Disclosures.
Dr. Leta Burechailo: I have no conflicts of interest to disclose.
Dr. Marisa Collins: I have no conflicts of interest to disclose.

Comprehensive education + health care = best outcomes.
Research consistently indicates that positive sexual health outcomes in youth populations are most likely to occur when sexual health education effectively integrates knowledge, motivation, skill-building opportunities, and environmental support for sexual health. School- and family-based education paired with comprehensive and accessible health care is a crucial combination to ensure optimal youth development and health.

Whereas sexual health is very important to our adolescent and young adult populations, its significance does not necessarily equate with airtime allotted to sex and sexuality in the physician’s office. Clinicians may neglect this domain of health and care due to lack of training, comfort and/or competing clinical concerns. We may limit our scope of attention to negative consequences of sex, e.g. efforts to prevent pregnancy and sexually transmitted infections. Furthermore, our language and office environments may not reflect that sexual health includes sexuality - which may have little or nothing to do with sexual activity.

Canadian data tells us that approximately 50% of adolescents become sexually active by age 18. However, 100% of adolescents and emerging adults have sexual health needs, spanning a wide range of developmental, physical, social, and societal issues - from adapting to pubertal changes to understanding consent to appraising sexually explicit materials they may encounter online.

Not to be underestimated, a conversation in the clinical environment is our key tool for youth sexual risk assessment and health promotion.
There’s lots to talk about.

A comprehensive approach to youth sexual health takes into account interconnected biopsychosocial elements of human sexuality development, as well as a young person’s value systems. The pervasive societal default of one, definitive conversation or presentation (i.e. “The Talk”) is inadequate and ineffective for optimal youth development.

Big ask. What can physicians do in 15 minutes?

Those 15 minutes are one chapter in a comfortable, continuing conversation that can take place over weeks to years, responsive to an adolescent’s perspective and needs. There are many ways to support youth with sexual health promotion, from addressing immediate clinical concerns to creating a conducive environment for open and supportive discussions about a range of sexuality topics. Simply connecting so that a youth returns (“to talk about what’s really bothering me”) is a successful outcome.

Adolescents identify family physicians as key adults from whom they seek guidance and sexual health information. They value professional input that stands out as clear and individualized, in contrast to often muddled peer- and media-based information. Yet youth patients tend not to initiate discussions about sexuality; the topic is not broached unless the physician brings it up. They may worry about confidentiality, negative judgement, “being lectured,” or values clash with their health care provider.
Common barriers to effective communication? Loads.

Physicians, too, report numerous barriers to sexuality discussions, which are remarkably consistent over time and between practitioners. Physicians may be hesitant to discuss sexuality because of their lack of time, comfort or confidence, uncertainty about their role, complexity of sexual issues, concern about legal and ethical issues, concern about adolescents' or parents' comfort, and uncertainty about the availability of follow-up services.

Awkward!

One of the most common barriers to effective communication is awkwardness or uncomfortable emotional response to sexuality topics (on the parts of young people and their physicians alike). First steps toward greater comfort involve self-appraising our own values about sexuality, and regularly asking ourselves, “How do my values serve my patient and my relationship with this patient?” Checking our own values (or checking them at the door) can yield some surprising results.
Small tweaks can bring about big improvements.

Creating a welcoming clinical environment, a safe space and consistent “scripts” for conversations takes some time and practice. Managing the inevitable awkward moments with humility and honesty can lead to strengthened communication skills and patient-physician relationships.

<table>
<thead>
<tr>
<th>barrier</th>
<th>one (or more) of many possible tweaks</th>
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<tbody>
<tr>
<td>time</td>
<td>- change your scheduling protocol for youth and/or emerging adult patients to 20+ minute appointments</td>
</tr>
<tr>
<td>comfort</td>
<td>- seek sexual health CPD and non-medical human sexuality literature</td>
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<tr>
<td>comfort</td>
<td>- reflect on discomfort and awkwardness, allow for some missteps, and keep re-working how you say things</td>
</tr>
<tr>
<td>comfort</td>
<td>- binge-watch Glee, all 6 seasons</td>
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<tr>
<td>skill</td>
<td>- re-work your sexual health history template to include possible “openers” or “scripts”</td>
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<tr>
<td>role confusion</td>
<td>- clarify patient/parent expectations and be specific with your inquiry: “What are some ways I can best help you?”</td>
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<tr>
<td>complexity of issue</td>
<td>- book multiple appointments and/or follow-up, billable short phone call(s)</td>
</tr>
<tr>
<td>complexity of issue</td>
<td>- utilize your colleagues and community health care team members</td>
</tr>
<tr>
<td>legal or ethical concerns</td>
<td>- re-visit your provincial/territorial legal and professional guidelines (e.g. age for consent to medical treatment)</td>
</tr>
<tr>
<td>legal or ethical concerns</td>
<td>- refresh on Canada’s criminal code regarding legal ages for sexual relationships</td>
</tr>
<tr>
<td>legal or ethical concerns</td>
<td>- seek input from colleagues and professional organizations</td>
</tr>
<tr>
<td>concern about a parent reaction</td>
<td>- ask youth about their living situation and anticipated parent/caregiver response</td>
</tr>
<tr>
<td>concern about a parent reaction</td>
<td>- discuss confidentiality parameters as well as your primary role as patient advocate</td>
</tr>
<tr>
<td>uncertainty about follow-up services</td>
<td>- ask your MOA to provide some resource mapping for you</td>
</tr>
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</table>

Top tips for effective sexual health communication with youth?

