## Background

- Experiences of trauma are highly prevalent among individuals who can become pregnant
- Prior trauma can influence how individuals experience reproductive healthcare, including abortion care
- Reproductive healthcare providers must be trained to recognize signs of trauma & provide trauma-responsive care

## Specific Aims

- Develop a training to prepare participants to:
  1. Define trauma and common trauma responses
  2. Appreciate how healthcare settings can impact those with experiences of trauma
  3. Describe principles of trauma-responsive care
  4. Apply principles abortion care

## Methods

### 2-hour training:

1. Didactic session (1 hour)
2. Interactive session (1 hour)
   - Components:
     1. Personal reflection: Discussing difficult experience(s) generated by session participants
     2. Patient scenarios: Exploring reactions & approaches to maintain therapeutic relationship using cases examples

### Evaluation:

- 18-question post-training survey:
  - Demographic data
  - Knowledge of trauma-informed care principles
  - Attitudes toward providing trauma-informed care
  - Anticipated practice changes after participation

## Results

### Hours of training received during residency in trauma-informed care prior to participating in workshop

<table>
<thead>
<tr>
<th>Hours of Training</th>
<th>N (%)</th>
<th>Median (Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours</td>
<td>14 (45)</td>
<td></td>
</tr>
<tr>
<td>1-5 hours</td>
<td>15 (48)</td>
<td></td>
</tr>
<tr>
<td>5-10 hours</td>
<td>1 (3)</td>
<td></td>
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<tr>
<td>&gt;10 hours</td>
<td>1 (3)</td>
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- I found the workshop helpful:* 1 (1-2)
- After this workshop, I believe it is important to consider that every patient I encounter may have a history of trauma:* 1 (1)
- After this workshop, I believe that I need to obtain consent prior to performing a pelvic examination on a patient:* 1 (1-3)
- I will incorporate techniques learned today into my clinical practice:* 1 (1-2)
- This workshop will help me feel more comfortable asking patients about a history of trauma:* 1 (1-3)
- This workshop will help me provide pelvic care/examinations for patients with a history of trauma:* 1 (1-2)
- During new patient visits or annual health maintenance visits, I usually ask my patients about whether they have experienced previous trauma:** 3 (1-5)
- After doing this workshop, during new patient visits or annual health maintenance visits, I will ask my patients about whether they have experienced previous trauma:** 1 (1-3)

* = 1 = strongly agree, 5 = never
** = 1 = always, 5 = never

## Participants comments

### How training could be improved in the future (18/31 provided comments):

- "More time for small group breakouts/large group discussion"
- "Can’t wait for this to be in-person"
- "Talk more about how to ask about trauma & what steps we can take once it is disclosed to set our pts up with supports if needed, briefly address what resources are available"
- "I would love to continue revisiting or broadening the learning - >trauma around other events in healthcare (pelvic exams), etc."

## Conclusions

- Resident physicians receive limited education in trauma-responsive care
- A 2-hour training was well-received by and has potential to help prepare residents to provide trauma-responsive abortion care

## References