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Adolescent Sexual Health: Provider Evaluation of a Sexual History Tool at a School-Based Health Clinic

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California State University, Northern California Consortium Doctor of Nursing Practice

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ABSTRACT

ADOLESCENT SEXUAL HEALTH: PROVIDER EVALUATION OF A SEXUAL HISTORY TOOL AT A SCHOOL-BASED HEALTH CLINIC

There is a growing concern within the United States in regard to sexual behavior within our adolescent population. Sexually transmitted infections (STIs) have always been a concern, however, there has been a steady increase since 2014 in the three nationally reportable diseases of chlamydia, gonorrhea, and syphilis. According to the CDC (2017), 15-24 years old account for half of all the new STI s. There is a need to provide more sexual health to adolescents during their health visits. It is also imperative to understand the beliefs and attitudes of providers with providing these types of exams and asking questions to this vulnerable population about this subject of sexual health. The aim for this project is to determine if the sexual health questionnaire is an efficient (timely, precise diagnosis and treatment, and education) tool for healthcare providers to provide focused sexual education in a timely manner. This information is valuable to aid in promoting school-based sexual health programs as well as providing a thorough history and targeting the issues that adolescents address in their survey. The goal of this project is to determine if the tool will assist providers to deliver individualized patient specific education to adolescents efficiently during an office visit.

Keywords: Adolescents, sexual health, provider evaluation, sexual health questionnaire, school-based clinic

Gillian Williams

May 2018

Adolescent Sexual Health: Provider Evaluation of a Sexual History Tool at a
School-Based Health Clinic

by

Gillian Marie Williams

A project

submitted in partial

fulfillment of the requirements for the degree of

Doctor of Nursing Practice

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Doctor of Nursing Practice

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APPROVED

For the California State University, Northern Consortium
Doctor of Nursing Practice:

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CHAPTER 1: INTRODUCTION

Phenomenon of Interest

There is a growing concern within the United States in regards to sexual behavior within our adolescent population. Sexually transmitted infections (STIs) have always been a concern, however, there has been a steady increase since 2014 in the three nationally reportable diseases of chlamydia, gonorrhea, and syphilis. According to reports by the Center for Disease Control (CDC), “15-24 year-olds account for half of all new STD infections” (2017, figure 1), and there have been one million cases of chlamydia and 200,000 cases of gonorrhea diagnosed and reported within this age group (2013). In addition, syphilis cases increased 19% between 2014 to 2015 (2015).

Problem Statement

This population is at greater risk for STIs due to a variety of reasons such as limited STD testing, multiple sex partners, lack of access to healthcare, and the fact that females are more prone to STDs due to their reproductive system at this age (Centers for Disease Control [CDC], 2016). The adolescent population is concerned with confidentiality in regards to their healthcare. They are not willing to go to their providers and get the necessary testing due to fear that their parents will find out (Cuffe, Newton-Levinson, Gift, McFarlane, & Leichter, 2016).

These barriers prevent adolescents from getting the necessary screening they need. In order to screen and treat for STIs as needed, this population needs easily accessible clinics that are able to ensure their confidentiality.

Due to the increasing number of adolescents contracting STIs it is important to understand their attitudes and beliefs about this subject. It is necessary to survey this group to assess their sexual health history and

understandings of STIs. Utilization of a school-based health center (SBHC) is an optimal location to gain access to this specific population and assess their understanding. The aim of this project is to evaluate whether or not a sexual health questionnaire is beneficial to healthcare providers to gain a more in-depth history of an adolescent's sexual health. This information is valuable to aid in promoting school-based sexual health programs as well as providing a thorough history and targeting the issues that adolescents address in their survey.

Background and Significance

STIs are rising not only across the United State but also within California. The rates in California are higher than the national average. There has been a 12% increase since 2014 in the cases of chlamydia, gonorrhea and a 29% increase in syphilis within the state, and “California STD rates are highest among gay men and people 15 and 24, especially women” (Karlman, 2016, para. 9).

Specifically, within San Bernardino County there is also an increase in STIs in people aged 15-24 (San Bernardino County Department of Public Health [SBDPH], 2016). Providing sexual/reproductive health education to adolescents in high school may assist in decreasing STIs. Targeting this age group early in a protective environment, such as a school setting, could potentially decrease these staggering numbers.

