

**Title of project-** Using Data Collected from a “Trauma Informed Care” training to evaluate healthcare providers’ attitudes and communication skills with trauma patients.

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## **Pilot Study**

### **Abstract**

#### **Purpose**

Those who provide care to trauma patients must consider the cumulative effects of past trauma experiences and current coping mechanisms to prevent re-traumatization and to maximize patients’ potential for healing (Harris & Fallot, 2001; SAMHSA, 2014b). Without this knowledge, direct care providers risk inadequate or inappropriate patient-centered care. To ensure that all nurses and other healthcare providers that take care of trauma patients utilize the principles of Trauma-Informed Care, it is important to explore the knowledge and attitudes of these providers so that they may work together to provide a safe environment for patients and help them move towards recovery. This pilot study aims to use a pre-posttest design to evaluate the effects of an educational training on the knowledge and attitudes of health care professionals, law enforcement professionals, and nursing and paramedic students. The results will inform a larger study to uncover best practices in Trauma-Informed Care in a largely Hispanic urban center on the US-Mexico border.

## Significance

In a Level 1 Trauma facility, it is important that healthcare providers create an environment that is both holistic and resists re-traumatization of the original event. By utilizing a trauma-informed approach, healthcare providers have the potential to help their patients affected by trauma to feel safe, recover from trauma, and regain developmental trajectories (SAMHSA, 2014b). “Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hooper, Bassuk & Olivet, 2020, p133).

## Design

This is a pre and posttest design that will evaluate the appropriateness of the ARTIC scale survey in a population of nurses, paramedics, students, and other healthcare providers affiliated with a large Level 1 Trauma Center. The study design will compare participants' pre-test and post-test scores on core knowledge and attitudes related to Trauma-Informed Care. Additionally, the design permits identification of patterns and trends in the sample, and evaluation of each participants' core baseline knowledge and attitudes. The literature is clear that knowledge and attitudes inform conscientious patient-centered practice.

## **Setting**

There will be multiple settings for recruitment of participants for this project. The settings will be based on the location of the participants. These settings include: (1) University Medical Center-Level 1 Trauma Facility, (2) Center against Sexual and Family Violence Center, (3) Local Police Department, (4) University of Texas at El Paso, and (5) El Paso Community College. The rationale for using the multiple settings is to allow the organizations to individualize training tailored to their individual departmental needs concerning Trauma-Informed Care (TIC). All Trauma-Informed Care trainings will be conducted by a TIC expert consultant. In addition, the trainings will be during routine monthly meetings to ensure attendance.

## **Sample**

There will be three categories of participants: (1) nurses and healthcare providers that provide immediate, direct care in the Emergency Department, (2) social workers and healthcare providers that are advocates for patients on a tertiary level, & (3) senior BSN nursing students and senior paramedic students.

## **Methods**

Two instruments will be utilized in this study. The first instrument will be a demographic survey. The second instrument will be the Attitudes Related to Trauma-Informed Care (ARTIC) scale. Participants will be given a pre survey that consists of the demographic survey and the ARTIC scale. Then there will be a 2-hour training on Trauma Informed Care. Following the training, the participants will be given a post survey that consists of the ARTIC scale. The major limitation for the research project is

the time frame for administering the survey. The following statistical methods will be used for this project: Summary statistics with mean and standard deviation and a mixed method ANOVA.

## **Implications**

Training in Trauma-Informed Care is essential in providing the best care and environment for Trauma patients. It ensures that we, as healthcare providers, realize the widespread impact of trauma and recovery, recognize the signs/symptoms of trauma in our patients and their families, we respond appropriately to the patient's needs and we actively resist re-traumatization of the patient (SAMHSA, 2014b). It is essential to evaluate healthcare providers' knowledge to ensure appropriateness of health care reflected in the concept of Trauma-Informed Care. Further studies will generate information that will guide best practices in trauma education, practice, and research. Knowledge gained by this and future studies will ensure that health care and law enforcement professionals are well prepared to meet the increasingly complex needs of trauma patients.