

Challenges and Opportunities in Trauma-Informed Medical Education

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Harvard Medical School

Acknowledgment

This talk will consider what we can do as educators to address trauma and adversity in medical education. If any of this material makes you feel uncomfortable, please practice self-care however makes sense for you.

With Gratitude

- National Collaborative on Trauma-Informed Health Care Education and Research (TIHCER) UME Competency Task Force
- Harvard Medical School Trauma-Informed Care (TIC) Curricular Theme Committee

Disclosures

1. The Fenway Guide to LGBT Health (ACP Publishing)
2. Trauma, Resilience and Health Promotion in LGBT Patients (Springer Publishing)
3. Transgender and Gender Diverse Health Care: The Fenway Guide (McGraw Hill Publishing)

Learning Objectives

1. Identify sources of medical student trauma and adversity;
2. Describe how trauma & adversity may impact students' academic performance, professional behavior, mental health & well-being;
3. Explain how to apply a trauma-informed approach to enhance the learning environment, learning outcomes, student health & well-being; and
4. Identify opportunities to integrate trauma-informed approaches into your teaching & educational leadership.

Trauma

What is Trauma?



Multilevel and Multilayered

Individual and Interpersonal

- Adverse Childhood Events (ACEs)
 - Neglect – deprivation
 - Child maltreatment
- Physical, emotional, sexual abuse
- Family stressors
 - Intimate partner violence
 - Parent-child separation (divorce, death of parent, incarceration)
 - Family member with mental illness
- Combat exposure

Structural and Historical

- Racism
- Sexual and gender minority stress
- Poverty
- Community violence
- Forced migration – loss of land and generational wealth
- Colonialism – loss of identity, language and culture



CENTER

The Center for Collaborative Study of Trauma, Health Equity, and Neurobiology

Contact |   

[ABOUT](#) ▾ | [CORE CONCEPTS](#) | [HEALING TRAUMA](#) | [SCIENCE REFERENCES](#) ▾ | [BOOKS & VIDEOS](#) ▾ | [WHAT'S NEW?](#)

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THINK DIFFERENTLY

Learn the profound science of **Brain-Body Regulation** and embed it into your theory, clinical practice, research and teaching.



01

02

03



Adverse Childhood Experiences (ACEs)

