ADOLESCENT ACTORS HELP TEACH COMMUNICATION SKILLS

As Renee Sieving designed *Advanced Health Assessment and Interventions with Adolescents*, one of GSAN’s core graduate courses, she sought to integrate knowledge from the fields of nursing, public health, health behavior, and adolescent development to teach clinical assessment and intervention strategies with adolescents. One of the course objectives was to refine one-on-one interviewing skills. To accomplish this, Sieving collaborated with Maggie Dexheimer Pharris to further develop a technique they had used in teaching adolescent interviewing skills to nurse midwife, pediatric and family nurse practitioner students. After reviewing the literature, attending workshops, and talking to educators who use simulated interviews to train clinicians in the area of adolescent health, Sieving and Dexheimer Pharris developed the Adolescent Actors Teaching Project.

The literature on simulated or standardized patients dates back more than two decades. Barrows\(^1\) defined a simulated patient as “a person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician”.\(^2\) Simulated patients have been utilized to teach skills related to communication, health assessment, physical examination, and health education\(^1\)-\(^4\). This methodology has

GSAN TO HOST REGIONAL EDUCATORS WORKSHOP ON SIMULATED PATIENT EDUCATION TECHNIQUES

On June 26, 1995, GSAN is holding a half-day workshop for regional nurse educators to teach effective clinician training techniques for utilizing adolescent actors in simulated interviews. David Rosen, M.D., M.P.H. will be presenting teaching methods he utilizes in The Adolescent Interview Project at the University of Michigan, Ann Arbor. Maggie Dexheimer Pharris, Renee Sieving, and five adolescent actors working with the GSAN Adolescent Actor Teaching Project will assist in the training. Continued on page 4

THE 1995 S.A.M. NURSING RESEARCH FORUM

The Nursing Research Forum of the annual meeting of the Society for Adolescent Medicine was held on Saturday March 25, in Vancouver, British Columbia. This year the Forum’s attendance included nurses from Israel, Australia, the West Indies, Hong Kong, Canada, and from states throughout the U.S.

The Forum, moderated by Anita Gottlieb, M.S., included recognition of the contributions of nurse members to S.A.M.’s leadership; this year, nurse members have served on the awards, program, journal advisory, abstract review, research guidelines, public relations, and membership committees. There was also discussion encouraging S.A.M. nurses to apply to become a Fellow in the organization. Currently, Marilyn G. Lanphier, M.P.H., is the only nurse F.S.A.M. in the Society.

Several papers were presented during the Forum. Jane Tuttle, Ph.D., presented “The Family Context of Adolescent Risk Behaviors”; Maurice Melchiono, F.N.P., presented “Adolescent and Young Adult HIV Seroprevalence Survey”; Ann O’Sullivan, Ph.D., presented “The Very Young Teen Mother and Case Managers Influence”; and Linda Bearinger, Ph.D.,

Continued on page 3
**WELCOME!**

Welcome to the following graduate students, who start summer session:

**Deb Berglund, RN**, received her RN training at Lutheran Deaconess Hospital School in Minneapolis in 1980, and completed her BSN at Metro State University in 1994. She worked for 4 years at St. Paul-Ramsey Hospital in NICU, then continued nursing for a year at the Fairview Ridges Hospital Level II nursery and in labor and delivery. She currently works in Maternal Child Health at Fairview Home Care.

**Della Derscheid, RNC**, received a B.S in nursing and a B.A. in psychology from Augustana College, Sioux Falls, SD in 1985. She worked 4 years in neonatal intensive care at the Level III NICU in Sioux Valley Hospital, Sioux Falls. In 1989 she began work in an adolescent psychiatric unit in Sioux Falls, SD, and a year later she moved to Fort Kent, ME. As a Traveling Psychiatric Nurse she has worked in adolescent and adult psychiatric units in New Orleans, Milwaukee, Knoxville, and Northern Maine. Since 1993 she has worked in home health psychiatric nursing with Androscoggin Home Health Services of Farmington, Maine.

**ACTIVITIES OF FACULTY & STAFF**

**Linda Bearinger, Ph.D., RN**: During a five-week visiting professorship at the Royal Children's Hospital in Melbourne, Victoria, Australia, in April and May, Dr. Bearinger presented a series of seminars to faculty and graduate fellows at the Centre for Adolescent Health, Division of Community Pediatrics; these seminars included "Developing Grantwriting Skills," "Public Speaking to Professional Audiences," and "Critical Appraisal of Adolescent Health Research." She also presented Grand Rounds at the Royal Children's Hospital, focused on designing services for the most vulnerable young people.

