**St. Peter Family Medicine (SPFM) Adolescent Obstetrics (ADOB)**

**R-3** 6-month rotation (blocks 1-7 & 7-13)

**Faculty Coordinator**:  SPFM faculty (Rick Brandt-Kreutz, LICSW)

**Supervisors:** SPFM Family Medicine preceptors (Kari Lima, MD, Julia Hamilton, DO, Rosemary Cotter, MD, Yo Kondo, MD), BH (Rick Brandt-Kreutz, LICSW), RD (Sharon Furrer, RD).

(Vacation and Leave: Vacation and Call Grid on New Innovations – vacation is permitted on this rotation)

**Guiding Goals:**

1. Provide teen-friendly, relationship based, **continuity prenatal care and delivery** for panel of adolescent obstetrics patients assigned during 6-month longitudinal rotation.
2. Collaborate with **interdisciplinary team** members (Medical Assistant, Behavioral Health Specialist, Registered Dietician, Family Medicine preceptors and others) for individualized prenatal care planning and intervention for each patient to meet their biopsychosocial needs.
3. Prepare and complete **1-3 educational interventions** for patients and their support persons on topics in adolescent pregnancy and adolescent medicine.
4. **Improve knowledge and skills** in adolescent medicine including adolescent pregnancy risks, adolescent psychosocial assessment, mental health, eating disorders, substance abuse, nutrition, sexuality and sexually transmitted infections, newborn care, paternity, safety, and effective communication with adolescents.
5. All providers and staff experience **mutual support** from the group to mitigate vicarious traumatization of caregivers working with high-risk populations.

**Details of rotation:**

1. Read this curriculum prior to the start of the rotation and review any questions with your advisor and/or other faculty.
2. Establish approximately 3 goals/learning objectives for your learning during the ADOB rotation, and review with your advisor and/or other faculty.
3. Evaluate progress by completing written self-assessment/IEP and reviewing with your advisor and/or other faculty.
4. Be present and on time for assigned duration of the 6-month ADOB rotation.
5. Participate in all aspects of ADOB, including the adolescent medicine didactics, patient education, individual clinic visits and interdisciplinary case conference (1330 – 1700, or later, every other Thursday).
6. You will be notified by ADOB faculty regarding when you are assigned to prepare and present education to patients and their support persons. General topics include pregnancy, childbirth and post-partum, newborn care, and breastfeeding.
7. **SCHEDULE/CALENDAR:** **For complete instructions, see “SPFM Adolescent Obstetrics Clinic – Presentation Schedule” on the “ADOB” team on TEAMS. Please contact ADOB faculty and/or SPFM admin with any questions.**

**Educational Approach:**

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| Milestone  | Details  | Evaluation method   |
|  PC 3: Health Promotion and Wellness | Utilize appropriate adolescent screening and prenatal care to overcome barriers and assess and intervene according to patient risks in teen pregnancy. | Direct observation and evaluation |
| MK2- Critical Thinking and Decision Making  | Incorporate, prioritize, and synthesize patient information, including the patient’s story, for adolescent health prevention, diagnosis, and treatment. | Direct observation and evaluation |
| SBP 2: System Navigation for Patient-Centered Care | Coordinate care with other SPFM providers, PSPH and community resources (e.g., Nurse Family Partnership), in order to assure effective care transitions to improve adolescent prenatal and infant health/outcomes. | Direct observation and evaluation |
| SBP 4: Advocacy | Identify and describe the importance of comprehensive, team-based, and adolescent-friendly prenatal care and the policy implications. | Direct observation and evaluation |
| PBLI 2: Reflective Practice and Commitment to Personal Growth | Identify personal barriers and biases to effective care for adolescents (e.g., countertransference in the setting of challenging adolescent behavior) and implement appropriate adjustments in patient care interactions. | Direct observation and evaluation |
| PROF 3: Self-Awareness and Help-Seeking Behaviors | Recognize the importance of personal well-being and access help and support while serving high-risk and often traumatized adolescents. | Direct observation and evaluation |
| ICS 1: Patient- and Family-Centered Communication | Establish and maintain therapeutic relationships with pregnant teens and their support persons, using teen-friendly communication skills. | Direct observation and evaluation |
| ICS 2: Interprofessional and Team Communication | Demonstrate engaged and clear communication with the ADOB team, coordinating care plans and role modeling team-based coordinated interdisciplinary care. | Direct observation and evaluation |

  **Contacts:**

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| **Family Medicine faculty physician preceptors:** |
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| Julia Hamilton, DO | Julia.Hamilton@providence.org |
| Rosemary Cotter, MD | rosemary.cotter@providence.org |
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| **Behavioral Health faculty provider/coordinator:** |
| Richard L. Brandt-Kreutz, MSW | richard.brandt-kreutz@providence.org |
| **Dietician:** |
| Sharon Furrer, RD | Sharon.Furrer@providence.org; sharon.furrer@gmail.com |
| **ADOB Lead Medical Assistant:** |
| Larman, Jamacca, MA | Jamacca.Larman@providence.org |

**ADOB Resources:**

**For information about the schedule, program instructions, didactics, and links to resources, see “SPFM Adolescent Obstetrics Clinic – Presentation Schedule” on the “ADOB” team on TEAMS.**

Byerley, B.M., Haas, D.M. A systematic overview of the literature regarding group prenatal care for high-risk pregnant women. BMC Pregnancy Childbirth 17, 329 (2017). <https://doi.org/10.1186/s12884-017-1522-2>

Gabbe PT, Gabbe SG, Lynch CD. Beyond the traditional models of group prenatal care: the case for Moms2B. Am J Obstet Gynecol. 2018 Jan;218(1):147-148. doi: 10.1016/j.ajog.2017.08.117. Epub 2017 Sep 6. PMID: 28888589.