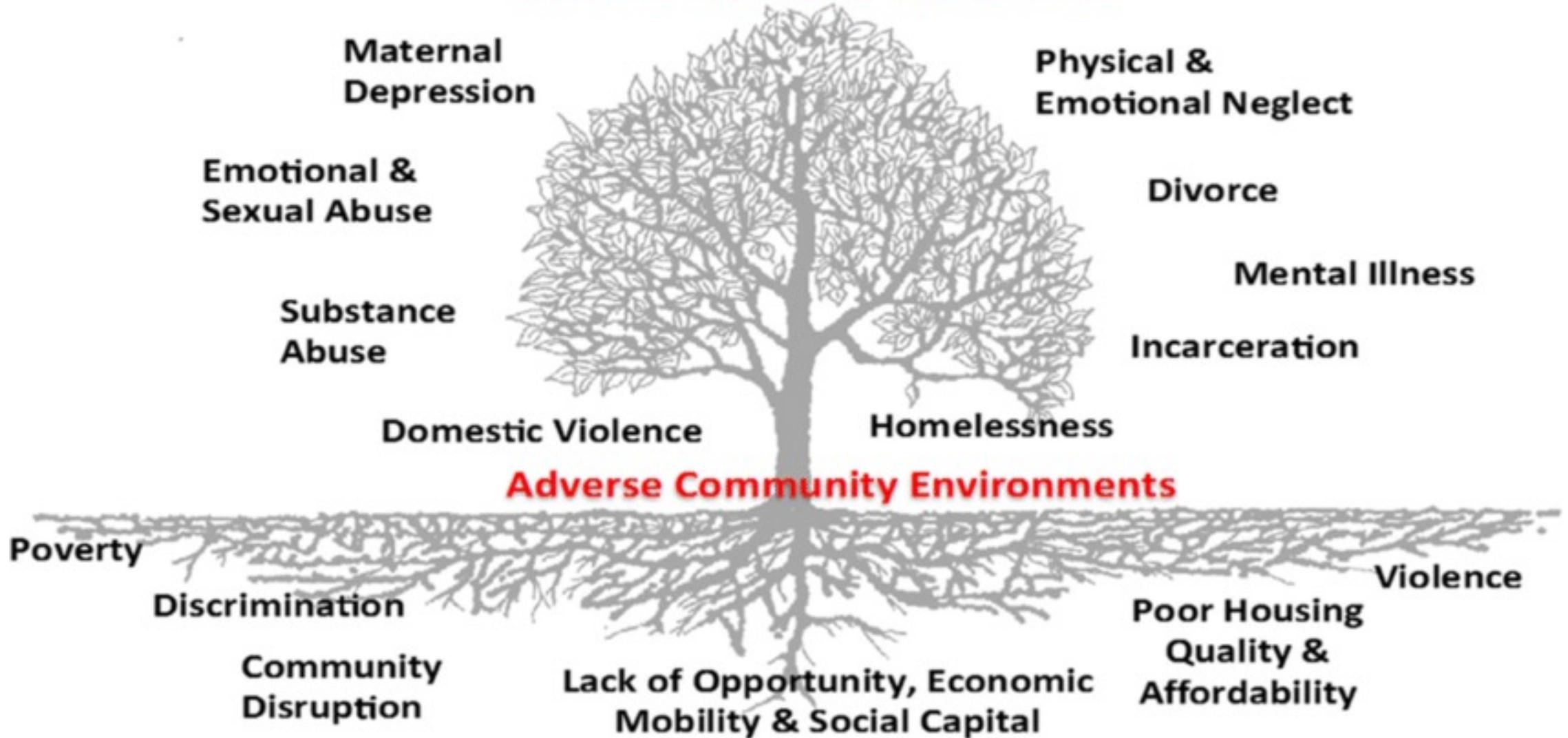


2/3

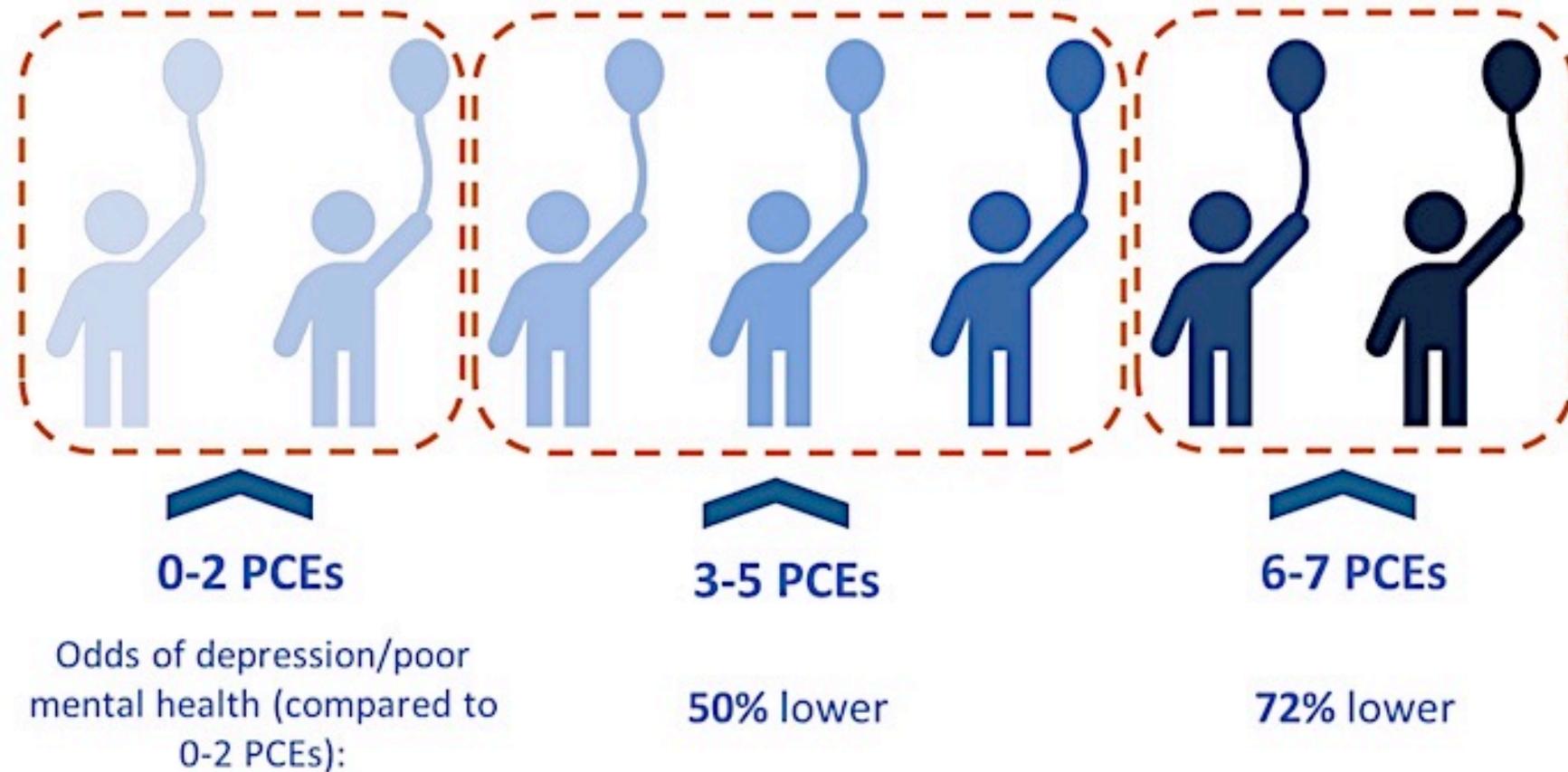


Dose-Response

Adverse Childhood Experiences



Positive Childhood Experiences (PCEs) Protect Adult Mental Health



Trauma-Informed Care

4 Rs of TIC

Realize

Recognize

Respond

Resist

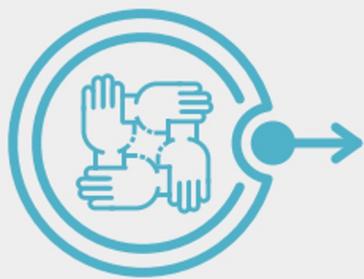
6 Principles of TIC



1. SAFETY



**2. TRUSTWORTHINESS
& TRANSPARENCY**



3. PEER SUPPORT



**4. COLLABORATION
& MUTUALITY**



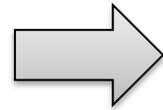
**5. EMPOWERMENT
VOICE & CHOICE**



**6. CULTURAL, HISTORICAL,
& GENDER ISSUES**

Trauma-Informed Paradigm

What's wrong
with you?



How has what
happened to you
affected you?

What's
strong
with you?

Trauma-Informed Medical Education (TIME)

> [Acad Med.](#) 2023 Aug 1;98(8):882-888. doi: 10.1097/ACM.00000000000005196.

Epub 2023 Mar 1.

