

Primary Health Care Corporation physicians' knowledge attitudes, and practices regarding screening for Adverse Childhood Experiences (ACEs)

Introduction:

We are conducting a study to assess knowledge, attitudes, and practices of Primary Health Care Corporation physicians in Qatar regarding screening for Adverse Childhood Experiences (ACEs). This study is being conducted by Usra Elshaikh and Dr. Hanan Abdul Rahim from the College of Health Sciences at Qatar University and Dr. Hafiz Mohamed from PHCC. The study aims to gain insight into the current knowledge level, practices and attitudes towards ACEs screening among Primary Health Care physicians in Qatar. The information gathered from this study will be used to improve healthcare services and provide better support to children who have experienced ACEs.

Participation:

We are inviting you to participate in this study if you are a Primary Health Care Corporation physician working in Qatar. Participation in this study is voluntary, and you can withdraw at any time without giving any reason. The withdrawn data will not be used for any further analysis or included in any reported results. You are free to choose whether or not to participate in this study, and your decision will not affect your job or medical practice. The research team is committed to respecting the participant's decision and ensuring the confidentiality and privacy of their data.

Procedures:

If you agree to participate in this study, you will be asked to complete a questionnaire that will take approximately 10 minutes. The questionnaire will ask about your attitudes and practices regarding screening for ACEs, as well as some information about your education and work experience.

Risks and Benefits:

Participation in this study does not involve any significant risks or discomforts. By participating in this study, you will be contributing to the improvement of healthcare services and support for children who have experienced ACEs.

Confidentiality:

All information collected in this study will be kept strictly confidential. Your personal information will not be shared with anyone outside the research team, and all data will be stored securely.

Consent:

By completing and submitting the questionnaire, you are giving your informed consent to participate in this study. If you have any questions or concerns, please feel free to contact the researcher at any time (hanan.arahim@qu.edu.qa or ue1706852@qu.edu.qa) .

Thank you for your time and participation in this study.

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PART I: Demographic Information

1. What is your sex?

- ☐ Female
- ☐ Male

2. What is your age? (In numbers) _____

3. Please indicate your nationality _____

4. Total Number of years of professional experience (post-graduation) _____

5. Number of years practicing at PHCC

- ☐ ≤ 5 years
- ☐ 6–10 years
- ☐ 11-15 years
- ☐ > 15 years

6. In what setting do you practice primarily (well-baby clinic, outpatient etc.)?

- ☐ Well Baby clinic
- ☐ Outpatient clinic (other than well baby), specify _____
- ☐ Other type of clinic, specify _____

7. On average, how many patients do you see in a typical day?

- ☐ Less than 15 patients per day
- ☐ 15 – 25 patients per day
- ☐ ≥ 26 patients per day

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PART II: Knowledge and Attitudes about ACE Screening

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur in childhood, such as physical, emotional, or sexual abuse, domestic violence, neglect, or household dysfunction (such as parental separation, mental illness in the household, or substance abuse in the household). Research has shown that ACEs can have significant long-term effects on individuals' physical, mental, and emotional health, as well as on engagement in risky health behaviors.

In some settings, healthcare professionals may screen adults or children for ACEs using a standardized ACE questionnaire in order to provide care that is informed by those traumas. These questions are specific for screening children.

1. Have you ever heard of the Adverse Childhood Experiences (ACEs) questionnaire?

- ☐ Yes
- ☐ No

2. Have you received any formal training or education related to ACEs during your medical education or professional development?

