

# Why Invest in International Adolescent Medicine Experiences?

## *Porquê Investir em Estágios Internacionais em Medicina do Adolescente?*

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### ABSTRACT

This perspective highlights the value of international clinical experiences in Adolescent Medicine, drawing from the author's residency training in Portugal and subsequent fellowship at Boston Children's Hospital. Immersing in a new healthcare system provided a deeper appreciation of both shared global challenges and distinct cultural approaches to adolescent care. The article reflects on how international exchange fosters clinical growth through openness, vulnerability, and curiosity - qualities we ask of our adolescent patients and should also embrace as providers. Key topics explored include transitional care, adolescent autonomy, mental health screening, digital media use, and healthcare accessibility. Real-world examples, such as strengths-based communication, confidential care models, and virtual visit innovations, demonstrate how contrasting practices can inspire reimagined, more inclusive care standards. Programs supporting marginalized adolescents, particularly those living with HIV, underscore the urgency of equitable access. Ultimately, international experiences allow clinicians to exchange ideas, challenge assumptions, and build more responsive models of care. This piece invites pediatric providers to seek global learning opportunities and reminds us that, despite geographic and systemic differences, we are united by a shared goal: empowering adolescents to thrive.

**KEYWORDS:** Adolescent Medicine; International Educational Exchange; Patient-Centered Care

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## RESUMO

Esta reflexão aborda a importância da experiência clínica internacional na Medicina do Adolescente. A imersão num sistema de saúde distinto aprofunda a compreensão da diversidade cultural que molda os cuidados e suscita uma reflexão sobre a equidade no acesso. Estas vivências permitem reconhecer desafios globais, como a transição para os cuidados de adultos e o rastreio da saúde mental, assim como identificar soluções para promover a inclusão de adolescentes, especialmente de identidades minoritárias e grupos marginalizados, incluindo os que vivem com VIH. Reflete-se também sobre como estas experiências impulsionam o desenvolvimento clínico através da abertura, curiosidade e vulnerabilidade, qualidades que incentivamos igualmente nos adolescentes. Exemplos como a *strength-based communication*, práticas que salvaguardam a privacidade e as consultas virtuais ilustram como abordagens diversas podem inspirar cuidados mais inclusivos. Em última análise, estas experiências desafiam pressupostos e contribuem para modelos de cuidados mais empáticos, eficazes e culturalmente sensíveis. Esta reflexão convida os profissionais de saúde a procurar oportunidades de aprendizagem global, recordando que, apesar das diferenças geográficas e sistémicas, partilhamos um objetivo comum: capacitar os adolescentes para prosperarem.

**PALAVRAS-CHAVE:** Cuidados Centrados no Doente; Intercâmbio Educacional Internacional; Medicina do Adolescente

## MANUSCRIPT

As a pediatric resident training in Portugal and a dedicated advocate for Adolescent Medicine education, I chose to pursue further expertise at Boston Children's Hospital (BCH), where the first Adolescent Medicine clinic was founded by Roswell Gallagher, MD in 1951. Since then, Adolescent Medicine has been established as a board-certified subspecialty of pediatrics, with dedicated clinics and basic training in pediatrics residency programs around the world. However, advanced training in Adolescent Medicine remains limited. Training Adolescent Medicine physicians is not just beneficial, it is essential, as they will nurture a generation of healthy, well-adjusted young leaders and global changemakers.

My international experience enabled me to exchange diverse perspectives and gain a deeper understanding of adolescents and their unique health needs. By experiencing how cultural, political, religious, and social contexts influence adolescent behavior and healthcare delivery, I gained a more nuanced view of the factors shaping standards of care. Recognizing these influences allows for a more comprehensive and respectful approach - one that prioritizes adolescents' choices, rather than imposing external advice. Clinicians at BCH granted adolescents autonomy and confidentiality with their health information, asking if they wanted to learn more. In many cases, simply expressing availability for future discussions was enough to foster trust and engagement. This perspective stood out to me, particularly in contrast to traditional pediatrics, where decision-making can take a paternalistic approach.

