

An Educational Intervention to Increase Provider Knowledge in the Delivery of Trauma-Informed Care (TIC)



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BACKGROUND

- Trauma has been defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
- Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- TIC acknowledges the need to understand a patient’s life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.
- TIC is still perceived as abstract without frameworks that are able to implement in certain settings.

PURPOSE

To increase provider knowledge, improve provider confidence, and decrease compassion fatigue in the delivery of TIC.

METHODS

Design: This project was determined to be a quality improvement (QI) initiative by the institutional and university IRBs. A 60-minute TIC educational PowerPoint presentation was provided to participants. Pre and post surveys were administered to participants to assess baseline and post-education knowledge of TIC.

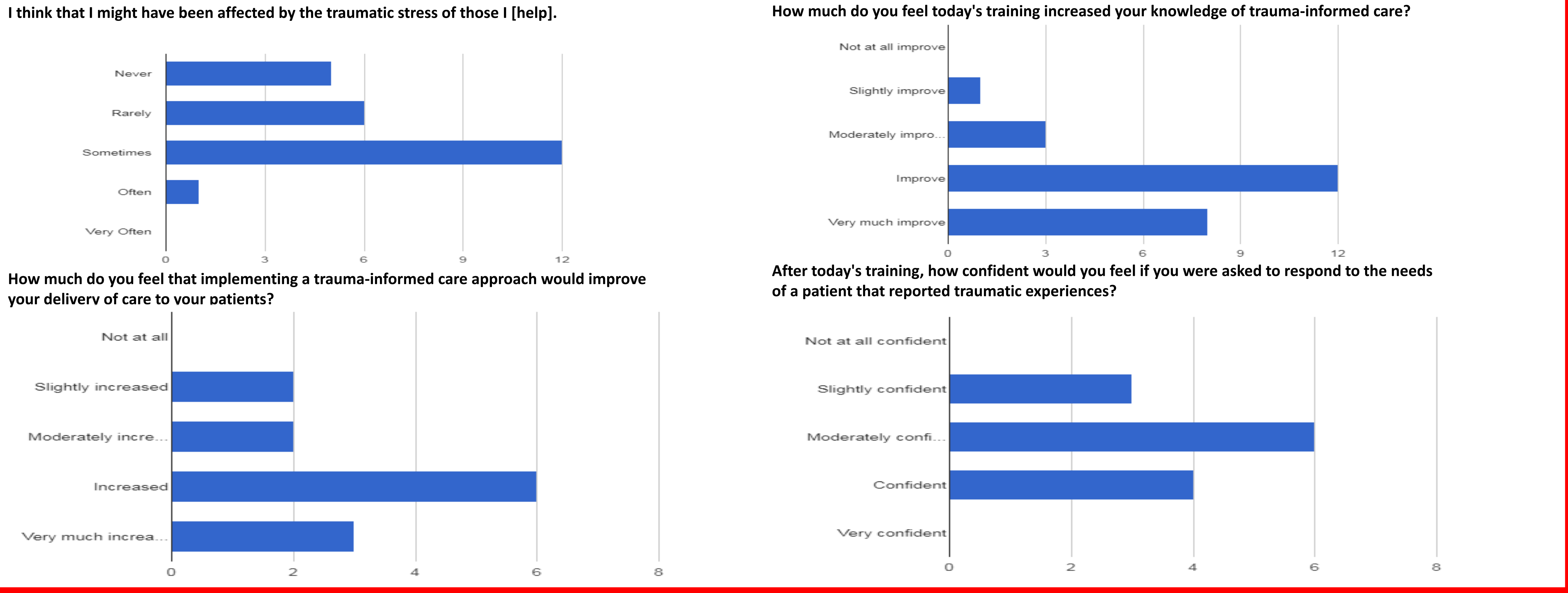
Sample and Setting: The convenience sample for the QI project was comprised of 198 multidisciplinary healthcare providers working on a twenty-five bed labor and delivery unit in a large, urban, academic hospital in Boston Massachusetts, USA . Volunteer inclusion criteria: Must work in one of the following roles: obstetric physician, certified nurse midwife, anesthesiologist, certified registered nurse anesthetist, nurse, surgical technologist or patient care assistant. Participants responded to a web-based pre and post survey after attending the educational lecture. The surveys consisted of three components: six demographic questions, a Trauma-Informed Care assessment (consisting of nine questions using a 5-point Likert-type scale), and the ProQOL Survey (consisting of thirty questions using a 5-point Likert-type scale). Collection data occurred over a two month period during which two separate 60 minute TIC educational sessions were conducted.

Data Analysis: Data were exported to an Excel spreadsheet from Research Electronic Data Capture and converted to a SPSS statistical analysis program. Additionally, descriptive data will be reviewed and analyzed.

PRELIMINARY RESULTS

There were 32 respondents for the pre-education survey (completion rate 16%). 26 respondents completed the post-evaluation (completion rate 13%). The content of the educational sessions gave participants fundamental knowledge in the theory of Trauma-Informed Care. Promotion of provider wellness was a secondary learning goal with the aim to alleviate provider burnout and compassion fatigue.

Sample survey questions and partial results reported



FUTURE IMPLICATIONS

- Improving health outcomes for trauma survivors starts with education of the healthcare professionals.
- Survivors distrust for healthcare providers can come from providers’ lack of understanding for the kinds of problems abuse survivors’ experience when seeking healthcare.
- Inadequate knowledge regarding TIC can be a barrier to both patient care as well as provider wellness.
- Improving the providers TIC knowledge base by establishing specialty specific TIC education will improve outcomes for patients and provider confidence and satisfaction when delivering TIC.
- Creating a sustainable TIC Educational Program for healthcare providers in multiple specialties will improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.