- ☐ Yes
- ☐ No

3. Based on your experience, please select the conditions are commonly seen in patients who may exhibit signs indicating a history of childhood abuse or adversity. (You may select more than one)

- | | |
|---|--------------------------------|
| ☐ Ischemic heart disease | ☐ Stroke |
| ☐ Hepatitis C | ☐ Obesity |
| ☐ Major depression | ☐ Asthma |
| ☐ Substance use disorder | ☐ Cancer |
| ☐ Generalized anxiety disorder | ☐ Diabetes |
| ☐ Psychotic disorders (such as schizophrenia) | |

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- I do not know
- Personality disorders (such as Dependent, Paranoid, Avoidant, Obsessive compulsive personality disorder (OCPD))
-

4. Please indicate your level of agreement (from Strongly Agree to Strong Disagree) with the following statements:

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Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
a- My medical experience prepared me to understand the effect of adverse childhood experiences on patient health					
b- I lack confidence in asking about families' stressful experiences					
c- It is important in primary health care to pay attention to adverse childhood experiences					
d- I believe that stressors at home have no impact on the health of my patients					
e- There are resources in my hospital/clinic to help families manage life stressors					
f- I do not ask about adverse childhood experiences because I am unable to prevent them					
g- There is not enough time to screen for adverse childhood experiences in primary health care					
h- It is appropriate to discuss adverse childhood experiences with patients and their families					
i- It is not a physician's role to ask about private family stressors					
j- The PHCC management would approve of routine screening for adverse childhood experiences.					

PART III: ACE Screening Context

There are many views and practices on screening for Adverse Childhood Experiences (ACEs).

Thinking about your context in the PHCC, from your point of view please indicate the level of

your agreement with the following statements:

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Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1- Only physicians should screen for ACEs.					
2- Only nurses should screen for ACEs					
3- Any trained healthcare provider can screen for ACEs					
4- It is best to screen for ACEs outside the healthcare setting (for example in schools)					
5- Screening should be universal (for everyone)					
6- Screening should only be for individuals suspected to be at high risk.					
7- Screening should be done at any age					
8- Screening should be done only for adults					
9- Screening should be done only for children					

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PART IV: Perceived barriers on ACE screening

Please indicate your perspective of the following statement regarding screening for adverse childhood experiences (ACEs) in your practice or clinic by selecting one of the options:

Statement	This is a barrier for me	This is <u>not</u> a barrier for me
1- Asking about ACEs will not change how I treat the patients		
2- Asking about ACEs will cause distress to patients and/or their parents		
3- Not feeling confident about how to ask		
4- Not having mental health resources to refer patients to if they reveal problems		
5- Concern that patients/their parents will find the question irrelevant		
6- Not having enough time to screen patients		
7- Feeling embarrassed or uncomfortable asking questions		
8- Not considering childhood traumas a medical problem		
9- Lack of professional education on topic		
10- Concerns that the process of screening could potentially impact the relationship between the patient and their parents		
11- Unsure how to respond if events are identified (No clear guidelines or laws)		
12- Concern that asking might impact my relationship with the patient and/or their parents		

Please indicate if you have any more barriers to ACEs screening based on your experience:

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PART V: ACE Screening Practices

1. Have you ever asked a patient about ACEs while working at PHCC?

- ☐ Yes
- ☐ No

2. Have you ever asked a patient about ACEs while working outside of the PHCC?

- ☐ Yes
- ☐ No

3. How often do you ask about children's experiences of abuse, neglect, or other serious adversity?

- ☐ Routinely (I have asked almost all of my patients and or their parents this at least once)
- ☐ When it is indicated (I ask when I think childhood adversity is an issue)
- ☐ Not usually (It would be exceptional for me to discuss this with a patient)
- ☐ Never
- ☐ Other

4. Are you more likely to screen for ACEs if the patient is a:

- ☐ Female
- ☐ Male
- ☐ Patient's sex is of no significance (Does not matter)

5. Do you think screening for ACEs should be integrated into routine primary care visits?

- ☐ Yes
- ☐ No
- ☐ Not sure

6. What is the ideal frequency for screening for ACEs in a patient visiting your clinic?

- ☐ Once in a lifetime
- ☐ Every year
- ☐ Every 3-5 years
- ☐ Only when symptoms are present or risk is suspected
- ☐ At every visit

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7. Finally, how interested would you say you are in learning more about screening for ACEs?

- ☐ Very interested
- ☐ Interested
- ☐ Neutral (neither interested nor not interested)
- ☐ Not interested
- ☐ Not at all interested

Thank you for your time and valuable input!

If you would like to be considered for a random draw to win Qatar mall voucher, please enter your email adress:

Email: _____

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