

Trauma Responsive Abortion Care Workshop for Resident Physicians

Julie Chor, MD, MPH, Stephanie Tillman, CNM, Stephanie Pottinger, MD, Candice Norcott, PhD, Carrie Smith, MD

3Es of Trauma: “an **event**, series of events, or set of circumstances that is **experienced** by and individual as physical 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.”¹

4Rs of Trauma-informed care: 1. **Realize** widespread impact of trauma & potential paths for recovery, 2. **Recognize** signs/symptoms of trauma in clients, families, staff and others, 3. **Respond** by fully integrating knowledge about trauma into policies, procedures, practices 4. Seek to actively **resist retraumatization**¹

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

- Training implemented at 3 university-based OBGYN residency programs
 - 2 secular, one religiously-affiliated institution
 - 1 in-person, 2 via Zoom
 - 35 residents participated in full 2-hour training
 - 31 participants completed evaluations
 - 20 PGY1/PGY2 & 11 PGY3/PGY4
 - 29 identified as female & 2 identified as male
 - 20 identified as white, 5 as African-American, 6 as Hispanic/Latinx, 4 as Asian

Results

	N (%) Median (Range)
Hours of training received during residency in trauma-informed care prior to participating in workshop	
0 hours	14 (45)
1-5 hours	15 (48)
5-10 hours	1 (3)
>10 hours	1 (3)
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 = strongly disagree	
**1 = always, 5= never	

Participants comments

- What liked best about training (28/31 provided comments):
 - “Discussing each other’s experiences & learning from them”
 - “Gave good concrete examples of how to improve language we use in clinical encounters, which makes changing behavior much more feasible”
 - “Ability to discuss hypotheticals and examples which can be applied; reflecting on my own areas to improve”

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

1. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

