

# Trauma-Informed Care Training for Healthcare Providers Online Clinical Cases: A preview of the new clinical cases from the Office on Women's Health

The Futures Without Violence Conference

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# Disclosure

I have no financial conflicts of interest.



**Trauma is incredibly common in the U.S. and poses an enormous threat to health and well-being.**

# TRAUMA: Functional Definition

Trauma is an experience which overwhelms one's ability to cope.



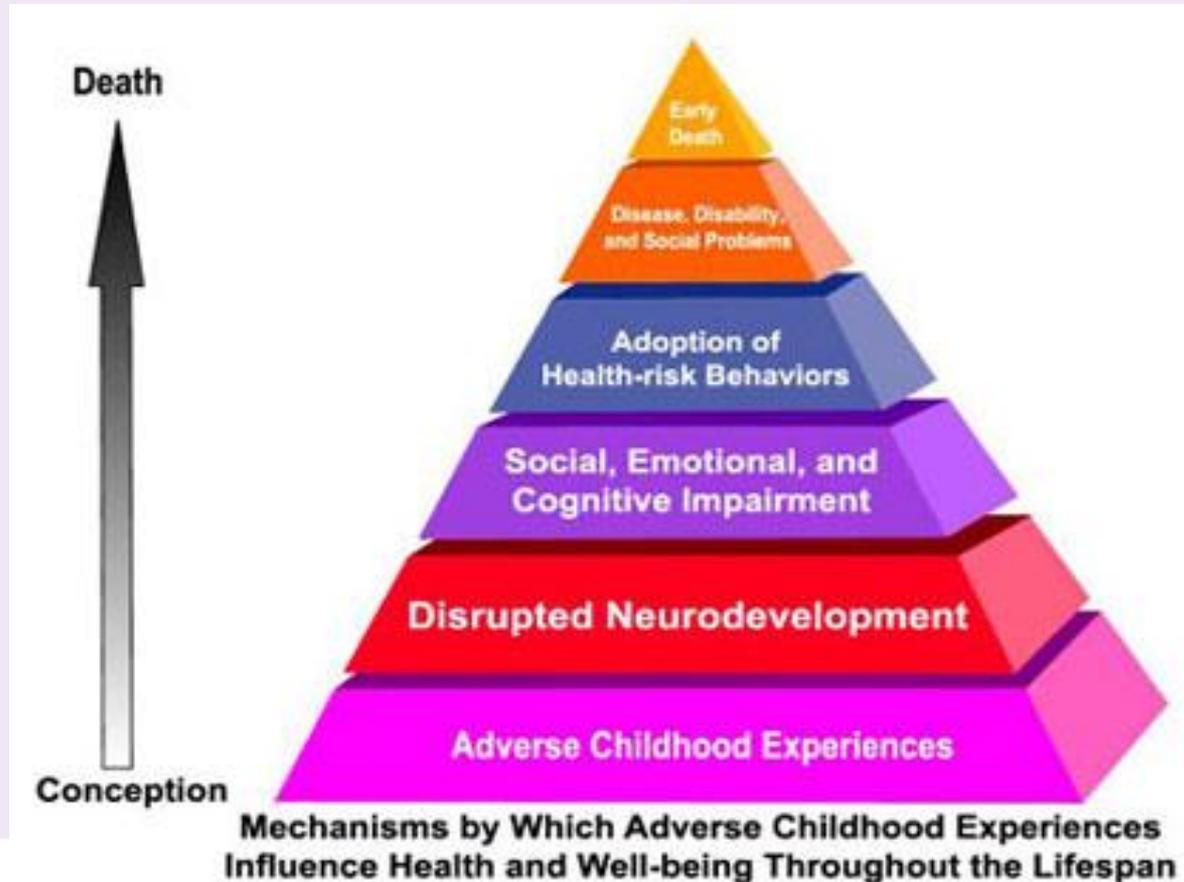
# TRAUMA: The 3 E's

Trauma results from an **EVENT**, series of events, or circumstances that is **EXPERIENCED** as physically or emotionally harmful or life threatening, and that has lasting adverse **EFFECTS** on the individual's functioning and physical, social, mental, emotional, or spiritual well-being.

