

Analysing the Knowledge among Clinicians on the Relevance of HEADSSS Assessment in Young People and Improving the Assessment Structure Using Quality Improvement Methodology

Albin Alex 1, Roshdi Al Dairi 1, Manasa Sreedevi 1, Yashasvi Rajeev 1, Nia, Jones 1, Lauren Fraser 1,
Afra Tabassum 1, Aarthi Ravishankar 1

1 London Northwest University Health Care NHS Trust

Background

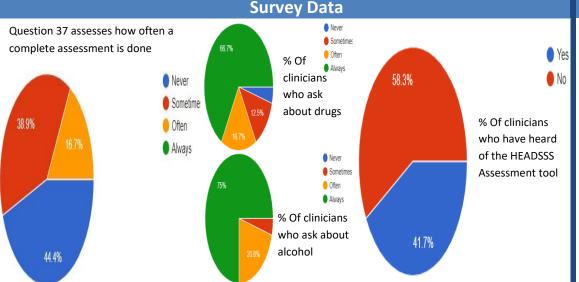
- The HEADSSS assessment is an internationally used tool to help give structure to an assessment of an adolescent patient.
- It provides a framework in which information can be gathered about a young person's life.
 Conducting the evaluation allows the young person to review his/her health and wellbeing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

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, and 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 on 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.



References

- 1. Murtagh KA, Panchal S. The importance of using your heads: introduction of a Proforma to improve psychosocial history taking in the emergency department In:adc.bmj.com, volume 103, Issue Suppl 1.http://dx.doi.org/1-.1136/archdischild-2018-rcpch.11
- 2. Rachel Katzenellenbogen. HEADSS: The "Review of systems" for adolescents. In: AMA Journal of Ethics, Illuminating the art of medicine. Virtual Mentor. 2005;7(3):231-233

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.

Conclusion

- Psychosocial histories are an important part of evaluation of young people in all departments.
- The initial survey suggests lack of knowledge on the relevance and methodology of using the individual components of the HEADSSS assessment in young patients among Northwick Park and Ealing clinicians, and demonstrated an enthusiasm for a new reference poster and teaching sessions.
- We hope to roll out the Posters, organize the teaching sessions concentrating on the individual elements that clinicians lack confidence as per the survey and then reperform the survey by May 2022. Once that cycle is complete, there will be some indication as to whether a new and expanded HEADSSS Assessment Poster would be a useful accessory for clinicians in the overall structured assessment of young people.

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.