

## Medicine Research Day 2024

### Evaluation of Trauma Informed Care Training on Physician Attitudes and Perceptions

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#### Background

In recent years, trauma-informed care (TIC) has gained increasing recognition as a crucial framework for understanding and addressing the complex needs of individuals affected by trauma. Within healthcare settings, the adoption of trauma-informed principles has become essential in providing holistic and effective care. Being trauma-informed means understanding the prevalence and impact of trauma on individuals, organizations, and communities. Despite its significance, there remains a gap in understanding how trauma-informed practices influence healthcare professionals' attitudes and behaviors, particularly among physicians operating within high-exposure trauma environments. To address this gap, we aimed to assess attitudinal shifts among physicians at a Level 1 trauma center with a pronounced exposure to trauma. This study seeks to contribute valuable insights into the impact of trauma-informed care training on physician attitudes, potentially informing future interventions and enhancing the delivery of trauma-informed healthcare.

#### Methods

All resident and attending physicians in emergency medicine (EM) and trauma surgery (TS) at a single level 1 trauma center who participated in a standardized, TIC education course were included in the study. The course was offered in-person at two sessions. The course was taught by two clinical psychologists staffed at the trauma center. The course had a 30-minute, pre-recorded video presentation, followed by a 30-minute interactive session with the group. A 25-question survey was distributed via a secure online survey platform on August 9, 2023. The survey was anonymously completed immediately before and after the course. Incomplete surveys (n=1) were excluded. The survey consisted of 2 demographic questions, 21 multiple choice questions, 2 short answer questions. The demographic variables collected were level of training (resident vs. attending) and if they had received prior TIC training. Multiple choice questions regarding patient care, personal feelings towards processing trauma, and more. Each multiple-choice question presented a statement to which the participants answered if they strongly agreed, agreed, felt neutral, disagreed, or strongly disagreed. The short answer questions asked about changes that they would consider making to their respective departments as a result of the training course as well as any feedback they had on the course itself.

#### Results

A total of 78 surveys (pre- and post-training course) were collected. One survey was excluded due to incompleteness. There were 45 pre-training surveys completed (EM: 71.1%, TS: 28.9%) and 31 post-training surveys (EM: 71.0%, TS: 29.0%) completed. One third of participants had not previously received TIC training (total: 33.3%, EM: 28.9%, TS: 29.0%).

Several questions in the survey related to physicians' attitudes on how prior traumatic experiences can affect their patients' subjective experience of receiving healthcare. While not statistically significant, we identified a higher percent of physicians in the post-training group who felt that patient behaviors may be an adaptation of traumatic stress, compared to those in the pre-training group (EM: 78.1% vs 90.9%,  $p=0.39$  and TS: 61.5% vs 77.8%,  $p=0.74$ ). Similarly, a higher percent of physicians in the post-training group felt that adverse events during childhood are related to health conditions in adulthood, compared to physicians in the pre-training group (EM: 53.1% vs 81.1%,  $p=0.13$  and TS: 30.8% vs 55.6%,  $p=0.25$ ).

A few survey questions requested that the physician's reflect how their own experiences may affect the way they conduct medicine. When asked if physicians believe that TIC involves being self-reflective about one's own lived experiences, EM physicians had a significant increase in agreement from the pre-training to post-training surveys (62.5% vs. 86.4%,  $p=0.04$ ). TS physicians saw an increase but it was not significant (53.8% vs. 55.6%,  $p=1.00$ ).

In assessing the feasibility of integrating TIC principles into physicians' regular practice, EM saw a significant increase in those that strongly agreed (EM: 28.1% vs. 68.2%,  $p=0.03$ ). TS physicians saw an increase as well, but it was not significant (30.8% vs. 55.6%,  $p=0.52$ ).

### Conclusion

After completing the training program, there was a consistent trend of increased agreement in physicians regarding TIC principles across all survey questions. Interestingly, the training program produced results with greater significance amongst the EM physicians than the TS physicians. While only speculation can explain these results at the current moment, it may be in part due to EM physicians having more patient contact than TS physicians and thus have the breadth to integrate TIC into their everyday practice. In conclusion, the training program resulted in increased understanding of how prior trauma can significantly affect one's subjective experience in present traumatic healthcare situations. Further research is warranted to investigate the effectiveness of the TIC program in improving patient outcomes and satisfaction, as well as the long-term attitudes of physicians towards personal and patient trauma impacting healthcare experiences.