

Competencies and curriculum in trauma- informed healthcare education

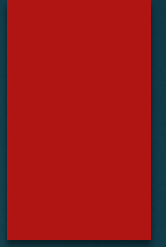
MARTINA JELLEY, MD, MSPH

UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

TIC in medical education

- ▶ Education on trauma informed care needed for all health care providers
- ▶ Non traditional subject matter can make implementation difficult
- ▶ Integration into current curriculum needed, using current UME and GME standards

Let's start with the history

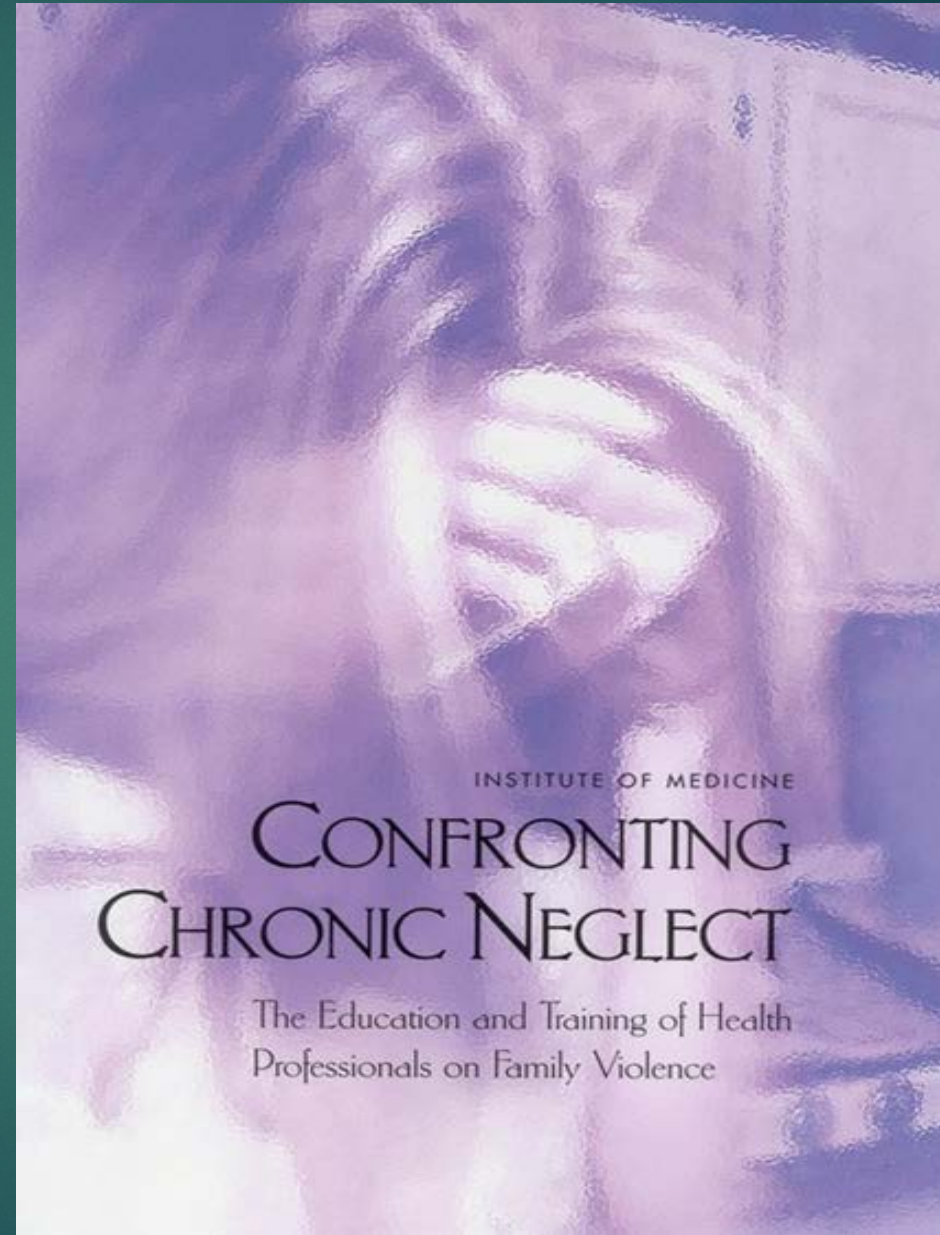


History of violence/abuse competency development

- ▶ 1997 – Curricular Principles for Health Professions Education about Family Violence – led by Dr. Ed Brandt
 - ▶ Developed at 1994 conference
 - ▶ Included medicine, nursing, and dentistry
 - ▶ Family Violence 101, 201, 301
 - ▶ “Curriculum should not be free-standing but integrated into existing courses and clinical experiences”