Many challenges in healthcare delivery are universal, with the transition from pediatric to adult care being a common concern, particularly for patients with chronic diseases. Evidence highlights an urgent need for transitional care programs, as they have been shown to improve healthcare satisfaction and adherence.<sup>1</sup> Various transition protocols have been proposed worldwide, with differences in the age at which transition occurs. In the United States, transition happens around 25 years, while in many European countries, such as Portugal, it is set to occur at 18 but often extends beyond that due to medical challenges. Later transition may provide greater support through extended challenges of adolescence, such as achieving financial and emotional independence.<sup>2</sup> From my perspective, adolescents benefited greatly from postponing the added challenge of transitioning to adult care while simultaneously managing education, work, social life, and health. Continuity of care with a familiar clinician provided crucial support, particularly for those with chronic illnesses.<sup>2</sup> Collaboration is key to overcoming transition barriers and developing culturally sensitive protocols.

International knowledge-sharing highlights emerging trends such as the global rise in adolescent mental health issues. The U.S. Preventive Services Task Force recommends routine anxiety screening starting at age 8 and depression/suicide risk screening from age 12 in health maintenance visits.<sup>3</sup> At BCH, standardized screens like the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7) were integrated into waiting room time, helping identi-

fy at-risk adolescents and track mental health changes over time.

Another pressing adolescent health issue worldwide is problematic interactive media use. Various countries, such as the Netherlands, Italy and Belgium, have implemented restrictive regulations on smartphones in schools or age limits for social media. Others have adopted positive initiatives to teach digital literacy or changes in the digital ecosystem that promote healthy screen use. At the Clinic for Interactive Media and Internet Disorders (CIMAID) at BCH, clinicians focused on identifying biopsychosocial factors driving problematic screen use. Conversations were framed in non-judgmental language and clinicians actively encouraged parents to set expectations around screen use rather than enforcing rules or outright bans, strategies that can lead to guilt and dishonesty. These approaches fostered more open, honest discussions, resulting in significantly improved parent-adolescent relationships, healthier screen habits, and a boost in overall family well-being.

Accessibility and affordability of healthcare remain key global concerns for adolescents, though these factors vary significantly across regions. In countries with universal healthcare, accessibility should, in theory, be higher. However, fixed funding often leads to resource shortages, restricting or delaying access to essential services. Conversely, insurance-based healthcare systems may provide more resources but tend to be less inclusive, particularly for marginalized communities. In many places, adolescents are intrinsically marginalized because they do not fit into defined systems of pediatric or adult care, and they may or may not be insured through their families. Out-of-pocket costs only deepen these financial barriers, placing care further out of reach. How can we empower adolescents if they cannot access healthcare? Ensuring accessible healthcare is crucial for medically marginalized communities. Many programs, such as the Boston HAPPENS Program at BCH, the Adolescent Initiative at the Children's Hospital of Philadelphia, and the Pediatric and Adolescent HIV/AIDS Program at Johns Hopkins Children's Center, offer enhanced healthcare accessibility for adolescents living with or affected by HIV.<sup>4-6</sup>

Healthcare accessibility has evolved. During the COVID-19 pandemic, the forced transition from in-person to virtual appointments led to higher attendance rates; since then, many appointments, such as mental health and CIMAID visits, have remained online. Patients report greater satisfaction, both due to accessibility and to being in comfortable, less "pathologizing" environ-

ments. This shift proved that strong clinician-patient relationships and effective communication can thrive in virtual settings.<sup>7</sup>

Techniques such as role-playing scenarios and guided decision-making exercises helped both healthcare providers and parents better support adolescents in making informed choices.<sup>8</sup> The consistent use of strengths-based communication strategies proved particularly effective in boosting their self-efficacy. For adolescents with chronic conditions, adopting a patient-first model was crucial, as it centered care on the adolescent as an individual rather than focusing on their disease.

Exchanging clinical experience through international collaboration helps to address global issues, spark ideas, "crowdsource" information, and inspire improvements in our own practices. My international experience demonstrated that what unites clinicians working with adolescents is our shared commitment to empowering and advocating for young people, guiding them toward becoming healthy, resilient adults. We each bring unique perspectives, and it is through, not despite our differences, that we find synergy and strength.

If you are traveling internationally for adolescent medicine education, rest assured that your connections with like-minded, passionate clinicians will far outweigh your initial discomfort of feeling like a stranger in a strange land. Like the adolescents for whom we care, our development grows from our vulnerability, openness, and curiosity.

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**FP** - Conceptualization and writing of the original draft

**MR** - Writing, review and editing

All the authors approved the final version to be published.

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