



# Development of an Interprofessional Course Promoting Trauma-Informed Practice and Community Resilience

Elizabeth Fiske, RN, PhD, CNE, PCNS-BC; Kellie Reed Ashcraft, Ph.D., M.S.W.; Adam Hege, Ph.D., MPA; Kristin Harmon, LCSW, MSW; Jamie Glover RN, MSN, PNP-BC

# Authors and Objectives

**Authors:** Elizabeth Fiske, RN, PhD, CNE, PCNS-BC; Kellie Reed Ashcraft, Ph.D., M.S.W.; Adam Hege, Ph.D., MPA; Kristin Harmon, LCSW, MSW; Jamie Glover RN, MSN, PNP-BC

**Learner Objectives:** Upon completion of this session participants will be able to:

- Discuss the need for education on trauma and trauma-informed care
- Describe an approach to development of an interprofessional course
- Determine feasibility within your own institutions for similar interprofessional coursework

No sponsorship or commercial support was given to the authors

# Adverse Childhood Experiences

## Abuse

- Physical, Emotional and/or Sexual

## Neglect

- Physical and/or Emotional

## Household Dysfunction

- Mental Illness, Incarcerated Relative, Domestic Violence, Divorce, Substance Abuse



# Risks associated with ACEs

## Behavior

- Lack of Physical Activity
- Smoking
- Alcoholism
- Drug use
- Missed Work

## Physical Health

- Obesity
- Diabetes
- STDs
- Heart Disease
- Cancer
- Stroke
- COPD
- Broken Bones

## Mental Health

- Depression
- Suicide Attempts

Those experiencing **four** or more ACEs are:

5 x more likely to have clinical **depression**

3 x more likely to have **heart disease**

2.3 x more likely to report **poor health**

2 x more likely to have **diabetes**

1.5 x more likely to **smoke** cigarettes

# Adverse Community Experiences

## Poverty

- Poor Housing Quality, Lack of Economic and Social Support

## Violence

- Community Disruption

## Discrimination



# Context of the Course



# Course Development Process

## Lead Course Developer

- Requested and received “Off Campus Scholarly Assignment”
- Attended conferences, met with other institutions and communities
- Collected relevant resources for the course

## Meetings

- Individually with College & Department Chairs
- Individually w/ identified faculty in each department
- Convened faculty group



# Course Development Process

- Course Credit for students- (3 credits)
- Dual listed at bachelors level & masters level
- Workload
- Class met once per week/evening course
- Alternated leading the classes; all grade assignments

# Conceptual Framework and Key Content

- Fink's (2013) Decision Guide
- Google Shared Drive
- Many Resources Identified (100+ articles, Ted talks, videos)
  - 3 Key Resources:
    - Nadine Burke Harris (2018)
    - Bessel van der Kolk (2014)
    - CSWE's (2018) specialized practice guide on trauma informed practice.

# Formal Course Plan

- Develop the learning goals
- Develop assessments
- Develop learning activities and experiences
- Develop the course structure



# Course Objectives

- **Increase knowledge** of adverse childhood experiences (ACEs) and the relationship of ACEs to trauma, neurobiology, growth and development, social determinants of health, health risk and protective factors, resiliency, and health outcomes.
- **Increase self-awareness** of one's own and significant others' adverse childhood experiences and impact of those experiences.
- **Understand the impact** of diverse experiences and culture on individuals, families, and communities in how they experience trauma and how they build resiliency.
- **Compare and contrast the roles, perspectives, ethical guidelines, and regulations** associated with nursing, public health and social work professionals at the baccalaureate and graduate levels on an interprofessional team addressing trauma.
- Develop and demonstrate **trust and mutual respect** of skills and contributions of interprofessional team members.

# Course Objectives

- **Collaborate** as undergraduate-level members of an interprofessional team to prevent, assess and treat trauma at the individual, familial, and community system levels, and to identify and improve social determinants and environmental conditions that contribute to trauma with diverse populations and communities.
- Develop **critical thinking skills** to assess adverse childhood experiences and resiliency and to identify related issues to ACEs and trauma at the undergraduate level in different settings.
- Increase entry-level undergraduate **practice skills** to implement evidence-based treatments and promising practices as undergraduate-educated practitioners.
- Demonstrate **compassion and empathy** towards oneself, significant others' and future client systems' on knowledge of adverse childhood experiences and other forms of trauma and their impact.

# Student Assessment/ Evaluation

- **Reflections** based on readings
- **Scholarly paper** - policy/program/intervention evaluation
- **Group project** - presentation of a specific ACEs topic for a specific audience
- **Participation** and professionalism



# Class features/assignments:

- Relevant readings and videos weekly
- Interprofessional discussions, case studies & class activities
- Reflections based on readings
- Scholarly paper - policy/program/intervention evaluation
- Group project - presentation of a specific ACEs topic for a specific audience
- **Resilience activity** during every class

# Course Evaluation

- Formative
  - Check ins with students
  - Student Reflections
  - Faculty met before every class
- Summative
  - Standard course evaluations
  - Student performance

# Student Performance & Course Evaluations

CATEGORY	AVERAGE %
COURSE GRADE (UG)	90.43 %
ATTENDANCE (UG)	93.92 %
REFELCTIONS (UG)	90%
SCHOLARLY PAPER (UG)	87.56%
GROUP PROJECT (UG)	88.8%

COURSE GRADE (GR)	93.63%
ATTENDANCE (GR)	91.31%
REFELCTIONS (GR)	94.6%
SCHOLARLY PAPER (GR)	93.56%
GROUP PROJECT (GR)	88%

CATEGORY	MEAN
COURSE WAS A VALUABLE LEARNING EXPERIENCE (UG)	3.8
ALL CHS COURSES (UG)	3.7
COURSE CONTRIBUTED TO MY KNOWLEDGE/ SKILLS (UG)	3.9
ALL CHS COURSES (UG)	3.8
COURSE WAS A VALUABLE LEARNING EXPERIENCE (GR)	3.8
ALL CHS COURSES (GR)	3.7
CONTRIBUTED TO MY KNOWLEDGE/ SKILLS (GR)	3.9
ALL CHS COURSES (GR)	3.8



# Course Evaluation

- Formal Study
  - Pre and Post-Test Study Design
  - Measures include:
    - ACEs questionnaire
    - Brief Resilience Survey; Brief Thriving Scale, adapted Strait & Bolman Knowledge Test
    - Structured Interviews
    - Focus Groups

# Findings

<b>Number of ACEs</b>	<b>IPE Course Study (n=30) Percentage</b>	<b>CDC/Kaiser-Permanente Study (n=17,337) Percentage</b>
0 ACEs	30%	36%
1 ACE	23%	26%
2 ACEs	7%	16%
3 ACEs	3%	9%
4 or More ACEs	37%	12%

# Practice and Research Implications

- Significance of interprofessional trauma-informed knowledge and skill development for future health professionals
- Interprofessional leadership of emerging community endeavors



# IPE Course Implications

- Recognition of IPE as education not service
- Provide time/compensation/recognition for course development
- Equitable allocation of course responsibility
- Prioritizing resources for IPE
- Commitment to policies and structures to encourage and sustain IPE
- Commitment to formal integration of IPE coursework into curricula

# Lessons Learned

- Commitment of Departments & College/University is critical
- Commitment of faculty is essential
- Time Needed for a Lead Facilitator
- Equity challenges with grading and assignments
- Challenge of multiple ideas re: material implementation
- Dual listed class and teaching challenges with that dynamic

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