

Shaping Medical Education Through A Trauma–Informed Curriculum

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Abstract

Experiences of violence and trauma are widespread with significant mortality and morbidity worldwide. Despite the prevalence of such experiences and the impact on population and individual health, they are often misunderstood in the health care system. Without a trauma–informed lens through which to address patient concerns, physicians may overlook somatic manifestations and coping mechanisms and miss the underlying histories of trauma. The undergraduate medical curriculum is an ideal setting to introduce a coherent foundation for trauma–informed practice. This commentary aims to address current principles and approaches to trauma, and to discuss new directions in the trauma–informed medical curriculum.

Commentary

Violence and trauma are significant causes of morbidity and mortality with 1.3 million people dying of violence each year, and many more non–fatally affected through physical, psychological, and/or sexual abuse.¹ Violence is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, resulting in or having a high likelihood of resulting in injury, death, psychological harm, mal–development or deprivation.”² Trauma is the emotional response following a devastating event such as a sexual assault.³ Violence and trauma manifest in populations and individuals. In Canada, policies enacted by settler colonialism such as the “Indian Act,” residential school systems, and the Sixties Scoop have led to intergenerational trauma that continues to affect indigenous communities today.⁴ Individual experiences of violence can manifest as physical, emotional, and behavioural issues. This has been well described amongst childhood survivors of abuse from the Adverse Childhood Experiences Study who have an increased risk of biopsychosocial problems in adulthood.⁵

Medical students learn to elicit the patient’s chief complaint and gather data, but rarely does the patient present with a chief complaint of “trauma.” Patients presenting with behavioural changes, somatic manifestations, or mental health concerns may be misdiagnosed or overlooked, particularly when a history of violence is not on the differential diagnosis. Patients with maladaptive coping mechanisms, such as self–medication and substance use, may be written off without further inquiry or support.⁶ If students are not trained to appreciate the possibility of trauma in their clinical interactions with patients, they may ultimately miss opportunities to support and intervene. To provide appropriate care for these patients, clinicians need to change the traditional approach of “what is wrong with this person?” to “what happened to this person?”⁷

British Columbia’s Trauma Informed Practice Guidelines highlight six main principles that shape trauma–informed practice (TIP)⁶:

1. Awareness of trauma;
2. Looking at trauma through the eyes of the individual;
3. Emphasizing safety and trustworthiness;
4. Providing options for choice, collaboration and connection;

5. Using a strengths–based and skill–building approach;
6. Recovery is possible.

While these principles may seem intuitive, they do not always reflect current clinical practice or medical education.⁸ Dr. Carol–Ann Saari recently wrote how TIP changed her practice, with physicians inevitably seeing patients with recent or remote trauma.⁸ Often, these patients’ presentations are not well understood in the medical field, which can further affect the patient–provider relationship, shifting from safety and empathy to unintended judgement.⁸ TIP “is a way of providing services that recognizes the need for physical and emotional safety, choice, and control in decisions affecting one’s treatment and an environment where patients do not experience further traumatization.”⁸

The UBC medical curriculum

The introduction of UBC Faculty of Medicine’s spiral curriculum and flexible learning education scholarship (FLEX) projects presented a unique opportunity to engage faculty, trainees, and community stakeholders in the development of a cohesive and trauma–informed medical curriculum. The growing need for TIP in medical training is reflected in the increased efforts to incorporate training for residents and practicing physicians in North America.⁹ A FLEX project was designed to assess current curricular objectives related to trauma and violence, as well as determine avenues for further improvement. Faculty experts in medical education, marginalized populations, and health equity were involved to apply a trauma–informed lens to education in a culturally safe manner. After curricular objectives were mapped, violence, as a general topic, was identified to be introduced in preclinical years through two cases in case–based learning, three didactic lectures, one family practice seminar on sexual assault, and one sensitive interview in clinical skills on intimate partner violence (see Table 1). Despite seemingly foundational exposure to violence, unpublished feedback from the Classes of 2016–2018 relay that 20% of respondents did not recall learning about this topic. This suggests that trauma and violence require reinforcement regarding their medical implications and consistency with how it is presented in the curriculum. On review of curricular organization, “trauma” was not specifically represented under any faculty leads, which likely contributed to the inconsistent teaching of this important topic.¹⁰

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	Year 1	Year 2
Case-Based Learning (CBL)	Week 32: Meningitis	Week 44: Joint Injury
Lectures	Week 28: Determinants of Hope Among First Nations (Discussion) Week 32: Symposium on the Health and Social Issues Related to IV Drug Use	Week 44: Child Abuse (CDM)
Clinical Skills	Psychiatry Clinical Skills Session	Sensitive Interviewing Clinical Skill Session
Family Practice	Week 5: Health Inequities	Week 40: Sexual Assault Session
Modules	San'yas Indigenous Cultural Safety Training	

Table 1 | Curricular activities with objectives relating to trauma and violence in the Class of 2019 cohort.

