



AN INFORMATIONAL LETTER'S IMPACT ON PARENT PERCEPTIONS AND UNDERSTANDING OF ADOLESCENT CONFIDENTIALITY

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INTRODUCTION

Teens are more likely to engage and revisit their provider in a confidential setting. While 89% of parents believe that adolescents should speak to a provider one-on-one, 61% of parents wish to be in the exam room for the entire visit.¹

OBJECTIVE

The goal of this quality improvement project was to determine if parental perceptions and understanding of confidentiality during the adolescent visit could be improved by providing an informational letter before the clinical visit.

METHODS

Parents were given a letter along with a pre- and post-survey at annual well child visits. The letter and survey were refined for succinctness and clarity between each of the three PDSA cycles.

Informational Letter:

- Adolescent confidentiality
- Transition to adolescent care



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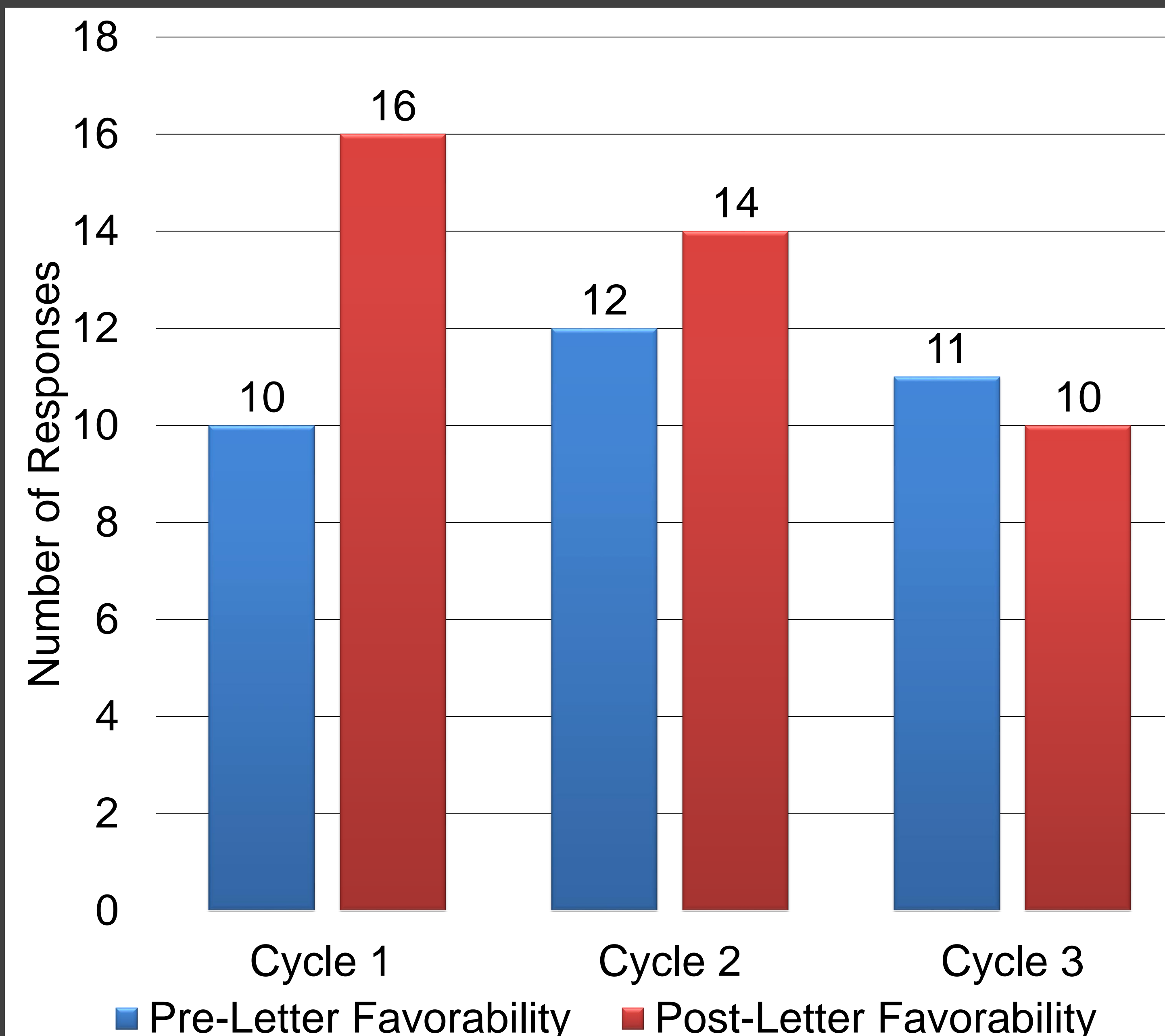
Pre- and Post-Surveys:

- Assessed attitudes and knowledge related to adolescent confidentiality
- Asked to define confidentiality in the adolescent context via multiple choice answers of varying correctness

