**Case Author:**
*Joanne E. Cox, M.D.*

**Case Advisors:**
*S. Jean Emans, M.D*

# Adolescent Pregnancy Case

## TUTOR NOTE

**Case Materials:**

- Tutor's Guide
- Case
- Handouts
  - Bright Futures Health Supervision Questions in HEADSS Format
  - Assessment and Counseling of the Pregnancy Teenager
- Slide Set
- References
- Evaluation Tools
  - Tutor's evaluation/prior to presentation
  - Tutor's evaluation/post presentation
  - Student evaluations

**Objectives:**

By the end of this session, learners will be able to:

1. Provide counseling to a young, pregnant adolescent.
2. Understand issues of confidentiality as they pertain to adolescents.
3. List risk factors for adolescent pregnancy.
4. Understand some primary prevention strategies for teen pregnancy.

**Overview of Adolescent Pregnancy Case:**

A 14 year old female comes to the clinic for a missed period. Her pregnancy test is positive. She initially does not want any family members informed and needs to be evaluated and counseled. She is followed through her pregnancy and struggles with the realities of being a teen parent after the delivery.

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**Introduction:**

Despite recent declines of 13% in teen pregnancy rates since 1991, rates in the United States remain double those of other industrialized countries. Examination of teen pregnancy, abortion, and birth rates between 1991 and 1995 have shown significant declines in all three rates. However, contraception utilization is sub-optimal. Sexually active teens face a greater than 1 in 10 chance of becoming pregnant each year. Providers assessing a pregnant teen need to be aware of the crucial elements of initial counseling and legal issues of confidentiality as they help the newly pregnant teen navigate through the complex maze of medical, social, financial and legal services.

The presenting problem for teen pregnancy may range from delayed periods to sore throats. All female adolescents should be assessed for last menstrual period (LMP), sexual activity and effective contraceptive use. At the time of diagnosis of pregnancy, it is important to obtain an accurate estimation of gestational age of the pregnancy. Prior gynecological history should be assessed, including number of prior pregnancy tests, pregnancies and their outcomes, ages of children and past sexually transmitted diseases. Medical history should include major illnesses and medication, including prescription and over the counter drugs. In addition, substance use including direct questioning on tobacco, alcohol and drug use in the last 30 days should be assessed. Social support can be assessed with questions such as, "who knows you are coming in for a pregnancy test today?" and "with whom have you discussed the possibility of being pregnant?"

Teens need a complete pelvic exam at the time of pregnancy diagnosis to screen for sexually transmitted infections including gonorrhea and chlamydia, as well as to estimate gestational age through bimanual exam of the uterus. If discrepancies are found between LMP and bimanual sizing, an ultrasound should be obtained. In addition, a complete blood count and blood typing for RH incompatibility risk are helpful.

Initial visit counseling focuses on review of option counseling. Any pregnant teen has three options: abortion, continuing to term and arranging an adoption or continuing to term and becoming a parent. Counseling needs to be done in a non-judgmental manner in which the teen will feel supported in her decision. While there are controversies, often within institutions or for individual clinicians, legally adolescents as minors have rights to confidential reproductive health care. If states have a parental notification statute, they must also, at minimum, establish an alternative procedure, usually known as "judicial bypass" to ensure the constitutional rights of minors. In today's health care environment, access to insurance, especially for young teens will often prompt family involvement. New pressures exist, often from the child protection or law enforcement systems to report information on older male partners in relationships with under age females (varies by state) for potential prosecution under statutory rape laws. Individualized assessments of needs are important which can be started at the initial visit and continued at weekly follow-up visits until decisions are finalized and prenatal or termination services arranged.

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## Guiding Questions for Discussion:

1. How would you approach this patient?
2. What elements of her sexual and social history are particularly important?
3. How would you determine if she is pregnant?
4. How will you evaluate Ginny's medical and social history?
5. What medical assessment is needed?
6. How would you approach Ginny's reluctance to tell her mother about the pregnancy?
7. How is decision-making addressed?
8. What are the risk factors for adolescent pregnancy?
9. What do you think about Ginny's future?
10. What primary prevention programs might have worked for Ginny?

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**Part I**

1. **How would you approach this patient?**

To begin, a calm, nonjudgmental approach is essential. Ask her what she thinks is going on. Begin to assess her social and emotional development, health habits, sexual development, family supports and school performance using the HEADSS format (H=Home, E=Education, A=Activities, D=Drugs and depression, S=Sex, S=Suicide).

