FRCPC
Director, Cadham Provincial Laboratory
PVC/pf

References:

1. Wylie, J. L. et al. 1998. Comparative evaluation of Chlamydiazyme, PACE 2, and AMP-CT assays for detection of Chlamydia trachomatis in endocervical specimens. J. Clin. Microbiol. 36:3488-3491.

2. Van der Pol et al. 2001. Multicenter evaluation of the BDProbeTec ET system for detection of Chlamydia trachomatis and Neisseria gonorrheae in urine specimens, female endocervical swabs, and male urethral swabs. J. Clin. Microbiol. 39:1008-1016.

3. Health Canada. 1998. Canadian STD Guidelines.

Summary of sensitivity data for nucleic acid probe (GenProbe PACE 2) vs. nucleic acid amplification assays (NAA).

	Specimen type	GenProbe PACE 2 (%)	NAA (%) [a]
Chlamydia			
Females	Swab	80 [b]	89-97
	Urine	Not applicable [c] 77-84	
Males	Swab	<80 [d]	86-94
	Urine	Not applicable [c]	86-94
Gonorrhea			
Females	Swab	92 [e]	96-97
	Urine	Not applicable [c]	84-87
Males	Swab	96 [e]	98-100
	Urine	Not applicable [c]	98-100

a All NAA data is based on the Becton Dickinson BD ProbeTec. Data from Van der Pol et al. (1)

b Based on data from Wylie et al. (2). GenProbe PACE 2 was compared against an NAA previously marketed by GenProbe (AMP-CT).

c Urines cannot be tested by GenProbe PACE 2.

d A suitable comparative study for male specimens tested against PACE 2 and either BDProbeTec or any NAA from GenProbe has not been completed. Based on other studies, it is expected that GenProbe PACE 2 sensitivity for male urethral swabs would be less than 80% (3, 4).

e Based on a meta-analysis conducted by Koumanns et al (5). Culture was the gold standard for comparison in this analysis and the culture testing was likely done under ideal circumstances.

1. Van der Pol et al. (1) 2001. Multicenter evaluation of the BDProbeTec ET system for detection of Chlamydia trachomatis and Neisseria gonorrheae in urine specimens, female endocervical swabs, and male urethral swabs. J. Clin. Microbiol. 39:1008-1016.

2. Wylie, J. L. et al. 1998. Comparative evaluation of Chlamydiazyme, PACE 2, and AMP-CT assays for detection of Chlamydia trachomatis in endocervical specimens. J. Clin. Microbiol. 36:3488-3491.

3. Stary, A. et al. 1996. Detection of Chlamydia trachomatis in urethral and urine samples from symptomatic and asymptomatic male patients by the polymerase chain reaction. Eur. J. Clin. Microbiol. Infect Dis.15:465-71.

4. Carroll, K. C. et al. 1998. Evaluation of the Abbott LCx ligase chain reaction assay for detection of Chlamydia trachomatis and Neisseria gonorrhoeae in urine and genital swab specimens from a sexually transmitted disease clinic population. J. Clin. Microbiol. 36:1630-1633.

5. Koumanns, E. H. et al. 1998. Laboratory testing for Neisseria gonorrhoeae by recently introduced nonculture tests: a performance review with clinical and public health considerations. Clin. Infect. Diseases. 27:1171-1180.

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Cadham Provincial Laboratory (CPL) Requirements for Submission of Urine Specimens from High-Risk Males for Detection of Chlamydia trachomatis & Neisseria gonorrhoeae.

Important:

Patient should **NOT** have urinated for one hour prior to specimen collection. The **FIRST** 20-30 mL (**NOT** midstream) should be collected.

Specimen Collection and Transport:

1. Instruct patient to void FIRST 20 to 30 millilitres into sterile plastic preservative-free specimen container.

Ensure that the lid is **tightly** applied and not cross-threaded. Parafilm, if possible, and place specimen in plastic bag. Attach fully completed microbiology and serology requisition to outside of plastic bag.