Roadmap for Trauma-Informed Medical Education: Introducing an Essential Competency Set

[Sarah Berman](#)¹, [Taylor Brown](#)², [Cecelia Mizelle](#)³, [Thang Diep](#)⁴, [Megan R Gerber](#)⁵,
[Martina Jelley](#)⁶, [Laura A Potter](#)⁷, [Patricia Rush](#)⁸, [Andres Sciolla](#)⁹, [Audrey Stillerman](#)¹⁰,
[Christopher Trennepohl](#)¹¹, [Amy Weil](#)¹², [Jennifer Potter](#)¹³

Affiliations + expand

PMID: 36862618 DOI: [10.1097/ACM.00000000000005196](#)

Trauma-Informed Medical Education

**Introducing a landmark new set of
Trauma-Informed Educational
Competencies
for Medical Students**

[DOWNLOAD
TIC
Competency
Set](#)

Trauma is nearly universal and a root cause of numerous health and social problems including 6 of the 10 leading causes of death. Research has substantiated the profound impact of trauma on the brain and body - and why trauma training is critical to the education and practice of physicians. Yet a critical lag remains in translating essential research insights into clinical teaching.

 OPEN ACCESS | September 15, 2020

Introducing ACEs (Adverse Childhood Experiences) and Resilience to First-Year Medical Students

Edore Onigu-Otite, MD , Sindhu Idicula, MD

https://doi.org/10.15766/mep_2374-8265.10964

 OPEN ACCESS | June 7, 2021

A Trauma-Informed Approach to the Medical History: Teaching Trauma-Informed Communication Skills to First-Year Medical and Dental Students

Taylor Brown  , Pooja K. Mehta, MD, Sarah Berman, MD , Katherine McDaniel, MSc, Caitlin Radford, Annie Lewis-O'Connor, NP, PhD, Samara Grossman, LICSW, Jennifer Potter, MD , David A. Hirsh, MD, Beverly Woo, MD, David Krieger, MD

https://doi.org/10.15766/mep_2374-8265.11160

 OPEN ACCESS | January 25, 2019

A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students

Sadie Elisseou, MD , Sravanthi Puranam, Meghna Nandi

https://doi.org/10.15766/mep_2374-8265.10799

AAMCNEWS

What if we treated every patient as though they had lived through a trauma?

That's not far off the mark, as more than 50% of the U.S. population has experienced a traumatic event. Here's how some medical schools and teaching hospitals are using trauma-informed care to help all patients.

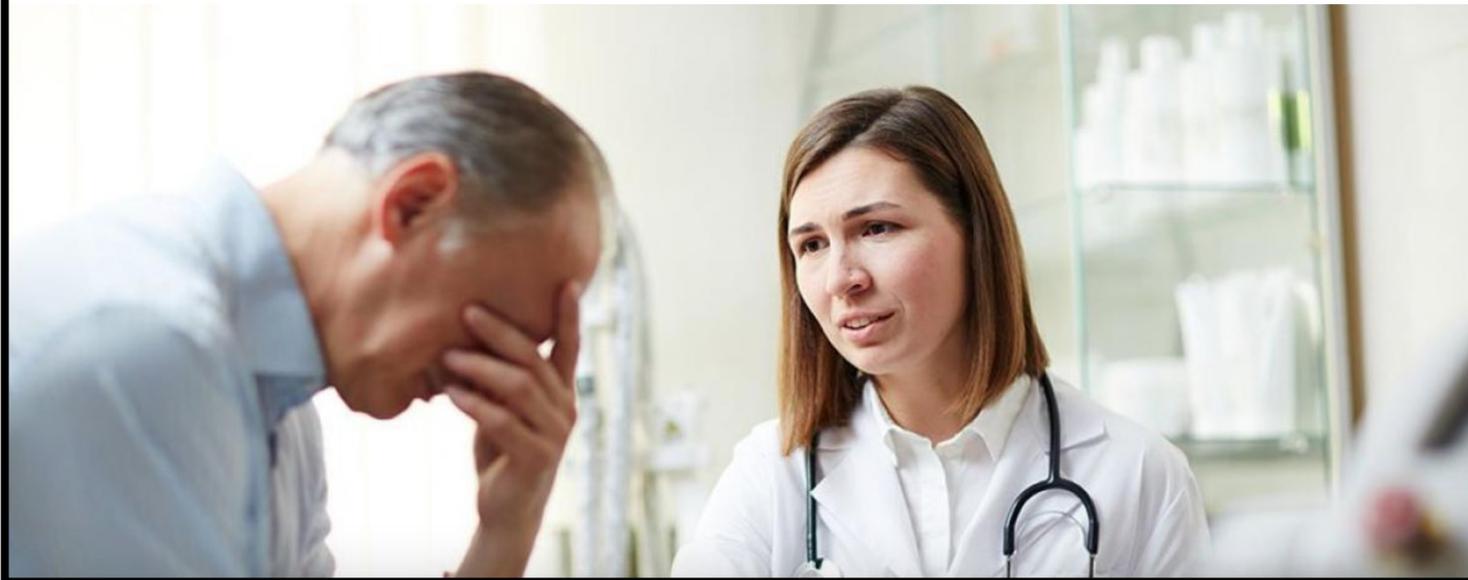


AAMCNEWS

and every learner

What if we treated every patient as though they had lived through a trauma? ^

That's not far off the mark, as more than 50% of the U.S. population has experienced a traumatic event. Here's how some medical schools and teaching hospitals are using trauma-informed care to help all patients.