IOM Report

- ▶ 2002 – Institute of Medicine publishes a report titled: Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence, which details the IOM's findings regarding health professionals' education on family violence



AVA Conference Proceedings 2007

Building Academic Capacity and Expertise

in the HEALTH EFFECTS OF VIOLENCE AND ABUSE

A BLUEPRINT FOR ADVANCING PROFESSIONAL HEALTH EDUCATION



AVA Blueprint for advancing professional health education

- ▶ Proceedings of Preconference Symposium at FVPF conference 2007
- ▶ "Although some progress has been made since the report's (*IOM 2002*) release (e.g., increased awareness among health professionals and more education materials, conferences, and publications), health problems related to violence and abuse remain marginalized within the curricula of most schools of medicine, public health, and dentistry. Only nursing schools have made noticeable progress in regard to family violence education."

AVA Blueprint 2008

- ▶ The health impact of violence and abuse are both acute and chronic in nature.
- ▶ Understanding these complex interactions and applying that understanding to clinical practice requires a multidisciplinary approach.
- ▶ Violence and abuse should not be seen as a new topic competing for a separate domain in the health care curriculum but rather a topic that crosses multiple disciplines and provides an opportunity to teach more sophisticated interviewing and diagnostic skills.

Next phase...

COMPETENCIES NEEDED BY HEALTH
PROFESSIONALS FOR ADDRESSING
EXPOSURE TO VIOLENCE AND ABUSE
IN PATIENT CARE



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Competencies Publication 2011

Project started at FVPF preconference in 2009

Modified Delphi technique – 50 professionals involved

The term *Violence and Abuse* refers to a continuum of experiences and has been chosen to reflect the multiple variations in which harm, neglect, abuse, and interpersonal violence occur.

The proposed Competencies are arranged by:

- 1) Health System**
- 2) Educational Institution, and**
- 3) Individual Learner.**

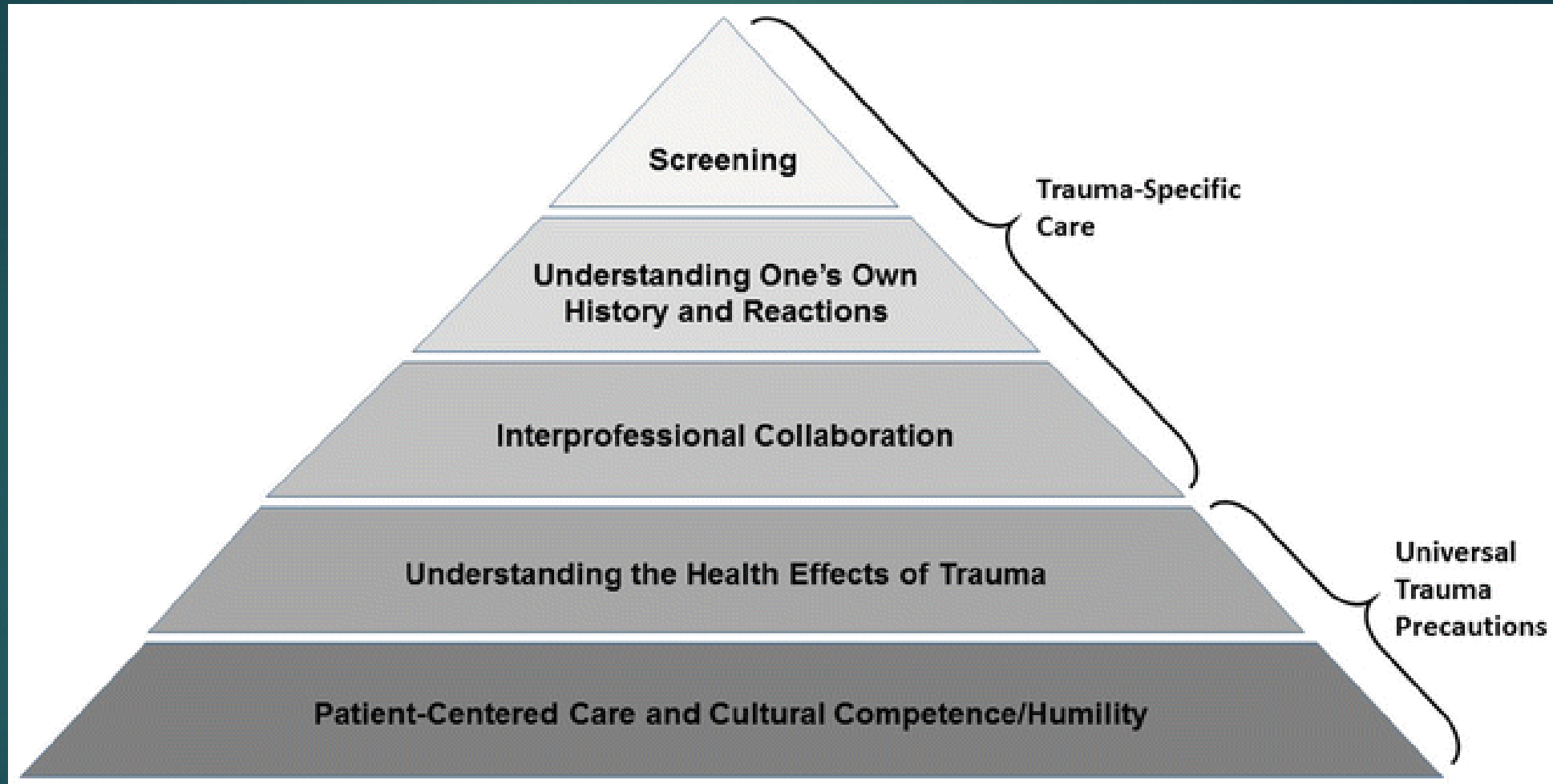
It is important that changes to all three levels are implemented together.