3. Do NOT freeze specimen.

4. Refrigerate at 2-8°C until transportation is available.

5. Send specimens on icepacks within 48 hours of collection.

Leaking specimens will not be processed.

There are several limitations with these tests. Three of which may be readily apparent and may affect the results are:

1. Test results may not be accurate if patient voids more than 60 mL urine into sample container as specimen may be too dilute.

2. In laboratory studies, blood <5% (v/v) (visible discolouration) was shown to cause indeterminate (inhibitory) results and false negative results.

3. The presence of highly pigmented substances in urine, such as bilirubin (10 mg/ml) and certain drugs may cause indeterminate or false negative results.

February 17, 2003

SG/pf

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SAMPLE

Teen Clinic Billing Sheet

(Adapted from Klinic Community Health Centre)

Name of Practitioner: _____ Date: _____

Client	Diagnosis (reason for visit)	Tariff

Nurse practitioner: Please put an asterisk (*) beside clients when a physician consultation was required.

DIRECT CONTACTS							
Individual Contacts						Group Contacts	
2.	3.	4.	5.	6.	7.	8.	9.
Home	Hospital	Community	Phone	Letter	E-mail	# of Participants	# of Sessions

INDIRECT CONTACTS		OTHER ACTIVITIES					
10.	11.	Referrals		14.	Non-Client Specific		
Client Specific	Non-Client Specific	12.	13.	Turn Aways	16.	17.	18.

Nurse: Please put an asterisk (*) beside clients when a physician consultation was required.

Appendices

ADDITIONAL LINKS

For more information on adolescent health

Healthy Child Manitoba Office; Healthy Adolescent Development Strategy
www.gov.mb.ca/healthychild/had/index.html

Canadian Health Network: website has a link to youth related resources and information.
www.canadian-health-network.ca

Sexuality Education Resource Centre of Manitoba
www.serc.mb.ca

For more information on program planning and design

The University of Toronto Health Communication Unit: Health Promotion Planning Resources
www.thcu.ca/infoandresources/planning_resources.htm

For more information on monitoring and evaluation

Public Health Agency of Canada: Program Evaluation Toolkit
www.phac-aspc.gc.ca/php-psp/toolkit.html

Centre for Disease Control and Prevention, Evaluation Working Group
www.cdc.gov/eval/resources.htm

For more information on teen clinic implementation

Family Health International, Focus on Young Adults. Includes links to publications on adolescent reproductive health services.
www.fhi.org/en/Youth/YouthNet/index.htm

Summary of Literature Reviewed

CITATION	METHODOLOGY				TOPIC (● Principal Focus, ○ Secondary Focus)									
	Report	Epidemiological	Quantitative	Qualitative	Gender	Adolescent SRH rights	Health Behaviours and Risks	Service Use Patterns	Evaluation	Mental Health	Needs Assessment	Guidelines / Best Practice Models	SRH Clinical Care	Of Particular Interest
Adamchak, S et. al. 2000 [1]	●								●					✱
Adelman, Barker & Nelson, 1993 [33]			●					●	○					
Ahumada & Kowalski-Morton, 2006 [39]						●								
Armstrong, B., 2003 [40]				●	●				○					
Aten, Siegel, Roghmann, 1996 [41]			●					●						✱
Barnett, Nieguhr, Baldwin, 1998 [42]												●		
Boyce, Doherty, Fortin, MacKinnon, 2003 [7]			●				●							
Boyce, W., 2004 [6]			●				●							
Breinbauer, C. and Maddaleno, M., 2005 (chapter 5) [8]							●							
Brown, 2000 [9]							○						●	✱
Canadian Pediatric Society, 1994 [31]	●											○	●	
Canadian Pediatric Society, 2006 [32]						○						○	●	✱
Canadian Psychiatric Association, 2006 [18]	●									●				
Canadian STI Guidelines, 2006 [43]	●											●		✱
Centre for the Advancement of Community Based Public Health, 2000 [38]	●								●			○		✱
Centre for Disease Control and Prevention, 2007 [44]	●											●		
Centre for Infectious Disease Prevention and Control, 2006 [14]		●					●							
de Bruyn, M and Packer, S., 2004 [45]	●					○							●	✱
Douglas, Waszak, Ziegler, 1991 [46]			●					○	●				○	✱
Flaherty, Weist, Warner, 1996 [47]				●						●		○		
Farmer, G. et. al., 1998 [20]									●					