Sources of Trauma & Adversity in UME

- Cumulative lifetime experiences
- Structural and historical trauma
- Witnessing stories and events
- Microaggressions
- Mistreatment
- Social isolation
- Lack of support



Frequency of Adverse Experiences in UME

ACE scores of 3rd year medical students were similar to ACE scores of age-matched controls (Sciolla et al, 2019)

26% of 3rd year students reported experiencing vicarious traumatization during their core clerkship year (Al-Mateen et al, 2015)

47% of 4th year students reported feeling unprepared to manage their own feelings about patients' deaths (Sullivan et al, 2003)

61% of 1st-5th year students reported witnessing or experiencing at least one microaggression weekly (Anderson et al, 2022)

84% of 3rd-5th year students reported witnessing or experiencing incivility in the past 12 months (Griffin & Baverstock, 2023)

Potential Impact of AEs in UME

- Shift from 'more adaptive' to 'less adaptive' coping strategies
- Higher rates of burnout and depression than age-matched peers
- Decreased engagement in learning, lower test scores, loss of empathy, unprofessional behavior, career regret, and dropout
- Adverse effects on healthcare quality and safety

Calls to Action



American Academy
of Pediatrics



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Case Scenarios

Case 1: Pronunciation and Pronouns

At the end of a teaching session, 2 students approach you and say...

- “Hey, it’s not a big deal, but you called me Christine today in class and it’s actually Cristina with an “a” at the end.”
- “I noticed that you used “he/him” pronouns today when referring to me. I wanted to let you know that I actually use “they/them” pronouns.”

Apply the 4 Rs and the 6 Principles of TIC



Trauma-Informed Approach

- Proactive approach:
 - How would you like to be addressed? What pronouns do you use? (*safety, trust, cultural/historical/gender acknowledgment*)
- After making a mistake:
 - Thank you for letting me know. I'm sorry I made that mistake. I will do my best to [pronounce your name correctly] [use the right pronouns] moving forward (*safety, trust, cultural/historical/gender acknowledgment*)

Ex: Validate Identities

> [MedEdPORTAL](#). 2022 Nov 29:18:11284. doi: 10.15766/mep_2374-8265.11284. eCollection 2022.

Say My Name: Understanding the Power of Names, Correct Pronunciation, and Personal Narratives

Salma Dali ¹, Anaid Atasuntseva ², Megha Shankar ³, Eve Ayeroff ⁴, Malorie Holmes ⁵,
Christina Johnson ⁶, Abdullah Sulieman Terkawi ⁷, Beth Beadle ⁸, Joon Chang ⁹,
Kathleen Boyd ¹⁰, Tamara Dunn ¹¹

Affiliations + expand

PMID: 36524099 PMCID: [PMC9705275](#) DOI: 10.15766/mep_2374-8265.11284

Ex: Value Life Experiences

The screenshot shows the website for the Columbia-Bassett Program's Life Experiences Curriculum. The header includes the Columbia University logo and the text 'VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS'. Navigation links include 'Find People', 'Events', 'Alumni', and a 'Donate' button. A main navigation bar features 'About Us', 'Education', 'Research', 'Patient Care', and 'Departments & Centers'. A breadcrumb trail reads: Home > Education > Academic Programs > MD Program > Columbia-Bassett Program > Our Program > Life Experiences Curriculum. The left sidebar lists 'Columbia-Bassett Program' with sub-links for 'About Us', 'Applying to Columbia-Bassett', 'Our Program', 'Curriculum Structure and Timeline', 'Rapid Inpatient Block', and 'Longitudinal Integrated Curriculum'. The main content area has a large heading 'Life Experiences Curriculum' followed by a paragraph explaining the program's purpose.

COLUMBIA | VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS

Find People Events Alumni

About Us ▾ **Education ▾** Research ▾ Patient Care **Departments & Centers ▾**

Home > Education > Academic Programs > MD Program > Columbia-Bassett Program > Our Program > Life Experiences Curriculum

Columbia-Bassett Program

- About Us
- Applying to Columbia-Bassett**
- Our Program**
 - Curriculum Structure and Timeline
 - Rapid Inpatient Block
 - Longitudinal Integrated Curriculum

Life Experiences Curriculum

Because traumatic experiences are common and can have lasting impacts on health and well-being, trauma-informed medical education can greatly benefit both physicians and their patients. To provide this training, Columbia-Bassett (CB) has implemented a unique longitudinal curriculum called the Life Experiences Curriculum (LEC). The LEC is named to reflect our interest in understanding how life experiences, both positive and negative, may impact health and the potential to flourish across the life span.

