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Implementation of a positive childhood experience (PCE) screening tool at a student-run free clinic

Introduction: Adverse childhood experiences (ACEs) are associated with poor adult health outcomes. Positive childhood experiences (PCEs) have been found to attenuate the effects of ACEs, or even independently improve future adult health regardless of ACEs. However, PCE screening has not yet been widely implemented in healthcare. In this quality improvement study, we aimed to both implement a PCE screening tool and increase screening rates to 50% by October 2024 in the adolescent/pediatrics clinic at Shade Tree, a student-run free clinic in Nashville, TN that offers care to primarily uninsured, non-English speaking immigrants.

Methods: Since March of 2024, all patients are offered a PCE questionnaire in their native language as part of their intake paperwork. Clinical students tabulate the results and input the score into the electronic health record for each respective patient. Screening rates are calculated via review of PCE questionnaires for completion and chart review for successful documentation.

Results: From March through July, our screening rates have improved from the baseline by an average of 40%. PCE screening has not disturbed clinic workflow, evidenced by a decrease in average patient encounter time by 25%.

Conclusions: Racial and sexual minority patients, as well as those of low socioeconomic status, experience a disproportionately greater prevalence of ACEs. Incorporating PCE screening in the care of these populations can potentially attenuate the effects of ACEs, improve overall health, and allow physicians to provide personalized care to patients. Currently, barriers to higher screening rates at Shade Tree include intake form fatigue by the patient and incorrect documentation by clinical students. Further refinement is needed to reach our original goal of increasing screening rates by 50% so that our patients can receive optimal preventative care.