**ACE in the Hole: Winning Methods to Teach Adverse Childhood Experiences**

Workshop Leaders: Marie A. Clark, MD, MPH; Jerri Rose, MD; Jennifer Wolford, DO, MPH; Ross Myers, MD; Allayne Stephans, MD; Keith Ponitz, MD

**Goal:** To prepare participants to instruct pediatric residents about Adverse Childhood Experiences (ACEs) with novel and interactive methods

**Objectives:**
(1) To relate the importance of teaching ACEs to pediatric residents
(2) To demonstrate the use of three methods of teaching ACEs
(3) To apply models for creating competency-based assessments of residents participating in ACEs curricula

**Agenda:**

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<td>CityMatCH Life Course Game played in small groups at each table</td>
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<td>Small Group 2- interactive</td>
<td>Brainstorming home visiting opportunities at your own institution</td>
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<td>Resilience Game (Harvard Center on the Developing Child)</td>
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**Life Course Game**

The Life Course game was created by City MatCH, a national organization dedicated to addressing maternal and child health. City MatCH makes the game available through their Life Course Toolbox:

“The MCH Life Course Toolbox is an online resource for those in the MCH field to share their ideas and find new strategies to integrate the Life Course Perspective into their work.”

“In the Life Course Game, participants are led through an interactive experience, designed to illustrate key concepts of the life course framework. Specifically, participants receive birth certificates at the start of the game that identify socially- and biologically-based historical factors that help determine their course in life. As they work their way through the game board, each person’s roll of the dice identifies risk factors and protective factors that either push down or lift up their overall health trajectory and life course. The game concludes with each player rolling the dice a final time to determine their end-of-life outcomes (retirement projections, years-of-life remaining, etc.)”

“Discussion will follow for participants to share their experiences with playing the game, the risk and protective factors that affect their lives and the lives of those they serve, and an opportunity to discuss ideas and strategies for incorporating a life course perspective into their lives and their work.”

Resilience Game

The Resilience Game is an online, interactive feature developed by the Center on the Developing Child at Harvard University.

Tipping the Scales:
“In this interactive feature, you will learn how the choices we make can help children and the community as a whole become more resilient in the face of serious challenges. Negative events can occur at any moment, and it’s your job to choose positive events to counteract these negatives. View Key Concepts: Resilience to learn more about the science of resilience.

Choose carefully—you only have 20 ‘Resilience Bucks’ to spend. Certain positives will better counteract certain negatives and have a greater positive effect on children in the community. Your goal is to tip as many children’s scales as possible toward positive outcomes.

Clicking on a child’s scale will give you a more detailed look at their history, scale balance, and the placement of their fulcrum. The positive experiences you choose will alter both the scale and the fulcrum’s position—shaping the outcomes of children and the community. We will all face adversity in life. But will your community thrive? Or dive? It depends on the choices we make!”

You can interact online FREE with the Resilience Game at: http://developingchild.harvard.edu/resources/resilience-game/
Clinical Competency-Based Evaluations

Relevant Sub-competencies:

*Medical Knowledge*
MK1: Critically evaluate and apply current medical information and scientific evidence for patient care

*Problem Based Learning*
PBL1: Identify strengths, deficiencies, and limits in one's knowledge and expertise

PBL2: Identify and perform appropriate learning activities to guide personal and professional development

*Interpersonal and Communication Skills*
ICS 1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

*Professionalism*
PROF 1: Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner

PROF 2: Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries

*Systems-Based Practice*
SBP 1: Coordinate patient care within the health system relevant to their clinical specialty

SBP 3: Work in interprofessional teams to enhance patient safety and improve patient care quality
References:


33. American Academy of Pediatrics, Trauma Toolbox for Primary Care. Available for download at www.aap.org/TRAUMAGUIDE