1. GET THEM THROUGH THE DOOR
   - text and/or email reminders
   - after school hours

2. CREATE A SAFE SPACE
   - unconditional positive regard
   - LGBTQ+ posters/flag

3. GIVE YOUR CONFIDENTIALITY STATEMENT
   - “Everything we talk about here is confidential ...”

4. INITIATE SEXUALITY TOPICS
   - “Is it okay if I ask you some personal questions ...”

5. FRAME QUESTIONS
   - “These are things I ask everyone ... to help me provide you with the best health care ...”

6. MANAGE AWKWARD MOMENTS
   - conversation repair techniques
     - laughter
     - brief digressions
     - redirection
     - clarifying vague statements
     - repeating a word the patient said
Fluency builds from non-medical literature (too).

Human sexuality and sexual health education during medical school and residency training can vary - in quantity, scope, and integration. Fortunately, there are many CPD opportunities to help build comfort, confidence and competency towards best-practice in youth sexual health care.

Sexual health is a very dynamic discipline, with social trends, media, and cultural influences constantly evolving and impacting the health and well-being of our patients. Reading news articles, blogs, social media posts and exploring teen-oriented websites can help us stay current and fluent in what might be topics of conversation or inquiry for our adolescent patients.

The goals are not (necessarily) to be a medical expert on “sexting” or transgender care or pornography addiction, but to be open, honest and reciprocal in our conversations, whatever the topic. Successful outcomes may indeed include prevention of unwanted pregnancy and/or chlamydia. They may also include modelling of mature discussions about sensitive subject matter and normalization of addressing concerns or knowledge shortcomings with professionals (not Dr. Google). The most important outcome is arguably health engagement: adolescent patients feel empowered by seeking help when they need it, and they apply the knowledge/skills gained during the clinical encounter in their personal circumstances.

References.

**MEETINGS**
UBC CPD Sexual Health 2017 Conference
ubccpd.ca/course/sexualhealth2017

Society for Adolescent Health and Medicine Annual Meeting
www.adolescenthealth.org/Meetings/2017-Annual-Meeting

**GENERAL PRIMERS**
Adolescent Reproductive and Sexual Health Education Program (U.S.)
prh.org/teen-reproductive-health/arshep-downloads/

Canadian Pediatric Society, Update to the Greig Health Record, 2016
www.cps.ca/documents/position/greig-health-record-technical-report

American Academy of Pediatrics, Sexuality Education for Children & Adolescents, 2016
pediatrics.aappublications.org/content/pediatrics/early/2016/07/14/peds.2016-1348.full.pdf

American Academy of Pediatrics, Male Adolescent Sexual and Reproductive Health Care, 2011
pediatrics.aappublications.org/content/pediatrics/early/2011/11/22/peds.2011-2384.full.pdf

Trauma-Informed Care Guide, 2013 (B.C.)
bccwh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

A Trauma Informed Approach for Adolescent Sexual Health, 2013 (U.S.)
resourcesforresolvingviolence.com/wp-content/uploads/

**SEXUAL ORIENTATION**

Centre for Addiction and Mental Health, Asking the Right Questions (ARQ) 2, Talking With Clients about Sexual Orientation and Gender Identity in Mental Health, Counselling and Addiction Settings, 2007
www.porticonetwork.ca/documents/489955/0/Asking+the+right+questions

**MEDIA INFLUENCES & RISKS**
Canadian Pediatric Society, Practice Point: Sexting, 2010
www.cps.ca/documents/position/sexting

**SEXUAL CONSENT**
Department of Justice (Can.)
www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html

**PREGNANCY PREVENTION**
Society of Obstetricians & Gynecologists of Canada, Sexuality and U
www.sexualityandu.ca/resource-library/health-care-professionals

Check out their Check the Research section.
As well, their iPad apps are useful to go through with adolescents: Contraception, STIs

Options for Sexual Health (B.C.)
Check out their contraception fact sheets.
www.optionsforsexualhealth.org/birth-control-pregnancy/birth-control-options
This Changed My Practice, Who Should Be Offered IUDs, 2016 (B.C.)
Intrauterine contraception is recommended as first line for adolescents.
thischangedmypractice.com/iud-part1/