Purpose

This project was conducted to evaluate using a sexual health tool, in the form of a self-administered questionnaire, to the adolescents who are seeking STI care and treatment or family/reproductive counseling. The purpose of this project was to assess if the providers are able to provide a more focused review of

provide a more focused review of an adolescent's sexual history and if it allows them to save time during the patient visits. This is a replication of a previous project conducted. The researcher utilized the same forms as the previous study, with minor alterations, within a different setting, and with different types of providers to determine if there is any correlation.

Theoretical Framework

Nola Pender's Health Promotion Model (HPM) was utilized to guide the foundation of this project. According to the HPM, the emphasis is placed on the whole person and being able to individualize care. This is necessary for the providers within the SBHC to ensure they are providing individualized sexual health education and planning to the adolescents. For this individualized sexual health care to occur it is essential for the providers to have a behavior modification. By behavior modification, this will include implementation of a new sexual health questionnaire. This questionnaire aides in identifying those adolescents who are at an increased risk of developing an STI. Health risk appraisals are currently being implemented with this SBHC measuring various areas. However, use of this very specific risk appraisal questionnaire is to, hopefully, provide more of an awareness regarding STIs and sexual health education. Prevention through behavior modification is necessary to not only identify those at risk but to also screen and treat those in need. For this to happen individuals need to change how they interact with the environment. The providers in the teen clinic are advocates for sexual health prevention. Behavior modification is additionally necessary to allow for that conversation to occur between the adolescent and the provider. Having this open communication will allow for education and potentially ease the adolescents' fear regarding their confidentiality concern.

Aim of Research

Research Questions

Is the sexual health questionnaire helpful in performing a more focused assessment? Does the sexual health questionnaire save time during the office visit? Were the providers able to provide the necessary sexual health education during the visit based on the information obtained from the tool? Do the providers feel they are able to capture students who may have STIs from the use of this questionnaire?

Relevance

This project is relevant due to the current data indicating there is a steadily rising number of cases of STIs within the adolescent population. It is important for providers to be comfortable with discussing sexual health with adolescents.

This questionnaire can help guide the provider during the office visit and address the adolescent's specific sexual health needs.

CHAPTER 2: LITERATURE REVIEW

Access and Barriers to STI Testing

Cuffe et al., (2016), researched barriers to STI testing within the 15-25-year-old range nationally. “Bivariate and multivariable analyses examined differences in testing behaviors by demographics, separately by sex.” (p. 512). A secondary analysis was conducted from the Get Yourself Tested campaign (GYT). The sample consisted of adolescents 15-19 years and young adults 20-25 years. The subjects chosen were “noninstitutionalized adolescents and young adults who participated in the survey between the dates of August 10 and September 19, 2013” (p. 513). This sample was chosen from a probability web-based panel to be inclusive of 97% of the nation’s households. They utilized the Rao-Scott chi-square test to analyze STI testing in relation to a variety of variables including demographics and sexual behavior. A second analysis was performed using chi-square to measure the location of STI testing sites most recently used among those who had been tested. The results concluded that “females (16.6%) were more likely to have been tested than males (6.1%, $p < 0.1$) within the last 12 months” (p. 512). There was a compelling difference between males (60.1%) not getting tested due to confidentiality reason than females (39.9%, $p < 0.1$). A strength of this article was the authors tried to control the variables of responses within the survey by applying poststratification alterations. Limitations of this study included the subpar participation from adolescents younger than 18 years in the survey.

Chacko et al., (2014) used a randomized controlled trial to assess the efficacy of two middle school sexuality programs with actual screening tests. After parental consent was given, urine samples were collected and tested for

chlamydia, gonorrhea, and trichomoniasis, and finally treated if they tested positive. The sample consisted of 1742 seventh-grade students recruited from 15 middle schools serving predominately low-income African-American and Hispanic youth. These schools were all selected from one urban school district located in the south-central United States. The authors utilized descriptive statistics to calculate a variety of variables including response rates. The results concluded that 391 students were given permission to participate. Of those, 353 provided urine samples, and 28 (approximately 8%) had positive results. The results of the testing determined that 18 students had chlamydia, five had gonorrhea, and eight had trichomoniasis, and all were treated. STI testing and treatment was found to be more achievable when performed in the home. A strength of this study was the implications identified which can be used in school health. Limitations of the study included a decreased participation rate for both STI testing and treatment, most likely from the re-consenting process.