SAMHSA (2014)



# The Adverse Childhood Experience (ACE ) Study



# Impact of Trauma

Traumatic exposure predisposes individuals to poor health outcomes through:

- Disrupted neurodevelopment
- The use of high risk behaviors such as smoking, drinking, illicit drug use, and risky sex, as means to cope with trauma



# Prevalence of Trauma in the U.S.

Very common that an individual will be exposed to multiple traumatic events during her lifetime





# Utilization of Medical Services

Survivors of trauma have higher utilization of medical services and report a greater number of physical health problems

Sources: Kartha et al., 2008; Lesserman, et al., 2006; Letourneau, Holmes, & Chasendunn-Roark, 1999; Nicolaidis, et al., 2004; Sadler, et al, 2000; Sledjeski, Speisman & Dierker (2008)





# Preventive Care

Trauma survivors are less likely:

- To obtain regular mammograms
- To obtain regular cervical cancer screenings
- To attend regular dental appointments

Sources: Farley, Golding, & Minkoff (2002); Farley, Minkoff, & Barkan (2001); Farley & Patsalides (2001)





# Vision

To equip every health and social service provider and institution with the knowledge, resources and support to provide services that are gender-responsive and trauma-informed so as to provide the best possible care for trauma affected individuals

Outgrowth of overwhelming demand for training focusing on Trauma and Trauma-Informed Care





# Trauma-Informed Care Training for Healthcare Providers: Online Clinical Cases





# Fills in an unmet need

Many providers are unaware of the prevalence of trauma or the relationship among exposure to trauma and poor health outcomes.

Survivors are hurt by attitudes which pathologize behaviors rather than recognizing them as the individual's efforts to cope.

Providers report feeling unprepared to effectively treat patients with traumatic history whether disclosed or not.



# Objectives

- Create a set of on-line interactive clinical cases for health care providers, particularly physicians, advanced practice nurses and physicians assistants
- The clinical cases will help providers acquire the knowledge and skills required to interact effectively with patients, particularly women and girls with histories of trauma, both disclosed and undisclosed, to
  - Promote the patient-provider relationship
  - improve patient engagement in care
  - prevent re-traumatization



# Med U Platform

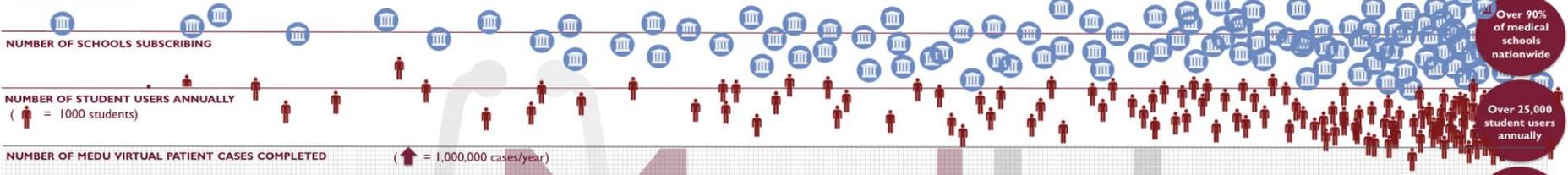
- Over 150 virtual patient cases in seven course series developed and maintained by experts in the national educational curricula
- An incredible library of instructional resources
- A consortium of leading educators and national medical education organizations
- Adopted by more than 150 institutions worldwide
- Used by allopathic and osteopathic medicine, nurse practitioner, and physician assistant training programs
- The most widely-used technology-enhanced learning program in medical education anywhere in the world



# MedU



MEDU COLLABORATORS



Over 90% of medical schools nationwide

Over 25,000 student users annually

More than 800,000 case completions each year

Consistent curriculum delivery  
Available any time, anywhere  
Interactive feedback  
Differential diagnosis network  
Expert teaching

Engagement meter  
Summary statement feedback  
Diagnostic reasoning toolbar  
Student discussion feature  
"Brain-friendly"

Pediatric medical educators Leslie Fall and Norm Berman began to develop online virtual patients to address their needs to comprehensively and effectively teach the national pediatric medical student curriculum.