Canadian Pediatric Society, Position Statement: Emergency Contraception, 2010

Compassionate Contraceptive Assistance Program (Can.)
compassion.sogc.org

U.S. Medical Eligibility Criteria for Contraceptive Use, 2016
www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm

www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/
And their medical eligibility wheel:
www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/

Reproductive Access Project: Quick Start Algorithm (U.S.)
www.reproductiveaccess.org/resources/

SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION
Provincial/territorial guidelines on STIs

Smart Sex Resource (B.C.)
smartsexresource.com/health-providers/health-providers

CATIE Canada's source for HIV and Hep C information
www.catie.ca/en/prevention/sexual-health#safersex

ADOLESCENTS ACCESSING SEXUAL HEALTH CARE
Canadian Medical Protective Association: Can a Child Provide Consent, 2016
www.cmpa-acpm.ca/-/can-a-child-provide-consent-

Journal of Adolescent Health, Clinical Conversations About Health: The Impact of Confidentiality in Preventive Adolescent Care, 2014
www.jahonline.org/article/S1054-139X(14)00239-0/abstract

A disclaimer. There are a multitude of sexual health resources for a multitude of audiences. No website, blog, app or book is perfect for everyone, and the ones listed here contain words and ideas that not 100% of people will agree with. Many of these writers/educators do not hold back with their forthrightness. Find and follow your favourite sites, sources, and inspired people in the undeniably dynamic world of sexual health. Enjoy years of learning!

GENERAL PRIMERS
Scarleteen: Sex ed for the real world (U.S.)
An education website for older teens and young adults; very comprehensive and applicable to the conversations we may have with our patients.
www.scarleteen.com
Also check out Scarleteen’s Heather Corinna - she has a new book:
S.E.X. The All-you-need-to-know Sexuality Guide to Get You Through Your Teens and Twenties, by Heather Corinna:
Laci Green videos (U.S.)
A young sex-positive sexuality educator with personality plus and a huge following.
www.youtube.com/user/lacigreen

Also check out Al Vernacchio’s TED talks.

KEEPING UP WITH CHANGING TERMINOLOGY
Qmunity (B.C.)
qmunity.ca/wp-content/uploads/2015/03/Queer_Terminology_Web_Version_Sep_2013

www.trans-academics.org/lgbttsqiterminology.pdf

OTHER
Talk to adolescents about menstrual tracking apps (Clue, Period Tracker, others).

Recommended resources for teens.

The same disclaimer (above) applies.

“Dr. B’s recommended websites for accurate and positive sexual health information”
www.sexualityandu.ca
www.optionsforsexualhealth.org
www.islandsexualhealth.org
www.sexetc.org
www.gurl.com
www.youngmenshealthsite.org
www.scarleteen.com
www.teenhealthsource.com
www.youtube.com/user/lacigreen

1-800-SEX-SENSE phone line, open 9 AM - 9 PM, Mon-Fri (B.C.)

AsapSCIENCE Youtube channel has some very entertaining and informative videos on youth sexual health topics.

Recommended resources for parents.

Ditto, re: disclaimer.

“Dr. B’s recommended resources for accurate and positive sexual health information”

GENERAL SEXUAL HEALTH EDUCATION - BOOKS & RESOURCES FOR PARENTS


GENERAL SEXUAL HEALTH EDUCATION - BOOKS FOR KIDS

Any book by Robie Harris or Corey Silverberg (ages 0-14).


GENERAL SEXUAL HEALTH EDUCATION - BOOKS FOR YOUNG TEENS


GENERAL SEXUAL HEALTH EDUCATION – BOOKS & RESOURCES FOR OLDER TEENS


There are various menstrual cycle tracking apps available.

www.sexualityandu.ca
www.optionsforsexualhealth.org
www.islandsexualhealth.org
www.sexcel.com
www.gurl.com
www.youngmenshealthsite.org
www.scarleteen.com
www.teenhealthsource.com
www.youtube.com/user/lacigreen

GENDER IDENTITY & SEXUAL ORIENTATION – BOOKS & RESOURCES FOR PARENTS & TEENS


www.pflagcanada.ca

SEXUAL DECISION-MAKING

www.scarleteen.com/article/advice/yes_no_maybe_so_a_sexual_inventory_stocklist

SEXUAL CONSENT

www.scarleteen.com/article/abuse_assault/drivers_ed_for_the_sexual_superhighway_navigating_consent
SEX AND THE LAW

SEXTING

PORNOGRAPHY
www.sexplainer.com/2015/02/24/talking-to-our-kids-about-porn (elementary age)
www.sexplainer.com/2015/12/07/my-12-1314-year-old-is-looking-at-porn (early teen age)
www.babble.com/parenting/how-to-talk-to-your-kids-about-porn-because-yes-you-have-to/

Links listed - all active, Sep 2016