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Assessment of Nurse Practitioners' Knowledge and Barriers to Assessing Adverse Childhood Experiences During College Physicals

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Purpose:

There is a substantial body of research evidence that associated adverse childhood experiences (ACE's) to the development of several chronic illnesses in adulthood. Despite the overwhelming evidence that adverse childhood experiences result in chronic diseases; like heart disease, diabetes, and chronic obstructive pulmonary disease, there has been limited application of ACE screenings during routine physical examinations. The purpose of this study is to examine nurse practitioners' knowledge and possible perceived barriers to implementing ACE screenings during college entry physical exams.

Methods:

A cross sectional observational study using a web-based survey was used to assess nurse practitioner knowledge of and possible barriers to implementing an ACE assessment during college entry physicals in their practice. The survey was limited to nurse practitioners licensed in the state of Florida. The Florida Association of Nurse Practitioners (FLANP) agreed to forward to FLANP membership the online survey in March of 2018. Spearman rho and Pearson Correlation were the methods selected for statistical analysis using SPSS software.

Results:

A total of 46 nurse practitioners completed the 26-question on-line survey. The survey's findings suggested two possible knowledge deficits. The first was nurse practitioners lack of knowledge of physiological brain changes that occur with adverse childhood experiences, which was correlated to nurse practitioners with less nursing education. The second knowledge deficit was nurse practitioners understanding that adverse childhood experiences lessen the patient's ability to cope with the stress of college, which was correlated to nurse practitioners with less nursing education. The possible barriers to ACE implementation were related to a perceived barrier of not having enough time to do the ACE assessment, which was correlated to nurse practitioners who had less nursing education and also who had an NP license for a shorter period of time.

Conclusion:

Nursing educators need to evaluate curriculum at the bachelorette and masters' level to improve nursing knowledge about ACE's and nurse practitioners should address

possible pathways in the implementation of ACE assessments in their clinical practice to improve workflow and improve time constraints in practice. Nurse practitioners should consider implementation of ACE's during routine physical exams as a possible solution.

Title:

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Abstract Describes:

Completed Work/Project

Applicable category:

Clinical

Keywords:

Adverse Childhood experiences, Barriers and Knowledge

References:

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Abstract Summary:

A cross sectional observational study investigating possible knowledge deficits and barriers in the implementation of adverse childhood experiences (ACE) questionnaire in nurse practitioners clinical practice. Finding suggest the need for evaluation of nursing curriculum and implementation of the ACE assessment tool during routine physical exams.

Content Outline:

I. Introduction

A. Importance of ACE assessments in clinical practice

B. Nurse practitioner's role in ACE assessment implementation.

II. What we know about adverse childhood experiences

1. Development of chronic illness

a. Heart disease, COPD, Diabetes, Mental illness

b. Dose and exposure

2. Brain development

a. response to stressors

B. Lack of implementation in clinical practice

1. Self-awareness

a. personal comfort zone

b. ACE score of provider

2. Paradigm Shift

a. Prevention

b. Health Care System

C. Role of the nurse practitioner in ACE implementation

1. Knowledge and Barriers to implementation of ACE's

a. Level of nursing education

- b. Length of NP licensure of years of practice
- 2. Importance of ACE assessment in clinical practice
 - a. Perceived time as a barrier to implementation
 - b. Changing nursing curriculum to include ACE assessments

III. Conclusion

- A. Evaluate nursing curriculum so nurses are educated about adverse childhood experiences and the need to assess for them.
- B. Explore ways to implement ACE screenings into physical exams as part of best practices.