



INTRODUCTION

Adolescence is a precious, difficult and complex "present" in which the construction of one's identity takes place through constant self-searching for one's "future" well-being. In the USL TSE, there are "spaces," almost always run by midwives, specifically dedicated to the 14-24 age group to which they can turn to be listened to, receive counseling and health services regarding psychological well-being, sexual, affective and relational life with the goal of acquiring and implementing healthy behaviors and health and social skills that will have an impact throughout their lives. But in this area, midwives are able to capture mostly the complex, multifaceted, well-expressed socio-health and educational needs without being able to intercept the unspoken and unconscious ones.

AIMS

- Welcoming the adolescent into "listening space" where he can express and communicate experiences, perceptions and become aware of his identity and growth path.
- Conduct a rigorous initial assessment of expressed needs, applying functional model. M. Gordon.
- Use the nursing process with NNN languages to plan health promotion activities based on the actual needs detected in adolescents

Adolescents: creating a conscious future from a difficult present.



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METHODOLOGY

The adolescent, who intends to access the service by appointment, is first sent a self-assessment questionnaire by e-mail.

This is the premise of the questionnaire: «*Read each phrase and decide, referring to your own person and experience, which answer you feel matches you (you can cross out more than one as well).* **There are no right or wrong answers**, but what we are interested in is your perception of you. Try, if possible, to answer each question. If you feel you are struggling with some of them, you can later discuss them with the practitioner.

You may consider some of these questions unnecessary, even boring, especially if you feel that your reasons for being here are others, but all the information you provide, as well as remaining confidential, could allow us to identify potential risks that over time may harm your health. In any case, you decide in maximum freedom”.

Completion of the questionnaire and the scheduled meeting with the midwife, who, after verifying its completeness, will proceed, through prepared medical documentation, to define a personalized care plan through the NNN language.



IMPACT

The self-assessment needs questionnaire (M.Gordon) becomes a tool for nonjudgmental and no condescending dialogue; in addition, some questions (e.g.: Did you know that condoms protect against all sexually transmitted diseases only if worn from the beginning of intercourse?) allow specific issues to be highlighted and raised awareness.



Clinical decision making, shared by midwives and nurses through the joint adoption and implementation of the NNN taxonomy, will enable holistic care.

Interprofessional collaborative practice:

- Formulation of the questionnaire involved, mainly, nurses, with expertise in nursing process methodology, and osterics but also psychologist and social worker
- Uniform and standardize documentation of care by integrating NNN language into the multidisciplinary medical record.