2. **What elements of her sexual and social history are particularly important?**

A careful social history is important. A girl requesting a confidential visit who is late for her menses is likely to be sexually active and pregnant. Thus it is important to ask her if she has ever had sex. Has she been using any contraceptives? Does she want to be pregnant? Was there any coercion? Who has the adolescent told so far? Her parents? Her partner? A friend? Who provides emotional support for her? How is she feeling right now?

3. **How would you determine if she is pregnant?**

A urine pregnancy test is positive at
10-25 mIU/ml HCG, at 10 days post conception. Quantitative serum pregnancy tests are usually used primarily for diagnosis and management of complications (eg. ectopic pregnancy, miscarriage).

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**Part II**

4. **How would you evaluate Ginny's medical and social history?**

Ginny's history reveals that she has poor communication and support from her family. A sister is a teen parent. Adolescents with sisters who are teen parents face a two-fold increased risk for experiencing a teen birth. Parent involvement in their children's lives is a key component to pregnancy prevention. In Ginny's family, her mother's own social problems prevent her from interceding with her daughter. Ginny has been sexually active but had not been using contraception.

5. **How would you proceed next? What medical assessment is needed?**

Let Ginny know that she will need a full physical, including pelvic exam. Obtain PAP smear, tests for gonorrhea and chlamydia, syphilis serology, a complete blood count, and blood type. Additional tests and HIV counseling and testing are obtained in prenatal clinics. Adolescents often delay decision-making or enter prenatal care late. Therefore, a complete medical evaluation is important.

Determining the size of the uterus is important since dates may be inaccurate in adolescent. A six week uterus is about the size of a "pear," an eight week uterus about the size of an "orange," and a twelve week uterus the size of a "grapefruit" and just at the brim of the symphysis pubis. A 20 week uterus is palpable at the umbilicus, and a 16 week uterus midway between the umbilicus and symphysis pubis. Trans abdominal and trans vaginal ultrasounds are useful when the uterus is larger or smaller than suggested by the date of the last menstrual period (LMP), accurate dating for a late pregnancy is needed, and for other obstetrical indications.

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**Part III**

6. **What do you think of Ginny's reluctance to tell her mother about the pregnancy?**

Ginny is very young. It is important that you ensure her confidentiality and follow state laws and regulations. However, with young adolescents, the clinician may need to guide the patient towards involving a parent or other adult in the discussion. This may require patience and calm reassurance. It is optimal if a young adolescent informs her parent during a clinic visit, but safety issues must be addressed and involvement may depend on the maturity of the adolescent, the plans for the pregnancy and other factors.

7. **How is decision-making addressed?**

A pregnant patient's options should be outlined in a clear, straight forward manner. The clinician should be aware of the developmental differences between young, middle and older adolescents. The young, under 15 year, adolescent may deny the pregnancy, present in the second or even third trimester, as Ginny does. She may have difficulty connecting to the idea of pregnancy or making decisions. Older adolescents are more likely to have clearer decision-making strategies. Several visits may be needed before the adolescent can make a decision. It is important to follow her and ascertain that she does make an active decision. Issues to be considered in counseling are personal history (social situation, educational/life goals, self-esteem, psychiatric history, financial status/insurance); medical/gynecological/sexual history; and personal and family/friends/partner beliefs and attitudes about parenting, abortion, and adoption.

**8. What are the risk factors for adolescent pregnancy?**

Factors include:

Family history of teen parenthood.

Teen pregnancy is often intergenerational with the teen's mother or sibling having been a teen parent. This may represent family norms which support early sexual activity and parenthood or exposure to common risk factors. Dysfunctional family systems may also produce poor parental control of adolescent behaviors.

Peer Influence.

The teens may live in communities where teen pregnancy is normative. The positive attention that their pregnant friends receive is attractive. Their boyfriends may consider fatherhood as a sign of manhood.

School failure, hopelessness and depression.

Having a baby may be viewed as a productive and positive by an adolescent who fails in school and does not have hope for the future.

Older partners.

The role of older men has recently been publicized. The males are frequently much older than their adolescent partners. Cultural influences may contribute to this.

Poverty .

Living in poverty among urban decay reinforces hopelessness.

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History of abuse and/or sexual abuse. Several studies have demonstrated that girls who have been abused have earlier onset of sexual activity. This factor is especially important to assess in girls who become pregnant prior to age 15 years.