Case 2: Content Advisories

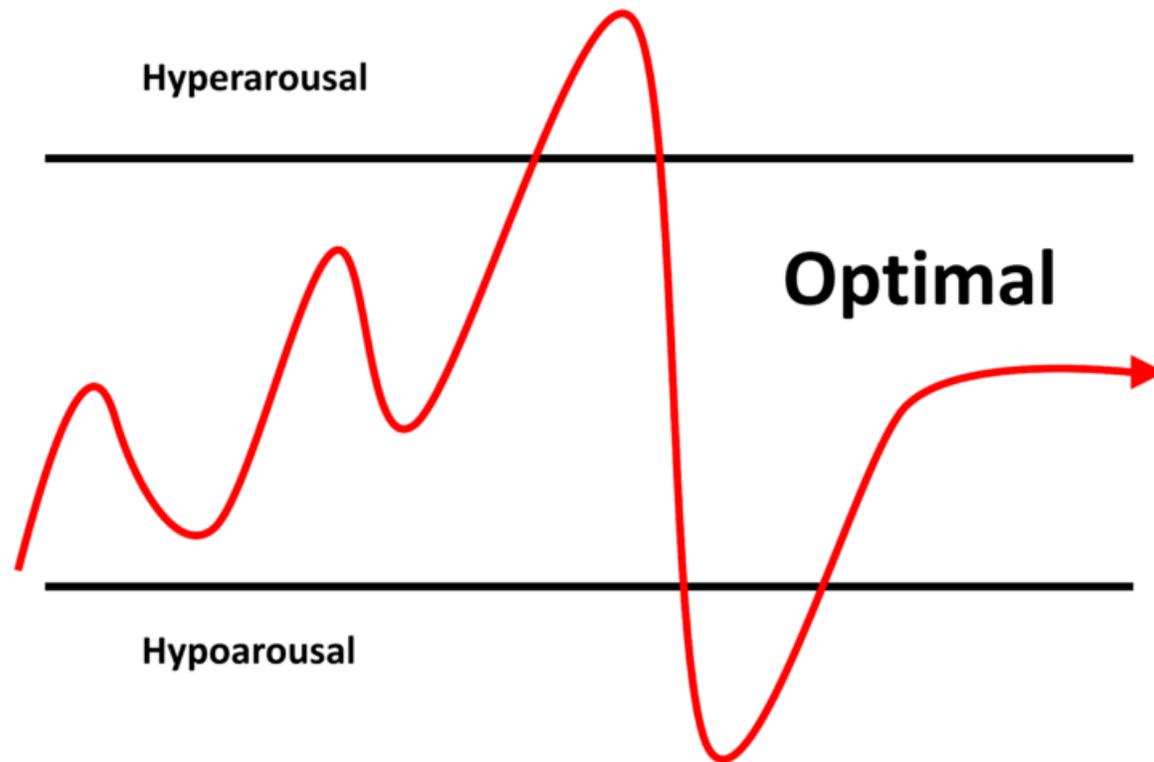
After a teaching session in which one of your patients shared their story of recovery from alcohol use disorder, a student reaches out and asks you to include a "trigger warning" before future sessions because some of their peers found it challenging to sit through the class.

How do you respond?

Apply the 4 Rs and the 6 Principles of TIC



Window of Tolerance



Value of Anticipatory Guidance



Sensitive Content

- Once established, a trauma response can be reactivated automatically and instantaneously.
- Many of us can be reactivated by trauma reminders and we learn to downregulate the physiological and behavioral arousal of the trauma response.
- It is easier for us to downregulate our trauma response when we are given advance notice and have time to prepare.

Case B: Trauma-Informed Approach	TIC Principle
<ul style="list-style-type: none"> • Invite students to inform you anonymously of sensitive topics. Ask what you can do to support their wellbeing. 	<i>Safety, collaboration, empowerment</i>
<ul style="list-style-type: none"> • Provide advance notice (written and verbal) of upcoming topics. 	<i>Transparency</i>
<ul style="list-style-type: none"> • Co-create ground rules to establish a safe space for learning. 	<i>Safety, collaboration, peer support</i>
<ul style="list-style-type: none"> • Build in a short break before challenging activities and encourage students to stretch, get a drink, use the restroom, etc. 	<i>Safety</i>
<ul style="list-style-type: none"> • Guide or redirect discussions before they cause harm. 	<i>Safety, trust</i>
<ul style="list-style-type: none"> • Avoid asking students to share personal details or reflect publicly on their personal connections to trauma. 	<i>Safety, trust</i>
<ul style="list-style-type: none"> • Offer voluntary small group debriefs (preferably with near-peer co-facilitation) after the session. 	<i>Collaboration, peer support, voice</i>
<ul style="list-style-type: none"> • Provide links to TI self-care, institutional, and community resources. 	<i>Safety, empowerment</i>

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[Med Sci Educ.](#) 2022 Jun; 32(3): 711–718.

Published online 2022 Apr 28. doi: [10.1007/s40670-022-01559-0](https://doi.org/10.1007/s40670-022-01559-0)

PMCID: PMC9270545

PMID: [35818610](https://pubmed.ncbi.nlm.nih.gov/35818610/)

Trauma-Informed Care in the Classroom: Our Experience with a Content Warning in a Medical School Course

[Julianne Stout](#)^{✉1} and [Angelika I. Martin](#)²

Case 3: Excused Absence Request

A student asks to be excused from a required standardized patient session on performing the pelvic exam because it may resurface memories of prior trauma.

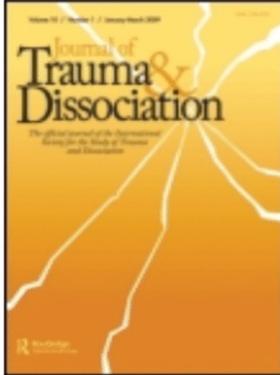
How do you respond?

Apply the 4 Rs and the 6 Principles of TIC



Trauma-Informed Approach

- Thank you for letting me know (*safety*)
- Many students have had traumatic experiences, which can make life and medical school more difficult (*safety, trust*)
- Several teaching strategies have worked well for other students who initially felt uncomfortable learning how to perform this exam (*collaboration*)
- Would you be open to hearing about these options? (*empowerment*)
 - Watch video demo
 - Shadow for a week in a GYN office
 - Try on a mannequin
 - Try one-on-one with a standardized patient in a low-stakes environment
- Do any of these ideas resonate with you? What ideas do YOU have? (*empowerment*)



Journal of Trauma & Dissociation

 **Routledge**
Taylor & Francis Group

ISSN: 1529-9732 (Print) 1529-9740 (Online) Journal homepage: <https://www.tandfonline.com/loi/wjtd20>

Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching

JaniceCarelloMALMSW & Lisa D.ButlerPhD

To cite this article: JaniceCarelloMALMSW & Lisa D.ButlerPhD (2014) Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching, Journal of Trauma & Dissociation, 15:2, 153-168, DOI: [10.1080/15299732.2014.867571](https://doi.org/10.1080/15299732.2014.867571)

To link to this article: <https://doi.org/10.1080/15299732.2014.867571>

 OPEN ACCESS | August 30, 2022

A Trauma-Informed Approach to Peer Physical Examination

Sadie Elisseou, MD  , Emily Adams, Maya Adler, MPH

https://doi.org/10.15766/mep_2374-8265.11273

Case 4: Skills-Building

Struck by the need to help students develop skills to manage their own challenging emotional reactions and provide effective support to their peers, you review the literature to identify trauma-informed medical education resources.

