



TRAINER'S MANUAL

on the use of the

ADOLESCENT JOB GUIDE



Society of Adolescent Medicine
of the Phil. Inc. (SAMPPI)



United Nations
Population Fund



Department of Health
Republic of the Philippines
2008



World Health
Organization



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USE OF THE ADOLESCENT JOB AID
MANUAL



Department of Health
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In cooperation with
The Society of Adolescent Medicine of the Philippines, inc.



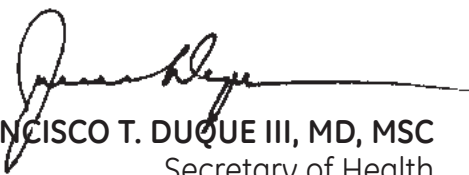


Republic of the Philippines DEPARTMENT OF HEALTH



The *National Standards for Adolescent-Friendly Health Services* recognized that capability-building is essential for quality delivery of adolescent health care services. In line with the National Standards, the Department of Health in partnership with the Society of Adolescent Medicine in the Philippines (SAMPI), World Health Organization (WHO) and the United Nations Population Fund (UNFPA) developed the *Adolescent Job Aid*. The manual was designed to provide field health workers with step-by-step guidance to manage common adolescent health and development conditions in a way that is more effective, more sensitive and more appropriate to adolescents' needs. Hence, attuned to our local conditions and environment.

This *Trainer's Manual on the Use of Adolescent Job Aid* can be used as a basis for training frontline health workers in school clinics or primary health care facilities. It is my hope that the Adolescent Job Aid will help in efforts for local and regional capacity building and thereby contribute to ensuring that all young Filipinos have access to quality health care services in an adolescent-friendly environment.


FRANCISCO T. DUQUE III, MD, MSC
Secretary of Health

HOW TO USE THE TRAINER’S MANUAL

The TRAINER’S MANUAL provides a description of the program and the instructional plan for conducting each session including worksheets. It was developed to facilitate the learning of frontline health workers during the training. It also serves as a ready reference material that health workers can use in the course of their work or as a guide in providing training or lectures for other groups.

Trainers will find the session plans useful in implementing this training program. Each session plan contains the following:

- **Session Objectives** – specifies the trainee’s learning outcome after each session;
- **Content Outline/Key Messages** – gives the outline of topics as seen in the *Adolescent Job Aid Manual* and provides the key messages that trainer’s should emphasize during the session;
- **Teaching-Learning Activities** – suggested learning activities or exercises for developing the skills of participants and communicating the messages; it points out the materials needed, worksheets, and handouts (including the specific pages from the *Adolescent Job Aid Manual*);
- **Activities for Evaluating Learning** – activities to obtain feedback and evaluate if the participants were able to achieve the session objectives;
- **Notes for trainers** – provide some useful tips and reminders for trainers and facilitators in conducting the sessions; and
- **Worksheets** – instructions and guide questions for individual or group activities/workshops.

INTRODUCTION

Dealing with adolescents is a challenging yet equally gratifying aspect of health care. It is a field that very few tread into for many reasons. For one, adolescents are at times difficult to understand and to reach out to. Adolescents as a group are not sickly and therefore they hardly seek care unless they really are sick. Hence, there is less chance for contact with this age group in the health care setting. If ever these adolescents come for care, there are many health concerns that need to be addressed. It is also, at times, difficult to extract information from these set of young people. Skills are needed to get the needed health information especially if the issue at hand is problematic or difficult to handle.

However, because these adolescents are not yet fully mature and equipped or prepared to handle their own health concerns, it is incumbent upon us – those involved in health care to put our knowledge and skills to reach out to them.

This training manual is envisioned for use by the Department of Health in its training of adolescent health providers in the fields. It contains modules to introduce the Adolescent Job Aid Manual and how to utilize it in their area of work. It hopes to familiarize the health provider with a different approach to adolescent health care in a quick yet concise manner. It uses the Algorithm approach to identify easily the health concern of the adolescent and determine the approach to the care of the patient. It also teaches the health provider the principles of confidentiality and privacy, and how to communicate with adolescents.

It is hoped that this Training Manual for Health Providers will facilitate the use of the Adolescent Job Aid Manual.

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OBJECTIVES OF THE TRAINER'S MANUAL

General Objectives :

1. To provide trainers a tool to teach other health providers on the use of the Adolescent Job Aid Manual.
2. To assist the health provider on the utilization of the manual in the day-to-day activities.

Specific Objectives:

1. To familiarize oneself with various algorithms of the most common health issues in adolescents.
2. To determine what cases can be managed at a particular level in the health system and when the case should be referred to a secondary or tertiary level.
3. To provide a quick guide on how to handle some adolescent health problems and risk behaviors and provide health tips to adolescents at every clinic visit.
4. To familiarize the health provider on how to communicate with adolescents.

Points to Remember:

1. The Adolescent Job Aid Manual does not contain an algorithm for common diseases. The topics chosen are based on what the Adolescent and Youth Policy Development guidelines indicated as behaviors that should be focused on to reduce morbidity and mortality in the Philippines.

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SCHEDULE FOR THE TRAINING WORKSHOP

TIME	ACTIVITY	METHODOLOGY	MODULE NEEDS	FOCAL PERSON
	Opening			
1 hour	Module 1 Introduction of Participants	Fill in the Squares	Print out squares	Facilitator
1 hour	Objectives of the Workshop and expectation setting	Lecturette	Lecture slides	Facilitator
30 mins	Workshop Mechanics and schedule of workshop	Group discussion	White board/ Small colored papers Or metacards	Facilitator
1 hour	Module 2 - Getting to Know the Pinoy Adolescent	Pre test Lecture on Adolescent and Youth health Program; Adolescent Growth/ Development Post test	Prepare Pretest and Post test for Participants; Lecture slides on DOH Adolescent and Youth Development Health Program; and Adolescent Growth and Development	Facilitator
1 hour	Module 3 - What is an adolescent Friendly Health service?	Lecture on Adolescent Friendly health service	Lecture slide Prepare metacards	Lecturer
1 hour	Module 4 -Talking to Teens	Lecture on Dealing with Teens and Accompanying Adult	Lecture slides	Lecturer
2 hours	Module 5 – Assuring Privacy and Confidentiality	Lecture on Privacy and confidentiality Practice in pairs	Lecture slides Bond paper or metacards; pentel pen or whiteboard marker;	Lecturer/facilitator
1 1/2 hours to 2 hours	Module 6 – Going Into a Teenager’s HEADSS	VIA - Lecture on Getting into an Adolescent’s HEADSS VI B - Lecture slides on Physical Assessment Video show	Lecture slides Group practice Video on the HEADSS INTERVIEW Feedback /Open forum	Lecturer/facilitator

