**Background**

- The HEADSSS assessment is an internationally used tool to help guide structure to an assessment of an adolescent patient.
- It provides a framework in which information can be gathered about a young person’s life. Conducting the evaluation allows the young person to review his/her health and wellbeing with an interested and non-judgemental adult.

**Objective**

- To analyse the knowledge among doctors in the Emergency department, Paediatrics and Acute medicine on the relevance of using the HEADSSS assessment tool: (Home life, Employment, Alcohol, recreational drugs, Smoking, School and interests, Sexual activity, sexuality, Sleep and mood, Self-harm, Safety, friendship, relationship).
- To study how often the tool is being used and confidence levels among clinicians on performing the assessment.
- To propose measures to make doctors more aware of its relevance and developing a poster to help execute the assessment in a structured and organized manner.

**Methods**

- The initial phase used a 35-question survey, aimed at junior doctors in the acute medical team, Emergency Department and Paediatrics to gauge current knowledge of management, awareness of currently available resources and enthusiasm for a new reference guide and teaching for the assessment. Statistics from the survey were collated and the metrics was analysed for variations between the individual components of the survey.
- The questions were developed both with a Likert scale (1–5, where 1 = strongly disagree and 5 = strongly agree) and with free text space where applicable. The next stage, which is currently in progress, is to design teaching sessions by Paediatric A&E Consultants and developing a poster/reference guide to aid with the assessment. Finally, the survey will be re-performed to see if knowledge-base and confidence in handling the tool has improved.

**Results**

- The initial survey was completed by 25 junior doctors at Ealing Hospital and Northwick Park Hospital (London Northwest University Healthcare NHS trust), who ranged in grade from foundation year 1 to specialty trainees.
- Question 37 was aimed to assess how often the ‘complete’ assessment was being done, none of the clinicians answered always, a 44.4% never did a complete assessment. Moving on to the individual components of the tool, Questions 1–16 were used to gauge how often the clinicians enquired about the individual components of HEADSSS during their consultation, which demonstrated that more than 50% always take history on alcohol, drugs and smoking but at the other end of the spectrum only less than 20% always ask about interests, relationship, friendship, sleep and sexuality.
- Questions 16–32 were multiple choice questions to analyse the confidence levels of the doctors assessing the individual elements of HEADSSS, demonstrated that more than 50% were confident on taking history on alcohol, drugs, smoking and self-harm but only less than 55% were confident on asking about sexuality and sexual history.

**Survey Data**

<table>
<thead>
<tr>
<th>Question 37 assesses how often a complete assessment is done</th>
<th>% Of clinicians who ask about drugs</th>
<th>% Of clinicians who have heard of the HEADSSS Assessment tool</th>
<th>% Of clinicians who ask about alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Never, Sometimes, Often, Always</td>
<td>% 60.7, 10.7, 8.7, 20.3</td>
<td>% 50.3, 11.3, 14.7, 20.7</td>
<td>% 44.6, 20.3, 10.7, 14.7</td>
</tr>
<tr>
<td>Yes or No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**References**


**Next Stage**

The next stage (in progress) is to perform the teachings and roll out the HEADSSS assessment Poster, raise awareness and then re-perform the survey.