STI Testing Result Notification

Reed et al., (2014) conducted a randomized intervention with a 2x3 factorial design with replication to assess adolescent notification of a positive STI test utilizing mobile phone and STI information cards. The authors sampled “14-21-year-olds who tested positive for chlamydia, gonorrhea, or trichomoniasis during their PED [Pediatric Emergency Department] visit between April 2011 and August 2012 (females) and July 2011 and June 2013 (males)” (p. 692). Three hundred eighty-three females and 201 males enrolled in this intervention, which was performed in a pediatric tertiary care facility in an urbanized area. The intervention was to contact the patient via call or text message to notify the patient of a positive test result. If there were three consecutive failed attempts, a letter

was then sent to the address on file. If a patient was reached and contact was made, the nurse or Nurse Practitioner (NP) would explain to the patient about STI prevention guidelines and review their results and treatment plan. The authors attained a confidential phone number for the participants. To notify them, they used text messages and phone calls to improve notification of STI results. This notification process improved among females but not males. Positive notifications were made to 94% of females and 83% of males. A strength was the ability to notify their female participants of a positive STI result within seven days of testing. A limitation was the fact that this study was performed in an active PED and researchers could not be completely sure if every adolescent was given the patient information card upon entry.

Identification of At-Risk Adolescents

Victor et al., (2015) used a survey to find youth who were at a greater risk of getting an STI. The sample included 200 patients from a pediatric clinic from 14 to 18 years of age. The clinic was located at an academic medical center in a Southeastern metropolitan area. The survey assessed for similar responses from participants regarding “responses to health behaviors, personality/psychosocial factors, and self-reported STIs” (p. 878). After this evaluation process, the authors used the data to create a brief survey that would assist in identifying adolescents at risk for getting STIs. A decision tree analysis was utilized along with other questions regarding sexual orientation to develop a brief sexual health screening (BSHS) survey. The implementation of the survey began with verbally administering it after consent was achieved and was done either right before a clinic visit or after. The survey took around five to ten minutes to complete, and there were no parents present when the survey was administered. The surveys

were then analyzed using a multi-step probability approach. Descriptive statistics were assessed including independent t-tests. The results indicate that the BSHS could be a tool utilized by providers to assist in detecting sexual risk within their adolescent population in a fast yet accurate way. The strength of this study is that the 5-item BSHS was proven to be efficient and accurate. A limitation identified in the study was the exclusion of situational and contextual variables which could have been used to improve early identification of adolescent STI risk.

Salerno et al., (2013) performed a study to examine the correlation between sexual high-risk behaviors with a positive screening test for either chlamydia or gonorrhea. Students were selected from an alternative high school during eight different screening events on campus. The sample was taken between fall 2005 and spring 2009. The authors had a total of 869 participants between 14 and 20 years-old. Seven hundred fifty-two of the participants self-identified as being sexually active, and of those, 521 gave consent to be screened for chlamydia and gonorrhea. Forty-six of the participants screened tested positive for either chlamydia and/or gonorrhea. During these screening events, the students were given an educational presentation regarding STIs. The participants were also given a confidential sexual health questionnaire. The authors analyzed the results using descriptive statistics, bivariate analysis, and chi-square tests. The results indicated there was a strong correlation between sexual high-risk behavior and positive STI test results. A strength of this article is the fact that they had a 4-year span to gather data. A limitation of this study is the lower number of participants who consented to the STI testing. This study highlighted the importance of school-based health centers (SBHC) in relation to STIs.

Socioeconomic-Related STI Risk

Sales et al., (2014) used a randomized control HIV prevention trial followed by at least one reevaluation within a 36-month period. The sample consisted of 627 African-American female adolescents aged 14 to 20 years. These participants were enlisted from sexual health clinics in Atlanta, Georgia. This study was done to examine the correlation between socioeconomic status (SES) risk factors at baseline to an STI diagnosis and finally to reinfection over a 36-month period. The authors analyzed the data by using a multivariable regression analysis, descriptive statistics, and bivariate analysis. The results following the 36-month reassessment showed a statistical significance between “SES-related risk, age, coping, and having an STI at baseline were significantly associated” (p.881) with another STI diagnosis later on. The strength of the study was the number of participants over the 36-month assessment period who continued to participate. A limitation of the study was the participants were chosen from a bigger STI trial; therefore, does not give an accurate representation of other African-American adolescent females who were not enrolled in the trial.

