Differences in familiarity, comfort and practice incorporation of Adverse Childhood Experiences screening between trainees and established providers

Paige E. Condit, Samantha S. Williams Al-Kharusy, Hannah T. Sherfinski, Michael R. Lasarev, Daniel J. Sklansky, Megan A. Moreno
University of Wisconsin – Madison
School of Medicine and Public Health, Departments of Pediatrics and Biostatistics and Informatics

**BACKGROUND**

- Adverse childhood experiences (ACEs) include an array of traumatic events that increase a child’s risk of developing chronic health conditions (such as diabetes, heart disease, cancer, stroke, psychological illness)
- Despite efforts to increase provider familiarity and comfort with screening, providers do not universally screen for ACEs in pediatric clinics in Wisconsin

**METHODS**

- Objective: Investigate current provider and trainee familiarity, comfort and practices with ACEs
- Hypothesis: Providers who are further from their medical training will be less familiar with the seminal CDC-Kaiser ACEs study and less likely to have incorporated screening into practice
- Design: Cross-sectional survey (21 questions, predominantly Likert format) distributed to medical students, residents, advanced practitioners and attending physicians in Family Medicine and Pediatrics in Wisconsin in 2020
- Methods: Data tabulated and summarized for each group and analyzed categorically using either chi-square, Fisher’s, or Kruskal Wallis with Nemenyi pair-wise comparisons

**RESULTS**

- 274 surveys completed across Wisconsin: 110 (40.1%) medical students, 103 (37.6%) attending, 51 (18.6%) resident, 10 (3.6%) APP
- EDUCATION surrounding ACEs is more common among residents (69%) and medical students (50%) compared to established providers (19.8%)
- FAMILIARITY with the original ACEs study is lower in medical students than attendings ($p = 0.002$) and residents ($p = 0.001$)
- PRACTICE differed only marginally among providers, with a 46% screening rate (sometimes/yes). Attendings average 39% screening rate compared to 51% among residents
- COMFORT among residents and attendings in discussing ACEs w/ families is similar (~91%)
- INTEREST in screening is shifted higher for medical students than attendings ($p = 0.023$), though interest is similar among residents and attendings, with 76% interested in screening

**CONCLUSIONS**

- ACEs screening rate among WI providers is 46%, though 76% report interest
- Trainees and established providers report similar levels of familiarity and comfort discussing ACEs
- Residents report higher rates of screening than established providers
- Medical students express more interest in screening than established providers