TIME	ACTIVITY	METHODOLOGY	MODULE NEEDS	FOCAL PERSON
2 hours	Module 7 – Lecture on Adolescent Risk Behaviors	Current Adolescent Health Situation Lecture on Adolescent Risk Behaviors Case scenario Role Playing	Lecture slides Simulated cases and case scenarios	Team Lecturer/facilitator
30 minutes	Module 8 – Lecture on Maintaining a Healthy Lifestyle (Part 3 Messages for adolescents and parents)	VIII Lecture on Messages on Maintaining a Healthy Lifestyle	Lecture slides Metacards Pentel pens	Facilitator
1 hour	Module 9 - Preventive health guidance counseling	Slides on Preventive health guidance counseling	Lecture Slides Metacards	Lecturer
1 hour	Module 10- Utilizing the Adolescent Job Aid Manual	Slides on the Technical Description of the Manual	Lecture slides and Open forum	Lecturer
2 to 3 hours	Module 10- Practice Patient contact experience	Practice Demonstration; (in tandem)	Use Manual Print out sample Algorithms for each participant	Group Discussion
2 to 4 hours	Module 9 – Patient Contact Experience	Actual interview or simulated live patient	Patient models Feedback sheets Template of ALGORITHM	Facilitator/ observers
2 to 4 hours		Processing, Evaluation and feedback of experience	Feedback Evaluation sheets	Facilitator Observers
2 hours	Module 10	Action Planning		Facilitators DOH Team
1 hour	Recap	Summary		DOH Team

MODULE 1: INTRODUCTIONS

Activity : FILL IN THE SQUARES

Objectives:

1. To provide a fun way of getting to know the other participants.

Time : 1 hour

Preparation:

1. Prepare the venue
2. Prepare the house rules
3. Give the participants their name tags
4. Prepare the worksheet #1

Steps:

1. Welcome the participants and introduce yourself and your team.
2. Set the house rules. Settle any questions that they may have.
3. Inform them that since many may be new faces in the crowd and since we will be together for 2 ½ days, we will start with getting to know each other.
4. Go about the room and ask each one of them to give their name, how they are usually called and what institution or center they represent.
5. Ask the participants to get one sheet each of the Fill the Squares. Give them about 15 minutes to go around the room and ask them to chose one who best fits the characteristic in the square. That person should sign the square which was chosen or best identifies him/her. Tell them that all squares must be filled out but no repetition of names should occur in each square.
6. Note their interaction. Gather them back.
7. Ask them how they felt while doing the exercise. Was it easy for them to identify what characteristic best suited that person? Did some people disagree with what they were asked to sign? Inform them that the characteristics in the square are the characteristics that adolescents look for in a health provider.
8. Connect this exercise with the next activity which is getting to know the adolescent and his likes in the light of what he is looking for in a health provider.
9. Close the session.

WORKSHEET NO. 1

FRIENDLY	APPROACHABLE	TRUSTWORTHY	RESPECTFUL
RESPECTFUL	GENDER - SENSITIVE	PRIVATE	SENSITIVE
COURTEOUS	SMART	EFFICIENT	EDUCATOR
AVAILABLE	COOPERATIVE	COMPETENT	UNDERSTANDING
MOTIVATOR	NON-JUDGMENTAL	ACCESSIBLE	PATIENT
EFFECTIVE	ETHICAL	YOUTHFUL	OPENNESS

MODULE II - Getting to know the 'Pinoy' Adolescent

Objectives:

1. To describe the health priorities and concerns of adolescents in the Philippines.
2. To define the characteristics of the growing adolescent male and female.
3. To know what are the physical, mental, social and psychological changes in the adolescent.

Time: 1 hours

Preparation:

1. Conduct a pretest.
2. Lecture slides on Adolescent Youth and Health Program of the Department of Health.
3. Lecture slides on Adolescent Growth and Development
4. Conduct the same Post test

Steps:

1. Inform the participants that before dealing with the adolescent, it is important to know who they are and what they need.
2. Distribute the questionnaire. Give them 15 minutes to answer. Gather the group again after they answer.
3. Encourage participants to share their own experiences and insights of their own teenage child/son/daughter/relative.
4. Inform them that adolescents are a unique set of people with unique needs. You may then introduce the topics and speaker on :
 - Adolescent and Youth Health Program
 - Adolescent Growth and Development
5. After the lecture, open the floor for questions.
6. Emphasize that no two teens are alike. There are predictable changes in adolescence but the way adolescents will grow and develop will be influenced by many factors. What is important is that we need to reach out to them and to understand them.

Pre and Post Test: (Duplicate for the Number of participants)

Questionnaire:

1. Name 3 top causes of death in the adolescent age group:

2. Name 3 top causes of morbidity (diseases) in the adolescent age group:

3. The following changes occur in early adolescence:
 - a. Prefer their peer over their parent
 - b. Physical changes like presence of acne, body odor, development of hair in parts of the body.
 - c. Start to seek who they are.
 - d. All of the above.

4. The first sign of puberty in a male is:
 - a. Height spurt
 - b. Increase in skeletal size
 - c. Change in voice
 - d. Increase in the volume of the testes

5. The first sign of puberty in a girl is:
 - a. Increase in height
 - b. First menstruation
 - c. Breast budding
 - d. Increase in hip curves

MODULE III – What is an adolescent friendly health service?

Objectives:

1. To increase the awareness of a health provider to the characteristics of an adolescent friendly clinic.
2. To describe the characteristics that adolescents look for in an adolescent health provider.
3. To learn how to set up a new adolescent clinic

Time: 45 min - 1 hour

Preparation:

1. Lecturette on Organizing an Adolescent Friendly clinic.(Slides on AFHS)
2. Guidelines in setting up an adolescent friendly clinic.
3. Characteristics of an adolescent health provider.

