



WORLD HEALTH ORGANIZATION

# ADOLESCENT HEALTH AND DEVELOPMENT

*in nursing and midwifery education*

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Adolescent Health and Development in Nursing and Midwifery Education

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# Summary

One in five people in the world today are adolescents between 10 and 19 years of age, and 85% of adolescents live in developing countries. Throughout the world, adolescence is considered to be a time of relative health and, as a result, a wide range of adolescent health issues is being neglected. In response to this need, the World Health Organization (WHO) departments of Child and Adolescent Health and Development (CAH) and Human Resources for Health (HRH) embarked on an initiative to focus on adolescent health and development by strengthening the educational preparation of nurses and midwives. Nurses and midwives are in a unique position by virtue of their education, numbers, and diversity of practice arenas to contribute to promoting the highest attainable standard of health among adolescents. Preparing providers to meet adolescents' health needs is a challenge requiring planned educational experiences within the nursing and midwifery curriculum. Integrating adolescent health and development into pre-service nursing and midwifery curricula provides the background for identifying core competencies and for the integration of essential content into curricula. This background paper and accompanying tools provide the foundation for the work of a global partnership of WHO Collaborating Centres to achieve the aims of this vital initiative.



# Introduction

The World Health Organization (WHO) is committed to global cooperation to achieve health goals. The departments of Child and Adolescent Health and Development (CAH) and Human Resources for Health (HRH) within WHO have initiated a joint venture to focus on adolescent health and development by strengthening the educational preparation of nurses and midwives. “Nursing and nurses have a long history of international collaboration to improve the health of people” (McElmurry, Kim & Al Gasseer, 2000, p. 232). This shared commitment to health and collaboration has underpinned the development of this working document for integrating adolescent health and development into pre-service nursing and midwifery curricula. While this project’s primary focus is on developing tools for integrating adolescent health and development content into nursing and midwifery curricula, the secondary aim is to adapt these tools so that they can be used generically to integrate any content area into the curricula.

Adolescents comprise a significant part of today’s population: one in five persons is an adolescent aged 10–19 years, with 85% of adolescents living in developing countries. In some developing countries, adolescents constitute over half of the population (WHO, 2000c). In all countries, adolescents represent the future of families, communities and nations. As citizens of society they benefit from universal human rights that aim to protect and promote freedom and human dignity, which are pre-requisites for health. In the context of health and human rights, the international community has made a commitment to foster an enabling environment that best secures the enjoyment of the highest attainable standard of health by all (WHO, 2002).

Throughout the world, adolescence is considered to be a time of relative health and, as such, is not viewed as a priority. “Too often in the past, public policy has either ignored adolescents or focused on them only when they behave in ways that trouble their elders” (PAHO, 1998, p. 4). This problem-oriented perspective has perpetuated a narrow view of adolescent health as a subject that “has until very recently been a neglected segment of human life” (EMRO, 1997). As a result, a wide range of adolescent health issues are being neglected. Of additional concern is the fact that in many countries adolescents are undervalued, are denied resources and opportunities, and suffer from poverty (WHO, 1998). While demographic and country-specific health data provide compelling evidence to support the need to improve adolescent health care with regard to policies, programmes and services, initiatives have been sorely inadequate, never attracting the attention they deserve.

Nurses and midwives are in a unique position by virtue of their education, numbers, and diversity of practice arenas to contribute to the health of adolescents. In most countries, nurses and midwives form the largest number of health providers and have the potential to respond to adolescent health and development matters in individual, family and community practice settings. In some countries, nurses and midwives are the only health providers for certain populations. Mahasneh (2001) urges nurses to “capitalize on their assessment skills . . . and assume a leadership role” in order to promote the highest attainable standard of health. The health of adolescents requires urgent global attention, and the enhancement of the skills of midwives and nurses is an effective strategy (Mapanga, 1997). Preparing nurses and midwives to meet the health needs of adolescents remains a challenging and complex task requiring planned educational experiences throughout the nursing and midwifery curricula.

Under the direction of the departments of the Human Resources for Health (HRH) and Child and Adolescent Health and Development (CAH), a working document of core competencies has been developed for professional nursing and midwifery education worldwide. This working document reflects the contributions of many international nursing and midwifery educators and scientists who share concern about the health status of adolescents and the extent to which nurses and midwives are educated to meet the critical health needs of this population.

# Products and project aims

The following products were identified as essential to strengthening the educational preparation of nurses and midwives for effective practice in adolescent health. They serve as project aims.

- List of competencies for nurses and midwives who practise in the area of adolescent health and development; competencies refer to knowledge, attitudes and practice.
- Compilation of the best strategies for integrating adolescent health and development into nursing and midwifery curricula and incorporating core competencies for practice in the area of adolescent health and development.
- Tool to assess the degree to which nursing and midwifery curricula include adolescent health and development in developing and industrialized countries.
- Tool to assess institutional preparedness, including challenges faced when integrating adolescent health and development into nursing and midwifery curricula.
- Toolkit on the process of integrating health issues into nursing and midwifery curricula, using adolescent health and development as an example, including a template for assessing curricula content, a template for assessing institutional capacity, and strategies for integrating other content areas that are required to ensure the competency of nurses and midwives to meet the evolving needs of the population.

# Philosophical base

“Outcomes, competencies and objectives are derived from the philosophical beliefs that create the framework of the curriculum” (Dillard & Laidig, 1998, p. 76). Prior to identifying core competencies for nurses and midwives (knowledge, attitudes and practices) it was important to identify the philosophy (that is, the values and beliefs) that serve as the framework and guide for this process. A philosophy of nursing/midwifery and adolescent health should clarify the values and beliefs about adolescents and explain how nurses/midwives will deal with adolescent health issues. The philosophy describes the essential roles of nurses/midwives and their practice arena; it should also describe the relationship between faculty and students and the teaching/learning environment that supports the acquisition of knowledge, attitudes and practices.

Since a project aim is to develop core competencies across many cultures and countries, it is imperative that the curriculum be sensitive to, and respectful of, cultural differences affecting adolescent health and development. Of equal importance is the need to recognize the varying nursing and midwifery cultures across countries. Therefore, while selected philosophical perspectives are discussed in this document, each country will have to consider the extent to which the philosophical perspectives are congruent with their own cultures. Ongoing discussion and exchange of ideas among collaborating partners is necessary, so as to incorporate different philosophies and allow for the different roles that nurses and midwives assume in the health care world.

Within this working document, philosophical principles are drawn from holism, primary health care, human rights and assets orientations. Principles from each philosophical perspective are identified and discussed in context of curriculum development for adolescent health.

Holism is the inseparable connection of mind, body and spirit of the person in the context of a family and a community. A nurse or midwife cannot adequately meet the health needs of adolescents without consideration of the whole person (mind, body and spirit) who lives within a context of family, culture and larger environment. Effective nurses and midwives must be able to assess the values and beliefs of the larger culture, the structure and dynamics of the family, and the role of community structures in shaping individual health practices and actual health status. Primary health care principles encompass a holistic framework for dealing with issues relevant to health and development of adolescents, and for facilitating participatory approaches in their environments (Alma-Ata, 1978). Principles underpinning health and human rights are complementary to the philosophy of primary health care in that governments have made a commitment to fostering arrangements that will lead to the availability of good quality health care that is acceptable and accessible to all (WHO, 2002).

Since the philosophy of holism is essential to the development of core competencies, *how* nurses and midwives achieve health goals is important. The nursing process is a sequential series of activities directed towards goal achievement. Reilly & Obermann (1999) caution that the nursing process can suggest a rigid, linear, reductionist process that is being challenged by current nursing scholars as leaving little room for other “ways of knowing” in nursing. The nursing process is a helpful way to organize activities but needs to be dynamic and “open to new cues, insights and meaning” (*ibid*, p. 59). Critical thinking skills encompassing a holistic perspective can contribute to a more dynamic application of the nursing process. “Development of critical thinking skills has always been important, but is particularly acute today considering the types of decisions required for practice, complexity of client needs, and the amount of information the nurse is faced with in practice” (*ibid*, p. 218).

An assets approach in assessment and planning for health focuses attention on resources, interests and strengths rather than on needs, problems and deficits. “Every single person has capacities, abilities and gifts ... If they are [used], the person will be valued, feel powerful and well-connected to the people around them. And the community around the person will be more powerful because of the contribution the person is making” (Kretzmann & McKnight, 1993, p. 13). Adolescents can often make significant contributions to their families and communities and to their own health. An assets approach provides opportunities for including them in the development and implementation of health activities. Health services need to be structured to reflect adolescents’ “evolving capacities to make critical choices for themselves” (Cook & Dickens, 2000).