What do you find? Where are the gaps?

Ex: Single Session – Role-Model Vulnerability

- Panel presentation
 - Faculty/residents/near-peers share stories about their experiences and techniques they use to manage emotional reactions
- Student reflection questions:
 - How do you anticipate YOU might feel in a similar situation...?
 - What skills and resources could YOU draw on for support?



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SAVE THE DATE: JANUARY 31ST
NSLC 115 @ 5-6:30 PM

PRITZKER I SCREWED UP

PANEL EVENT FEAT. Faculty, Residents, and M4s!

We're all human! Join this event to hear from our panel as they share mistakes they've made in their roles, and how they grew from them.

*Light grab-and-go dinner available at 4:45pm, for attendees to enjoy during the event.

If you have any questions about access or to request a reasonable



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MEDICAL SCHOOL

Stories of Struggle and Resilience: Faculty Perspectives

Tuesday, February 28 at 5:30 PM - 7 PM | [Zoom Recording](#)

Panelists:

- Dr. Jenny Potter, Advisory Dean and Director of Castle Society
- Dr. Ed Hundert, Dean for PME
- Dr. Kerri McGrath, Primary Care Residency PD
- Dr. Erica Kiemle-Giss, Pediatric Emergency Medicine Fellow, Harbor- UCLA Medical Center

Ex: Single Session – Emotion Regulation



Cognitive and Behavioral Practice

Volume 28, Issue 3, August 2021, Pages 393-409



A Single-Session Workshop to Enhance Emotional Awareness and Emotion Regulation for Graduate Students: A Pilot Study ☆

[Emily E. Bernstein](#)  , [Nicole J. LeBlanc](#), [Kate H. Bentley](#), [Paul J. Barreira](#),
[Richard J. McNally](#)



Ex: Single Session – Secondary Trauma

> [MedEdPORTAL](#). 2021 Nov 22:17:11192. doi: 10.15766/mep_2374-8265.11192. eCollection 2021.

Trauma Exposure Response: How Secondary Trauma Affects Personal and Professional Life

[Kristin M Jacob](#)¹, [Nichole Lambert](#)²

Affiliations + expand

PMID: 34869852 PMCID: [PMC8607743](#) DOI: [10.15766/mep_2374-8265.11192](#)

Ex: Single Session: TI Self Care

Received: 28 January 2022 | Revised: 10 March 2022 | Accepted: 8 April 2022

DOI: 10.1111/ppc.13101

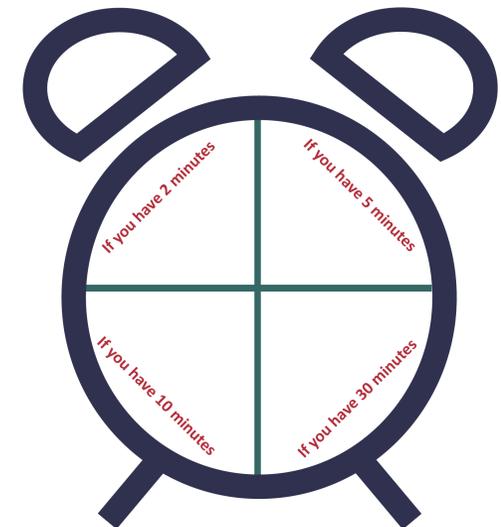
ORIGINAL ARTICLE

Perspectives in **PSYCHIATRIC CARE** WILEY

Implementing a novel self-care clock strategy as part of a trauma awareness intervention in a university setting

Julie E. Bertram PhD, APRN, PMHCNS-BC¹  | Umit Tokac PhD¹ |
Allison Brauch DNP, APRN, PMHNP-BC, NP-C, CARN-AP² |
Anne F. Fish PhD, RN, FAHA, FAAN¹

Finding the Time
for Self-Care



Ex: Clerkship Curriculum: Resilience

MedEdPORTAL[®] | The Journal of
Teaching and Learning Resources

 OPEN ACCESS | September 30, 2020

A Curriculum to Teach Resilience Skills to Medical Students During Clinical Training

Amber Bird, MD  , Oana Tomescu, MD, PhD, Sonia Oyola, MD, Jennifer Houpy, MD, Irsk Anderson, MD,
Amber Pincavage, MD

https://doi.org/10.15766/mep_2374-8265.10975

Ex: Longitudinal Curriculum: Well-Being

> [Acad Med.](#) 2022 Aug 1;97(8):1164-1169. doi: 10.1097/ACM.00000000000004715.

Epub 2022 Jul 21.

REACH: A Required Curriculum to Foster the Well-Being of Medical Students

[Catherine C Ferguson](#)¹, [Tavinder K Ark](#)², [Adina L Kalet](#)³

Ex: Mental Health First Aid eLearning

Randomized Controlled Trial > BMC Med Educ. 2018 Mar 21;18(1):45.

doi: 10.1186/s12909-018-1154-x.