This student-led FLEX project resulted in the re-examination of the pre-existing Year 2 sexualized violence seminar to include an introduction on trauma-informed care. In addition, a new online case module for the Year 3 rural family practice clerkship curriculum was also developed, focusing on the presentations of recent and remote trauma in a family practice clinic. Both of these learning modules incorporate multiple cases for medical students to learn the approach to a patient with a possible history of trauma. The collaborative efforts with faculty leaders provided a student perspective to build a thorough framework for TIP in the UBC medical curriculum, and to bridge the gap between didactic and clinical teaching.

The role of medical students

As medical students, there are ways to adopt a trauma-informed lens to our training:

1. Become familiar with the TIP principles and intentionally apply these principles in your interactions with patients. Patients do not need to disclose a past history of abuse or violence for this care to be provided to them.
2. Learn about local resources and connect with expert faculty that support individuals who have experienced trauma and violence to feel more comfortable in future patient counselling scenarios.
3. Challenge yourself with practice, peer discussions, and self-exploration.

It is important for medical students to learn how to apply these skills appropriately to all patients, as physicians encounter many patients who have experienced some degree of trauma and violence on a daily basis. Current tools that teach TIP describe a common basic skillset, reinforcing the importance of practicing and training in a trauma-informed way early in medical education.¹¹ Violence and trauma are pervasive social and health concerns that affect every demographic population. The medical profession has embraced patient-centred care, but it may never truly achieve this without consideration to the experiences behind the patient's decisions.

References

1. Butchart A, Mikton C. Global status report on violence prevention 2014 [Internet]. Geneva: World Health Organization; 2014 [cited 2018 Sep 20]. 292 p. Available from: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
2. Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R. World report on violence and health [Internet]. Geneva: World Health Organization; 2002 [cited 2018 Sep 28]. 360 p. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/
3. American Psychological Association. Trauma [Internet]. Washington DC: American Psychological Association; 2018 [cited 2018 Sep 30]. Available from: <http://www.apa.org/topics/trauma/index.aspx>
4. First Nations and Indigenous Studies. Indigenous foundations [Internet]. Vancouver: University of British Columbia's Department of First Nations and Indigenous Studies; 2009 [cited 2018 August 5]. Available from: <http://indigenousfoundations.arts.ubc.ca/>
5. Felitti VJ, Anda R, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *Am J Prev Med.* 1998 May;14(4):245-58.
6. Provincial Health Services Authority of BC. TIP guide [Internet]. Vancouver: British Columbia's Centre of Excellence for Women's Health; 2013 [cited 2018 August 15]. Available from: http://bcecewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
7. Ponie P, Varcoe C, Smutylo T. Trauma- (and violence-) informed approaches to supporting victims of violence: policy and practice considerations. *Victims of Crime Res Digest.* 2016 Sept 30;9:3-15.
8. Saari CA. Trauma informed practice (TIP) makes perfect (or at least it is a good start) [Internet]. Vancouver: UBC Faculty of Medicine; 2018 Sept 5 [cited 2018 Sept 28]. Available from: <https://thischangedmypractice.com/trauma-informed-practice/#discussion>
9. Green BL, Saunders PA, Power E, Dass-Brailsford P, Schelbert KB, Giller E, et al. Trauma-informed medical care: a CME communication training for primary care providers. *Fam Med.* 2015 Feb 4;(47):7-14.
10. Foundational Systems Definitions & Theme Definitions [Internet]. Vancouver: UBC Faculty of Medicine; 2018 [cited 2018 Nov 24]. Available from: <https://mednet.med.ubc.ca/Teaching/curriculum-management/educational-activity-form-resources/Documents/UBC%20Curriculum%20-%20Systems%20and%20Themes%20-%20Definitions%20and%20Leads%20-%20updated%20November%202022,%202018.pdf>
11. Alberta Addiction Service Providers: Addiction and Mental Health Training [Internet]. Alberta: Alberta Addiction Service Providers; 2015-2016. What is Trauma Informed Care (AHS online course); 2016 [cited 2018 Sept 28th]; [about 30 screens]. Available from: <http://www.albertaaddictionsserviceproviders.org/training.php>