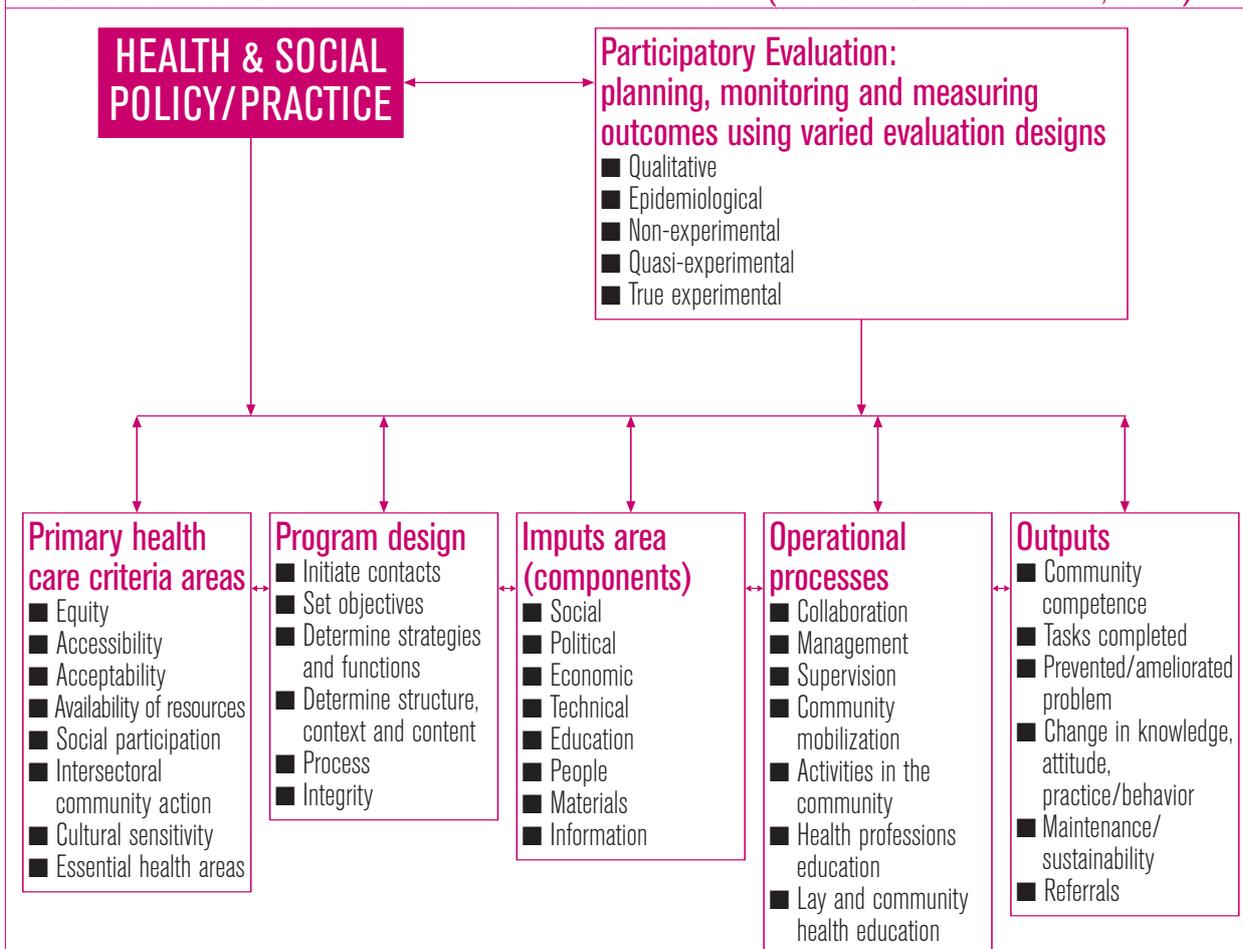
Utilization of an assets approach for adolescent health and development curricula is congruent with primary health care principles, values the abilities and capacities of adolescents, and incorporates existing resources of families, communities, health care services and educational institutions. In addition, an assets approach recognizes the strengths of existing nursing and midwifery educational programmes. Within this working document, an assets orientation provides the foundation for several assumptions about implementing educational institutions:

- Nursing and midwifery educators have valuable expertise, with existing skills for using a variety of teaching strategies and evaluation methods.
- Nursing and midwifery programmes already have experience with curriculum planning and implementation.
- Existing nursing and midwifery curricula provide the foundational content for preparing students for professional practice.

Primary health care philosophy is a component of the foundation of an adolescent health and development curriculum: “Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community and through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process” (Alma-Ata, 1978).

It is important for nurses and midwives to understand adolescent health and development within the context of families, communities and health care systems. Development of professional practice skills is strengthened by an awareness of primary health care principles and strategies in relation to health systems. Considering health and development questions, including those concerning adolescents, requires a comprehensive approach that includes health services delivery, health policy, research, and community participation. Community participation has been effective and instrumental when planning and developing curricula (Petro-Nustas, Mikhail & Baker, 2001). Figure 1 shows the multiple components to recognize when developing a comprehensive primary health care action plan.

FIGURE 1. MAPPING A PRIMARY HEALTH CARE ACTION PLAN (IN MCELMURRY & KEENEY, 1999).



In particular, primary health care provides a foundation for the role of the nurse/midwife in promoting adolescent health on wider policy levels: the sphere of interest and influence of the nurse/midwife must extend beyond the individual. The curriculum therefore must address community health prior to, or concurrently with, adolescent health content in order to achieve the core competencies.

A curriculum needs to identify the *potential* roles of the nurse or midwife, including those of caregiver, advocate, educator, manager, change agent and researcher. It will be of great importance for students to consider the purpose of achieving positions of influence in order to impact on health policy. Nurses and midwives are change agents whose actions shape individual, family and community health. While countries may differ in their abilities to structure primary health care into nursing and midwifery education, its importance to strengthening professional practice and community health continues to be supported by international organizations, including the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM).

“Traditional outcomes and competencies in nursing and other areas of health care are being challenged and pressured to change. In 1995, the Pew Health Professions Commission projected an evolving health care system that will focus on better management of diminishing resources, promotion of wellness education and interventions for prevention of illness, and an emphasis on improving the health of populations” (Dillard & Laidig, 1998, p. 76). Embracing change calls for creativity, innovation, and interdisciplinary collaboration to provide cost-effective, quality learning experiences that meet the challenges of today and those of the future.

# Curriculum integration: process, constraints and facilitating factors

Today's rapidly changing world creates curriculum opportunities, but also challenges and constraints. Academics must acknowledge the dynamic forces that shape adolescent health within the internal and external environment and act as facilitators by integrating these changes through the nursing and midwifery curriculum. Educators must therefore be prepared for the existence of several competing challenges when integrating an adolescent health curriculum. These challenges become even more complex when developing curricula that will be implemented in very different cultural, political, social and geographical locations. The ability to facilitate change requires continual faculty development and administrative support.

The demand to integrate the curriculum in an efficient, innovative, cost-effective manner among diverse student populations is a challenging task in any context, often accomplished without sufficient human, fiscal, material and time resources. Specific constraints that should be considered at the institutional level have been categorized into those of faculty, students, time and resources. Faculty constraints include matters related to experience teaching, expertise in content area, personal attributes, and workload. Student constraints include concerns about stress and anxiety, lack of pre-requisite knowledge or experience, distractions, and resistance to participation in the learning process. Time constraints include lack of time for curriculum planning and evaluation; in addition, insufficient time for learning activities, such as student debriefing after field experiences, may limit the effectiveness of valuable teaching strategies. Resource constraints include insufficient funds, inadequate facilities, and lack of access to equipment or texts (Norton, 1998). Recognizing constraints prior to curriculum development and implementation can provide opportunities to change existing barriers or to adapt curriculum and learning experiences to fit the realities of the setting.

Preparation of competent nurses and midwives is accomplished through a carefully planned curriculum. Integration of an adolescent health curriculum begins with a needs and assets assessment to determine appropriate content and the resources to implement curricular change. An appraisal of country-specific epidemiological data, existing health initiatives and actual field experience will guide the identification of priority adolescent health issues and challenges within each region. These data will guide the assessment of the current curricula to identify the type and amount of existing adolescent health content. If areas have been identified that reveal gaps in such content, a plan for integration and implementation will be necessary.

Integrating adolescent health into the curriculum will doubtless cause faculty concern about adding to an already overburdened nursing or midwifery curriculum. Very often, specific health content exists within a curriculum for another developmental stage (such as adulthood), which can be expanded or modified to encompass content specific to adolescence in order to minimize the impact of new content into the general curriculum. Learning experiences that involve students in activities, such as school health fairs, offer opportunities to interact with adolescents while providing service to the community. In addition, computer-assisted technology has facilitated the ability to access information and offers exciting, creative opportunities to learn and provide distance education. Interactive learning offers great potential for achieving content integration and competency development. While these technologies offer much, their development and integration demand considerable faculty time and expertise. Nursing and midwifery educators face both prospects and challenges from "limitless learning opportunities" while continuing to deal with "limited resources".