A pilot randomised controlled study of the mental health first aid eLearning course with UK medical students

E Bethan Davies ^{1 2}, Emmeline Beever ³, Cris Glazebrook ^{4 5}

Ex: Peer Advocacy

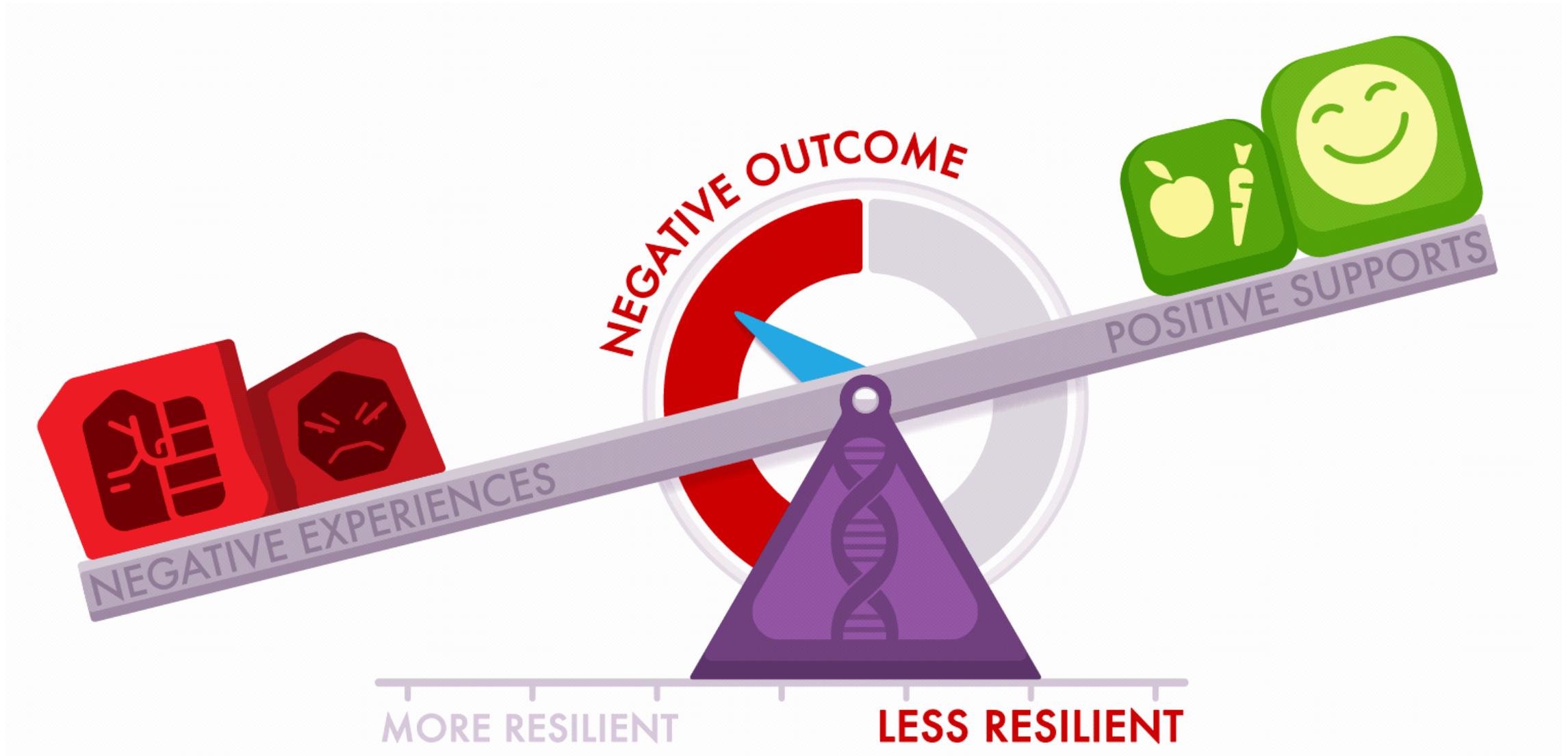
> [Acad Psychiatry](#). 2018 Feb;42(1):168-170. doi: 10.1007/s40596-017-0790-5. Epub 2017 Aug 11.

Utilization and Effectiveness of a Peer Advocate Program for Medical Students

[Talia Robledo-Gil](#)¹, [Xiaoyue M Guo](#)², [Corey Horien](#)¹, [Melissa A Herrin](#)³, [John Encandela](#)¹,
[Nancy R Angoff](#)⁴

Affiliations + expand

PMID: 28801888 DOI: [10.1007/s40596-017-0790-5](#)



Student Perspectives

Strengths

Normalize vulnerability
Teach valuable skills
Foster connection to peers
Increase awareness of resources