Bearinger provided consultation to undergraduate and graduate nursing programs at the University of Melbourne, the Royal Melbourne Institute for Technology, and Latrobe University, focusing on the development of nursing education and research in adolescent health and public health nursing.

**Renee Sieving, M.S., RNC, PNP**: Developed and taught a 3-credit core course in the GSAN curriculum, "Advanced Health Assessment and Interventions with Adolescents" during spring quarter, 1995. She also served as faculty for 2 GSAN students completing the community-based Public Health Nursing Intervention practicum during spring quarter.

As guest lecturer, Sieving presented "Substance Abuse Prevention Among Adolescents" to U of M Public Health Nursing students in February, "Promoting Healthy Sexual Behavior Among Adolescents" to U of M Pediatric Nurse Practitioner students in February, "Adolescent Sexual Behavior: Clinical Applications," to U of M Nurse Midwifery students in March, and "Techniques of the Adolescent Pelvic Exam" to U of M Pediatric Nurse Practitioner students, also in March. Sieving and Maggie Dexheimer Pharris co-presented "Adolescent Development: Implications for Health Behavior and Health Promotion" to volunteer staff at the Annex Teen Clinic, Robbinsdale, Minnesota in March.


Carlson recently received two scholarships: the Alice and Gale W. Perry Nursing Scholarship and the Minnesota Medical Association Alliance Scholarship for the Allied Health Professions. She was also honored at the University President's Reception for Student Leaders May 16.
Mentorship is an important part of training nurses at the graduate level; as we’ve planned the curriculum for graduate students in adolescent nursing, we’ve come to appreciate the power of example provided by nurse leaders in the field of adolescent health. Each month GSAN hosts a seminar for students that features a masters-prepared nurse who is influencing the health of adolescents in their community. We ask these nurse leaders to share what they feel are the essential components of health care delivery and public policy that promote adolescent health. We also want to know what they would have concentrated on, in more depth, in their graduate education experience to better prepare them for the work they are now doing.

Kate Kalb, RNC, M.S., C.P.N.P., the Minnesota State Adolescent Health Coordinator, member of the GSAN Advisory Board, and Nurse Practitioner at Northeast Jr. High School Clinic, met with the students in February. Kalb provided an overview of the organization, politics, and effectiveness of national and state health promotion efforts and emphasized the importance of collaborative efforts. In addressing clinical work with adolescents, Kate stressed the effectiveness of simply saying, “I’m really worried about you...” in talking with young adolescents who are engaging in risky behaviors. In this seminar Kate provided a strong global and individual perspective for caring for adolescents.

In April, Barbara Taylor, RN, F.P.N.P., M.P.H., Director of Clinical Services for Face to Face Clinic in St. Paul, met with the graduate students. Face to Face provides Twin Cities adolescents with health care services, a prenatal program, counseling, an alternative education academy, adolescent parent services, and Safezone, a drop-in center providing safe refuge, food, clothing, and outreach for exploited, homeless, or at-high-risk-for-homelessness youth. In discussing effective services, Taylor stressed the importance of a bright and welcoming physical layout, a staff that reflects the clientele, flexibility, providing printed information written at the 5th grade level, always asking the adolescent, “What can I do for you today?” and being willing to be interrupted and go with another agenda when presented with a youth with many or very serious problems.

Kristin Stets, RN, M.P.H., inspired the students in the May seminar with stories of her advocacy and consultative work over the past 7 years with the Children’s Defense Fund of Minnesota. In putting forth an advocacy agenda for the future, Stets stressed the importance of providing a future for every child, reconnecting children with fathers, creating a welfare environment that rewards and motivates young people to work, and seeing that every child is supported through child support policies.

The monthly seminars will resume in Fall Quarter with the addition of our new graduate students.

WANTED: ADOLESCENT HEALTH CASE MANAGERS FOR RESEARCH PARTICIPANTS

Ann O’Sullivan, Ph.D., FAAN, Associate Professor of Pediatric Primary Care Nursing at the University of Pennsylvania School of Nursing in Philadelphia, is looking for case managers working with teens to help them delay a second pregnancy and who would be interested in participating in a research study. The study is designed to explore communication patterns between clients and case managers, ways in which client/case manager relationships are crafted, and the correlation of communication styles with client outcomes. The purpose is to develop a better understanding of the types of communication that foster positive outcomes in teens trying to delay second pregnancies.

Dr. O’Sullivan needs audio tape recordings of health care visits, approximately 10 teens per case manager, from program sites that are trying to help teens delay a second pregnancy. Follow up will be conducted 12 to 18 months later.