Guidelines on Trauma Competencies for Education and Training

Approved by APA Council of Representatives, 2015

- ▶ Cross-cutting competencies
- ▶ Scientific knowledge
- ▶ Psychological assessment
- ▶ Psychological intervention
- ▶ Professionalism
- ▶ Relational and Systems

Trauma Informed Care Pyramid



Professional Competencies*

1. Understand the Nature and Prevalence of Trauma
2. Implement Patient – Centered Communication and Care
3. Understand the Neurobiology of Trauma
4. Understand the Health Effects of Trauma
5. Implement Inter-professional Collaboration
6. Consider Provider Personal History and Trauma History
7. Integrate Peers with Lived Experiences
8. Advocate for System Change
9. Perform Screening for Traumatic Events (when appropriate)

*From Trauma-informed
e-cases
Sheela Raja
Shiari Turner

Undergraduate Medical Education Core Competencies

- ▶ Patient care
- ▶ Medical Knowledge
- ▶ Practice based learning and improvement
- ▶ Communication competencies
- ▶ Professionalism
- ▶ Systems based practice
- ▶ Interprofessional collaboration
- ▶ Personal and professional development

Graduate Medical Education Core Competencies (residency training)

- ▶ Patient care
- ▶ Medical knowledge
- ▶ Interpersonal and communication skills
- ▶ Professionalism
- ▶ Practice-based learning and improvement
- ▶ Systems-based practice

TIHCER

Trauma Informed Healthcare Education and Research

- ▶ We are a multidisciplinary group of health professionals working to advance trauma-informed care across the continuum of practice through ground-breaking, transformative interprofessional education and research.



NATIONAL COLLABORATIVE ON
trauma-informed

HEALTH CARE EDUCATION & RESEARCH

Empowering health care professionals to deliver trauma-competent care

Competency examples

- ▶ Patient care

- ▶ 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice by:
 - ▶ 1. using trauma-sensitive procedural techniques
 - ▶ 2. providing patient-centered anticipatory guidance for patients before procedures
 - ▶ 3. understanding how trauma may affect a patient's decision-making around procedures, experience of the procedure, and the physical and mental health risks of the procedure

Another example

▶ Medical knowledge

- ▶ 2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations by:
 - ▶ 1. Describing how trauma impacts the neurobiological development (e.g., brain structure and function and neuroplasticity) of an individual at different stages (e.g., perinatal, pediatric, adult, geriatric).
 - ▶ 2. Describing how stress, both in the form of an acute stressor and chronic stress, impacts the HPA axis and drives physiologic changes and behavioral adaptations.
 - ▶ 3. Explain the emerging science on the intergenerational transmission of trauma (e.g. trauma that is passed from one generation to the next) through non-genomic and genomic means.