Steps:

1. Introduce the lecturer for the AFHS.
2. After the lecture, get their comments.
3. Give them the handouts for the guidelines on setting up an adolescent friendly clinic.
4. Make sure that all their concerns about setting up or organizing an AFHS are settled.
5. Emphasize the following points:
 - a. Characteristics of an adolescent health provider
 - b. Characteristics of an adolescent friendly health service
 - c. Referral flow system should be in place.
 - d. Preparation of health personnel.
 - e. Support of the community (LGU, school, parents, adolescents, existing NGOs in the area.

CHARACTERISTICS OF YOUTH FRIENDLY HEALTH FACILITIES

PROGRAMMATIC	<ul style="list-style-type: none"> • Youth are involved in program design • Both boys and girls are welcomed and served • Parental involvement is encouraged • Affordable • A wide range of services • Availability of commodities • Group discussions are available • Waiting time is short • Drop-in clients are welcomed/appointments are encouraged • Educational materials available on-site • Services promoted in areas where youth gather • Linkages with youth clubs, Sangguniang Kabataan, Churches, schools • Alternative ways to access information, services, appointments
Service Provider characteristics	<ul style="list-style-type: none"> • Staff is trained in adolescent characteristics/ issues • Respect is shown • Privacy and confidentiality is assured • Peer counselors available • Adequate time for client-provider interaction
Health Facility characteristics	<ul style="list-style-type: none"> • Convenient hours • Convenient location • Sufficient space • Ambience is friendly and open • Sufficient privacy
Youth perceptions of the program	<ul style="list-style-type: none"> • Privacy is maintained at the facility • Confidentiality is kept • Youth are welcomed regardless of marital status • Service providers are sensitive to youth needs/concerns

Characteristics of adolescent friendly health services

Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. These characteristics are based on the WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. They require:

- 1 Adolescent friendly policies** that
 - fulfil the rights of adolescents as outlined in the UN Convention on the Rights of the Child and other instruments and declarations,
 - take into account the special needs of different sectors of the population, including vulnerable and under-served groups,
 - do not restrict the provision of health services on grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age,
 - pay special attention to gender factors,
 - guarantee privacy and confidentiality and promote autonomy so that adolescents can consent to their own treatment and care,
 - ensure that services are either free or affordable by adolescents.
- 2 Adolescent friendly procedures** to facilitate
 - easy and confidential registration of patients, and retrieval and storage of records,
 - short waiting times and (where necessary) swift referral,
 - consultation with or without an appointment.
- 3 Adolescent friendly health care providers** who
 - are technically competent in adolescent specific areas, and offer health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances,
 - have interpersonal and communication skills,
 - are motivated and supported,
 - are non-judgmental and considerate, easy to relate to and trustworthy,
 - devote adequate time to clients or patients,
 - act in the best interests of their clients,
 - treat all clients with equal care and respect,
 - provide information and support to enable each adolescent to make the right free choices for his or her unique needs.
- 4 Adolescent friendly support staff** who are
 - understanding and considerate, treating each adolescent client with equal care and respect,
 - competent, motivated and well supported.
- 5 Adolescent friendly health facilities** that
 - provide a safe environment at a convenient location with an appealing ambience,
 - have convenient working hours,
 - offer privacy and avoid stigma,
 - provide information and education material.
- 6 Adolescent involvement**, so that they are
 - well informed about services and their rights,
 - encouraged to respect the rights of others,
 - involved in service assessment and provision.
- 7 Community involvement and dialogue** to
 - promote the value of health services, and
 - encourage parental and community support.
- 8 Community based, outreach and peer-to-peer** services to increase coverage and accessibility.
- 9 Appropriate and comprehensive services** that
 - address each adolescent's physical, social and psychological health and development needs,
 - provide a comprehensive package of health care and referral to other relevant services,
 - do not carry out unnecessary procedures.
- 10 Effective health services for adolescents**
 - that are guided by evidence-based protocols and guidelines,
 - having equipment, supplies and basic services necessary to deliver the essential care package,
 - having a process of quality improvement to create and maintain a culture of staff support.
- 11 Efficient services which have**
 - a management information system including information on the cost of resources,
 - a system to make use of this information.

Module IV – Talking to Teens

Objectives:

1. To familiarize oneself with dealing with adolescents and accompanying adult or parent/s.
2. To be able to communicate with adolescents and transmit health messages to adolescents.

Time: 1 hour

Preparation:

1. Slides on Dealing with Adolescents and Accompanying Adult or parent/s

Steps:

1. Introduce topic that one of the most challenging steps in the care of adolescents is learning to communicate with them and dealing with their parent.
2. Introduce the topic and present the slides
3. Entertain any concerns that they may have.
4. Close the session by reminding the participants that dealing with teenagers and talking to teens is an art as well as a skill and only through practice and a great deal of interest in helping the teen will spell the difference to reaching out to them.

MODULE V – Assuring Privacy and Establishing Confidentiality

Objectives:

1. To define confidentiality and privacy.
2. To practice the steps in establishing the rules of confidentiality in an adolescent friendly health service setting.
3. To describe the Etiquette for a health provider

Time: 2 hours

Preparation:

1. Lecture slides on privacy and confidentiality
2. Bond paper, pentel pen or whiteboard marker, manila paper

Steps:

1. Introduce the session by stating that confidentiality and privacy are among the most important rules to follow in dealing with adolescents.
2. Give participants sheets of paper. Ask them to write different situations where they believe confidentiality and privacy need to be practiced. Allow them enough time to write down these situations. These may have been personal experiences where they found the need to practice this or instances where they may theoretically need to practice this.
3. After about 10 minutes, ask for volunteers to state these situations as you write them on the board or on Manila paper.
4. Invite them to look whether what has been written involves confidentiality or privacy.
5. Show them the definitions of CONFIDENTIALITY AND PRIVACY. Do they understand now the difference?
6. Proceed with the lecturette on Confidentiality and Privacy.
7. Ask them to practice in pairs to tell each other how to introduce the topic of confidentiality. Get them to volunteer in front and give examples of how they will state confidentiality.
8. Entertain feedbacks. Give comments.
9. Close the session to emphasize again that Confidentiality ALWAYS needs to be stated prior to the start of the main HEADSS interview.