Educator workshops  
Access to student log data  
Question banks

Key features exam  
Validated exam scoring  
Blended learning research

Total case completions exceeded 500,000/year

1,000,000 CLIPP cases completed





# Project Leadership

Office on Women's Health

U.S. Department of Health and Human Services –Michelle Hoersch, MS

Institute for Innovative use of Technology in Medical Education (iINTIME) aka Med U - Norman Berman, MD and Ms. Elyse Payson

Sheela Raja, PhD – University of Illinois, Schools of Medicine and Dentistry

Shairi Turner –Davis , MD, MPH – Florida Department of Health





# Subject Matter Experts and Case Authors

Leadership team will identify and assemble a group of subject matter experts, including trauma, specific medical specialties and lived-experience to inform case content

Case Authors take content and translate into interactive clinical cases

Software Programmers will translate cases into on-line interactive format





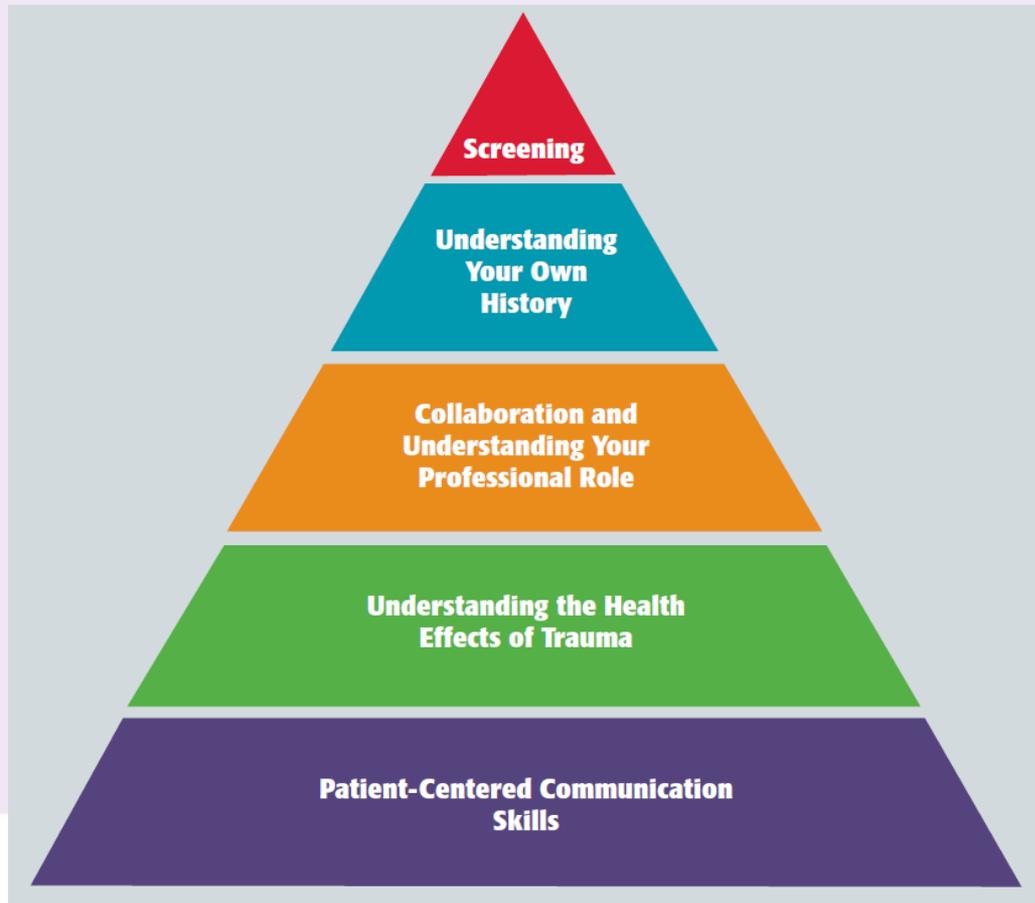
# Trauma-Informed Care Training for Healthcare Providers: Online Clinical Cases

A set of 16-20 evidence-based, pilot-tested, interactive, web-based clinical cases, available online to healthcare providers for continuing education credits to increase their knowledge and skills in trauma-informed care

Each case will be free standing, giving providers freedom and flexibility to choose cases in which to participate.