If you would like more information, or are interested in participating in the study, please contact Dr. O’Sullivan by telephone: (215) 898-4272 or by e-mail: o’sull@son.nursing.upenn.edu.

DEADLINE REMINDER: The deadline for application to Graduate Studies in Adolescent Nursing for Winter 1996 is October 15. Application materials are available through the GSAN office.

CONGRATULATIONS!

Congratulations to GSAN graduate student Carolyn Porta, who received the School of Nursing’s Sophia Fund Scholarship for public health nursing students. She will use the funds to travel to Kenya and Rwanda for 10 weeks this summer where she will conduct community health assessments related to HIV/AIDS prevention.

FORUM, continued from page 1

presented “Risk Behaviors of American Indian Youth: Challenges for Health Promotion Interventions.” In addition, six poster presentations were also on display during the Forum, which described studies on the health experiences of young adult women, psychometric testing of an instrument to assess adolescent couple communication about dating and contraceptive use, predictors of consistent condom use, sexual orientation among Native American adolescents, protective factors for sexually abused American Indian adolescents, and enhancing competence with pregnant adolescents.
ACTORS, cont. from p. 1

also been employed to evaluate clinician competency. Given that the most prevalent morbidities of adolescence have psychosocial and developmental antecedents, clinicians working with adolescents must be proficient and comfortable in assessing psychosocial risk and protective factors present in teens’ lives, as well as assessing their developmental capacities. We have found that this proficiency can be fostered through modeling and experience with simulated interview situations. The GSAN Adolescent Actor Teaching Project was designed to provide a forum for graduate nursing students to explore effective means of communicating with adolescents and assessing their levels of health and risk in the areas of: nutrition and fitness problems, intentional and unintentional injuries, sexual health, substance use, mental health, and health issues related to school and family. Sieving and Dexheimer Pharris developed case scenarios relating to each of these topical areas. In developing the scenarios, an attempt was made to obtain comprehensiveness and fidelity—comprehensiveness being the range of dimensions of reality that the representation simulates and fidelity being the extent to which the simulation portrays reality.

Effective role-playing by teenagers demands that they be able to think abstractly and take on the characteristics of another person. Given that these characteristics are developmental tasks of adolescence, we decided to employ teenagers who have had acting experience and thus have demonstrated the ability to take on a character. We contact school clinic nurses, health educators, and community workers who put us in touch with students they thought have acting skills and experiences. To assure fidelity to the various case scenarios, we also select adolescents who represent diverse ages, races, and cultural backgrounds. Parental permission is obtained for adolescent participation in this project and for transportation; parents are also informed of the type of scenario to be acted by their teenager.

After agreeing to participate in the project, adolescent actors are involved in a training process. Initially, we review the scenarios with the actors and ask them to help us shape the characters they will portray. We are careful not to assign individuals to roles that might have an adverse emotional impact—for example, if one of the actor’s relatives has committed suicide, we would not ask that adolescent to play a suicidal youth. The adolescents are asked to work independently to memorize the basic script—we review with them the general purpose of the interview, what information is essential, which information they can volunteer, and which information they should not volunteer unless asked. The actors are also instructed on how to provide helpful feedback to the students. The actors role-play the scenario a week in advance with the instructors and again immediately preceding the actual interview.

Prior to interviewing the adolescent, the student who will conduct the interview receives basic background information that would generally be gleaned from a clinic intake form. The actor then enters the interview room in character and waits for the student to introduce him or herself. We encourage actors to respond to the interview process on a feeling level—if the student makes them feel comfortable, they are instructed to respond with open verbal and non-verbal communication and vice versa. We, as course instructors, or the student can call a time-out at any point during the interview to process the interaction or to discuss how to take a new direction in the interview. Rather than taking over at difficult points in the interview, we provide suggestions and allow the student to begin again and experiment with alternative interview styles or different questions. Adolescent actors remain in character during these time-outs so that they can easily resume the simulation. At the end of the simulation, the adolescent provides specific feedback to the student interviewer and all class participants are asked to share their observations. We also discuss the interview process and their “teaching” role with individual adolescent actors following each simulation.

Both graduate students and the adolescent actors have reported benefits from their experiences with the simulated interview project. A formal evaluation is currently in progress.

Educators who would like further information on the GSAN Adolescent Actor Teaching Project, such as copies of the scenarios and the adolescent training guidelines, can contact the Graduate Studies in Adolescent Nursing program office.

References
2. King, A., Perkowski-Rogers, L., & Pobl, H. Planning standardized patient programs: Case development, patient training, and costs. Teaching and Learning in Medicine, 6, 6-14, 1994.