Additional challenges associated with the integration of an adolescent health curriculum include the need to sort out the potentially conflicting priorities and mandates from government policy and regulations, professional organizational standards for practice, and local educational institutions. Curriculum design requires a knowledge of the stakeholders' concerns and requirements. It is particularly important to recognize the mandatory curriculum demands faced by nursing and midwifery educators who need to prepare students for attainment of professional qualifications attesting to their competence and readiness to practise. Faculty will need to develop communication channels to facilitate access to current information and to build networks for participation in the ongoing development of policies that affect curriculum implementation.

Nursing and midwifery educators must be sensitive to the opportunities and constraints within their respective health delivery systems and the larger sociopolitical environment. Each country is likely to face challenges specific to adolescent health and development services. For instance, child labour practices, restrictions on reproductive health counselling and care (particularly within schools), and the societal value of adolescents are issues that pose barriers to integration in many settings. Multidisciplinary collaboration, community participation, and listening to the voices of adolescents (Shah, Zambezi & Sumasiku, 1999) are essential facilitating strategies for discovering constraints, determining curricular content priorities, and creating mechanisms for preparing nurses and midwives for relevant professional practice.

When teaching is successful, students have an integrated perspective on a particular area of knowledge and are able to discuss and use their knowledge in meaningful ways, particularly in nursing and midwifery practice. A student-centred perspective acknowledges that students' preparation and learning styles will affect the manner in which a curriculum is structured to transmit knowledge. Curricular change that is both learner-focused and specific to adolescent health and development must consider aesthetics (personal perspectives), ethics (personal relationships), politics (power), science (theory and evidence), and technology (strategies and tools for transmitting knowledge) within the institutional learning environment and the external practice settings.

A high priority needs to be placed on preparing nurses and midwives to meet the complexity of current and future nursing/midwifery practice. Strategies for implementing curricular content can be designed to develop students' abilities to solve complex health issues using critical thinking skills. Critical thinking processes examine assumptions, consider intervention strategies, and establish priorities (Brookfield, 1987; 1993). Development of critical thinking skills is facilitated when learning experiences involve various methods, such as research journals, classroom discussions, clinical seminars, videotapes, peer review, team projects, case studies, and computer-assisted instruction (Pridham, 1998). Role-playing, drama spots, songs, and storytelling or personal narratives are examples of learning strategies that can be modelled within pre-service nursing and midwifery curriculum implementation as effective methods for facilitating adolescent health and development learning experiences.

Creative methods for teaching that require critical thinking and values clarification are sometimes considered costly in terms of "classroom time". Faculty and students who have not been familiar with an interactive learning experience will need support in the process. The goal is to encourage reflective thinking, problem solving, and a spirit of inquiry. Students need to become actively involved in "real life" or field experiences that go beyond the classroom walls (Matteson, 1995; 2000). Learning how to work with community leaders and cultural groups enhances communication and decision-making skills (Erickson, 1995). These activities help support the necessary skills to assume leadership positions that can influence policies, programmes and services for adolescents, their families and communities.

The development of an adaptable toolkit to integrate any health issue or content area into pre-service curricula, modelled on the lessons learned in the case of integrating adolescent health content, will incorporate elements of successful, innovative strategies and the factors that contributed to their success. In addition, associated problems and factors that constrained integration will be taken into consideration to produce a toolkit for the actual process of introducing health issues into pre-service nursing and midwifery curricula.

# Adolescence and adolescent health

Adolescence is a dynamic period of growth and development that bridges childhood to adulthood, while being distinctly different from both groups. Adolescence is “characterized by many rapid, interrelated changes of body, mind and social relationships” (WHO, 1997, p. 1). It is important to consider the necessary education that students must possess regarding the nature of adolescents, their stage of development, health issues and the barriers and challenges to health within their environments.

One of the basic challenges for health practitioners is understanding the developmental processes of adolescence. “Adolescence itself is a period of profound cognitive, physical, social and moral development, none of which adheres to a perfectly predictable course” (SAM, 1999, p. 278). The unpredictable rate of change for all aspects of development related to adolescence creates additional complexity for those who deliver health care. Provision of appropriate and effective adolescent health care necessitates a wide range of knowledge, skills and attitudes going beyond traditional approaches used in an illness framework. Nurses and midwives must have a sound background in adolescent growth and development and the competencies necessary to assess health, given the wide range of physical, emotional and psychosocial skills that an adolescent might possess at a given age.

While the majority of adolescent morbidity and mortality is preventable, health providers, communities and policy-makers have not given adequate attention to opportunities for health promotion and prevention activities. Changing social norms have led to a number of health problems for adolescents (WPRO, 2000). Adolescent health attitudes and practices not only impact on immediate health status but have long-term consequences, many of which are associated with serious health problems such as cardiac disease, cancer, respiratory illness, and AIDS. “Practices such as smoking tobacco products, use of other addictive substances, or sexual activity without protection from sexually transmitted infections and AIDS often does not produce morbidity and mortality in adolescence itself, rather the effects, and the costs, develop over a lifetime” (Burt, 1998, p. 4). Sexually transmitted infections are “responsible for a variety of health problems and have especially serious consequences for adolescents and young adults” (Panchaud et al., 2000, p. 25). Adolescence, therefore, is a time when creative health strategies and demonstrated interventions can prevent disease and enhance the potential for life-long behaviour that will contribute to the health of the world’s people.

“Researchers and practitioners working in adolescent health often make a mistake in thinking about young people, that addressing the parts — whether it be sexual behaviour, substance use, or schooling — somehow would take care of the whole person” (Scales, 1999). There has been growing acceptance of the need to view health from a contextual perspective, recognizing the social forces that shape health and well-being. Adolescent health issues vary according to culture and sex (Alzubaidi, Upton & Baluch, 1998). Adolescent health that is viewed solely from the individual perspective without consideration of environmental, cultural, social, economic and political environments will not produce the solutions necessary to promote health. The degree of family and adult connectedness as well as community health is recognized as being protective, decreasing risk and enhancing resiliency (WHO, 2000a; 2000b).

Adolescents make health choices from an assessment of costs and benefits within the context of their lives. Many may be modifiable by health promotion and prevention strategies. There is an acknowledged gap in adolescent health research related to “how race, ethnicity, gender and socioeconomic status influence, individually and interactively, the development of health values, perceived health options and health behaviours” (NINR, 1993, p. 3). Therefore, a careful analysis of the community structures is essential to understand the context of health choices. Additionally, adolescents must have a greater voice in explaining their health choices in an atmosphere that encourages dialogue. Adolescents must be partners in health care with their families when determining a plan of health.

Policy-makers often characterize the adolescent as impulsive and risk-taking, with little ability to comprehend future consequences. Alternative views would support processes that include the identification of strengths and vulnerabilities from individual, family and community perspectives. An assets framework “focuses on all children and youth, not only those at high risk of negative outcomes. It also emphasizes mobilizing all community residents to play roles in collectively nurturing young people, not only trained professionals who work with youth” (Scales, 1999, p. 113). Given the aforementioned challenges, it is understandable that care providers identify the provision of health care for adolescents as being complex, in need of evaluation, research development and educational support.

A significant challenge to work on universal adolescent health curriculum development and evaluation is related to cultural and sociopolitical differences within and between societies. Culture influences the definition of adolescence and the roles of the adolescent and family in relation to health values, beliefs and practices. “Promoting aspects of adolescent development that are not germane to the culture runs the risk of denigrating that culture, along with the self-esteem of both young and old, and of losing qualities that are of great importance to those cultures” (Friedman, 1999, p.5). Adolescents who experience famine, war, homelessness or orphaning face a very different set of health topics than do adolescents in other contexts. Since the environment shapes health values, beliefs and practices, the nurse or midwife must be able to assess each setting in order to practise effectively. The curriculum must therefore be culturally “competent and sensitive” providing the knowledge and skills necessary to assess health needs, assets and priorities and to adapt strategies appropriately.

The competencies necessary for nurses and midwives to maintain, promote and restore the health of adolescents require specialized knowledge and skills covering a wide spectrum of health domains and the ability to adapt to specific cultures within a variety of settings. Since the setting for the delivery of adolescent health care occurs primarily in the community, nurses and midwives must develop the leadership skills necessary to collaborate with adolescents, families, and community organizations for health care delivery. Community health and the health care delivery services must be assessed and the nurse or midwife needs to maximize opportunities for care. Nurses have demonstrated particular skill in both traditional and community-based settings (Grey & Flint, 1989; Dunn, 1993; Cohen & Juzczak, 1997) but cite inadequacies in their preparation, especially concerning sensitive subjects. Nursing and midwifery faculty must be offered support in continuing their own education by having access to information through planned educational experiences and state-of-the-science knowledge of adolescent health.

