

Trauma Informed Care Training in US and Canadian Residencies: A National Assessment

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Background:

Violence and trauma are common, and patients presenting for obstetric or gynecologic care frequently have prior experiences which may affect physical or emotional health, and can affect interactions with healthcare. Patients report being re-traumatized with commonly performed obstetric and gynecologic exams and procedures. Little is known about trauma-informed curricula or training for Ob/Gyn physicians.

Objective(s):

The purpose of this study was 1) to investigate current Ob/Gyn resident training regarding care of patients with trauma histories 2) identify barriers to providing this residency training, and 3) to explore interest in and specific desired components of a trauma-informed care (TIC) curriculum from Ob/Gyn residency program directors.

Study Design:

This was a cross-sectional survey administered to program directors at all US and Canadian Ob/Gyn Residency programs.

Results:

Ninety-two of 275 programs (33.5%), representing all ACOG districts, responded to the survey. Of responding programs, 85.9% of programs report routine patient screening for history of sexual assault, 87.0% screen for a history of interpersonal violence and 56.2% screen for a history of trauma and or post-traumatic stress disorder. Acute sexual assault cases are initially evaluated by Sexual Assault Nurse Examiners (63.6%) or Emergency Department residents and faculty (22.0%), and only 6.8% of programs report initial evaluation by Ob/Gyn residents and faculty. Ninety-three percent of our sample agree that Ob/Gyn residents should be trained in TIC, and 65.5% agree it should become a CREOG educational objective. Yearly training in care of patients with trauma histories was reported by 19.6% of programs, while 53.3% report less than annual training, and 27.1% report no training. Ob/Gyn faculty most often (31%) provide teaching on this topic, followed by Psychiatric or mental health faculty (27.8%). Regardless of specialty, teaching faculty are recognized experts in the topic at 52% of the programs. Only 25.3% of respondents were satisfied with their current training in interpersonal trauma and TIC. A lack of facilitators to conduct such training was the primary barrier to implementing TIC teaching. If a TIC curriculum were developed specifically for Ob/Gyn residents, 92% of programs would be 'likely' or 'extremely likely' to implement it.

Conclusion(s):

The majority of residency program directors and representatives recognize the importance of TIC training. Respondents identify a lack of trained facilitators and standard curriculum as barriers to implementation of TIC into residency programs. The authors propose development of a standardized, interactive and multidisciplinary TIC curriculum to address this gap.