## **Supplemental Information**

## Evaluation of 30 Selected ACEs-TIC Curricula Using the GNOME\* and Kirkpatrick\*\* Frameworks

CURRICULUM Bold = Exemplar (see	G Goals	N Needs	O Objectives	M Methods	E1 Evaluation of Learners	E2 Evaluation of Curriculum	Kirkpatrick Levels (K1-K4)	Key Strengths
Table 4)		0= nc	ot described					
1. Dubowitz, 2011	3	3	0	4	4	4	K2,3	RCT, well-developed SR survey at 0,6,18,36 mo; observation of check-ups, chart review of screening
2. Feigelman, 2011	3	3	0	4	4	4	K 2,3,4	RCT, screening tool, well-developed SR survey at 0,6,18 mo; chart review; Parent Satisfaction Q
3. Helitzer, 2011	3	1	0	4	4	4	K1,3	RCT, taped SP encounters w/ RIAS# coding at 0,6,18 mo; audiotaped pt risk asmt
4. Knox, 2013	2	4	0	3	3	3	K2	Excellent needs asmt: lit based, self- asmt, pre-curriculum vignette scale evaluation (2 Q, Y/N, presence of maltreatment, decision making); K2: vignette scale pre-post
5. Green, 2015	3	3	1	4	4	4	K1,3	RCT, progressive case study, RIAS# coding of 90 taped SP encounters (3/learner)
6. McEvedy, 2017	3	0	4	3	1	3	K1,4	Train-the-trainer curr; K1: Focus groups, post interviews (qual), K4=trans of knowledge to others
7. Pelletier, 2017	2	1	0	3	3	3	K2	Comparison study; 9 mo student elective with didactics, small groups, pt observation, pt case; K2: vignette scale evaluation pre-immed post-6mo Q (cf Knox, 2013)
8. Schiff, 2017	3	3	3	4	2	1	K1,2	Detailed SR survey of attitudes, no objective measures
9. Weiss, 2017	3	2	3	2	2	2	K1,2	Institution-wide 1-hr workshop, n=440 K1: satisfaction Q, good results K2: pre-post SR survey (n=294)
10. Wen, 2017	3	1	3	4	2	1	K1,3	K1: 53% resp to pre-post survey K3: SR of applic of learning in practice
11. Isobel, 2018	3	0	3	2-3	2	1	K1,2	Role plays with SPs + reflection; emphasis on participant safety/comfort; K2: SR knowledge and confidence only
12. Elisseou, 2018 (Abstract)	3	0	0	2	2	2	K1,2	MS workshop 2 hr, physical exam focus; SP demos' stud satisfaction high; ↑KSA pre-post
13. Goldstein, 2018	2	0	3	2	3	1	K2	Emphasis on student response; post curr asmt of SR learning w/ qualitative analysis
14. Elisseou, 2019	3	3	3	3	3	2	K1,2,3,4	Flipped classroom format; SP practice, K1: pre/post survey, K3: OSCE w/ evaluation rubric
15. Evans, 2019 (Abstract)	1	0	0	1	1	1	K1,2	90 MS, 1 hr curriculum
16. Dueweke, 2019	3	2	0	3	3	2	K1,2,3	Needs well done, K1: detailed responses, K2: SR only, K3 chart review of screening, referral
17. Hoysted, 2019	2	1	3	2	3	3	K1,2	RCT, 15 min online module for ER staff K1: high satisfaction; K2: ↑ SR knowledge on psychosocial care survey (pre,1 wk,1 mo post) vs controls
18. Palfrey, 2019	3	4	0	4	4	4	K1,2,3,4	Strong workshop development: Unfolding pt vignettes + 10 evidence- based treatments, big change in practice was sustained
19. Pletcher, 2019	3	1	3	3	1	2	K1,4	MEP, Good short example of student curriculum; practice tools; K1: strong
20. Schmitz, 2019	3	3	4	3	2	2	K1,2,3,4	MEP, good curriculum planning; K3: Poor response rates, all SR measures

## **SUPPLEMENTAL FIGURE 2.**

Evaluation of 30 Selected ACEs-TIC Curricula Using the GNOME and Kirkpatrick Frameworks. \*, GNOME framework; \*\*, Kirkpatrick framework.

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CURRICULUM	G	N	О	M	E1	<b>E2</b>	Kirkpatrick	
Bold =	Goals	Needs	Objectives	Methods	Evaluation	Evaluation	Levels	
Exemplar (see					of Learners	of Curriculum	(K1-K4)	Key Strengths
Table 4)	Quality levels:							
,		0=nc	ot described					
21. Cannon, 2020	3	0	2	2	3	1	K1,2	Good course preparation using cognitive interviews, K1: content safe and acceptable; qualitative comments; K2: Significant ↑ SR in KS outcomes pre vs post
22. Chokshi, 2020a	3	0	3	2	2	2	K1,2,4	MEP; 4 x 30 min online modules; K1: 2 written comments, generally positive; K2: pre-post Q on SR KSA & practice: significant ↑ in scores
23. Chokshi, 2020b	2	2	3	3	2	3	K1,2,4	MEP; NA student course review; Objectives linked to ACGME competencies; Table 1 good model; K1: strong data on usefulness; K2: SR survey of knowledge/practice plans
24. Jee, 2020	2	3	3	1	2	1	K2	NA well done: focus groups interviews; K2: pre-post surveys, interviews, key finding: compassion fatigue
25. Kuhnly, 2020	2	0	0	3	3	2	K1,2	Focus on secondary trauma after perinatal death; 4 simulations; K1: strongly positive responses; K2: significant ↑in SR experience, communication skills
26. McBurnie, 2020 (Abstract)	3	2	2	2	1	1	K2	Multi-modal workshop for residents; K2: SR comfort levels pre-post
27. Miller-Cribbs, 2020	3	0	4	4	4	2	К3	Excellent SP video evaluations w/ objective-based coding; Longitudinal asmt of residents Yrl vs Y4, but poor response rate
28. Onigu Otite, 2020	3	0	3	2	2	1	K1,2	MEP; 1 hr didactic session with case and short video; K1: qualitative comments; K2: objective-based pre-post SR questionnaire on KSA
29. Shamaskin- Garroway, 2020	1	1	2	3	3	3	K1,2,3	K1,2: 90% response rate; K3: post observation & feedback w/ checklist, but only n=6/21
30. McNamara, 2021	0	1	3	2	2	2	K2,3	Large study, system focus, not learner centered; K2: comfort not screening; K3=referral and discharge planning

NOTE: The 30 curricula described this table were chosen from the original 51 selected in our systematic review, based on the following criteria: addressed broad topics of ACEs, TIC, and/or child maltreatment, and were published after publication of Felliti et al. 1998.¹

\* GNOME Curriculum Framework: Goals, Needs, Objectives, Methods, Evaluation of 1) learners 2) curriculum<sup>54</sup>

\*\* Kirkpatrick's 4 Levels of Evaluation: 1= Reaction, 2= Learning, 3= Behavior, 4= Results<sup>57</sup>

#RIAS = Roter Interaction Analysis System to evaluate patient centeredness scores<sup>23</sup>

Abbreviations: SP= standardized patient; Pt= patient; SR= self-report; asmt= assessment; MEP= MedEdPORTAL; KSA= knowledge, skills, attitudes; Q= Questionnaire; NA= needs assessment

## **SUPPLEMENTAL FIGURE 2.**

(Continued.)