Nursing education example curriculum

Gill et al.
J of Prof
Nursing 2019

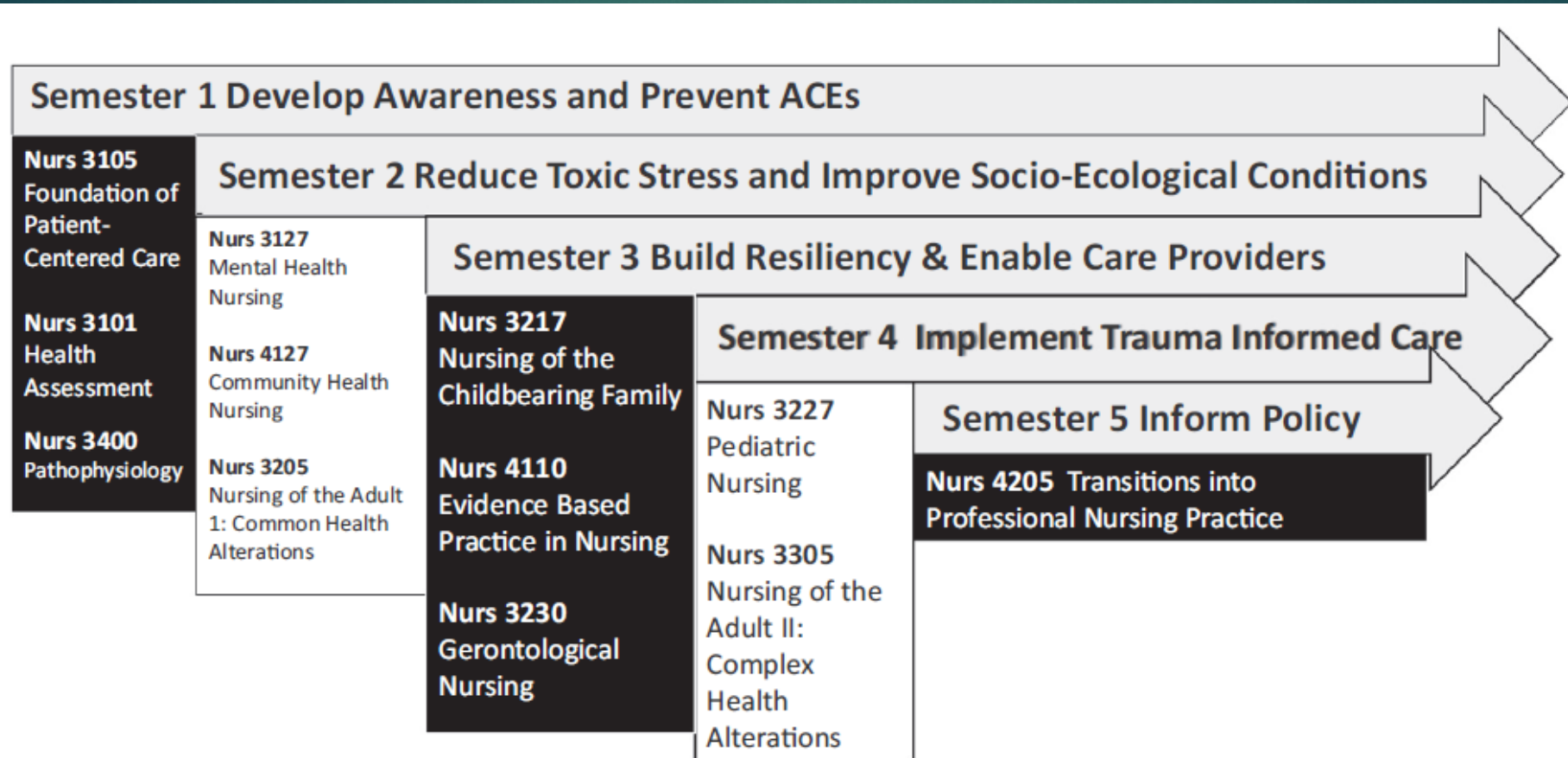


Fig. 1.0. Loewenberg College of Nursing ACEs Curriculum Integration Model.