9. **What do you think about Ginny's future?**

In order to maximize positive social outcomes for Ginny and social, medical and developmental outcomes for her daughter, it is critical that Ginny stay in school and avoid a second pregnancy. Teen tot clinics have been show to be effective by using clinicians and social workers to treat teen mothers and their children at the same site.

10. **What primary prevention programs might have worked for Ginny?**

Effective approaches must be multi-faceted and developmentally appropriate for the target age groups. School-based clinics, although still controversial in many cities, are considered important for teenagers to have access to medical care and confidentiality. Peer groups have been effective in delaying pregnancies, especially for the peer counselors themselves. Mentoring programs are also useful. Comprehensive health programs should incorporate skills-building interventions, which teach strategies for promoting abstinence and avoiding risky behaviors that may lead to pregnancy. Education about contraception and access to services is important for teens. Other important components of successful approaches include strong individual adult support, emphasis on basic education achievement, focus on peer influence, interventions started early in the pre-teen years, and support for parents and healthy community norms.

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**Part I**

Ginny, a 14 year old 8th grader, has not had a period for many months. She comes alone to the Adolescent Clinic and requests that her mother not be told about the visit.

*"I usually have periods every month,"* she states. *"I started when I was 11: I think that's right. I can't remember when I had it last. Three months ago, maybe, something like that."*

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**Part II**

Ginny denies any health problems, weight loss, or drugs or alcohol use. She also denies dizziness, headaches, breast tenderness, fatigue, nausea, vaginal discharge or bleeding. Asked when she became sexually active, Ginny says quietly *"I had sex with this guy, he's 17. He lives upstairs in our apartment building."* She denies that she had ever been coerced to have sex. When asked if she was hoping to become pregnant, she shrugs her shoulders and stares straight ahead, a vacant look in her eyes. *"I've never used any birth control."*

The clinician reviews Ginny's medical record.

She has had regular pediatric care. Her mother and father were 20 and 21 years old respectively when she was born. Her birth history and infancy are unremarkable. Her parents divorced when she was 3, and her mother remarried when she was 5. She has 3 siblings, and her 16 year old sister has a 1 year old child. Ginny had psychotherapy for several months at age 9 for anger and *"difficult behavior"* at home. Her mother has had problems with alcohol abuse and marital discord. Ginny's relationship with her step-father is described as *"strained,"* and Ginny frequently refuses to listen to him. Ginny's mother had admitted that both she and her husband occasionally became outraged with Ginny's sullen, uncooperative behavior and had resorted to physical punishment.

When Ginny was 13, her mother had expressed concern about her daughter's intense attachment to the teen boy who lived upstairs with his family. Ginny's mother had felt that with her own problems and stresses she was in no position to stop her daughter from seeing him.

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***Decisions to be Made***

**Part III**

On examination, Ginny has a height of 61 inches and a weight of 95 pounds. Blood pressure is 100/60, pulse 72, temp 98.6. Her HENT and cardiovascular examinations are completely normal. Her abdomen is protuberant and a uterine fundus is palpated 2 cm above the umbilicus. A urine pregnancy test is positive. An ultrasound shows an intrauterine pregnancy of 23 weeks gestation.

Ginny is defensive and withdrawn when told that she is pregnant. She initially refuses to allow her mother to be called but finally agrees to have her mother come to the next medical visit. Her mother expresses neither surprise nor anger when she finds out about the pregnancy. Ginny is referred for prenatal care.

Ginny received prenatal care at an Adolescent Prenatal Clinic. She kept every visit, and her boyfriend accompanied her. She was quiet and shared few personal needs or feelings with the social worker in the prenatal clinic. Her pregnancy was uncomplicated. Her mother and boyfriend were in the labor and delivery room with her. She delivered a 7 pound 1 ounce 39 week female after 20 hours of labor. Although encouraged to breast feed, she chose bottle feeding. She and baby Jessica were discharged on day 2. They were referred to a "Teen Tot" clinic for further care.

Ginny, Bob, and baby Jessica arrived at the Teen Tot clinic two weeks later. They met the nursing, social work and physician staff. Bob was talkative about his schooling (11th grade) and plans for sharing in Jessica's care. Ginny was pleasant but appeared quite guarded. She answered most questions with one word responses and ventured no concerns about her baby. She planned to return to the 8th grade within 2 weeks. Ginny's mother would provide child care for 3 hours each day, and Bob and Ginny planned to arrange their schedules to cover the rest of the child care.