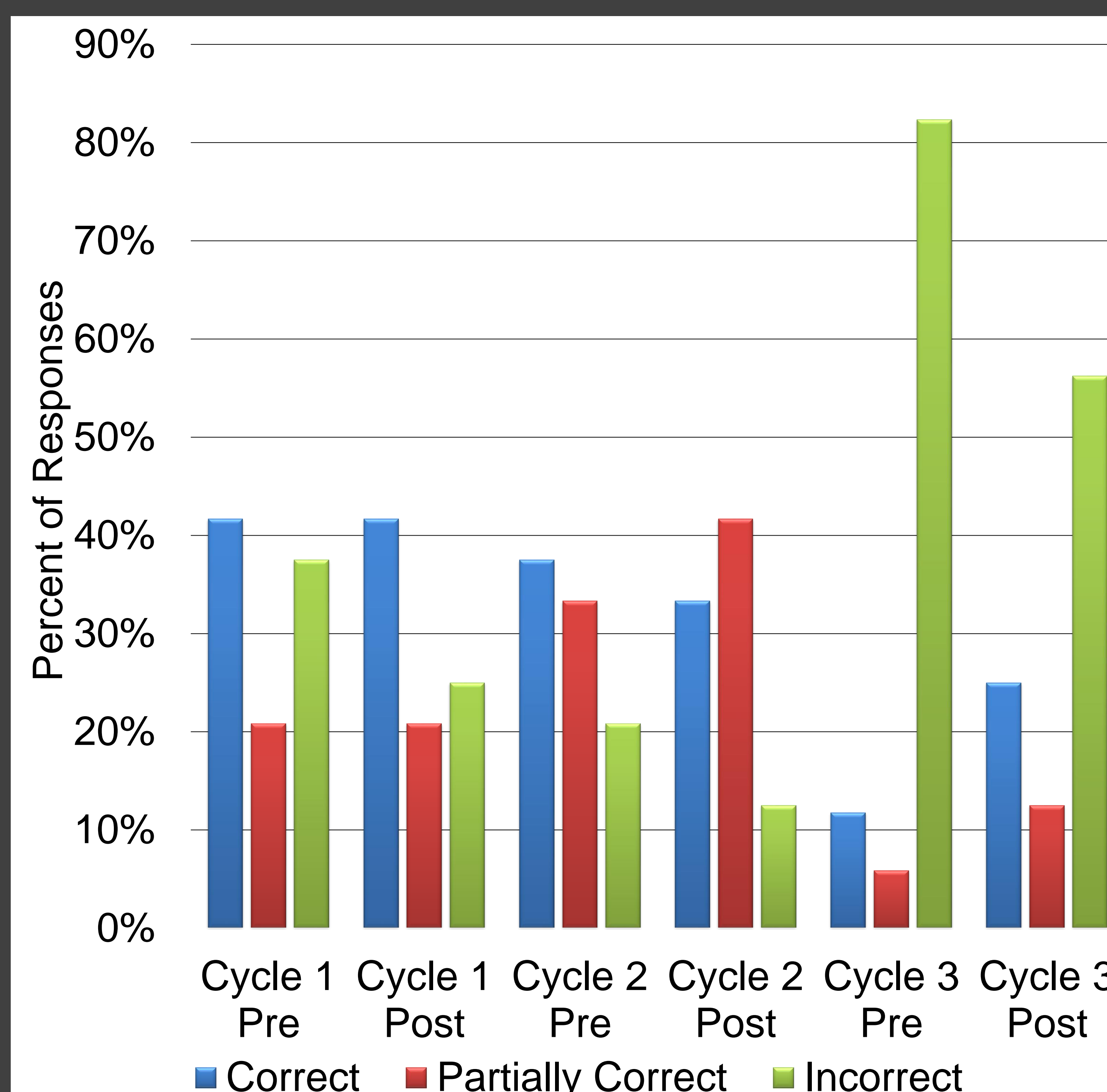
Survey Scoring:

- Definition responses were graded as “correct,” “partially correct,” and “incorrect.”

PARENT FAVORABILITY TOWARD ADOLESCENT CONFIDENTIALITY



PARENTAL UNDERSTANDING OF CONFIDENTIALITY



RESULTS

- 64 responses from Spring 2018 to Fall 2019.
- Parental favorability saw a 60% & 17% increase in cycles 1 & 2. Cycle 3 had one post-survey favorability question unanswered.
- Parental understanding was mixed. No significant correlation between “improving” the letter and likelihood of choosing the most “correct” answer.
- When combined, “Partially Correct” and “Correct” answers increased by 25% and 100% in 2 of 3 cycles.
- “Incorrect” answers decreased an average of 34% across all cycles.
- Cycle 3’s large increase in “incorrect” responses possibly due to smaller sample size when compared to cycle’s 1 & 2.

CONCLUSION

An explanatory letter may advance parents’ understanding and appreciation for adolescent autonomy; however, there is room for improvement in both areas, which will require alternative interventions.

REFERENCES

1. Irwin, Charles E. “Time Alone for Adolescents With Their Providers During Clinical Encounters: It Is Not That Simple!” *Journal of Adolescent Health*, vol. 63, no. 3, 2018, pp. 265–266., doi:10.1016/j.jadohealth.2018.06.014.
2. Trotman, Gylynthia E., et al. “Comparison of Parental and Adolescent Views on the Confidential Interview and Adolescent Health Risk Behaviors within the Gynecologic Setting.” *Journal of Pediatric and Adolescent Gynecology*, vol. 31, no. 5, 2018, pp. 516–521., doi: 10.1016/j.jpago.2018.03.006.