MODULE VI- Going into a Teenager's HEADSS

Objective:

1. To conduct a thorough psychosocial history using the HEADSS format
2. To develop the skills in interviewing adolescents using the HEADSS format
3. To know the nuances of history taking in an adolescent

Time: ! 1/2 hours

Preparation:

1. Lecture slides on the HEADSS history.(Video may be developed)
2. Lecture slides on Physical assessment.
3. Choose 6 participants who can volunteer to demonstrate the psychosocial history (Doing the HEADS) in front of the other participants.
4. Give them a scenario where #1 acts as the teenager and # 2 acts as the doctor who will do the HOME QUESTIONS; then # 2 acts as the teenager and #3 acts as the doctor who will do the EDUCATION questions; then #3 acts as the teenager and #4 acts as the doctor who will ask questions on ACTIVITIES; then #4 acts as the teenager and #5 acts as the doctor who will ask questions on SEXUALITY; then # 5 acts as the teenager and #6 acts as the doctor who will ask questions on DEPRESSION and SUICIDE. Tell them they can make up the details of the situation. They can make it a hard or an easy.

Steps:

1. Give the lecture (30 min.) on the HEADSS format
2. Then inform the group that you have asked some volunteers from the audience to demonstrate in front of the class/ group how the HEADSS history is done.
3. Invite them to listen on how the questions are asked, how they are framed.
4. If there is a Video film on the HEADSS interview use this and clarify any questions arising.
5. Invite the volunteers to the front.

6. Announce the scenario: (Choose 1 or 2 for demonstration)

e.g. A 15 year old boy is brought to you because of school failure.

A 14 year old boy who has not been circumcised

A 15 year old sexually active female who wants to know if she has STI.

A 17 year old boy who has violent temper both at home and in the neighborhood.

You may instruct the performers to supply the circumstances and be inventive. He/she can make the information to be asked simple or complicated. It is up to the 'health provider' to ask appropriate questions using the HEADS format for the interview.

7. After the HEADSS history is demonstrated, invite comments from the audience.

Questions to stimulate the group to comment on are:

- a. What did you observe in the style of questioning?
- b. Did the doctor ask the proper questions?
- c. Also ask the 'teenager' - what did you feel while the doctor was questioning you?
- d. Also ask the 'doctor' – what did you feel while you were asking the teenager the questions? How easy or difficult was it to ask questions?
- e. For the audience, what did you observe about the flow of questions, the content?

8. Variations:

Sometimes it would be interesting to place an accompanying parent with the teenager. For this, you will have to choose a 7th volunteer. You can make the parent a difficult one, a curious one, an overprotective one, an angry parent.

Issues on confidentiality and privacy: Make the 1st doctor give a statement or clause to ensure confidentiality and privacy.

9. Comment later on, during the discussion, on the appropriateness of the way it is delivered.

10. Close this session by stating that taking an adolescent history may not be that easy. With practice, it will be definitely easier.

MODULE VII - Adolescent Risk Taking Behaviors

Objectives:

1. To increase the health provider's knowledge on the more common risk behaviors among our adolescents.
2. To increase the skill of the health provider in identifying and prioritizing health risk behaviors.
3. To raise their awareness to the burden and impact of these health problems on the health of the nation.

Time: 2 hours

Preparation:

1. Lecture slides on Current Adolescent Health Situation and Risk Behaviors in Filipinos. (2 versions)
2. Case Scenarios – assign cases to the groups to work on.
3. Pentel pen/ Manila paper

Steps:

1. Introduce the topic by informing the participants that we have realized by this time that adolescents, as part of development, may take risks that may compromise their lives and their health. To understand the adolescent better, it is important to identify what are the existing risk behaviors in the adolescent.
2. To give an overview on why adolescents take risks and how these risks compromise their health there is a lecture to be given. Introduce the speaker.
3. After the lecture, divide the participants into smaller groups.
4. Give them each a case scenario. Request them to identify the risk behavior/s, (there may be more than one) then to rank them according to priorities that need attention or concern.
5. After 20 minutes, regroup them and allow them to present the case. Ask them to identify the risk behaviors and to defend their prioritization.
6. After the group presentation, summarize by giving them some pointers:
 - a. Adolescents engage in risk behaviors that may be potentially harmful for them.
 - b. For the health provider, it is important to identify these risk behaviors.

- c. There are two important characteristics to remember about risky behaviors:
 - o They tend to occur in clusters
 - o One risk behavior may lead to another risk behavior; hence it is important that the health provider looks for these behaviors during the interview.
7. Close the session by informing them of the role that the health provider has in preventing risk behaviors and to provide health messages to adolescents even before these situations occur.

CASE SCENARIOS:

CASE 1 :

JL is a 14 year old boy who was brought to the clinic by the mother. She noticed that the boy has not been socializing with other friends in school. Most of the time, he spends his time in the computer using the internet. This has led to a drop in his school grades, whereas he used to have better grades than now. Mother claims he has started to put on weight. On HEADS history, he has good family relationships and is closer to his younger 9 year old sibling than his 'kuya who is 18 years old. His teacher has called the mother's attention to his drop in grades (though not failing yet) since after the first semester. He used to play badminton with his father and brother but lately he prefers to stay at home or go to the mall to play in the internet. He denies smoking, drinking, or drug use. He states he has friends in the Friendster, some of them girls. He likes to meet some of these girls he chats with. He denies being depressed or having suicidal thoughts. On PE: he had a BMI of 23.5 and presence of acne with nodules in the face and back.

CASE 2:

RV is a 17 year old female who came unaccompanied to your office with complaints of abdominal pain noticed about a week ago. She has some heaviness in her lower abdomen. She has some difficulty in urination. She has irregular menstruation occurring every 2 to 3 months. She always stays with her 'barkadas.' On HEADSS history, her father works as an OFW since age 5. Her mother is a teacher in a public school. She is the eldest of 4 siblings. Her mother always confronts her regarding her attitude of going home late. She is not an achiever, but she passes her school subjects and has never had any failing grades. After school, she always goes to the malls and strolls with her peers. Every Saturday and Sunday, she spends time with her best friend. She is an occasional smoker and alcoholic drinker. She never tried taking drugs. She has no boyfriend at present because she just broke up with her previous boyfriend just 2 months ago. Since then, she has occasional thoughts of hurting herself, though not definite steps to kill herself.