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***Decisions to be Made***

## Epilogue

Through the following two years, Jessica thrived both physically and developmentally. Ginny gradually withdrew her defenses and shared day care, housing and relationship issues with program staff. She initially used oral contraceptives but found them difficult to remember. For one year, she declined contraceptives stating that she was choosing not to be sexually active. She did well in school. Bob assumed most of Jessica's daytime care. Ginny and Bob became engaged and married on Halloween when Jessica was 18 months old. Ginny was 16 and Bob 19. They moved across town along with Bob's family. Ginny came to clinic less often, but shared her domestic problems about Bob's family and dreams that they could have their own apartment. Bob graduated from high school and enrolled in a junior college while working at night. Ginny was in the 10th grade, but at the last visit had temporarily dropped out of school for child care and financial reasons. She was working at a local fast food restaurant.

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# *Handout #1*

*Bright Futures HEADSS Questions*

| | |
|---|---|
| *Home:* | Who lives at home?<br>If the teen lives with one parent: How often do you see the parent who does not live with you? What do you do together?<br>What types of responsibilities do you have at home?<br>What would you like to change about your family if you could? |
| *Education:* | What grade are you in? At what school?<br>What kind of grades do you make?<br>What is your favorite class? What is your least favorite class?<br>How often do you miss school?<br>What do you want to do when you finish school? |
| *Activities:* | What do you do for fun?<br>What do you and your friends do outside of school? How old are your friends?<br>What kind of exercise or organized sports do you do? Have you been injured in sports?<br>How much time each week do you spend watching television or videos? Playing video games? Using the internet?<br>Do you work? How many hours per week? |
| *Drugs:* | Do any of your friends smoke cigarettes or chew tobacco?<br>Do any of your friends drink alcohol? Have they tried other drugs?<br>Have you ever tried smoking cigarettes? Do you still smoke?<br>Do you ever drink alcohol?<br>What is the most you have ever had to drink at one time?<br>Have you ever done something after drinking that you later regretted?<br>Have you ever tried other drugs? How often?<br>Have you ever been in a car where the driver was drinking or on drugs?<br>Have your friends ever tried to pressure you to do things that you don't want to do? How did you handle that?<br>Are you worried about any friends or family members? |
| *Sex:* | Do you date? Are you thinking about going out with men, women, or both?<br>Do you have a steady partner? Are you happy with dating/this relationship?<br>Do you have concerns or questions about sex?<br>Have you ever had sex with someone?<br>On what will you/do you base your decision to have sex?<br>Have you ever been pregnant (or gotten someone pregnant)?<br>Have you ever had a sexually transmitted infection?<br>Do you use birth control? What kind?<br>Have you ever used condoms? How often do you?<br>Has anyone ever touched you in a way you didn't like? Forced you to have sex? |
| *Suicide/Emotional Health:* | What do you do to make yourself feel better when you are down or blue?<br>Have you ever thought about leaving home?<br>Do you ever feel really down and depressed?<br>Have you ever thought about hurting yourself or killing yourself?<br>Have you ever been in trouble at school or with the law? |

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# Handout # 2: Assessment and Counseling of the Pregnant Teenager

**Personal History**

- Social situation: *Who currently lives with you? Who is in your family? In whom do you confide? Who knows about the possible pregnancy?*
- Educational/life goals*: Are you currently in school? How are you doing? What do you want to do in 1 year? In 5 years?*
- Self-esteem/self-efficacy: *What kinds of decisions have you made before?*
- Psychiatric history: Previous coping skills, counseling
- Financial status/insurance*: Do you have insurance? Can you access it without loss of confidentiality? Are there resources for parenting or termination?*

**Medical/Gynecologic/Sexual History**

- Current/prior medical problems and medications
- Information level about conception and contraception
- Previous contraceptive use
- Previous pregnancies and outcomes
- Previous sexually transmitted diseases

**Personal beliefs about parenting, abortion, adoption**

- Experiences with sisters, relatives, or friends who have been pregnant
- *What do you think is the best age to be pregnant?*
- *What do you think is the best age to parent?*
- Religious/cultural beliefs

**Family/Friend/Partner influences and beliefs**

- Which adult can be supportive—i.e., parent, teacher, counselor, relative, partner
- Whom do you plan to tell?
  *Do your parents/guardian/partner know you are coming for a pregnancy test today?*
  *Are you still seeing your partner who is involved in this pregnancy?*
  *How old is he? Do you think he will be supportive?*
  *What do you think he will want you to choose (continue, adoption, terminate)?*
- Attitudes/beliefs of others toward pregnancy, parenting, abortion, adoption

**Current pregnancy**

- Intended or unintended?
  *How do you feel about being pregnant now?*
- Who wants to continue to term? Who wants an abortion?
- Has adoption/placement been considered?