The “most effective strategy for promoting positive adolescent health is to assure ... opportunities to develop lifelong behaviours and skills that can maximize health status” (AAN, 2000, p. 42). The WHO Technical Advisory Group (TAG) identified what adolescents should be able to access by the year 2010. These aims include:

- opportunities to develop relevant skills, including the skills to filter and use information;
- information about issues influencing their health and development;
- services including health, education, and opportunities for fun and relaxation;
- a safe and supportive environment, which includes supportive and caring adults and offers opportunities for participation including the means to influence and make decisions affecting their lives and their communities (WHO, 1998d, p. 15)

In order for pre-service nurses and midwives to meet the core competencies of adolescent health they must:

- use an assets framework when assessing adolescents;
- create respectful, trusting relationships with adolescents and families when developing health care plans;
- identify the needs of adolescents for safety, privacy, confidentiality, information, connectedness and support;
- appreciate the impact of the environment on adolescent health;
- develop innovative primary health care strategies within the community to promote adolescent health and to prevent disease;
- advocate for legislation and policies that promote adolescent health and strengthening of families through community involvement;
- incorporate evidence-based practice to guide the care of adolescents.

# Project development for pre-service nursing and midwifery curricula

In response to a request from WHO's departments of Human Resources for Health (HRH) and Child and Adolescent Health and Development (CAH), the WHO Collaborating Centre for International Nursing Development in Primary Health Care, at the College of Nursing, University of Illinois at Chicago (CON-UIC), developed recommendations for "Core competencies and curricula for pre-service nursing and midwifery education for the care of adolescents".

The following understandings guided the CON-UIC working group's preparation of the background materials for facilitating integration of adolescent health and development into pre-service curricula.

- The underlying purpose of the endeavour is to integrate adolescent health and development into pre-service nursing and midwifery curricula.
- Specific products prepared for use by stakeholders include this background paper, a country case study protocol for evaluation within and across implementing partner institutions (Appendix A), a list of domains and core competencies (Appendix B), curricular content examples (Appendix C), a curriculum assessment tool (Appendix D), and an institutional preparedness assessment tool (Appendix E).
- Literature and information reviewed should reflect on international scope and products developed within a framework that would be appropriate for countries in different stages of development.
- Primary health care principles provide an essential conceptual framework for focusing on issues relevant to health and development of adolescents, and for facilitating participatory approaches within the context of their families and communities.

## METHODOLOGY

1. The CON-UIC working group initiated an extensive literature review process.  
Literature was acquired from:
  - WHO agencies and regional offices;
  - WHO Collaborating Centres in Nursing;
  - adolescent health researchers and practitioners;
  - Internet sites for professional nursing and midwifery organizations;
  - library retrieval from on-line literature database searches.
2. Documents retrieved were distributed among CON-UIC working group members and reviewed for relevance to adolescent health and development as well as associated core competencies.
3. Information about existing adolescent health and development curricular content was requested from WHO Collaborating Centres in Nursing and Midwifery.
4. Draft competencies were circulated to adolescent health and development partner Collaborating Centres for review and comment.
5. The CON-UIC working group initiated a synthesis process for content derived from literature and information reviewed.
6. A second draft of core competencies was submitted for review and comment to WHO's OSD and CAH offices and adolescent health and development partner Collaborating Centres.
7. A working document, incorporating comments from the reviews of draft documents, was prepared by the CON-UIC working group.
8. A WHO consultative meeting was held in Cairo, Egypt, in February–March 2001 to review the documents and develop working plans for implementation of adolescent health and development curriculum at the partner sites.

# Synthesis

Literature reviews did not identify a pre-existing set of accepted core competencies for nursing or midwifery that comprehensively cover adolescent health and development issues. The majority of literature containing content that could be identified as an adolescent health and development competency is targeted to specific concerns (for example, reproduction, violence, sexually transmitted infections), rather than integrated in recognition of the comprehensive issues needing to be incorporated into services for adolescents. While a number of publications or reports documented approaches to wellness in adolescent health and development, a preponderance of the literature was generally reflective of disease or problem-oriented perspectives. It is important to hold the perspective that adolescent health and development care should begin with a focus on normal and positive aspects of adolescents.

The content in this document is not exhaustive. Additional input from stakeholders and ongoing analysis of the WHO Collaborating Centre implementing partners may lead to its significant revision.

The variations in scope of practice in different countries provide a challenge for determining what competencies and skills related to diagnosis and intervention should be identified, since the curricular requirements will need to vary based on diverse types of practitioners.

# Core competencies for adolescent health and development

Core competencies in adolescent health and development for pre-service nursing and midwifery curricula delineate the basic knowledge, attitudes and practices expected of entry-level practitioners. They provide guidelines for stakeholders (educators, students, health care workers, policy-makers, and community members) in adolescent health and development programmes. While universal domains (see glossary) for adolescent health can be identified, curricular content for competencies (knowledge, attitudes and practices) must be shaped by the specific context of the community and country where the graduating nursing or midwifery students will practise. For this reason, it is important to develop or examine an existing country profile when determining the content for a specific curriculum (Appendix A). Underlying assumptions for teaching and evaluating these adolescent health competencies include:

- Nursing or midwifery care recognizes adolescence as a normal phase of human growth and development.
- The nurse or midwife will synthesize knowledge relevant to adolescence from all domains to assess, plan, implement and evaluate care.
- Nursing or midwifery care is based on primary health care principles, incorporating health promotion, health maintenance, treatment of ill-health and rehabilitation.
- Adolescent health care exists within the context of health over the life span.
- Nursing or midwifery care facilitates participatory decision-making in planning and implementing health care services.
- Adolescent health care occurs within the context of family and community health and development.

The competencies named in this document are the result of work in progress. No pre-existing set of standardized competencies for comprehensive adolescent health nursing or midwifery was found in literature searches or from their associated professional organizations. Therefore, the competencies are derived from international literature and existing nursing or midwifery curricula and presented as suggestions for evaluation and comment.

Five universal domains are identified as a framework for organizing the curriculum focus and associated competencies. Additional domains and/or refinement to delete or re-categorize are expected within institutions and as part of an evaluation of implementation by partner institutions over several years. Examination of the domains can contribute to evaluating existing curricula, organizing content and facilitating the teaching–learning process.

The construct of holism underpins the formation and understanding of domains as a non-hierarchical representation of different aspects of adolescent health and development. While the competencies have been categorized into domains, such as “Physiological self: healthy bodies”, and may well appear to be contrary to the concept of holism, the intent is not to suggest a reductionist approach. A reductionist approach focuses on “parts” instead of the sum of the whole. The implementation process for the curriculum should stress the interrelationships between the domains. Therefore, if the philosophy of holism is accepted, it becomes incumbent upon faculty to facilitate a holistic approach to education and practice regardless of the domain of focus.

Given the wide range of health issues, needs, and the complexity of social, political and economic situations, this working document of core competencies serves as a template. Specific content within each domain must be determined by each educational programme. Each participating Collaborating Centre will need to adapt the curriculum content and tools to ensure cultural sensitivity, contextual relevancy, and realistic implementation strategies given human, physical and time resources. Contextual relevancy in each region will require involvement of local stakeholders to identify priority adolescent health needs and relevant adolescent health issues. An institutional preparedness assessment tool (Appendix E) can facilitate documentation of stakeholder issues and identify the adequacy of resources for integrating adolescent health and development into existing curricula. A careful analysis of country-specific data (Appendix A) and local experiences will guide how each region adapts this document in a manner that incorporates the relevant philosophical principles, nursing/midwifery roles, and teaching–learning theory.

Appendix B introduces adolescent health and development domains and core competencies synthesized from the literature and accepted by participants at the Cairo meeting in 2001. The domains are: professional development, psychosocial self, physiological self, health behaviours, and gender development. Appendix C provides examples of content to be considered for inclusion in the adolescent health and development curriculum. *Italicized text* provides examples of content that may be more relevant in some regions than in others. Implementing institutions will need to assess stakeholder and country-specific data to identify the relevant content to be included. The use of the curriculum assessment tool (Appendix D) can identify the presence or absence of the identified requisite content in the existing curriculum.

After a three-year period, evaluation data from implementing partner institutions should be analysed and recommendations made for finalizing the domains, competencies and assessment tools. The implementation and evaluation process can provide outcome data to facilitate a global effort to strengthen health care providers' capacity to tackle adolescent health and development issues.

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# Glossary of terms

**ADOLESCENCE** is a developmental stage that is distinct from childhood and adulthood.

**ADOLESCENTS** are people aged 10–19 years.

**CARE** refers to nursing or midwifery practice in community, primary, secondary and tertiary health care settings.

**COMPETENCIES** delineate the knowledge, attitudes and practices expected for basic nursing and midwifery practice.

**CONTENT AREAS** are examples of subjects that may be identified by some countries or regions as relevant for study to develop the competency.

**CURRICULAR FOCI** are categories identifying specific adolescent health and development topics that are essential to include in comprehensive educational programmes for pre-service nursing and midwifery.

**DOMAINS** represent broad classifications of adolescent health and development issues that are universal or globally relevant.

**PRE-SERVICE EDUCATION** refers to basic education for students who will qualify for recognition as nurses and/or midwives.