STI Prevention

Voisin, Tan, and DiClemente (2012) performed a randomized clinical intervention to evaluate if STI/HIV prevention education is correlated with actual laboratory results including chlamydia, gonorrhea, and trichomoniasis. The study spanned from March 2002 to August 2004. The participants were adolescent African-American females 15-21 years-old. The sample was selected from three clinics within Atlanta. A system called audio computer-assisted self-interview (ACASI) was utilized to collect the data. Laboratory STI testing was done initially, and then again at six and twelve months. The authors analyzed the data using bivariate analysis along with paired sample t-tests. The results concluded

there was a positive correlation between STI/HIV prevention education and an overall lower positive STI testing results. The strength of this study was they were able to use an electronic questionnaire/survey to allow the participant to easily answer personal questions. The limitation of this study was that it included only African-American female adolescents. An implication for practice is additional STI campaigns through the public health department related to prevention in the African-American adolescent population should be implemented.

Gaps in Literature

Many studies have been conducted concerning STIs and adolescents. However, there is little research in relation to STIs and adolescents within a school-based teen clinic. Based upon the limitations of previous studies it is important to be sure to be inclusive of multiple cultures, races, and include a significant age range. It will be valuable to obtain an optimal number of healthcare providers to utilize this tool within their practice. Identifying potential barriers early in the design of the study will help to better prepare for possible complications and to have pre-identified solutions.

The DNP project performed was necessary to provide a new perspective on an STI screening tool from the providers' perspective. The location of a teen clinic within a school district provides a different approach and allows for easy access to care, which has been shown to be a barrier. Adolescents may also have a sense of comfort by going to a clinic that is within their school. The teen clinic being used serves various cultures and races and sees children aged 12-18 years.

CHAPTER 3: METHODOLOGY

Methods

This project utilized a quantitative method approach. Approval from both Fresno State University and the school districts Institutional Review Board (IRB) was obtained. Recruitment for this study was voluntary. An informational sheet was given to the healthcare providers for them to review explaining the process (see Appendix A). Providers who agreed signed a consent form. The researcher discussed the plan of the project with the providers of the teen clinic and explained there were no repercussions if they chose not to participate. The providers within the teen clinic were instructed about the use of the sexual health questionnaire that the adolescents will complete after voluntarily accepting. This questionnaire is a hand-written form for them to complete. The questionnaire is composed of yes and no answers, along with fill in the blanks. The providers implemented this questionnaire over a two-month period. After this time frame, the providers were given an evaluation survey utilizing a Likert scale. This evaluation was done to provide insight into how the tool was used, and if it was a positive or negative experience. This tool was used to determine if the questionnaire saved time during the office visit and if it helps to tailor individualized sexual health education and assessment. Throughout the two-month period follow up was done regarding how the process was going every other week.

No special procedures were conducted. All of these components were done in the district's teen clinic setting.

Setting

This project was conducted within a school district in west San Bernardino county in their teen clinics, which were housed within two of their high schools.

Each clinic operated every other week for one day. The clinic was only open during the morning hours for half of the day. During that timeframe the providers would see anywhere from 15-25 patients. The patients were all adolescents. The clinic sees patients for a variety of reasons including well child checks, sick visits, sports physicals, and family planning services. The clinic is operated by medical students and overseen by the medical director.

Participants/Population

The sample population includes medical students who practice within the school districts teen clinic. The sample size was 11 providers. There is a minimum of three providers who are present at any given time on site during the clinic.

Source

The participants of the project were a convenience sample of providers who work within the teen clinic. The teen clinic operates every other Thursday for four hours in the morning, and it rotates between two high schools in the district.

Inclusion/Exclusion Criteria

Inclusion criteria for this program include healthcare providers (medical students, medical doctors, and nurse practitioners) who practice at the school districts teen clinic. Exclusion criteria include anyone who is not in direct contact with the patients providing assessments and treatments.

Rationale for Using Special Groups

Informed consent was obtained from the providers after they voluntarily agreed to partake in the project.

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Potential Problems and Risks for Subjects

Minimal risk is identified for the participants. Privacy concerns are the only potential risk for completing the evaluation surveys. Every effort will be made to ensure there is no breach of confidentiality and no identifying data will be applied to these surveys.

Potential Benefits

A potential benefit of this project is having access to a sexual health questionnaire that is easy for adolescents to complete and is a tool for providers to gear their sexual health assessment. The more education adolescents can receive from a provider regarding sexual health the better. Adolescents need this education to ensure they understand the risks and benefits of partaking in any sexual activity. Providers will also gain a benefit from the implementation of this tool. Oftentimes, at clinics, adolescents are to complete a health risk appraisal form which addresses some sexual health components. However, the appraisal form does not go into great detail regarding their sexual health. This allows for providers to have those in-depth discussions that are relevant and specific to the adolescents. A possible implementation of these types of sexual health questionnaires in a variety of healthcare settings may be a benefit to public health.

