



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

Paige E. Condit¹, Samantha S. Williams Al-Kharusy¹, Hannah T. Sherfinski², Michael R. Lasarev³,
Daniel J. Sklansky¹, Megan A. Moreno¹

University of Wisconsin – Madison

School of Medicine and Public Health², Departments of Pediatrics¹ and Biostatistics and Informatics³

BACKGROUND

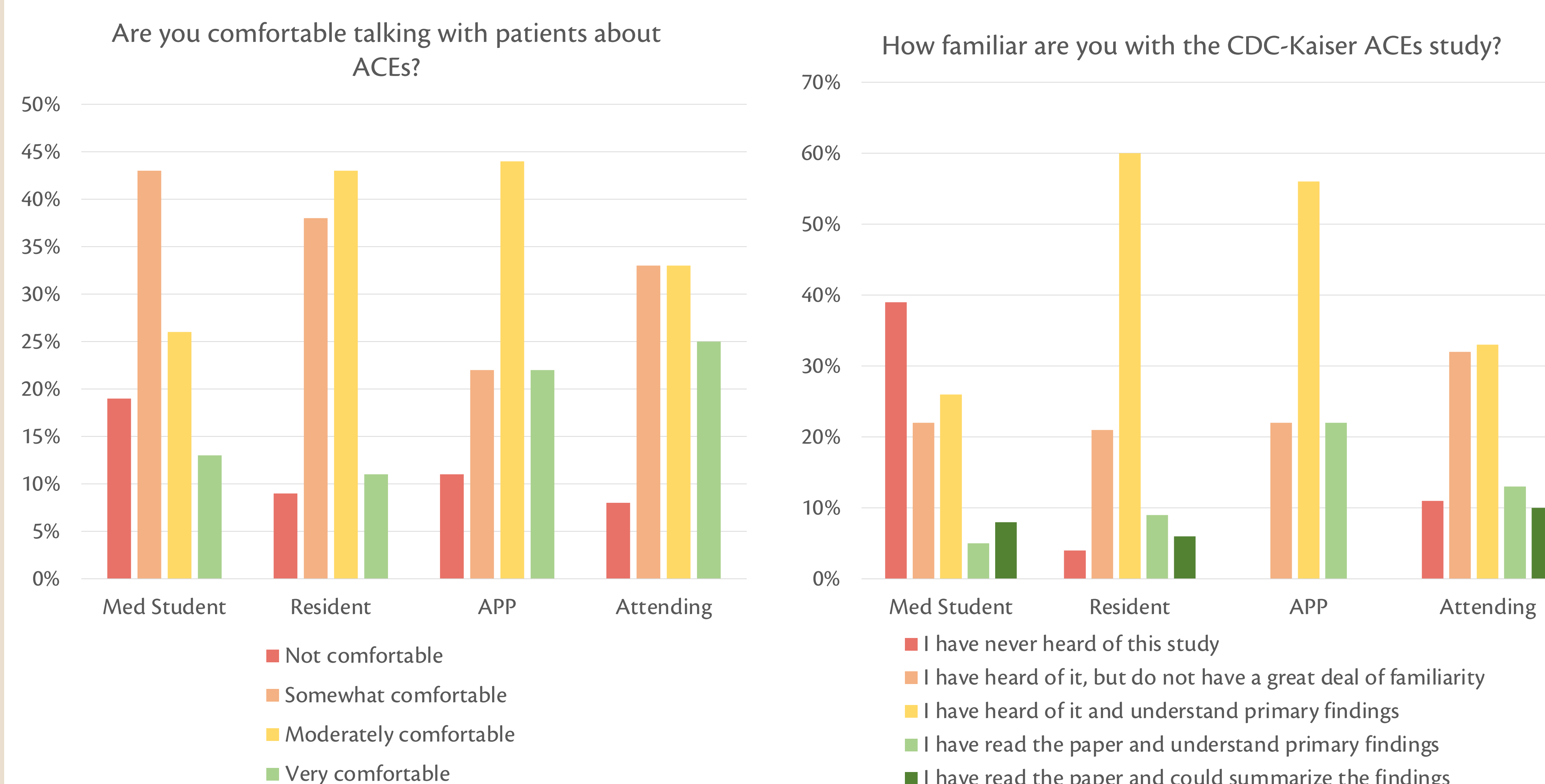
- Adverse childhood experiences (ACEs) include an **array of traumatic events** that increase a child's risk of developing **chronic health conditions** (such as diabetes, heart disease, cancer, stroke, psychological illness)
- Despite efforts to increase provider familiarity and comfort with screening,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

Trainees had more interest and performed more Adverse Childhood Experiences screening compared to established providers.

GRAPHICS



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