CITATION	METHODOLOGY				TOPIC ● Principal Focus ○ Secondary Focus									
	Report	Epidemiological	Quantitative	Qualitative	Gender	Adolescent SRH rights	Health Behaviours and Risks	Service Use Patterns	Evaluation	Mental Health	Needs Assessment	Guidelines / Best Practice Models	SRH Clinical Care	Of Particular Interest
Giarratano-Russell, 1998 [2]							●							
Ginsburg, Menapace, Slap, 1997 [27]				●				●			○			
Gunatilake, 1998 [10]							●						○	✺
Healthy Child Manitoba, 2006 [4]						○	●							✺
Immigrant Women's Association of Manitoba, 2006 [24]	●											●		
Kennedy & MacPhee, 2006 [25]				●		○					●			
Kollar, L., 2002 (chapter 20) [30]												○	●	
Langille et. al. 2000 [15]				●								○	●	✺
Manitoba Health, 2005 [13]		●					●							
Marston, C. & King, E., 2006 [48]	●						●				○			
Patrick, D. et. al., 2000 [12]	●						●							
Patton, D. et. al., 2005 [22]			●				●							
Raine, 2003 [49]			●		●				○					
Sellors, J., 2000 [11]			●		●		●							
Senderowitz, 1997 [36]	●											●		✺
SIECCAN, 2004 [26]	●						●				○			
Sexuality Education Resource Centre, 2006 [17]	●						●							
Shah, 2006 [50]											●			
Schulenberg, J., et. al., 1997 [3]							●							
Society for Adolescent Medicine, 2004 [51]	●					●						●		✺
Statistics Canada, 2002 [19]		●								●				
Statistics Canada, 2006 [23]			●				●							
Sundby, J. 2006 [52]						●						○		✺
The Health Communication Unit, 2001 [37]	●										●	○		✺
YouthNet, 2005 [35]											●			
Zambezi, 2006 [53]									○		●	○		

Works Cited

1. Adamchack, Susan, Bond, Katherine, MacLaren, Laurel, Magnani, Robert, Nelson, Kristin, and Seltzer, Judith. A guide to monitoring and evaluating adolescent reproductive health programs. 2000. Washington, Focus on Young Adults.
   Ref Type: Report

2. Susan Giarratano-Russell, "Overview of teen health," in Promoting Teen Health: Linking Schools, Health Organizations and Community, ed. Alan Henderson, Sally Champlin, and William Evashwick. 1st ed. (Thousand Oaks, CA: Sage Publications, 1998), 1-6.

3. John Schulenberg, Jennifer L. Maggs, and Klaus Hurrelmann, "Negotiating developmental transitions during adolescence and young adulthood: Health risks and opportunitites," in Health Risks and Development Transitions During Adelescence, ed. John Schulenberg, Jennifer L. Maggs, and Klaus Hurrelmann. (New York: Cambridge University Press, 1997), 1-19.

4. Healthy Child Manitoba. Sex - You decide; Know the facts, Protect yourself: Facilitator resource. 2006. Winnipeg, Think Again Campaign.
   Ref Type: Report

5. Stephane Tremblay, Susan Dahinten, and Dafna Kohen, "Factors Related to Adolescents' Self-Perceived Health," Health Reports 14, no. Supplement (2003): 7-16.

6. Boyce, William and Boyce. Young people in Canada: Their health and well being. 2004. Ottawa, Health Canada.
   Ref Type: Report

7. Boyce, William, Doherty, Maryanne, Fortin, Christian, and MacKinnon, David. Canadian youth, sexual health and HIV/AIDS study: Factors influencing knowledge, attitudes and behaviours. 2003. Toronto, Ontario, Council of Ministers of Education, Canada. 5-8-2006.
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