Potential Risks

A potential risk was a violation of privacy on the provider's evaluation survey. No other potential risks identified.

Precautions Taken to Minimize Risk

Procedures were in place to ensure there was no violation of privacy from the providers who participated in the evaluation surveys. There was no identifiable information asked on the survey, to ensure confidentiality. After survey completion, all surveys were placed in a secured locked folder to which only the researcher will have access. Within two months of the completion of the project all surveys will be shredded.

Confidentiality/Coding/Storage/After Study

After the completion of the confidential surveys, they were placed in a secured in a locked folder to which only the researcher will have access. There was no coding done to collect the data. The researcher will be the only person who has access to the data stored in the file. Within 2 months after the research has been completed, all of the evaluation surveys will be shredded via a crisis cross shredder by the researcher.

Compensation of Subjects

There was no compensation for the subjects for this project. The participants were made aware of this prior to them taking part in the study.

Consent Form

Informed consent was obtained after the providers voluntarily agreed to partake in the project. The providers signed a consent form after review of the introductory statement given to them. The providers were given an introductory

Introductory Statement

Please see the attached introductory statement in Appendix A.

Instrument/Tool

A sexual history questionnaire is a twenty-eight-item tool to be completed by the adolescent. Responses to the questions are either multiple choice with a few fill in the blank responses. This tool can be utilized by both males and females. Permission to use the tool was received electronically on August 24, 2017, by the original developer. The providers at the teen clinic implemented these questionnaires into their practice. After the two-month period, the providers were asked to complete an 8-item evaluation survey regarding the sexual health questionnaire that was put into practice. The questions on this survey were a Likert scale. (Please see sexual health history questionnaire and provider evaluation survey in Appendix B and C).

CHAPTER 4: RESULTS

Results

The adolescents filled out a sexual health questionnaire prior to their office visit. The providers then evaluated how effective those surveys were by completing an eight-question long survey and each question utilized a Likert scale. The providers filled these surveys out at the end of each clinic day. The overall goal of the provider survey was to find out if the sexual health questionnaire was able to guide their diagnosis and treatment, had the ability to provide focused sexual health education, and if it saved time during their office visit. There were three questions in particular that provided these specific areas of interest, questions 2, 3, and 4 (see Appendix). There were 11 participants who were surveyed between November 2017 and January 2018. Participants were both males and females, all medical students.

Statistics and Data Analysis

Descriptive statistics were used to analyze the data. There were a possible 32 points on the provider survey, with the higher score being representative of the best reception for the sexual health survey perceived by the providers. The descriptive statistics demonstrate the consistency that the providers felt about the sexual health questionnaire. The mean test score was 28.18 (see Figure 1), which is a score of 88.06%, and the standard deviation was 4.38. Figure 1 illustrates the distribution of answers from the provider's survey. A reliability analysis was conducted and the Cronbach's alpha was .95 which indicates a consistency between the questions.

All of the providers felt that the sexual health questionnaire was helpful based on the survey. Questions 2, 3, and 4 of the provider survey are related to the

overall aim of this study. Question 2 related to saving time during the office visit. There was some variance here, however, 73% of the providers believed the use of the questionnaire saved time. Question 3 asked if the questionnaire helped to guide the provider's diagnosis and treatment, 91% agreed or strongly agreed. Question 4 was related to focusing the provider's education and counseling about STIs, 91% agreed or strongly agreed (see Table 1).

Standard deviations were relatively small when evaluating each question individually (see Table 2). The standard deviation signifies how much variation there is between the answers in the survey for each question. None of the questions had a standard deviation higher than 1, on average the providers did not have questions that were varied by more than 1 point from the mean. This is necessary in this study to indicate that the survey suggests that the providers found the sexual health questionnaire helpful and efficient in their practice. On average there was a four-point variance between the provider's total score, again showing consistency.