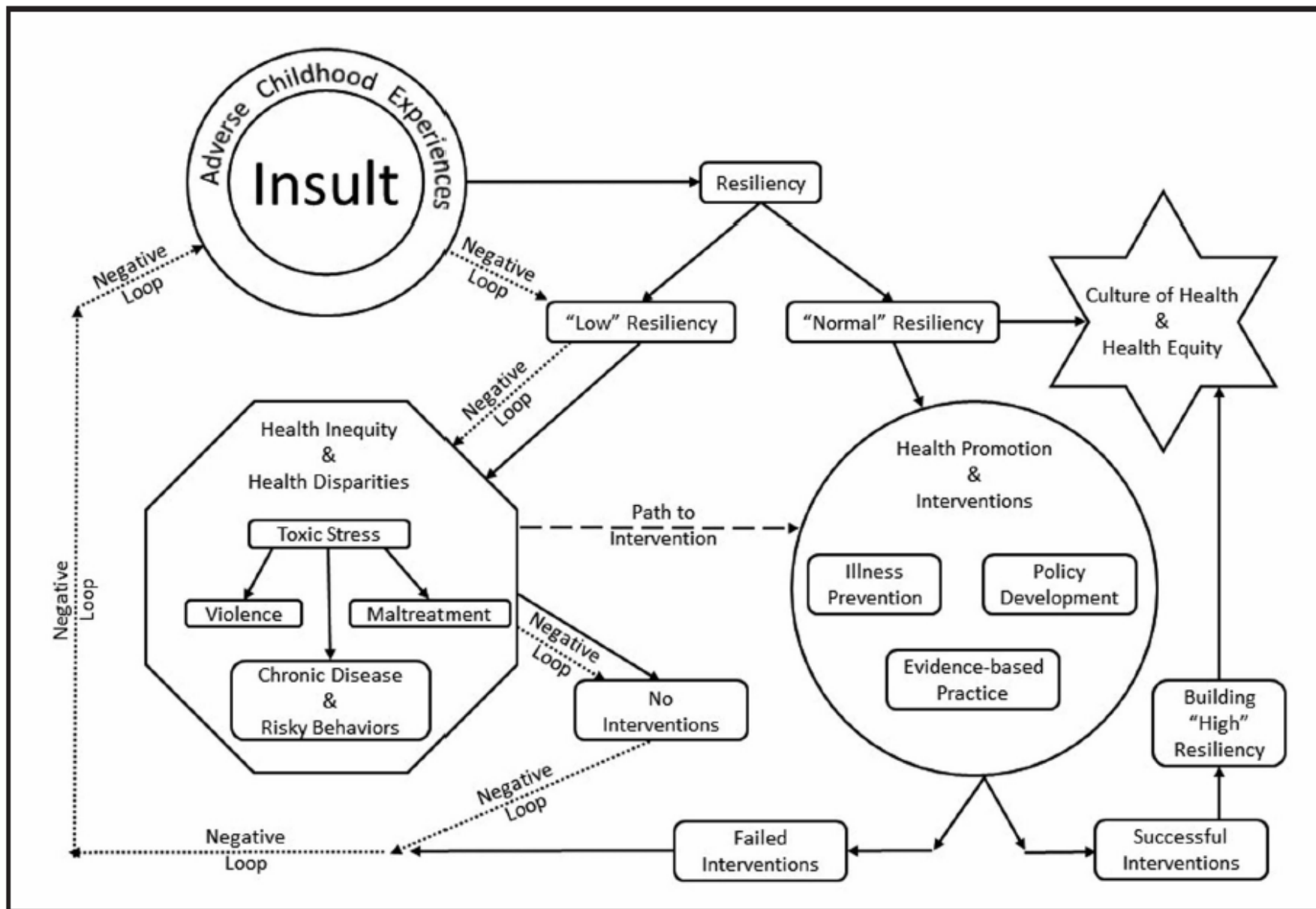


Figure 1. Adverse childhood experiences curricular concept map.

Gill et al.
J of Nursing
Education
2019

Teaching model examples

- ▶ Online e-cases

- ▶ Case-based virtual course, sponsored by Office of Women's Health
- ▶ Sheela Raja, Shairi Turner

- ▶ Four Cs approach

- ▶ Foundational principles and mission of trauma-informed care and a practical framework called the 4 Cs (Calm, Contain, Care, and Cope) to transform theory into practice
- ▶ Leigh Kimberg, Eddy Machtinger

- ▶ THEN curriculum

- ▶ A framework to appreciate the impact of trauma and adversity on health and health equity
- ▶ 9 curricular modules starting with core principles of system science
- ▶ Audrey Stillerman, Pat Rush

Teaching models, cont.

- ▶ Case-based workshop with small groups
 - ▶ Over 500 first year students get introduction to TIC in required health equity course
 - ▶ Beth Pletcher
- ▶ Communication skills with standardized patients/simulation
 - ▶ Addressing ACEs in adults in primary care
 - ▶ Martina Jelley, Fran Wen, Kim Coon, Julie Miller-Cribbs
- ▶ Trauma informed physical exam training
 - ▶ Workshop for first year students
 - ▶ Sadie Elisseou

How does TIC training translate into practice?

- ▶ Not enough evaluation of patient care data available
- ▶ Evaluation from patient feedback in development
 - ▶ Base on patient centered care work
- ▶ Much more research to come...



Learn more!

- ▶ Come to the Futures Without Violence National Conference on Health and Domestic Violence, April 28, 2020, Chicago
- ▶ <https://www.avahealth.org/events/calendar.html/event/2020/04/28/national-conference-on-health-and-violence-ava-precon/273932>