CASE 3:

MN is a 18 year old boy brought in by his parents because he was caught while alone in his room with a bottle of Paracetamol. He had an argument with his father about the use of the car which his father had refused him from using. He and his father have been at odds for the past year about the manner in which he answers, his tendency to be truant at school, and his tendency to lie. Lately, his father caught him lying again about the projects he was supposed to finish at school. As a disciplinary action, the father forbade him from using the car and go out with his friends this weekend

CASE 4:

CD is a 10 year old boy. His mother is worried because he has been looking at sex videos and images on the Internet lately. He also has been observed to be always touching his groin. His mother wants to know if he can be circumcised. The father thinks the boy is still very young.

On HEADSS, CD is the eldest among 2 children. He has a younger sister who is 6 years old. His father is an OFW who usually comes home once a year. CD has average grades in school. He enjoys playing online computer games with his friends. His *barkada* is a group of 6 male friends with their ages ranging from 9 to 12 years old. He claims that some of his friends are taller than him and has noted some changes in their bodies (i.e. appearance of hair, increase in size of genitals, and voice changes). He is concerned that he has not noticed any changes in his body. His '*barkada*' is planning to get circumcised during the summer vacation but he has some apprehensions. He thinks he is not yet ready. When told of his mother's concern regarding the sex videos and images in the internet, he claims that those were sent to him via email by his friends. He denies any medical illnesses and claims to be a healthy both physically and mentally. He also denies smoking, intake of alcohol and illegal substances.

On physical examination, his weight is 37.5 kg and his height is 135 cm. He has no facial, axillary and pubic hair. There are no skin lesions nor any palpable lesions. His genitalia is prepubertal in size, uncircumcised with retractable foreskin. There is note of reddening of the scrotum with testicular size estimated at 3 cm.

CASE 5:

PB is a 14 year old girl who came to the clinic because she has not had her menses yet. Her mother is concerned that her daughter might be delayed. The mother claims that she had her menses when she was 12 years old and she was under the impression that her daughter would also have her menses at the same age.

Module VII – Preventive Health Guidance Counseling Made Easy

Objectives:

1. To introduce the concept of preventive health guidance counseling.
2. To discuss the strategies in preventive health guidance counseling.
3. To familiarize the participants to the counseling sequence.

Time: 1 ½ hours

Preparation:

1. Slides on Preventive Health Guidance Counseling Made Easy
2. Metacards
3. Pentel pen
4. Whiteboard for posting

Steps:

1. Introduce the objectives of the module.
2. Conduct the following exercise: Divide the participants into 2 groups.
 - a. One group will be asked to answer the following question - If you are the adolescent, what qualities do you want the health provider possess?
 - b. The other group will answer the other question - If you are the health provider, what qualities do you think the adolescent wants you to have?
3. Post these characteristics in the board and park it until after the lecture.
4. Give the lecture. Talking points:
 - a. Definition of preventive health guidance counseling – what it is and what it is not
 - b. Reintroduce to them the qualities of the counselor as laid out in the book Counseling the Adolescent, Training Programme on Adolescent Health for Health and Non-health Service Providers, DOH).
 - c. Give the techniques for preventive health counseling
 - Use of scales
 - Use insight questions
 - Use restatement and summation
 - Use of clarification
 - Note of non-verbal cues
5. Describe the counseling sequence
 - Ventilation
 - Problem exploration

- Problem definition
 - Interpretation
 - Definition of options
 - Option choice
 - Option motivation
 - Option implementation
 - Ongoing support
6. Return to the board and look at the health provider characteristics from the perspective of the adolescent and from the perspective of the health provider. Merge these characteristics and point out commonalities as well as differences. Ask the participants: Why are there differences? Invite discussion on these characteristics and insights.
 7. Clarify the difficulties in doing preventive health guidance counseling.
 - a. What difficulties do they foresee in doing this type of counseling?
 - b. Who can do this type of counseling?
 - c. In what opportunities can this be implemented?
 8. Conclude the session by summarizing their insights. Thank the participants.

MODULE X – Utilizing the Adolescent Job Aid Manual

Objectives:

1. To provide a technical description of the manual.
2. To demonstrate the use of this manual to the participants.
3. To provide the flow of diagrams and the color codes.
4. To show the different features of this manual, when and how to use these features.

Time: 1 hour

Preparation:

1. Slides on the technical description of the Adolescent Job Aid manual.
2. Provide each participant with a copy of the manual.
3. Print enough Worksheet No. 2

Steps:

1. Lecture will be based on the slides on how to use the Adolescent Job Aid Manual.
2. Entertain comments and questions.
3. Focus on cultural, religious concerns and the values of these health providers as well as that of the adolescent patients.
4. Inform them that most of the algorithms contained in this Job Aid Manual are based on the most common causes of mortality and morbidity in this age group. It is important to be aware and realize that we can reduce the impact and burden of these causes if we can recognize early the signs and symptoms of risk behaviors and provide early preventive measures so that these teenagers will not suffer the consequences of these risky behaviors early in their lifetime.
5. For Interactive Session: There are 2 choices on how to conduct this session:
 - (a) 2 groups may be assigned to 1 case and at the end they can present their own discussions. These 2 groups can be made to question each other on the process how they arrived at the conclusion. OR
 - (b) Everybody works on ONE case together with: Group A – Assign the ASK questions, the next Group B – the LOOK /LISTEN/ FEEL questions then Group C – the SIGNS AND

SYMPTOMS, then Group D – the CLASSIFY, MANAGE; GROUP E - Information to be given. OR

- (c) Make the group ROLE PLAY the scenario and assign the observers to note particularly on the process on how the health provider conducts the interview of the “adolescent”. Characters can include: the adolescent, the health provider, the parent.
6. Distribute the following cases (print and assign the case scenarios separately). Assign 1 case scenario each and let them provide the steps to follow per case. After 30 minutes, make each one present the steps using their own algorithm.
7. Real actors can be given these scripts way ahead so that they can rehearse it. Another choice is to give them real patients to interview.