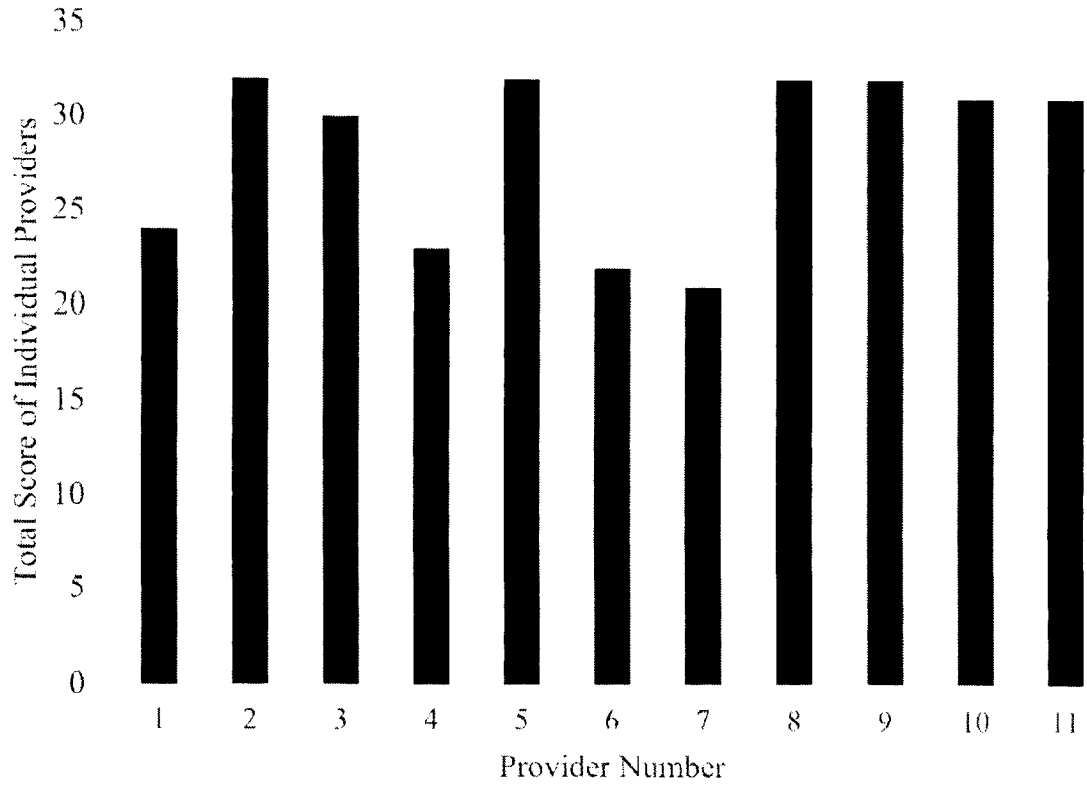


Figure 1. Descriptive bar chart of provider's scores.

Table 1

Summary of Response Percentage by Question				
Question	Strongly	Somewhat	Agree	Strongly
	Disagree	Disagree		Agree
1. The use of the sexual history questionnaire was helpful.	-	-	36%	64%
2. The questionnaire saved me time during the appointment.	-	27%	9%	64%
3. The questionnaire helped guide my diagnosis and treatment.	-	9%	36%	55%
4. The questionnaire allowed me to focus my efforts on STI counseling and education.	-	9%	27%	64%
5. The questionnaire allowed me to provide insight to my patients regarding their sexual behaviors and risks.	-	-	27%	73%
6. I understood patient perception of the questionnaire, whether it be positive or negative.	-	27%	27%	46%
7. I would like to continue to use the self-administered sexual history	-	-	36%	64%

questionnaire.

8. The use of the sexual history	-	-	36%	64%
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questionnaire improves my practice.

Table 2

Mean and Standard Deviation by Question								
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
M	3.63	3.36	3.45	3.54	3.72	3.18	3.64	3.64
SD	0.48	0.88	0.66	0.66	0.45	0.83	0.48	0.48

Discussion of the Results

The results from the provider survey indicate that the sexual health history tool that was implemented was beneficial within the SBHC. This study helps in showing that this tool can be effective for providers. The overall high scores on the survey is another piece of evidence when coupled with the previous study that was performed with the same tool. Tobkin (2010) also concluded that the results from their study indicated that all the providers surveyed believed the tool did help guide their diagnosis and treatment as well as focusing their efforts on STI counseling and education. In addition, the high scores indicate that the providers truly like the questionnaire and it was beneficial to guide their education and

assessment. Large-scale use of this survey could lead to more efficient provider visits and ultimately potentially reduce medical costs related to STIs.

CHAPTER 5: DISCUSSION/CONCLUSION

Implications for Future Nursing Practice

This project demonstrates the effectiveness and importance of including a specific health risk appraisal questionnaire to adolescents regarding their sexual health. By having the adolescents complete these questionnaires the providers are able to not only individualize their care but to also provide them with the sexual health education that specifically relates to them. Due to the steadily increasing amount of STIs within our adolescents, it is necessary to implement these types of interventions. CDC (2017) highlights the fact that half of all new diagnoses of STIs are being found within the 15-24-year-old population.