**Information about options**

- Concrete issues about termination and parenting
- Health risks and costs

**Postpregnancy**

- Anticipatory guidance
- Anticipation of feelings
- Contraception
- Health care options

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## References (Annotated):

1. **Ventura SJ, Curtin SC, Mathews TJ. Teenage births in the United States: National and state trends, 1990-1997. National vital Statistics System Hyattsvill, Maryland: National Center for Health Statistics. 1998**. This paper provides an overview of teenage childbearing patterns by providing numbers and rates of teen pregnancy by age, race, and state.

2. **Coley RL, Chase-Lansdale PL. Adolescent pregnancy and parenthood: Recent evidence and future directions. American Psychologist 1998;53:152-166**. This is an overview of teen sexual activity, psychological antecedents, teen pregnancy and its consequences. Discussion of neighborhood correlates, parenting, father involvement and impact of grandmothers is included.

3. **Frost JJ, Forrest JD. Understanding the impact of effective teenage pregnancy prevention programs. Fam Plann Perspect 1995;27:188-195**. This article reviews five adolescent pregnancy prevention which were vigorously evaluated with treatment and comparison groups. Outcomes included decreases in sexual initiation rates and increased contraceptive use.

4. **Kirby D. No Easy Answers. The National Campaign to Prevent Teen Pregnancy, Washington D. C.** This excellent monograph summarizes the factors contributing to teen pregnancy and thoroughly reviews teen pregnancy prevention strategies.

5. **Kaufmann R, Spitz A, Strauss L, et al. The decline in United States teen pregnancy rates, 1990-1995. Pediatrics.1998;102:1141-1147.** This article examines teen pregnant, birth and abortion trends. Analysis of sexual experience and activity on teen pregnancy rates provides important insight on contraceptive utilization.

6. **Luker K. Dubious Conceptions: The Politics of Teenage Pregnancy. Cambridge, MA: Harvard University Press; 1996**. This book examines teen pregnancy in the context of pubertal development, culture, social settings, and media influence.

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# Module Evaluation

For presenters to fill out before the teaching session

**A.** I consider myself

| **1**.A nationally known expert on this topic | **2**. A locally known expert on this topic | **3**. Very knowledgeable on this topic | **4**. to have learned about this topic to teach it | **5**. **Not sure** |
|---|---|---|---|---|

**B.** I spent approximately _____ minutes preparing for teaching this topic.

**C.** Of the time I spent preparing to teach this topic, I used material provided to me as part of the Serving the Underserved Curriculum

**1**. 100% of the time
**2**. 75-99%of the time
**3**. 50-74% of the time
**4**. 25-49% of the time
**5**. <25% of the time

**D.** How appropriate were the educational objectives?

**1**. **Excellent** **2**. **Good** **3**. **Average** **4**. **Poor** **5**. **Not sure**

**E.** How appropriate were the tutor notes?

**1**. **Excellent** **2**. **Good** **3**. **Average** **4**. **Poor** **5**. **Not sure**

**F.** How appropriate were the references?

**1**. **Excellent** **2**. **Good** **3**. **Average** **4**. **Poor** **5**. **Not sure**

**G. If your answer to any of the above questions (except A) was 3, 4 or 5, please comment.**

## Please feel free to write further comments on the back of this sheet.

Thank you for taking the time to fill out this evaluation.

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# Module Evaluation

(For Presenters to use after the teaching session)

Presenter:_____

Your responses will help us refine and develop this case.

**A.** Please rate the overall quality of this material as a stimulus for learning.

**1. Excellent** **2. Good** **3. Average** **4. Poor** **5. Not sure**

**B.** Please rate the classes participation in the learning

**1. Excellent** **2. Good** **3. Average** **4. Poor** **5. Not sure**

**C.** How comfortable were you with case based teaching

| | | Not at All | | | | Very Much |
|---|---|---|---|---|---|---|
| **1.** | **Prior to this teaching session** | **1** | **2** | **3** | **4** | **5** |
| **2.** | **During the teaching session** | **1** | **2** | **3** | **4** | **5** |
| **3.** | **After the teaching session** | **1** | **2** | **3** | **4** | **5** |