Mazzoni SE, Carter EB. Group prenatal care. Am J Obstet Gynecol. 2017 Jun;216(6):552-556. doi: 10.1016/j.ajog.2017.02.006. Epub 2017 Feb 9. PMID: 28189608.

Trotman G, Chhatre G, Darolia R, Tefera E, Damle L, Gomez-Lobo V. The Effect of Centering Pregnancy versus Traditional Prenatal Care Models on Improved Adolescent Health Behaviors in the Perinatal Period. J Pediatr Adolesc Gynecol. 2015 Oct;28(5):395-401. doi: 10.1016/j.jpag.2014.12.003. Epub 2014 Dec 23. PMID: 26233287.

**ADOB Didactics:**

**For information about the schedule, program instructions, didactics and links to resources, see “SPFM Adolescent Obstetrics Clinic – Presentation Schedule” on the “ADOB” team on TEAMS.**

Core Topics in Adolescent Medicine and Adolescent Obstetrics with questions:

1. Orientation (ALL)
	1. What is the rationale behind ADOB?
	2. How have we attempted to address key issues among pregnant teens with ADOB?
2. SSHADESS (ALL: Adolescent psychosocial assessment = Strengths, School, Home, Activities, Drugs/ETOH, Emotions, Sex, Safety )
	1. What are the key elements of a psychosocial assessment of an adolescent?
	2. Why is it important to begin with strengths?
3. Adolescent Substance Use (FP Preceptor)
	1. What strategies are effective for prevention of adolescent substance use, misuse, and use disorders?
	2. What is the impact of early initiation of substance use?
	3. How can healthcare providers empower families with effective strategies in the prevention, recognition, and treatment of substance use disorders in their children?
	4. What factors are protective against risky substance use in adolescents, and how can these protective factors be leveraged by families, communities, public health and policy?
4. Adolescent Sex and Sexuality (FP Preceptor)
	1. What is the impact of pregnancy on teens in America?
	2. Why is taking a sexual history from teenage patients important? What tools can you use to effectively navigate this conversation?
	3. What are the laws regarding confidentiality and consent to treatment in adolescent healthcare?
5. Adolescent Pregnancy & STIs (FP Preceptor)
	1. What are the recommendations for STD screening in the adolescent population?
	2. How do these screening guidelines differ for pregnant patients?
	3. What are the guidelines for STD treatment?
6. Teen Pregnancy Nutrition (RD)
	1. Which macro and micronutrients deserve extra focus during pregnancy and why?
	2. What are some characteristics of the typical adolescent prenatal diet that may be different from non-adolescent patients?
	3. How do we determine goal weight gain for pregnant adolescents?
	4. What interventions are useful to improve pregnancy nutrition?
7. Adolescent eating disorders and nutrition (RD)
	1. How can clinicians and family members encourage healthy eating attitudes?
	2. What are some risk factors for development of eating disorders?
	3. What are the medical complications of eating disorders?
	4. How do we most effectively make progress with patients who struggle with eating disorders?
	5. What resources are available for patients with eating disorders?
8. Shaken Baby Syndrome and PURPLE crying (BHS)
	1. Describe the normal course of crying in infancy.
	2. How does this relate to the occurrence of shaken baby syndrome?
	3. What are the key elements for talking to parents about normal infant crying?
	4. What are the special issues that come up and working with adolescent patients and parents?
9. Adolescent Fathers (BHS)
	1. Do adolescent father's typically express the desire to be involved in parenting? Why?
	2. Described strategies to facilitate and encourage father involvement in primary care, especially among teen fathers.
10. Adolescent depression and mental health (BHS)
	1. How does adolescent depression differ from adult depression?
	2. What is the role of antidepressant medication in treatment of teen depression?
11. Open Adoption and pregnancy options (Open Adoption)
	1. What are communication strategies to use when talking with teens about pregnancy options?
	2. What services does Open Adoption provide?
12. Paternity (Dept. of Child Support)
	1. Why is paternity important, especially for the high-risk teen population?
	2. How is paternity established?
	3. What are considerations to be taken in talking with adolescents about paternity?
13. Tips for parent-child relationship/resources (Child Care Action Council)
	1. What are typical challenges to parent and infant bonding and parenting?
	2. How does Childcare Action Council (CCAC) programs and resources help promote positive parent child relationships?

**Self-Assessment / Individual Education Plan: ADOB**

After reviewing the ADOB curriculum, please identify about 3 goals for your upcoming rotation:

1.

2.

3.

Upon completion of the rotation please comment on:

1. Progress toward your goals

2. Independent learning you still feel you need before and during your next ADOB experience