CASE SCENARIOS:

CASE 1 :

JL is a 14 year old boy who was brought to the clinic by the mother. She noticed that the boy has not been socializing with other friends in school. Most of the time, he spends his time in the computer using the internet. This has led to a drop in his school grades, whereas he used to have better grades than this. Mother claims he has started to put on weight. On HEADS history, he has good family relationships and is closer to his younger 9 year old sibling than his 'kuya who is 18 years old. His teacher has called the mother's attention to his drop in grades (though not failing yet) since after the first semester. He used to play badminton with his father and brother but lately he prefers to stay at home or go to the mall to play in the internet. He denies smoking, drinking, or drug use. He states he has friends in the Friendster, some of them girls. He likes to meet some of these girls he chats with. He denies being depressed or having suicidal thoughts. On PE: he had a BMI of 23.5 and presence of acne with nodules in the face and back.

QUESTIONS: (Encourage them to answer without looking at the algorithm)

(Assign one participant someone who can readily answer the questions)

1. What questions can you ASK the adolescent?
2. What should you LOOK/LISTEN?FEEL in the patient?
3. What are some signs and symptoms that you should look for?
4. How can you classify the patient?
5. What information should you give the adolescent and parent.
6. How will you manage?

- A. Key complaints:
 - a) Has put on weight – OBESITY?
 - b) Not socializing - what can this mean? Depressed? School problem?
- B. Go to algorithm on OBESITY
- C. What are the questions you should ask? (Let participants give you the answers and go through each question in the manual)
 - Medical history
 - Dietary history
 - Food resources
 - Weight and body image
 - Physical activity
- D. What should you LOOK/LISTEN/FEEL in the patient?
 - Compute BMI based on height and weight
 - $BMI = \text{Weight (kg)} / \text{Height (m}^2\text{)}$
 - Look at the BMI charts in the ANNEX and plot the BMI.
 - Physical assessment: What to look for
- E. What are some signs and symptoms that you should look for?

Since the computation is OVERWEIGHT, look at what other things should be worked up.
- F. What should you inform the patient and parent?
 - See the Information to give the Adolescent and Parent/s
- G. How should you manage? Will you refer or not?

CASE 2:

RV is a 17 year old female who came unaccompanied to your office with complaints of abdominal pain noticed about a week ago. She has some heaviness in her lower abdomen. She has some difficulty in urination. She has irregular menstruation occurring every 2 to 3 months. She always stays with her 'barkadas.' On HEADSS history, her father works as an OFW since she age 5. Her mother is a teacher in a public school. She is the eldest of 4 siblings. Her mother always confronts her regarding her attitude of going home late. She is not an achiever, but she passes her school subjects and has never had any failing grades. After school, she always goes to the malls and strolls with her peers. Every Saturday and Sunday, she spends time with her

best friend. She is an occasional smoker and alcoholic drinker. She never tried taking drugs. She has no boyfriend at present because she just broke up with her previous boyfriend just 2 months ago. Since then, she has had occasional thoughts of hurting herself, though not definite steps to kill herself.

Questions: (Encourage them to answer without looking at the algorithm)

(Assign one participant someone who can readily answer the questions)

1. What questions can you ASK the adolescent?
 2. What should you LOOK/LISTEN/FEEL in the patient?
 3. What are some signs and symptoms that you should look for?
 4. How can you classify the patient?
 5. What information should you give the adolescent?.
 6. How will you manage?
- A. Key complaints:
- irregular menstruation occurring every 2 to 3 months
 - Sexual promiscuity? STI? Broke –up with previous boyfriend?
 - Other Risk behaviors - Occasional smoker and alcoholic drinker
 - Thought of hurting herself? Depressed
 - Disciplinary problems? Her mother always confronts her regarding her attitude of going home late.
- B. Go to chapter on Pregnancy, STI, Risk Behaviors, Suicidal Ideation, Irregular period
- C. What are the questions you should ask? (Let participants give you the answers and go through each question in the manual). Emphasize:
- Menstrual history
 - Sexual History
 - Make sure of her menstrual history: LMP
 - Do the HEADS history; Look for risk factors in the patient as you go through the HEADS history
- D. What should you LOOK/LISTEN/FEEL in the patient?
- Physical assessment: What to look for? Emphasize
 - Do a pregnancy test to make certain
 - If positive go to the Algorithm on **Pregnancy**

E. **Other issues:**

Suicidal Ideation: Go to assessment of suicidal risk

Irregular Period: Go to Algorithm on Irregular Period

- (a) At the patient's age of 17 years old, do you expect her to have irregular periods yet? NO, because menstruation should become regular after 2 to 3 years from the onset of menstruation.
- (b) What other signs and symptoms will you look for?
Irregular periods (cycles for less than 21 days or more than 35 days)
Other symptoms and signs (i.e. intermenstrual bleeding, or pain, tenderness or swelling in the lower abdomen, excessive hair growth, acne and oily skin)

Others: Go to Smoking and Alcohol drinking

F. How will you classify?

Late adolescent with Multiple risk behaviors: sexually active, smoking and alcohol drinking, suicidal ideations; Irregular Menstrual Cycle

G. What are some signs and symptoms that you should look for? Refer to each identified problem

H. What information should you give the patient?

- See the Information to give the Adolescent and Parent/s

I. How should you manage? Will you refer or not? What issues should you handle? What can you not handle at your level?

CASE 3:

MN is a 18 year old boy brought in by his parents because he was caught while alone in his room with a bottle of Paracetamol. He had an argument with his father about the use of the car which his father had refused him from using. He and his father have been at odds for the past year about the manner in which he answers, his tendency to be truant at school, and his tendency to lie. Lately, his father caught him lying again about the projects he was supposed to finish at school. As a disciplinary action, the father forbade him from using the car and to go out with his friends this weekend.

QUESTIONS: (Encourage them to answer without looking at the algorithm)

(Assign one participant someone who can readily answer the questions)

1. What questions can you ASK the adolescent?
2. What should you LOOK/LISTEN?FEEL in the patient?
3. What are some signs and symptoms that you should look for?
4. How can you classify the patient?
5. What information should you give the adolescent?
6. How will you manage?

A. Key complaints:

1. Suicidal ideations/actions - he was caught while alone in his room with a bottle of Paracetamol.
2. Family relationships
 - He had an argument with his father
 - He and his father have been at odds for the past year about the manner in which he answers.
 - As a disciplinary action, the father forbade him from using the car and go out with his friends this weekend.
3. Behavioral issues
 - tendency to lie.
 - tendency to be truant at school.