# Appendix A

# Country Case Study Protocol

## 1. CONTEXT ANALYSIS

The following areas are suggested as a guide for capturing key points important to adolescent health and development within your specific context.

### 1.1 SYNOPSIS OF COUNTRY.

- Brief history
- World Bank Financial classification
- Development indicators
- Health indicators
- Political system
- Total population of adolescents (indicate data on subgroups if available, e.g. in-school, out of school, employed, etc.)

### 1.2 DEMOGRAPHICS.

### 1.3 STRUCTURE OR SYSTEM FOR HEALTH CARE.

### 1.4 HEALTH SERVICES USE BY ADOLESCENTS.

### 1.5 POLICY ENVIRONMENT:

- Policy of adolescents/young or not;
- Health policy;
- Reproductive Health policy and
- Higher educational policy on practice and health preparation

### 1.6 ADOLESCENT HEALTH BEHAVIOUR PRACTICES – COMMUNITY-FAMILY-INDIVIDUAL

### 1.7 PREPARATION FOR INITIAL EMPLOYMENT AND CONTINUING PROFESSIONAL DEVELOPMENT OF HEALTH PROFESSIONALS

- Years of pre-service training
- Compulsory continuing education

### 1.8 DESCRIPTION OF ADOLESCENT LIFE AND CHALLENGES

### 1.9 SOCIETAL ISSUES WITH SPECIFIC REFERENCE TO ADOLESCENTS (e.g. Violence)

### 1.10 OTHER (PLEASE IDENTIFY)

## 2. PROCESS DESCRIPTION

### 2.1 ENGAGING STAKEHOLDERS

## **2.2 INITIAL NEEDS ASSESSMENT**

- Process
- Outcome

## **2.3 PLAN FOR CHANGE**

- Component(s) of curriculum involved
- Specific change(s) additions
- Teaching – learning
- Evaluation strategies
- Content
- Time frame

## **2.4 IMPLEMENTATION OF PLAN**

- Success
- Failure

## **2.5 ANALYSIS OF PROCESS**

- Facilitators
- Barriers

## **2.6 OUTCOMES OF THE PROCESS**

- Educational
- Service

## Appendix B

# Adolescent Health and Development Domains and Core Competencies

### DOMAIN 1

#### PROFESSIONAL DEVELOPMENT: VALUES AND SOCIALIZATION FOR ADOLESCENT HEALTH

##### COMPETENCIES

- 1-1. Demonstrate practices which reflect PHC principles and/or other appropriate theoretical frameworks that support adolescent health and development.
- 1-2. Facilitate the participation of adolescents and other stakeholders in planning, implementation and evaluation of the services rendered in practice settings.

### DOMAIN 2

#### PSYCHOSOCIAL SELF: BEING AND BELONGING WITHIN FAMILIES & COMMUNITIES

##### COMPETENCIES

- 2-1. Assess and promote adolescents' psychosocial development in the context of their families and communities, recognizing socio-economic, spiritual, and cultural influences.

### DOMAIN 3

#### PHYSIOLOGIC SELF: HEALTHY BODIES

##### COMPETENCIES

- 3-1. Assess and manage minor and common conditions, integrating the principles of adolescent growth and development and self-care.

### DOMAIN 4

#### HEALTHY BEHAVIOURS: LIFESTYLE MANAGEMENT

##### COMPETENCIES

- 4-1. Promote adolescents' development of healthy lifestyles through assessment of individual, family, and community health practices, utilizing health promotion strategies.

**DOMAIN 5**  
**GENDER DEVELOPMENT: IDENTITY AND FAMILY LIFE/REPRODUCTIVE HEALTH**

**COMPETENCIES**

5-1. Promote healthy gender development, reproductive health and positive parenting in adolescence.

## Appendix C

# Adolescent Health and Development Curricular Content Examples

## ADOLESCENT HEALTH AND DEVELOPMENT CURRICULUM DEVELOPMENT AND INTEGRATION

### DOMAINS, CORE COMPETENCIES, SUB-COMPETENCIES, AND CONTENT EXAMPLES

This document was prepared as a guide to accompany the WHO Adolescent Health and Development (AHD) Assessment tools, and to provide information that may be useful as a reference/resource to facilitate comprehensive AHD curriculum development, assessment, and planning. Given the wide range of health issues, needs, and the complexity of social, political, and economic situations, this working document serves as a template. Each educational program must determine specific content within each domain. Each participating Collaborating Centre will need to adapt the content and tools to ensure culturally-sensitivity, contextual relevancy, and realistic implementation strategies given human, physical and time resources. Contextual relevancy within each region will require involvement of local stakeholders to identify priority adolescent health needs and relevant adolescent health issues. A careful analysis of country-specific data and local experiences will guide how each region adapts this document in a manner that incorporates the relevant philosophical principles, nursing/midwifery roles, and teaching-learning theory.

The following table introduces some examples of content, associated with the domains and competencies, and derived from an intensive international data synthesis process identified as universally relevant in AHD practice. Italicized text provides examples of content that may be more or less relevant in some regions than others. While the competencies have been categorized into domains, such as “Physiological Self: Healthy Bodies”, the intent is not to suggest a reductionist or hierarchical approach. A reductionist approach focuses on “parts” instead of the sum of the whole. The implementation process for the curriculum should stress the interrelationships between and across the domains.

## DOMAIN 1: PROFESSIONAL DEVELOPMENT: VALUES AND SOCIALIZATION FOR ADOLESCENT HEALTH

**COMPETENCY: 1-1.** Demonstrate practices which reflect PHC principles and/or other appropriate theoretical frameworks that support adolescent health and development.

### Curriculum foci categories, Sub-competencies and Content Examples

#### CONCEPTUAL FRAMEWORKS FOR ADOLESCENT HEALTH

**1-1A** Understand primary health care principles for development and implementation of policy and practice interventions

**1-1B** Understand asset and capacity approaches for development and implementation of policy and practice interventions

**COMPETENCY: 1-2.** Facilitate the participation of adolescents and other stakeholders in planning, implementation and evaluation of the services rendered in practice settings.

#### SUB-COMPETENCIES AND CONTENT EXAMPLES

##### Values assessment and clarification

**1-2A** Understand personal values and beliefs about adolescents

**1-2B** Respect diverse groups among adolescents (cultural competency)

- cultural beliefs, traditions, and practices
- racial or tribal identity
- religious beliefs and practices
- gender differences
- regional diversity
- socio-economic backgrounds

##### Professional socialization and networking

**1-2C** Understand the importance of a relational role for nurses/midwives in the provision of adolescent health services in a manner that encourages trust and respect

**1-2D** Identify and communicate with professional societies, community associations, and special interest groups involved with advancing adolescent health

## DOMAIN 2: PSYCHOSOCIAL SELF: BEING AND BELONGING WITHIN FAMILIES AND COMMUNITIES

**COMPETENCY: 2.** Assess and promote adolescents' psychosocial development in the context of their families and communities, recognizing socio-economic, spiritual, and cultural influences.

### Curriculum foci categories, Sub-competencies and Content Examples

#### SOCIAL DEVELOPMENT

- 2A Knowledge of group dynamics and processes
- 2B Knowledge of protective factors for health and well-being
  - Connectedness: family and community
  - Contribution: participation in well-being of others
  - Capacity: skill acquisition, utilization, and recognition

#### FAMILY STRUCTURES, ROLES AND FUNCTIONS

- 2C Knowledge of family systems
  - family communication and support
  - family labour roles - household and external work
  - orphaning, street children
  - migration, homelessness, refugee camps
  - marriage, multiple marriages, single-parenthood, divorce, re-marriage
  - family illness, parental substance abuse
  - abuse, emotional, physical or sexual, domestic violence
- 2D Knowledge of prevalent gender and age role patterns
  - cultural perceptions/or expectations of this life stage
  - gender inequality
  - initiation rituals
  - adolescent as care-giver

#### COMMUNITY STRUCTURES, ROLES AND FUNCTIONS

- 2E Knowledge of community health and development concepts
- 2F Assessment of community health issues utilizing needs and assets approaches
- 2G Assessment of socio-economic and political influences in urban and rural communities
  - cohesive community vs. isolationism
  - mentors/significant others among peers, extended family, teachers, community leaders
  - organizations (schools, work, religious, sports, community health resources)
  - environmental and occupational safety
  - violence, war

#### SOCIO-ECONOMIC CONDITIONS

- 2H Knowledge of appropriate technology and sustainability concepts
- 2I Assessment of access to resources (comprehensive health services, schools, economic, family, community, social networks)
  - adolescent labour
  - school dropout
  - juvenile delinquency
  - development and poverty
  - political conditions, war, refugees

### INTELLECTUAL DEVELOPMENT

- 2J Knowledge of normal cognitive processes and developmental tasks
  - access to schooling/formal education
  - learning styles
  - problem solving/critical thinking skills
  - mental health relationships with other systems
- 2K Knowledge of alterations in cognitive processes and developmental tasks
  - learning disabilities
  - developmental delay
  - mental illness

### PSYCHOLOGICAL DEVELOPMENT

- 2L Knowledge of normal psychological development processes
  - self-esteem
  - social development, peer relationships
  - emotional development
  - identity development
  - parent-child development
- 2M Knowledge of alterations in psychological development processes
  - suicide
  - depression
- 2N Assessment of stressors and coping mechanisms
  - resilience and vulnerability

### VALUES, PRACTICES, AND ETHICAL REASONING

- 2O Knowledge of moral and ethical development concepts (personal and shared responsibility)
- 2P Knowledge of community development and participatory approach concepts and strategies
  - to include prevalent community perspectives/values in programs and practice
- 2Q Assessment of socio-cultural, economic, and religious/spiritual values, influences, and practices on
  - adolescent and family responsibility
  - legal issues (confidentiality, consent requirements; ethics)
- 2R Assessment of psychosocial history, including sensitive topics through the use of relevant interviewing skills.

