A Qualitative Study of Pediatricians' Adverse Childhood Experiences Screening Workflows

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Study Aims

There is little information on clinical workflows of Adverse Childhood Experiences (ACEs) screening to guide clinical practice. We describe ACEs screening workflow models from pediatricians who have successfully incorporated ACEs screening.

Methods

- Semi-structured interviews with pediatrician members of the American Academy of Pediatrics who conducted standardized ACEs screening (n=18)
- Transcripts were coded and analyzed and diagrams were constructed for each ACEs screening process workflow.

Race/Ethnicity	% (n=18)
Asian	27 (5)
Black/African American	17 (3)
White	44 (8)
Hispanic/Latinx	6 (1)
Multiracial	6 (1)

California county of clinic location	% (n=18)
San Bernardino	17 (3)
Los Angeles	61 (11)
Santa Barbara	11 (2)
Riverside	6 (1)
Kern	6 (1)

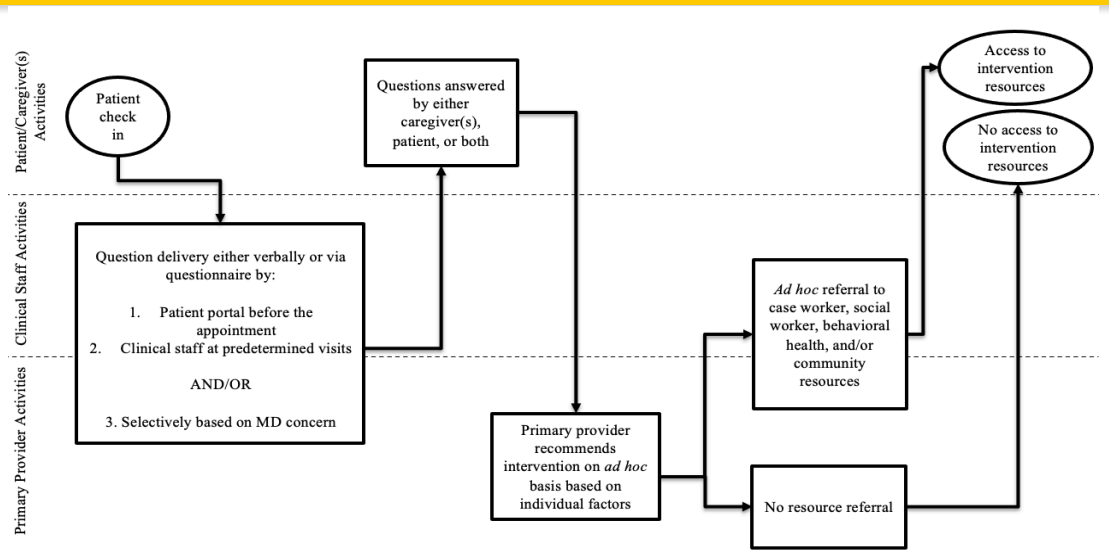

Figure A: Workflow without protocolization

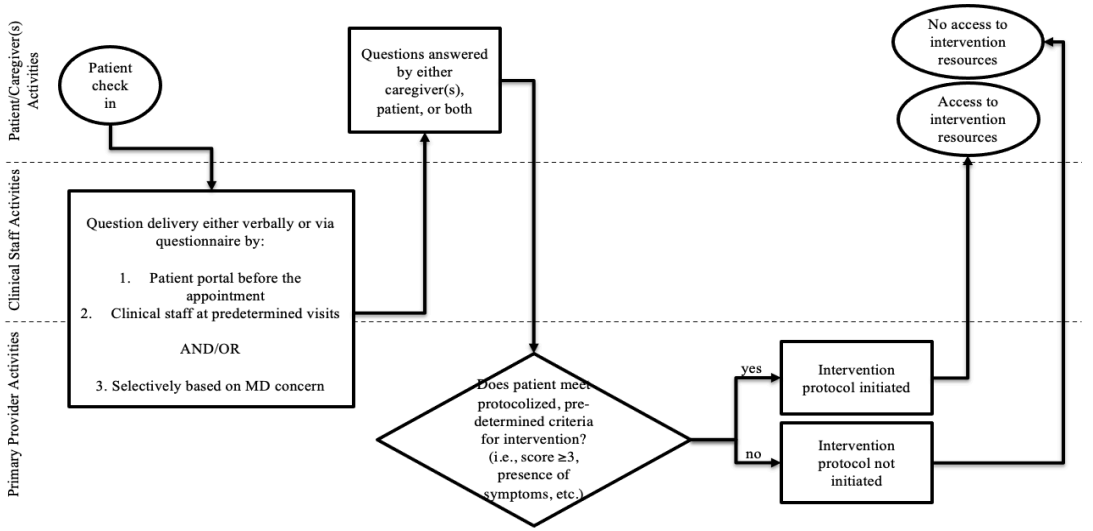

Figure B: Workflow with protocolization

Results

- Workflows were categorized based on protocolization of the response to identified ACEs
- Providers used the presence of symptoms, ACE score, or a combination of the two as criteria for on an intervention
- Key factors; feasibility, provider beliefs of patient risk, support staff, access to services

Conclusion

- Workflow variability was driven by feasibility and availability of intervention referral resources
- Better guidance and identification of evidence-based best practices are needed