

CORE COMPETENCIES IN ADOLESCENT HEALTH AND DEVELOPMENT FOR PRIMARY CARE PROVIDERS

INCLUDING A TOOL TO ASSESS THE ADOLESCENT HEALTH
AND DEVELOPMENT COMPONENT IN PRE-SERVICE
EDUCATION OF HEALTH-CARE PROVIDERS





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Glossary

Whenever possible, these definitions have been taken or adapted from other WHO publications; some are composite definitions.

Ability – The quality of being able to perform; a natural or acquired skill or talent.

Adolescent – WHO defines adolescents as people between 10 and 19 years old.

Attitude – A person's views (values and beliefs) about a thing, process or person, which influence behaviour.

Autonomous decision – In the context of adolescent health care, an autonomous decision is a decision of an adolescent regarding elements of his/her health care that is taken without third-party authorization (e.g. by parents or guardians). Unless the adolescent lacks decision-making capacity, or decision-making capacity is delegated by law to a third party,¹ the adolescent decides about all aspects of care, including refusing care. The adolescent also decides which family members and friends, if any, participate with him or her in the care process. Health-care providers have an obligation to develop adolescents' capacity for autonomous decision-making by providing adequate, appropriate and clear information to help them understand the nature and risks of, and alternatives to, medical procedures or treatments and their implications for health and other aspects of their lives.

Autonomy – The right of the adolescent to make his or her own decisions without being dominated by the health-care provider or another adult. Autonomy is the central premise of the concept of informed consent and of the right to participate in one's own health-care processes.

Behaviour – A person's way of relating or responding to the actions of others or to an environmental stimulus.

Client – The term "client" is used throughout this document to describe adolescents who may be seeking any of a wide range of health services (e.g. prevention, clinical care). "Client" is meant to include

the term "patient", which refers to adolescents who have an illness or specific health concern.

Competency – Sufficient knowledge and psychomotor, communication and decision-making skills and the attitudes to enable the performance of actions and specific tasks to a defined level of proficiency.

Competent – Having the essential knowledge, skills, attitudes and professional behaviour to successfully demonstrate performance of a specific task, action or function in the work setting.

Core competency – A competency that a sector (e.g. health, education) has agreed is essential for a person to perform requisite functions and tasks. In health education core, or essential, competencies are the aspects of a subject or discipline that are common to all students, essential to practice, and essential to master in order to graduate from an academic programme and enter into professional practice.

Curriculum – The totality of learning activities that are designed to achieve specific educational outcomes. The term "curriculum" can refer to either a written document or the entire academic programme.

Curriculum design – The organization and sequencing of course requirements and learning experiences that make up the total academic programme.

Curriculum development – A systematic, logical and dynamic process for organizing learning. It involves articulating the desired characteristics of the graduates and designing the curriculum, as well as specifying the content, teaching methods, means of assessing students' achievement and programme evaluation.

Educator – A person responsible for programme development and teaching, who conducts theoretical and/or practical learning activities in the field of adolescent health and development. A wide range of professionals might be involved in this process – lecturers, practitioners, teachers, trainers, faculty members, etc. The term "educator" is meant to include all these professions.

¹ This may include situations when, in order to protect adolescents, third-party involvement is mandated by law (e.g. abuse reporting).

Equity – The absence of avoidable or remediable differences among population groups, defined socially, economically, demographically, or geographically.

Ethics – Ethics comprises four principles:

- **respect for persons:** the duty to respect the self-determination and choices of autonomous persons, as well as to protect persons with diminished autonomy. Respect for persons includes fundamental respect for the other; it should be the basis of any interaction between a professional and a client;
- **beneficence:** the obligation to secure the well-being of persons by acting positively and maximizing the benefits that the client can attain;
- **non-maleficence:** the obligation to minimize harm to persons and, wherever possible, to remove causes of harm altogether;
- **proportionality/justice:** the duty, when taking actions involving the risk of harm, to balance risks and benefits so that actions have the greatest chance of resulting in the least harm and the most benefit to persons directly involved.

Knowledge – An individual's understanding of a subject, including not only facts and information but also the ability to apply them for a specific purpose.

Pre-service education – Learning that takes place in preparation for taking on a future role, for example, as a doctor or nurse. This education provides a broad array of knowledge, skills and attitudes needed to

fulfil that future role and from which the student can later select what is needed in a specific situation. Pre-service education most often takes place in schools and universities (e.g. medical, nursing and midwifery schools).

Primary care – Primary care refers to the level of the client's first contact with the health-care system. Primary care is often responsible for care coordination, integration and advocacy across the health-care system. Depending on the setting, primary care professionals may include family doctors, paediatricians, nurses, midwives and community health workers.

Quality of care – WHO has defined quality dimensions for adolescent health care: available, accessible, acceptable, appropriate, equitable and effective.

Quality standard – A statement of a defined level of quality in the delivery of services required to meet the needs of intended beneficiaries.

Skill – Ability learned through pre-service and continuous professional education and/or acquired through experience to perform specific actions or tasks to a specified level of measurable performance.

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