**D.** Please list how long you spent on this topic, and how the time was devided

**Total Time** _____ **minutes**

**Time spent on case discussion** _____ **minutes**

**Please describe how you spent the rest of the time**

**E.** Please Rate each of the following

| | | Poor | | | | Excellent |
|---|---|---|---|---|---|---|
| **1.** | **The Educational Objectives** | **1** | **2** | **3** | **4** | **5** |
| **2.** | **The Case Vignette** | **1** | **2** | **3** | **4** | **5** |
| **3.** | **The Tutor Guide, including guiding questions** | **1** | **2** | **3** | **4** | **5** |
| **4.** | **Reference List** | **1** | **2** | **3** | **4** | **5** |
| **5.** | **Handouts** | **1** | **2** | **3** | **4** | **5** |
| **6.** | **Audiovisual Materials** | **1** | **2** | **3** | **4** | **5** |

If you answered 1-3 on any of the above, please comment further

**F** What were the cases strengths

1.
2.
3.

**G** What were the cases weaknesses

1.
2.
3.

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**H** What is the single most important thing that you learned from the case discussion?

**I Case Evaluations**

**1.** Do you think facts or data should be added? **1. Yes** **2. No**
If **yes**, what should be added?

**2** Do you think facts or data should be deleted? **1. Yes** **2. No**
If **yes**, what should be deleted?

**J. Tutor notes evaluation**

**1.** Did you use the **tutor notes**? **1. Yes** **2. No**
If **no**, why not?

**2.** What were the **tutor notes** strengths?
1.
2.
3.

**3.** What were the **tutor notes** weaknesses?
1.
2.
3.

**4.** How would you suggest improving the t**utor notes**?

**5.** Do you think facts or data should be added to the **tutor notes**? **1. Yes** **2. No**
If **yes**, what should be added?

**6.** Do you think facts or data should be deleted from the tutor notes? **1. Yes** **2. No**
If **yes**, what should be deleted?

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**K Slide Evaluation**

**1.** Did you use any of the **slides**? **1. Yes** **2. No**
If yes, which ones

**2.** How would you suggest improving the **slides**?

**3.** Do you think more slides would be useful? **1. Yes** **2. No**
If **yes**, what should be added?

**4.** Do you think there are slides that will never be useful? **1. Yes** **2. No**
If **yes**, what should be deleted?

**L** Did you use any other materials **1. Yes** **2. No**
If **yes**, what other materials?

If supplied by the Serving the Underserved Project, how would you improve the material

**M.** What did you as a teacher learn about this topic?

#1
#2
#3

**Please feel free to write any further comments on the back of this form**

Thank you for taking the time to fill out this evaluation.

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MCHB

## Module Evaluation

Presenter:_____

Your responses will help us refine and develop this educational material. The person completing this form is:

PGY1 PGY2 PGY3 Fellow Faculty Other_____

**A.** What is the single most important thing you learned from the case discussion today.

**B.** Please rate the overall quality of this case as a stimulus for learning.
**1. Excellent** **2. Good** **3. Average** **4. Fair** **5. Poor**

**C.** The facilitator

| | | Not at All | | | | Very Much |
|---|---|---|---|---|---|---|
| **1.** | **Encourages student direction of teaching** | **1** | **2** | **3** | **4** | **5** |
| **2.** | **Stimulated interest in the subject matter** | **1** | **2** | **3** | **4** | **5** |
| **3.** | **Encouraged Group Participation** | **1** | **2** | **3** | **4** | **5** |

**D.** I consider the facilitator

| | | | | |
|---|---|---|---|---|
| **1**.A nationally known expert on this topic | **2**. A locally known expert on this topic | **3**. Very knowledgeable on this topic | **4**. a teacher who learned about this topic to teach it | **5**. **Not sure** |

**E.** Please rate each of the following components of the teaching session (N/A for not applicable)

| | | Poor | | Good | | Excellent | |
|---|---|---|---|---|---|---|---|
| **1.** | **Case Vignette** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **2.** | **Case Based/Learner Centered Format** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **3.** | **Handouts/Supplemental Materials** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **4.** | **Teacher/Facilitator** | **1** | **2** | **3** | **4** | **5** | **N/A** |

**F.** Do you think information should be added? **1. Yes** **2. No** **3. Not Sure**
If **yes**, what should be added?

**G.** Do you think information should be deleted? **1. Yes** **2. No** **3. Not Sure**
If **yes**, what should be deleted?

**H.** Comments

**Please feel free to write any comments on the back of this sheet.**

Thank you for taking the time to fill out this evaluation.

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