# The Trauma-Informed Care Pyramid



Raja, S., Hoersch,  
M., et al 2014





# Trauma-Informed Care Training for Healthcare Providers: Online Clinical Cases

## FORMAT

- ▶ **Interactive case-based learning has been recommended as the best use of online CME trainings.**
- ▶ **The ability to self- tailor CMEs has also been cited as a necessary element in making CME more meaningful for providers.**
- ▶ **Using free standing cases, providers can choose cases most relevant to their learning, and can choose their own level of reinforcement by selecting the number of cases in which they engage.**





# Module 1: Trauma: Prevalence and Impact

The learner is introduced to a common panel of female primary care patients.

Short interactive clinical vignettes introduce:

- ACE Study
- Types and Prevalence of Trauma
- Impact on Health
- Potential for inadvertent re-traumatization by provider actions and systems of care





## Modules 2 - 4: Trauma-Informed Patient Visits

The provider will walk through three types of patient office visits including:

- 1) A preventive care visit
- 2) An acute care visit
- 3) A chronic disease management visit

beginning in the waiting room, covering physician introduction, history taking, physical exam, consideration of the differential diagnosis, patient counseling, and provision of follow up care



Throughout each of these interactive cases, physicians will be asked to answer multiple choice and free text formative evaluation questions, on which they will receive computer feedback.

# Case 1

## 56 year old woman with chronic abdominal pain and obesity - Cynthia

### Learning Objectives

1. Understanding trauma in the primary care setting
2. Recognition of the interrelationship between trauma and chronic health conditions
3. Understanding how to connect past adverse childhood experiences to current physical complaints in a manner that is clear to patients
4. Incorporating questions about abuse and neglect into history taking techniques



# Summary of clinical scenario:

- ▶ Cynthia is a 56 year old woman who presents to her primary care physician (Internist) with chronic intermittent abdominal pain. She left her previous physician because he was not able to find an etiology for her recurrent discomfort. She arrives with copies of her medical records which reveal an extensive diagnostic work up including laboratory testing, radiology reports and referrals to specialists (Gastroenterology and Gynecology). She has a 20 pack year history of tobacco use and admits to drinking 2-3 glasses of wine every night.
- ▶ Her exam is significant for obesity (BMI 38), a non-tender abdomen with non-reproducible pain and no ovarian pain or masses. Repeat laboratory testing reveals elevated cholesterol and blood glucose only. She takes Metformin and Lipitor. Her affect is teary at times, defensive at others.
- ▶ Instead of repeating all of her previous diagnostic tests, you ask her more about her current family and home situation. She reveals that she lives with an on-again, off-again boyfriend who abuses prescription medications.
- ▶ Recognizing the potential red flags, you send her home with a short survey that asks her questions about her childhood experiences between the age of 0 and 18 years as it pertains to physical, sexual and emotional abuse, neglect, parental divorce, death and mental illness. You ask her to take her time completing it and to bring it back to the next visit. When she returns, you will review the results with her.





## Case highlights:

- Common findings in patients with some type of childhood trauma
- Examines the somatization of pain for a woman who ultimately disclose an extensive childhood history of physical and sexual abuse by a close relative
- Explores the use of food as a form of medication and physical obesity as a means of “desexualization” and self-protection for a sexual abuse survivor
- Reveals recurring patterns of childhood abuse that lead to relationship choices and re-traumatization through intimate partner violence
- Features a review of the Adverse Childhood Experiences Study and its relevance in the primary care setting





## Phase 2: Implementing trauma-informed care in clinical specialties

Expand the case set to include other types of provider-patient interactions where specific considerations are needed

- Prenatal visits
- Obstetric care
- Post-partum care with emphasis on breastfeeding
- Pelvic exams and STI testing
- Emergency room visits
- Care of the hospitalized patient
- Ophthalmologic care
- Pain clinics
- Sleep clinics
- Office procedures such as biopsies and cardiac imaging
- Surgical care under minimal and general anesthesia





# Unique Patient Population Cases

Cases addressing specific patient populations will also include, but are not limited to:

- Women veterans
- Incarcerated and formerly incarcerated women
- Elderly women
- LGBT patients
- Refugees and those in detention





Look for cases on a  
computer near you in  
late summer!





# Thank you!

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