## DOMAIN 3: PHYSIOLOGIC SELF: HEALTHY BODIES

**COMPETENCY: 3.** Assess and manage minor and common conditions, integrating the principles of adolescent growth and development and self-care.

### Curriculum foci categories, Sub-competencies and Content Examples

#### GROWTH AND DEVELOPMENT

- 3A Knowledge of biologic and physiologic processes for normal growth and development
  - Based on country/population appropriate norms and data
- 3B Knowledge of alterations in normal biologic and physiologic processes
- 3C Assessment of physical health status including screening for alterations in anatomic and physiologic processes

#### ILLNESS, DISEASE AND INJURY

- 3D Knowledge of alterations in physiologic system processes
  - acute conditions (respiratory infections, fractures)
  - chronic conditions (asthma, diabetes, Thalassemia, RAD, physical disability, scoliosis)
  - infectious diseases (TB, HIV, STIs, hepatitis, meningitis, mumps, measles, hepatitis, meningococcal and brucellosis)
  - endemic diseases (malaria, intestinal parasites)
  - minor health problems (acne, menstrual irregularities)
- 3E Knowledge of causes/influences for alterations in physiologic system
  - epidemiology
  - physical environment (road traffic accidents, safe water, sanitation)
  - poverty (adequacy of food sources, access to prevention/curative services)

## DOMAIN 4: HEALTH BEHAVIOUR: LIFESTYLE MANAGEMENT

**COMPETENCY: 4.** Promote adolescents' development of healthy lifestyles through assessment of individual, family, and community health practices, utilizing health promotion strategies

### Curriculum foci categories, Sub-competencies and Content Examples

#### SELF-CARE AND SELF DETERMINATION

- 4A Knowledge of health behaviour theories
  - external influences (family, community, religious beliefs, peers, schools)
  - development of moral reasoning and personal responsibility
  - locus of control
- 4B Assessment of access to health information and health care services
- 4C Assessment of adolescents' assets and capacities for developing and maintaining health promoting behaviours and risk factors
  - for alterations in well-being
- 4D Assessment of population-based risk factors for adolescents' health

#### NUTRITION

- 4E Knowledge of nutritional requirements for normal growth and development, maintenance or restoration
- 4F Assessment of access to food and informational resources
- 4G Assessment of geographic and cultural/religious variations affecting dietary intake patterns
- 4H Knowledge of alterations in nutritional well-being
  - acute or chronic illnesses (diabetes, cancer, malaria)
  - endemic conditions (parasites, helminthes, iron deficiency anemia)
  - growth stunting
  - eating disorders (anorexia and bulimia)
  - obesity

#### EXERCISE/PHYSICAL ACTIVITY

- 4I Knowledge of physical activity requirements for normal growth and development, maintenance or restoration
- 4J Assessment of activities of daily living
  - vocational tasks
  - sports and recreational injuries
- 4K Assessment of available exercise resources for adolescents

#### SUBSTANCE ABUSE

- 4L Knowledge of substance abuse prevalence, sequelae, and interventions for prevention and rehabilitation
  - tobacco
  - drugs
  - alcohol

#### SAFETY

- 4M Knowledge of practices that protect oneself and others
  - immunization
  - traffic safety, seat belts, bicycle helmets
  - unprotected or early sexual activity
  - basic first aid
  - legal rights - accessing protection and correction

## DOMAIN 5: GENDER DEVELOPMENT: IDENTITY AND FAMILY LIFE/REPRODUCTIVE HEALTH

**COMPETENCY: 5.** Promote healthy gender development, reproductive health and positive parenting in adolescence

### Curriculum foci categories, Sub-competencies and Content Examples

#### GENDER IDENTITY DEVELOPMENT

- 5A Knowledge of anatomic and physiological sexual maturation (male and female)
- 5B Assessment of prevalent values and practices associated with gender roles and development
  - gender inequality
  - female circumcision/genital cutting
  - body image

#### SEXUAL BEHAVIOURS AND ACTIVITY

- 5C Knowledge of normal development of sexuality (physiology and socialization)
- 5D Assessment of prevalent values and practices associated with sexual activity
  - marriage
  - commercial sex workers
  - rape
- 5E Assessment of sexual activities (risks and responsibility)
- 5F Knowledge of prevalent sexually transmitted infections, prevention strategies and sequelae
  - HIV/AIDS
- 5G Assessment of access to resources for prevention and treatment

#### FAMILY PLANNING AND CONTRACEPTION

- 5H Knowledge of normal reproductive anatomy and physiology
- 5I Knowledge of alterations in reproductive anatomy and physiology
- 5J Knowledge of family planning concepts and interventions (birth control, childspacing, infertility)
  - contraception options (pharmacologic, barrier methods, natural methods, breastfeeding/lactational amenorrhea, IUD, surgical)

#### CHILDBEARING

- 5K Knowledge of normal physiology, growth, and development of pregnancy
- 5L Knowledge of alterations in physiology, growth, and development of pregnancy
- 5M Assessment of pregnancy intention and acceptance
  - Adoption
  - Abortion
- 5N Knowledge of normal processes of childbirth
- 5O Knowledge of alterations in processes of childbirth
- 5P Knowledge of adolescent pregnancy effects on health and development

#### CHILDREARING

- 5Q Knowledge of adolescent parenting concepts
  - Parent/infant bonding and attachment
- 5R Knowledge of physiology, processes, and benefits of breastfeeding

*Appendix D*

# Adolescent Health and Development Curriculum Assessment Tool

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## ADOLESCENT HEALTH AND DEVELOPMENT CURRICULAR CONTENT PRE AND POST-ASSESSMENT TOOL

SUB-COMPETENCIES	VALUE OF SUB-COMPETENCIES				CURRICULAR CONTENT				CURRICULAR CONTENT, TEACHING-LEARNING AND EVALUATION METHODS											
	<p>From your point of view, how valuable is each sub-competency listed under each of the following competencies in the education of nurses and/or midwives to prepare for provision of health services to adolescents in your country?</p> <p><b>0</b> for not valuable  <b>1</b> for low  <b>2</b> for medium  <b>3</b> for high value</p>				<p>Identify to what degree the content related to this sub-competency is included in your present curriculum.</p> <p><b>0</b> for absent  <b>1</b> for weak or insufficient for attainment of competency;  <b>2</b> adequate for minimum development of competency;  <b>3</b> for strong or sufficient for competency development</p>				<p><b>If the sub-competency is included in the curriculum, please list the related curricular content and the teaching-learning methods used in preparing students to attain this sub-competency.</b></p> <p>When listing teaching-learning methods, please choose from one or more of the options listed below:</p> <p><b>A Expository teaching:</b> lecture, demonstration, audiovisual presentation</p> <p><b>B Interactive teaching:</b> discussion, question and answer sessions.</p> <p><b>C Cooperative learning:</b> small group or paired learning.</p> <p><b>D Inquiry teaching/ problem-solving:</b> problem-based or case-based learning</p> <p><b>E Self-learning:</b> programmed learning modules; study guides; independent learning activities.</p> <p><b>F Simulated or real life:</b></p> <p><b>G Other methods:</b> please specify</p>								<p>List evaluation methods used to assess and evaluate student performance</p> <p><b>WE</b> Written exam  <b>PE</b> Practical exam  <b>GP</b> Group project  <b>IP</b> Individual project  <b>O</b> Other</p>			
	NONE	LOW	MEDIUM	HIGH	ABSENT	WEAK	ADEQUATE	STRONG	CONTENT	YEAR	EXPOSITORY	INTERACTIVE	COOPERATIVE	INQUIRY, PROBLEM SOLVING	SELF-LEARNING	SIMULATED OR REAL LIFE ACTIVITIES	OTHER METHODS	WE, PE, GP, IP, O (please specify)		