The adolescent questionnaire that was implemented was 28 questions long and was on the front and back of the paper. This made it difficult because the adolescents did not always fill out both sides of the paper. It is recommend to remove some of the questions from this questionnaire and compiling them to a shorter questionnaire. It is also recommended to create a quick scoring tool for providers to quickly recognize and know if the adolescent is at risk for an STI. This questionnaire can be implemented within any type of facility that works with adolescent patients.

Dissemination of Findings

The results of this project would be important to share with other SBHC's as well as any other clinic that serves the adolescent population. Providing education about the importance of individualizing sexual health assessment, education, and treatment is a standard that should be across the board. In addition, making school districts who do not house a SBHC should be aware of these findings. It is necessary to ensure all who work with and educate adolescents are

aware of sexual health and the importance of being screened. Additionally, submitting a manuscript for publication will assist in reaching more providers and providing them with the positive results of utilizing this type of questionnaire with adolescents.

Limitations

Limitations of this project included the fact that there was no demographic data collected from the provider surveys. There was no control group or experimental group to compare the effectiveness of the tool. The sexual health questionnaire was lengthy at 28 questions. Future research should be conducted with a larger sample size and perhaps an alteration of the adolescent sexual health history tool. Additionally, further research should include evaluating the questionnaires completed by the adolescents to review their answers to assist in further understanding why there has been this steady STI increase.

Conclusion

The purpose of this project was to evaluate the use of a sexual health history tool with adolescents within an SBHC from the providers' perspective. It was necessary to survey the providers to assess if the tool implemented would be efficient (timely, precise diagnosis and treatment, and education) for healthcare providers to provide focused sexual education and treatment (if necessary) in a timely manner. The overall results suggested that the use of the tool was beneficial in a variety of areas including precise diagnosis and treatment and education. Adolescents need to have a provider that they feel comfortable with. Therefore, providers should be comfortable with discussing this subject of sexual health with their adolescent patients. By having the adolescents complete the sexual health questionnaire just prior to their visit with the provider may help to alleviate their

anxieties regarding this subject. The questionnaire also allows for the provider and adolescent to be on the same page. This allows for individualized care and education. It is necessary to address the specific needs the adolescent is concerned with instead of giving a generalized education about sexual health. The goal is to have a sexual health appraisal tool within every clinic that services adolescents. There needs to be some type of intervention to try and decrease these rates of STIs among this population.

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APPENDICES

APPENDIX A: INFORMATION SHEET FOR PARTICIPANTS

Northern California Consortium DNP
California State University Fresno and San Jose
School of Nursing
INFORMATION SHEET FOR PARTICIPANTS

Research Project Information

- Title: Adolescent Sexual Health: Provider Evaluation of a Sexual History Tool at a School-Based Health Clinic
- The Doctorate of Nursing Practice student invites you to participate in this research study by filling out a survey while participating in an informal interview to discuss the use of a sexual history questionnaire.
- The researcher will ask you questions about the sexual history questionnaire in addition to your attitudes and perceptions regarding adolescents and sexually transmitted infections (STIs).
- The survey will take you less than 5 minutes to complete.
- The interview portion will take around 15 to 20 minutes to complete.
- Taking part in this is completely voluntary. You may decline to participate at any time without penalty.
- The purpose of this study is to evaluate the implementation of a sexual history questionnaire and determine if its use improves your practice.
- All information collected will be completely confidential. We have not and will not ask for your name or other identifiable information.

Contact Information

- If you have any questions regarding this research project, please contact the researcher at:
 - Gillian Williams

gillianw1981@mail.fresnostate.edu

(480) 403-1972
- If you have any questions about your rights as a research participant, or would like to report a research-related problem, please contact the Fresno State University's Institutional Review Board at:
 - Fresno State IRB Office

(559) 278-2985

APPENDIX B: SEXUAL HEALTH QUESTIONNAIRE

Appendix B

Sexual Health History Questionnaire

Fontana Unified School
District

Please answer these questions as honestly as possible as this information will help us meet your needs. This form will become part of your CONFIDENTIAL record and will not be reproduced or copied without your permission. Only those directly involved in your care will have access to this information.

