Assessment of Nurse Practitioner’s knowledge and Barriers to Assessing Adverse Childhood Experiences (ACE’s) During College Entry Physical Exam

Andrea Wilson MSN APRN FNP-C
Jefferson College of Nursing

Background

Adverse childhood experiences (ACE) can contribute significantly to the development of chronic disease in adulthood. The type of stress that causes harmful effects is also called “toxic stress” which results from traumatic, frequent, or prolonged activation of the body’s stress response systems in the absence of protective factors.1-3 Adverse childhood experiences disrupt the postnatal brain development. Pediatrics, family medicine, internal medicine, general surgery, and primary care serve to adolescent and young adult populations. The transition from high school to college is a time of great physiological development as the brain continues to develop and mature. Adverse childhood experiences can directly impact brain development and maturity. Adverse childhood experiences are defined as experiencing emotional or physical abuse, neglect, or household dysfunction in childhood. The adult markers of ACE include increased risk for developing chronic illness and early mortality. A score of four or more ACE’s define patients at risk of developing chronic illness and early mortality. Adverse childhood experiences include: emotional abuse, physical abuse, sexual abuse, neglect, household dysfunction, maternal treatment violence, and parental mental illness. Box 1 describes the development of chronic illnesses in 60% of adults who experienced adverse childhood experiences in childhood.2

Clinical Questions

- Do you feel comfortable assessing Adverse Childhood Experiences (ACE’s) in your clinical practice?
- What barriers interfere with you assessing Adverse Childhood Experiences (ACE’s) in your clinical practice?
- Are you assessing Adverse Childhood Experiences (ACE’s) during college entry physical exam feasible in your clinical practice?

Methods

Descriptive cross-sectional sample of nurse practitioners who attended the 2015 Florida Association of Nurse Practitioner’s (FANP) conference in Orlando Florida and its active membership. Emails were sent out to approximately 107 conference attendees and the active membership of the FANP. A total of 60 nurse practitioners were contacted and 29 were reached and completed the survey, which was closed and uploaded April 15, 2016.

Conclusions and Recommendations

- Identify possible knowledge deficit of nurse practitioners with little nursing education and SP experience.
- Evaluate nursing education to improve ACE’s education.
- Identify the perceived barriers of time for a routine college entry physical exam to implement ACE assessments in clinical practice when doing college entry physical exam.
- Incorporate ACE assessments into EHR systems as implementation becomes standardized and time efficient by improving workflow flow.
- Identify ways to incorporate ACE assessments during college entry physical exam.
- Through improved education SP’s better understand the importance of ACE assessments during college entry physical exam.
- Systems and EHR’s that include ACE assessments could improve the workflow for SP’s and decrease the time needed to ask about childhood abuse.


References