**DOMAIN 1: PROFESSIONAL DEVELOPMENT: VALUES AND SOCIALIZATION FOR ADOLESCENT HEALTH**

**COMPETENCY 1-1. DEMONSTRATE PRACTICES WHICH REFLECT PHC PRINCIPLES AND/OR OTHER APPROPRIATE THEORETICAL FRAMEWORKS THAT SUPPORT ADOLESCENT HEALTH AND DEVELOPMENT**

	Value Circle appropriate number				Curricular content Circle appropriate number				Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box							Evaluation List method(s)
	0	1	2	3	0	1	2	3		A	B	C	D	E	F	G	
1-1a: Understand primary health care principles for development and implementation of policy and practice interventions																	
1-1b: Understand asset and capacity approaches for development & implementation of policy and practice interventions																	
	0	1	2	3	0	1	2	3		A	B	C	D	E	F	G	

## DOMAIN 1: PROFESSIONAL DEVELOPMENT: VALUES AND SOCIALIZATION FOR ADOLESCENT HEALTH

### COMPETENCY 1-2. FACILITATE THE PARTICIPATION OF ADOLESCENTS AND OTHER STAKEHOLDERS IN PLANNING, IMPLEMENTATION AND EVALUATION OF THE SERVICES RENDERED IN PRACTICE SETTINGS

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
1-2a: Understand personal values and beliefs about adolescents	0 1 2 3	0 1 2 3		A B C D E F G	
1-2b: Respect diverse groups among adolescents(cultural competency)	0 1 2 3	0 1 2 3		A B C D E F G	
1-2c: Understand the importance of a relational role for nurses/ midwives in the provision of adolescent health services in a manner that encourages trust and respect	0 1 2 3	0 1 2 3		A B C D E F G	
1-2d: Identify and communicate with professional societies, community associations, and special interest groups involved with advancing adolescent health	0 1 2 3	0 1 2 3		A B C D E F G	

## DOMAIN 2: PSYCHOSOCIAL SELF: BEING AND BELONGING WITHIN FAMILIES & COMMUNITIES

### COMPETENCY 2. ASSESS AND PROMOTE ADOLESCENTS' PSYCHOSOCIAL DEVELOPMENT IN THE CONTEXT OF THEIR FAMILIES AND COMMUNITIES, RECOGNIZING SOCIO-ECONOMIC, SPIRITUAL, AND CULTURAL INFLUENCES

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
2a: Knowledge of group dynamics and processes	0 1 2 3	0 1 2 3		A B C D E F G	
2b: Knowledge of protective factors for health and well-being	0 1 2 3	0 1 2 3		A B C D E F G	
2c: Knowledge of family systems	0 1 2 3	0 1 2 3		A B C D E F G	
2d: Knowledge of prevalent gender and age role patterns	0 1 2 3	0 1 2 3		A B C D E F G	

## DOMAIN 2: PSYCHOSOCIAL SELF: BEING AND BELONGING WITHIN FAMILIES & COMMUNITIES

### COMPETENCY 2. ASSESS AND PROMOTE ADOLESCENTS' PSYCHOSOCIAL DEVELOPMENT IN THE CONTEXT OF THEIR FAMILIES AND COMMUNITIES, RECOGNIZING SOCIO-ECONOMIC, SPIRITUAL, AND CULTURAL INFLUENCES

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
	0 1 2 3	0 1 2 3		A B C D E F G	
2e: Knowledge of community health and development concepts					
2f: Assessment of community health issues utilizing needs and assets approaches					
2g: Assessment of socio-economic and political influences in urban and rural communities					
2h: Knowledge of appropriate technology and sustainability concepts					
2i: Assessment of access to resources (comprehensive health services, schools, economic, family, community, social networks)					

**DOMAIN 2: PSYCHOSOCIAL SELF: BEING AND BELONGING WITHIN FAMILIES & COMMUNITIES**

**COMPETENCY 2. ASSESS AND PROMOTE ADOLESCENTS' PSYCHOSOCIAL DEVELOPMENT IN THE CONTEXT OF THEIR FAMILIES AND COMMUNITIES, RECOGNIZING SOCIO-ECONOMIC, SPIRITUAL, AND CULTURAL INFLUENCES**

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
	0 1 2 3	0 1 2 3		A B C D E F G	
2j: Knowledge of normal cognitive processes and developmental tasks					
2k: Knowledge of alterations in cognitive processes and developmental tasks					
2l: Knowledge of normal psychological development processes					
2m: Knowledge of alterations in psychological development processes					
2n: Assessment of stressors and coping mechanisms resilience and vulnerability					



## DOMAIN 3: PHYSIOLOGIC SELF: HEALTHY BODIES

### COMPETENCY 3. ASSESS AND MANAGE MINOR AND COMMON CONDITIONS, INTEGRATING THE PRINCIPLES OF ADOLESCENT GROWTH AND DEVELOPMENT AND SELF-CARE

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
3a: Knowledge of biologic and physiologic processes for normal growth & development (Based on country/population appropriate norms & data)	0 1 2 3	0 1 2 3		A B C D E F G	
3b: Knowledge of alterations in normal biologic and physiologic processes	0 1 2 3	0 1 2 3		A B C D E F G	
3c: Assessment of physical health status including screening for alterations in anatomic and physiologic processes	0 1 2 3	0 1 2 3		A B C D E F G	
3d: Knowledge of alterations in physiologic system processes: acute & chronic conditions, infectious & endemic diseases, minor health problems	0 1 2 3	0 1 2 3		A B C D E F G	
3e: Knowledge of causes/influences for alterations in physiologic system	0 1 2 3	0 1 2 3		A B C D E F G	

**DOMAIN 4: HEALTH BEHAVIOR: LIFESTYLE MANAGEMENT****COMPETENCY 4. PROMOTE ADOLESCENTS' DEVELOPMENT OF HEALTHY LIFESTYLES THROUGH ASSESSMENT OF INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH PRACTICES, UTILIZING HEALTH PROMOTION STRATEGIES**

	<b>Value</b> Circle appropriate number	<b>Curricular content</b> Circle appropriate number	<b>Content</b> List related content and corresponding year in the training programme	<b>Teaching-learning methods</b> Check appropriate box	<b>Evaluation</b> List method(s)
	<b>0</b> <b>1</b> <b>2</b> <b>3</b>	<b>0</b> <b>1</b> <b>2</b> <b>3</b>		<b>A</b> <b>B</b> <b>C</b> <b>D</b> <b>E</b> <b>F</b> <b>G</b>	
4a: Knowledge of health behavior theories					
4b: Assessment of access to health information and health care services					
4c: Assessment of adolescents' assets and capacities for developing and maintaining health promoting behaviors and risk factors for alterations in well-being					
4d: Assessment of population-based risk factors for adolescents' health					

## DOMAIN 4: HEALTH BEHAVIOR: LIFESTYLE MANAGEMENT

### COMPETENCY 4. PROMOTE ADOLESCENTS' DEVELOPMENT OF HEALTHY LIFESTYLES THROUGH ASSESSMENT OF INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH PRACTICES, UTILIZING HEALTH PROMOTION STRATEGIES

	Value Circle appropriate number				Curricular content Circle appropriate number				Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box							Evaluation List method(s)
	0	1	2	3	0	1	2	3		A	B	C	D	E	F	G	
4e: Knowledge of nutritional requirements for normal growth and development, maintenance or restoration																	
4f: Assessment of access to food and informational resources																	
4g: Assessment of geographic and cultural/religious variations affecting dietary intake patterns																	
4h: Knowledge of alterations in nutritional well-being																	

**DOMAIN 4: HEALTH BEHAVIOR: LIFESTYLE MANAGEMENT****COMPETENCY 4. PROMOTE ADOLESCENTS' DEVELOPMENT OF HEALTHY LIFESTYLES THROUGH ASSESSMENT OF INDIVIDUAL, FAMILY, AND COMMUNITY HEALTH PRACTICES, UTILIZING HEALTH PROMOTION STRATEGIES**

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
	0 1 2 3	0 1 2 3		A B C D E F G	
4i: Knowledge of physical activity requirements for normal growth and development, maintenance or restoration					
4j: Assessment of activities of daily living					
4k: Assessment of available exercise resources for adolescents					
4l: Knowledge of substance abuse prevalence, sequelae, and interventions for prevention and rehabilitation					
4m: Knowledge of practices that protect oneself and others					

## DOMAIN 5: GENDER DEVELOPMENT: IDENTITY AND FAMILY LIFE/ REPRODUCTIVE HEALTH

### COMPETENCY 5. PROMOTE HEALTHY GENDER DEVELOPMENT, REPRODUCTIVE HEALTH AND POSITIVE PARENTING IN ADOLESCENCE

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
	0 1 2 3	0 1 2 3		A B C D E F G	
5a: Knowledge of anatomic and physiological sexual maturation (male & female)					
5b: Assessment of prevalent values and practices associated with gender roles & development					
5c: Knowledge of normal development of sexuality (physiology and socialization)					
5d: Assessment of prevalent values and practices associated with sexual activity					
5e: Assessment of sexual activities (risks and responsibility)					



