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ACE’s Contextualization for Healthcare Workers

Nektarios Konstantinopoulos
May 2018
Dr. Carl Flynn
The impact of Adverse Childhood Experiences (ACE’s) on health, both pediatric and adult, continues to be supported by research. Despite the increasing preponderance of research, many healthcare workers are unfamiliar with how robust this connection is. The hope is that as healthcare workers begin to understand this connection they will be able to utilize that information to creatively find solutions in reducing the impact ACE’s have on health outcomes.
It would be challenging to estimate the impact of ACE’s, both financially and in terms or morbidity and mortality, on the US healthcare system. ACE’s has been definitely associated with depression, obesity, smoking, and excessive alcohol use: these are risk factors for some of the most costly diseases.
In a rural environment, the already fundamental role of Primary Care Providers (PCPs) is further intensified because of a limited availability of resources. PCPs are frequently required to handle complex cases. Their trusted role among community members enable them to facilitate patient commitment to treatments under challenging circumstances. Even given this phenomena, PCPs and their staff feel that more could be done to structure practices to manage patients with complex problems, often with psychiatric comorbity, and educate patients about the relationship between ACE’s and adult disease.

Summary of interview conducted with Carl Flynn, MD and Michelle Ayotte, RN.
I conducted an educational session with staff members of a Federally Qualified Health Center about the current evidence connecting ACE’s and health impacts. Additionally, I attempted to articulate evidence-based strategies for improving interactions complex patients with a likely history of ACE’s.
Obtaining useful information following the interview was of negligible value because of a relatively small sample size and that respondents may have felt obligated to respond positively. Despite these detractors, attendees stated explicitly they felt better informed and were able to connect this information past and current patients. Additionally, attendees felt the information in session enabled them to empathize with patients better.
There is a wide range of potential ways to evaluate the educational session’s effectiveness ranging from standard surveys to standardized patient evaluations. Potentially, more importantly would be to here providers experiences and insights following exposure to the information regarding the association between ACE’s and disease.
The potential for future interventions is diverse. Though evidence defining the relationship between ACE’s and pathology is more than two decades old, research continues to be performed that discovers new relationships. One of the most exciting areas for research would be to evaluate the efficacy of various interventions.
• Dietz, PM, et al. (1999). Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. JAMA 282(14), 1359-64.
• Written Project:

• Students are required to submit a 10-slide PowerPoint summarizing their community project at the end of their clerkship. The first nine slides should summarize the community project and should be uploaded to ScholarWorks separately from page 10. Slide 10 will state the following:

  Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

• Yes ___X___ / No _____

• If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

• Name: ______________________________________________________________

• If you received informed consent, please upload page 10 as a separate document entitled: “Name of Project/Interview Consent Form”. If an informed consent was not received, please do not upload the consent page to ScholarWorks. However, you should include the consent page when submitting your PowerPoint to the Family Medicine Department.