

Introduction: Recent evidence shows that traumatic events in childhood are linked with adverse medical outcomes in adulthood and an increased prevalence of many chronic medical conditions (1.) A lack of formal training in providing care for patients with a history of trauma coupled with the strong emotional reactions that can manifest can create conflict and reduce physician's ability to deliver effective and optimal medical care to this population (2.) Teaching Internal Medicine (IM) residents about the impact of prior trauma can help foster better communication between patients and providers and help avoid retraumatization in vulnerable patients.

Methods: In a prior year, a small introductory trauma-informed care (TIC) training facilitated by a psychologist was delivered to 20 upper level (PGY2 and 3) Internal Medicine (IM) residents in the Health Equity Pathway (HEP,) a self-selected training track. This training was associated with measurable improvements in self-reported trauma-informed knowledge, attitudes, and skills. We sought to expand the training to cover more comprehensive and clinically relevant topics delivered to all levels of IM residents (PGY1 through 3.) This involved a 3-hour training session including a one hour introduction lecture by an IM physician, followed by a one hour lecture from a psychologist specializing in TIC, wrapping up with one hour dedicated to case-based scenario discussion facilitated by IM faculty involved in the Health Equity Pathway

Results: Evaluations included both open-ended questions and Likert scale responses. Of the Likert scale responses, 100% of residents surveyed (n: 44) reported that this session helped reshape their thinking regarding the way patients with trauma histories interact with the healthcare system in less than optimal ways, helped them recognize signs and symptoms of trauma in their patient population, and increased awareness of issues that need to be addressed to improve the overall health of the population they care for.

Discussion: Teaching TIC to IM residents can improve their understanding of an important social contributor to their patient's health and health outcomes. Future directions include developing TIC trainings for both UME and CME levels and extending the TIC training to a larger group of IM residents. Surveys administered several months after the training would also be helpful to see if lessons learned during this training translate into practical applications.

References:

1. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8.
2. Green BL KS, Frank L, Glennie M, Subramanian A, Fritts-Wilson M, Neptune D, & Chung J. Primary care providers' experiences with trauma patients: A qualitative study. *Psychological Trauma: Theory, Research, PRactice, and Policy.* 2011;3(1):37-41