## DOMAIN 5: GENDER DEVELOPMENT: IDENTITY AND FAMILY LIFE/ REPRODUCTIVE HEALTH

### COMPETENCY 5. PROMOTE HEALTHY GENDER DEVELOPMENT, REPRODUCTIVE HEALTH AND POSITIVE PARENTING IN ADOLESCENCE

	Value Circle appropriate number				Curricular content Circle appropriate number				Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box							Evaluation List method(s)
	0	1	2	3	0	1	2	3		A	B	C	D	E	F	G	
5j: Knowledge of family planning concepts & interventions (birth control, childspacing, infertility)																	
5k: Knowledge of normal physiology, growth & development of pregnancy																	
5l: Knowledge of alterations in physiology, growth & development of pregnancy																	
5m: Assessment of pregnancy intention and acceptance																	

**DOMAIN 5: GENDER DEVELOPMENT: IDENTITY AND FAMILY LIFE/ REPRODUCTIVE HEALTH****COMPETENCY 5. PROMOTE HEALTHY GENDER DEVELOPMENT, REPRODUCTIVE HEALTH AND POSITIVE PARENTING IN ADOLESCENCE**

	Value Circle appropriate number	Curricular content Circle appropriate number	Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box	Evaluation List method(s)
	0 1 2 3	0 1 2 3		A B C D E F G	
5n: Knowledge of normal processes of childbirth					
5o: Knowledge of alterations in processes of childbirth					
5p: Knowledge of adolescent pregnancy effects on health and development					
5q: Knowledge of adolescent parenting concepts					
5r: Knowledge of physiology, processes, and benefits of breastfeeding					

### COMPETENCY ADDED BY INSTITUTION

COMPETENCY ADDED BY INSTITUTION																	
	Value Circle appropriate number				Curricular content Circle appropriate number				Content List related content and corresponding year in the training programme	Teaching-learning methods Check appropriate box							Evaluation List method(s)
	0	1	2	3	0	1	2	3		A	B	C	D	E	F	G	



## Appendix E

# Adolescent Health and Development Institutional Preparedness Assessment Tool

### **ADOLESCENT HEALTH AND DEVELOPMENT PRE-SERVICE NURSING AND MIDWIFERY EDUCATION**

#### **ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE & IMPLEMENT CURRICULUM**

The Institutional Preparedness Assessment Tool is designed to be used as a pre-implementation, planning tool for curriculum development and integration. Curriculum development includes identification of core competencies to be attained by the students/learners. A competency is a statement which benchmarks adequate practice of a specific role component, which includes (but does not necessarily list), knowledge, attitudes and skills. Curriculum implementation requires identification of strategies for teaching/learning competencies and the requisite resources for operationalizing those strategies. Each page of the institutional preparedness tool enables assessment of resources and issues affecting implementation of strategies for teaching/learning each of the core competencies (numbered to coincide with the Domain categories in the WHO AHD Technical Paper). Prior to using this tool, it is important to identify any additional Adolescent Health and Development (AHD) core competencies that may be necessary within your institution's context (for example: requirements for scope of practice). In addition, the AHD Curricular Content Assessment Tool should be completed first to identify the type of AHD learning experiences to be used within your institution. Information gathered during the institutional preparedness assessment is intended to facilitate planning through identification of local context for providing AHD learning experiences.

#### **DIRECTIONS:**

1. For each competency, identify to what degree the faculty are prepared to integrate and implement requisite AHD curricular content. Circle 1 for not prepared, 2 for limited or insufficient faculty preparation for integrating or teaching AHD content, 3 for adequate faculty knowledge and experience for integration and teaching content for minimum development of competencies, and 4 for faculty expertise or strong preparation for integrating and teaching content for optimum development of competencies.
2. Under each competency, list the following:
  - Available preceptors/clinical faculty and their affiliated practice sites for student AHD practical learning experiences;
  - Existing linkages with adolescents and other community stakeholders;
  - Other facilitating factors and resources available to the institution to enable the development, integration, and implementation of AHD competencies into the pre-service nursing and/or midwifery education program;
  - Professional regulations or standards and/or health policies that might affect integration of competencies into curriculum;
  - Constraints within the institution that may affect integration of competencies into curriculum;
  - Constraints external to the institution that may affect integration of competencies into curriculum.
3. Add pages for each additional adolescent health and development core competency, identified by your institution, that will be integrated into your nursing and/or midwifery curriculum.

## ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE &amp; IMPLEMENT CURRICULUM

1-1. DEMONSTRATE PRACTICES WHICH REFLECT PHC PRINCIPLES AND/OR OTHER APPROPRIATE THEORETICAL FRAMEWORKS THAT SUPPORT ADOLESCENT HEALTH AND DEVELOPMENT.	FACULTY PREPARATION			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
List available preceptors & sites: _____ _____ _____ _____ _____	List external linkages: _____ _____ _____ _____ _____			
List facilitating factors/resources: _____ _____ _____ _____	List regulations & policies: _____ _____ _____ _____			
List internal constraints: _____ _____ _____ _____	List external constraints: _____ _____ _____ _____			
Other Comments: _____ _____ _____				

**ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE & IMPLEMENT CURRICULUM**

<b>1-2. FACILITATE THE PARTICIPATION OF ADOLESCENTS AND OTHER STAKEHOLDERS IN PLANNING, IMPLEMENTATION AND EVALUATION OF THE SERVICES RENDERED IN PRACTICE SETTINGS.</b>	<b>FACULTY PREPARATION</b>			
	<b>NOT PREPARED</b>	<b>LIMITED</b>	<b>ADEQUATE</b>	<b>STRONG</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
List available preceptors & sites: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	List external linkages: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
List facilitating factors/resources: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	List regulations & policies: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
List internal constraints: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	List external constraints: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Other Comments: <hr/> <hr/> <hr/> <hr/>				

## ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE &amp; IMPLEMENT CURRICULUM

2. ASSESS AND PROMOTE ADOLESCENTS' PSYCHOSOCIAL DEVELOPMENT IN THE CONTEXT OF THEIR FAMILIES AND COMMUNITIES, RECOGNIZING SOCIO-ECONOMIC, SPIRITUAL, AND CULTURAL INFLUENCES.	FACULTY PREPARATION			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
List available preceptors & sites: _____ _____ _____ _____ _____	List external linkages: _____ _____ _____ _____ _____			
List facilitating factors/resources: _____ _____ _____ _____ _____	List regulations & policies: _____ _____ _____ _____ _____			
List internal constraints: _____ _____ _____ _____ _____	List external constraints: _____ _____ _____ _____ _____			
Other Comments: _____ _____ _____				

**ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE & IMPLEMENT CURRICULUM**

<b>3. ASSESS AND MANAGE MINOR AND COMMON CONDITIONS, INTEGRATING THE PRINCIPLES OF ADOLESCENT GROWTH AND DEVELOPMENT AND SELF-CARE.</b>	<b>FACULTY PREPARATION</b>			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
<p>List available preceptors &amp; sites:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external linkages:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List facilitating factors/resources:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List regulations &amp; policies:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List internal constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p><b>Other Comments:</b></p> <hr/> <hr/> <hr/> <hr/>				

## ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE &amp; IMPLEMENT CURRICULUM

4. PROMOTE ADOLESCENTS' DEVELOPMENT OF HEALTHY LIFESTYLES THROUGH ASSESSMENT OF INDIVIDUAL, FAMILY, AND COMMUNITY, HEALTH PRACTICES UTILIZING HEALTH PROMOTION STRATEGIES.	FACULTY PREPARATION			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
List available preceptors & sites: _____ _____ _____ _____ _____	List external linkages: _____ _____ _____ _____ _____			
List facilitating factors/resources: _____ _____ _____ _____	List regulations & policies: _____ _____ _____ _____			
List internal constraints: _____ _____ _____ _____	List external constraints: _____ _____ _____ _____			
Other Comments: _____ _____ _____				

**ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE & IMPLEMENT CURRICULUM**

<b>5. PROMOTE HEALTHY GENDER DEVELOPMENT, REPRODUCTIVE HEALTH, AND POSITIVE PARENTING IN ADOLESCENCE.</b>	<b>FACULTY PREPARATION</b>			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
<p>List available preceptors &amp; sites:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external linkages:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List facilitating factors/resources:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List regulations &amp; policies:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List internal constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p><b>Other Comments:</b></p> <hr/> <hr/> <hr/> <hr/>				

## ASSESSMENT TOOL FOR INSTITUTIONAL PREPAREDNESS TO INTEGRATE &amp; IMPLEMENT CURRICULUM

ADDITIONAL CORE COMPETENCIES	FACULTY PREPARATION			
	NOT PREPARED	LIMITED	ADEQUATE	STRONG
	1	2	3	4
<p>List available preceptors &amp; sites:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external linkages:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List facilitating factors/resources:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List regulations &amp; policies:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>List internal constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>List external constraints:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>Other Comments:</p> <hr/> <hr/> <hr/> <hr/>				