B. Go to chapter on School Failures, Suicide , Depression and Substance Abuse

C. What are the questions you should ask? (Let participants give you the answers and go through each question in the manual).

- D. What should you LOOK/LISTEN? FEEL in the patient?
- Physical assessment: What to look for

E. How will you classify?

Late adolescent, Suicidal attempt, Truancy, Inter-relationship problems

F. What are some signs and symptoms that you should look for?

G. What should you inform the patient?

H. See the Information to give the Adolescent and Parent/s

I. How should you manage? Will you refer or not?

CASE 4:

CD is a 10 year old boy. His mother is worried because he has been looking at sex videos and images on the Internet lately. He also has been observed to be always touching his groin. His mother wants to know if he can be circumcised. The father thinks the boy is still very young.

On HEADSS, CD is the eldest among 2 children. He has a younger sister who is 6 years old. His father is an OFW who usually comes home once a year. CD has average grades in school. He enjoys playing online computer games with his friends. His *barkada* is a group of 6 male friends with their age ranging from 9 to 12 years old. He claims that some of his friends are taller than him and has noted some changes in their bodies (i.e. appearance of hair, increase in size of genitals, and voice changes). He is concerned that he has not noticed any changes in his body. His '*barkada*' is planning to get circumcised during the summer vacation but he has some apprehensions. He thinks he is not yet ready. When told of his mother's concern regarding the sex videos and images in the internet, he claims that those were sent to him via email by his friends. He denies any medical illnesses and claims to be a healthy both physically and mentally. He also denies smoking, intake of alcohol and illegal substances.

On physical examination, his weight is 37.5 kg and his height is 135 cm. He has no facial, axillary and pubic hair. There are no skin lesions nor any palpable lesions. His genitalia is prepubertal in size, uncircumcised with retractable foreskin. There is note of reddening of the scrotum with testicular size estimated at 3 cm.

QUESTIONS: (Encourage them to answer without looking at the algorithm)

(Assign one participant someone who can readily answer the questions)

a. What questions will you ASK the adolescent?

- b. What should you LOOK/LISTEN/FEEL in the patient?
- c. What are some signs and symptoms that you should look for?
- d. How would you classify the patient?
- e. What information should you give the adolescent and parent.
- f. How will you manage?

A. Key complaints/concerns:

- Parents are interested to know if son can be circumcised and if pubertal development is appropriate for age
- Some curiosity about his sexual development

B. Go to the Chapter on Male Puberty – related issues

C. Questions to ask:

- use the questions in the manual
- do HEADSS assessment
- ask the adolescent's view on the concerns of the parents

D. What should you LOOK/FEEL/LISTEN?

- compute the BMI $wt \text{ (in kg) } / ht \text{ in m}^2 - 37.5 / (1.35)^2$
- Refer to Tanner's Classification for Boys - Tanner stage 1
- Do physical examination

E. Signs and Symptoms:

- Development corresponds with Tanner stage

F. Classification:

- Early adolescent; Normal pubertal development; Pubertal concerns

G. Information to give:

- Reassure the patient
- Give information on pubertal development and circumcision

H. Management:

- Take note of changes that the adolescent may notice
- Have adequate exercise and healthy diet
- There is no right time to undergo circumcision.
- He may come back for circumcision once he is ready.

CASE 5:

PB is a 14 year old girl who came to the clinic because she has not had her menses yet. Her mother is concerned that her daughter might be delayed. The mother claims that she had her menses when she was 12 years old and she was under the impression that her daughter would also have her menses at the same age.

On interview, PB reported that she already noticed some changes in her breast when she was 12 years old but she thinks her breasts are small. She also noted growth of hair near her genital area. She claims to be one of the tall girls in class but almost all her friends have started their periods. She denies any medical illness but she is taking multivitamins because her mother thinks she is “too thin.” PB is the youngest and only girl in a brood of 5. She usually plays basketball with her brothers. She is also a varsity player in school and belongs to the Top 10 in her class. She denies smoking cigarettes although some of her friends and brothers are smoking. She has tried drinking beer but claims she doesn’t like the taste. She has no boyfriend yet. She is worried that something might be wrong with her because she has not had her periods yet.

On physical examination, she has a weight of 48 kg and height of 162 cm. Her vital signs are within normal. There is no pallor. There are no swellings in the neck nor any palpable lymph nodes. On examination of the breast, there is note of breast tissue beyond the areola but no contour separation. Further examination revealed growth of pigmented, slightly curled hair along the pubic area. The rest of the physical examinations are unremarkable.

QUESTIONS: (Encourage them to answer without looking at the algorithm)

(Assign one participant someone who can readily answer the questions)

- a. What questions will you ASK the adolescent?
- b. What should you LOOK/LISTEN/FEEL in the patient?
- c. What are some signs and symptoms that you should look for?
- d. How would you classify the patient?
- e. What information should you give the adolescent and parent.
- f. How will you manage?

A. Key complaints:

- Pubertal development
- No menses

B. Go to Chapter on Female Puberty

C. Questions to ask:

- use the questions in the manual
- do HEADSS assessment
- ask the adolescent's view on the concerns of the parents

D. What should you LOOK/FEEL/LISTEN?

- compute the BMI – $wt/ht^2 = 86/1.62 \times 1.62 = 48/2.6 = 32.8$
- Refer to Tanner's Classification for Girls – Breast stage Tanner's 2/ Pubic hair stage 2

E. Signs and Symptoms:

- Development corresponds with Tanner stage

F. Classification:

- Normal pubertal development
- Obesity

G. Information to give:

- Reassure the patient
- Give information on pubertal development

H. Management:

- Take note of changes that the adolescent may notice
- Have adequate exercise and healthy diet
- Reassess after 6 months

Case 6:

JD is a 15 year old male, who came with a history of easy fatigability. He was born to parents of a construction worker and a housewife. He is the 7th and youngest child. The three eldest siblings no longer live with the family. Of the four remaining children, the 20 year old brother is now also working as helper at a construction site, the 19 year old sister did not finish high school but now works as a domestic helper, the 16 year old sister is finishing high school and considered the smartest among them. JD is in 3rd year high school and wants to be a seaman. When he was younger, he was sickly and had frequent respiratory tract infections. At 6 years old, he had Primary Tuberculosis after his father also had PTB. However, lately he has not been able to concentrate because of dizziness. He would walk about 2 kilometers to school and sometimes barefoot. At school, he would rather stay in the classroom rather than play with his classmates because he would tire easily. His teacher noticed this and requested his mother to bring him to the health center for this complaints. On PE: He had a weight of 39 kg and a height

of 148 cm. He had pale skin and palms, dry hair, prominent ribs, some cervical lymph nodes, no heart or lung problems, no enlargement of the liver or spleen, no evidence of hematomas or bleeding. HR = 130/min, Blood pressure = 96/60,

A. Key complaints

- Dizziness. Gets easily tired, pallor, history of frequent illnesses in childhood

B. Go to Decision Tree “I feel tired”

C. Questions to ask: Go to A7

D. What should you LOOK/FEEL/LISTEN?

E. Signs and Symptoms:

(a) Look for pallor in:

the conjunctiva, the palms, the tongue, the nails.

(b) Count the respiration rate (i.e the number of breaths per minute).

Count the heart rate (i. e. the number of heart beats per minute)

Test the blood for hemoglobin (Hb). Compute BMI

F. Classification: Middle adolescent; Severe anemia/ Also consider malnutrition and micronutrient deficiencies.

G. Information to give: Inform parent that you will have to refer patient. Patient needs to be worked up for causes of anemia. Nutrition counseling needed.

H. Management: Refer and later follow up case.

WORKSHEET NO. 2

ASK	LOOK//FEEL/ LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP

Module X – Patient Contact Experience

Objectives:

1. To develop confidence in the actual situational setting
2. To develop practical skills in interviewing patients under supervision.
3. To derive feedback based on the experience obtained.

Time: 2 hours for the interview

4 hours for evaluation and feedback

Preparation:

1. Arrangements are to be made with a health center or an adolescent health facility that there will be health providers who will be interviewing patients. The patients should be informed beforehand that they have been selected for interview. A consent may be obtained.
2. The health providers will be briefed that they will be given at least 30 to 40 minutes for the interview. They will be requested to use the Job Aid Manual as a reference material for their interview.

Steps:

1. Assign patients to each health provider.
2. The interview should last 30 to 40 minutes. It should include establishing rapport, stating of confidentiality and doing the psychosocial or HEADSS history. The health provider should be able to determine the algorithm to follow and use the trigger questions listed in the algorithm. They should be able to make a quick assessment and if possible give the tips or information on healthy lifestyle.
3. They will be requested to write the history and give their assessment.
4. They will then write their prescribed plan for the patient.
5. They will be requested to present this in the afternoon.
6. An evaluation form referring to the utilization of the Job Aid Manual will be filled out.
7. During the evaluation session, they will be requested to share their observations about their experience, focusing particularly on the following points:
 - a. Ease of use of the Job Aid Manual
 - b. Clarity of the content material.
 - c. Applicability of the Manual.
 - d. Practicability of the use of the Manual in the field.

Module XI

Evaluation Form – Patient Contact Experience

Thank you for participating in the Practicum for the Evaluation of the Adolescent Job Aid Manual. Your feedback based on your actual patient contact experience will be most valuable to us so that we can make the Adolescent Job Aid Manual useful in the clinical setting. Please take time to give use your feedback on what you actually experienced while interviewing and using the MANUAL.

<p>ALGORITHM USED _____</p> <p>Location of Interview: (Name of Health Center or Facility)</p> <p>_____</p>	<p>Check the answer YES or NO</p>	<p>Give your comments or the changes that should be made</p>
<p>Ease of use of the Job Aid Manual</p> <ol style="list-style-type: none"> 1. Was the algorithm easy to follow? (Madali bang sundin ang algorithm) 2. Did you understand the questions to be asked? (Naintindihan mo ba ang mga tanong?) 3. Was it easy for you to give the questions? (Madali mo bang naitanong ang mga katanungan?) 4. Was it easy for you to locate the algorithm? (Madali bang hanapin ang gagamitin mong algorithm?) 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Clarity of the content material</p> <ol style="list-style-type: none"> 1. Did your client understand the question? (Naintindihan ba ng teenager ang tanong?) 2. Did you give your patient any additional information based on the information to be given to the adolescent? Why or why not? (Nakapagbigay ka ba ng inpormasyon sa pasyente? Bakit hindi o oo?) 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>Applicability of the Manual</p> <p>1. Will you be able to use this in your own clinic settings? (Magagamit mo ba ito sa sarili mong pinagtrabahuhan clinic?)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Practicality of the use of the Manual in the field?</p> <p>1. Did you find the Manual practical for use in the fields? (Praktikal ba ang Manual na ito?)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

MODULE XI – A Call for Action

Objectives:

1. To plan the utilization of the Adolescent Job Aid Manual .
2. To identify strategies for the adolescent to utilize the Adolescent friendly health services.

Time: 2 hours

Preparation:

1. Printout Worksheets/ Matrix on the Utilization of the Job Aid Manual

Steps:

1. Invite the participants to now look at the Adolescent Job Aid Manual and determine the steps on how they will utilize it in their setting.
2. Ask them to enumerate factors that will enable them to utilize the Manual and the hindrances that they may encounter in its implementation.
3. Request them to fill out the worksheet.
4. It is important for them to fill up the steps to encourage utilization of the health facility. Let them think of innovative ideas relevant to their setting.
5. Invite the group to verbalize their written suggestions.
6. Inform them that the Adolescent Job Aid Manual should complement the Practical Guide to Adolescent Health Care and other references. They should utilize their available manuals and resources.

Conclusion:

End the workshop by acknowledging the participants and organizers.

Worksheet – Module XI

A Call for Action

Matrix on the Utilization of the Adolescent Job Aid

Objectives	Strategies to attain Objective	Hindrances to attain Objective	Factors that will enable you to attain Objective	Time Frame to achieve Objective	Resources within your Community	Evaluation/ Performance Indicator
1. Identify strategies on how to utilize the Adolescent Job Aid Manual						
2. To identify strategies on how to encourage adolescents to utilize the AFHS						

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