Age: _____ Female
Male Race/Ethncity: _____

1) Are you sexually active (intercourse within the past 6 months)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
2) If you are not currently active, have you ever been sexually active?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If you answer yes to either of these first two questions please continue.			
3) Do you have sex with men, women, or both?	Men <input type="checkbox"/>	Women <input type="checkbox"/>	Both <input type="checkbox"/>
4) Are you currently having intercourse or other sexual activity with a partner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
5) If yes, is your current sexual partner your only sexual partner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
6) Have you had multiple sexual partners?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
7) Within the past year, how many partners have you had? _____			
8) Within the past two (2) months, how many partners have you had? _____			
9) Do you have vaginal sex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
10) Do you have oral sex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
11) If you have oral sex, do you give it, receive it, or both?	Give <input type="checkbox"/>	Receive <input type="checkbox"/>	Both <input type="checkbox"/>
12) Do you have anal sex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
13) If yes, do you give it, receive it, or both?	Give <input type="checkbox"/>	Receive <input type="checkbox"/>	Both <input type="checkbox"/>
14) Do you use condoms or other protection when having sex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
15) If you do not use condoms, why not? _____			
16) Do you use any other form of contraception (birth control)? If yes, what type do you use? _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

17) Have you ever been treated for a sexually transmitted infection (STI)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, what was the name of the STI? _____			
18) Did you receive the treatment and complete the full course of treatment?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
19) Has your partner ever been treated for an STI?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>
20) Does your partner have symptoms now of an STI?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>
21) Do you think you might have an STI?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
22) Do you think you are at risk for HIV infection?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
23) If you think you are at risk for HIV please tell us why? _____			
24) Does your partner use alcohol or other illicit drugs (including IV drugs)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, what type of drug/alcohol is being used? _____			
25) Have you paid or exchanged sex for money, drugs, or shelter?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
For Females:			
26) Is there a possibility that you are pregnant?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
27) Do you desire to become pregnant?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
For Males:			
28) Are you concerned about your partner becoming pregnant?		No <input type="checkbox"/>	Yes <input type="checkbox"/>

APPENDIX C: SEXUAL HEALTH QUESTIONNAIRE
PROVIDER SURVEY

Appendix C

SEXUAL HISTORY QUESTIONNAIRE PROVIDER EVALUATION

Northern California Consortium DNP
 California State University, Fresno and San Jose

Dear Providers,

In order to fully evaluate the implementation of the sexual history questionnaire, I am asking you to take part in this very short survey. By filling out this anonymous survey, you are consenting to participate in this evaluation. Your input is very much appreciated. Thank you!

Please rate the following questions utilizing this scale:

1- Strongly Disagree 2- Somewhat Disagree 3- Agree 4-Strongly Agree

1) The use of the sexual history questionnaire was helpful. 1 2 3 4

2) The questionnaire saved me time during the appointment. 1 2 3 4

3) The questionnaire helped guide my diagnosis and treatment. 1 2 3 4

4) The questionnaire allowed me to focus my efforts on STI counseling and education.

1 2 3 4

5) The questionnaire allowed me to provide insight to my patients regarding their sexual behaviors and risks. 1 2 3 4

6) I understood patient perception of the questionnaire, whether it be positive or negative.

1 2 3 4

7) I would like to continue to use the self-administered sexual history questionnaire.

1 2 3 4

8) The use of the sexual history questionnaire improves my practice.

1 2 3 4

Please feel free to add any additional comments. Your cooperation is very much appreciated.

APPENDIX D: FRESNO STATE IRB APPROVAL

Appendix D



California State University,
Fresno School of Nursing
IRB Approval

October 26, 2017

RE: DNP1714 Adolescent Sexual Health: Provider Evaluation of a Sexual History Tool at a School-Based Health Clinic

Dear Gillian Williams,

As the Chair of the Department of Nursing Research Committee, serving as the Institutional Review Board for the Department of Nursing, I have reviewed and approved your review request for the above-referenced project for a period of 12 months. I have determined your study to meet the criteria for Minimal Risk IRB review.

Under the Policy and Procedures for Research with Human Subjects at California State University, Fresno, your proposal meets minimal risk criteria according to section 3.3.7: Research in which the risks of harm anticipated are not greater, probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The Research Committee may periodically wish to assess the adequacy of research process. If, in the course of the study, you consider making any changes in the protocol or consent form, you must forward this information to the Research Committee prior to implementation unless the change is necessary to eliminate an apparent immediate hazard to the research participant(s).

This study expires: October 26, 2018

The Research Committee is authorized to periodically assess the adequacy of the consent and research process. All problems having to do with subject safety must be reported to the Research Committee. Please maintain proper data control and confidentiality.

If you have any questions, please contact me through the CSU, Fresno School of Nursing Research Committee at peterg@csufresno.edu.

Sincerely,

Peter Garcia DNP, FNP-C, RNFA
School of Nursing, Research Committee, Chair