Challenges

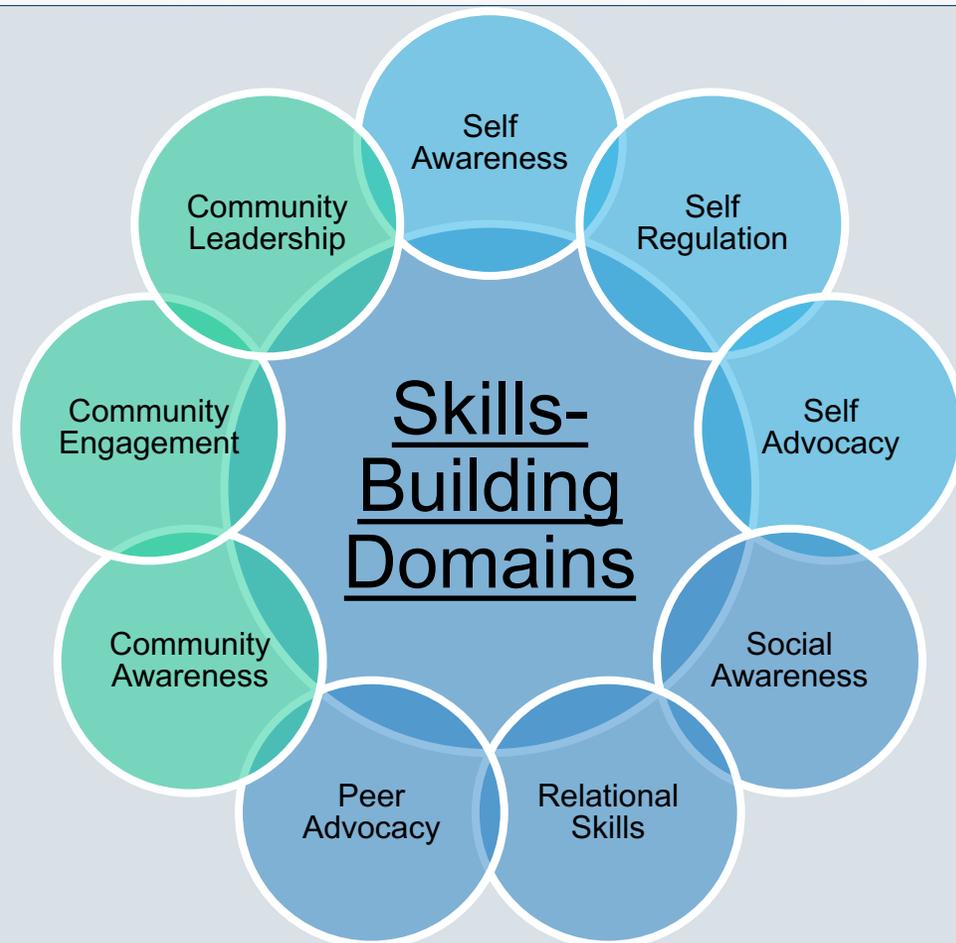
Not necessary
Should not be mandatory
Fail to attend to moral injury
Fail to address systemic issues
Toxic positivity
Limited data on effectiveness

Warwick International Higher Education Academy

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2022/23 External Collaboration Projects

Course Design and Digital Learning Approaches | Interdisciplinary Co-Creation Approaches to Trauma Informed... | Understanding Disability in UK HE



Interdisciplinary Co-Creation Approaches to Trauma Informed Student Self-Care

Co-led by Helen Nolan (Warwick Medical School) and Jennifer Potter (Harvard Medical School)

This project proposes the development of student co-created learning resources to promote and develop individual student and peer-to-peer self-care skills and wellbeing. This project will enable sharing of emergent good practice and provide novel opportunities for cross-institutional peer learning.

Empower Students

Power
Within

Power
To

Power
With

Case 5: Student Disclosure

After a week in which you and your student saw several patients who have histories of intimate partner violence, the student asks if they could speak with you about their own relationship.

How do you respond?

Apply the 4 Rs and the 6 Principles of TIC



Trauma-Informed Approach

- Discuss confidentiality limits (*transparency*)
 - Confidential resources: mental health professionals, clergy
- Listen without judgment (*safety, trust*)
- I hear you and want to support you (*safety, trust*)
- Do you feel that there is currently any threat to your physical safety? (*safety*)
- I know of some supports that might be helpful. Are you open to hearing about them? (*safety, collaboration, empowerment*)
- Follow-up with the student after the disclosure (*safety, trust, collaboration*)
- Obtain support for yourself (*safety, empowerment*)

Case 6: Mistreatment

A student on emergency psychiatry elective evaluates a patient with substance use disorder and psychosis who makes several sexualized remarks about the student during the encounter.

When they present the case, their preceptor says, “That happens a lot around here. You just need to develop a thick skin, realize that patients get disinhibited, and set boundaries.”

Later, the student presents to discuss the situation further with you, because they didn’t feel validated during the interaction with their preceptor.

How do you respond?

Apply the 4 Rs and the 6 Principles of TIC



Trauma-Informed Approach

- Validate! Thank you telling me - I'm sorry this happened (*safety, trust*)
- The patient's behavior was inappropriate, and you didn't get the support you were looking for from the preceptor (*safety, trust*)
- How are you doing right now? (*safety, trust*) What do you think would be most helpful to you in this moment? (*empowerment, voice*)
- Would you be interested in discussing (*empowerment, voice, choice*) ...
 - How to report patient mistreatment?
 - How to provide feedback to the preceptor?
 - How to feel safe going back to the clinical site?
 - Who else could you lean on (another attending, resident, nurse)?
 - How to set boundaries with patients?
 - Additional support resources?

 OPEN ACCESS | December 27, 2019

ERASE-ing Patient Mistreatment of Trainees: Faculty Workshop

Kirsten M. Wilkins, MD , Matthew N. Goldenberg, MD, MSc, Kali D. Cyrus, MD, MPH

https://doi.org/10.15766/mep_2374-8265.10865

 OPEN ACCESS | February 11, 2021

Tools for Responding to Patient-Initiated Verbal Sexual Harassment: A Workshop for Trainees and Faculty

Lauren E. Hock, MD  , Patrick B. Barlow, PhD, Brittni A. Scruggs, MD, PhD ,
Thomas A. Oetting, MD, MS, Denise A. Martinez, MD, Michael D. Abramoff, MD, PhD,
Erin M. Shriver, MD

https://doi.org/10.15766/mep_2374-8265.11096

 OPEN ACCESS | July 31, 2020

Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students

Rhonda Graves Acholonu, MD , Tiffany E. Cook, Robert O. Roswell, MD, Richard E. Greene, MD, MHPE

https://doi.org/10.15766/mep_2374-8265.10969

Case 7: Unexplained Absences

One of your students has missed several clinics without notifying anyone and you plan to speak with them 1:1 about this issue.

How would you proceed?

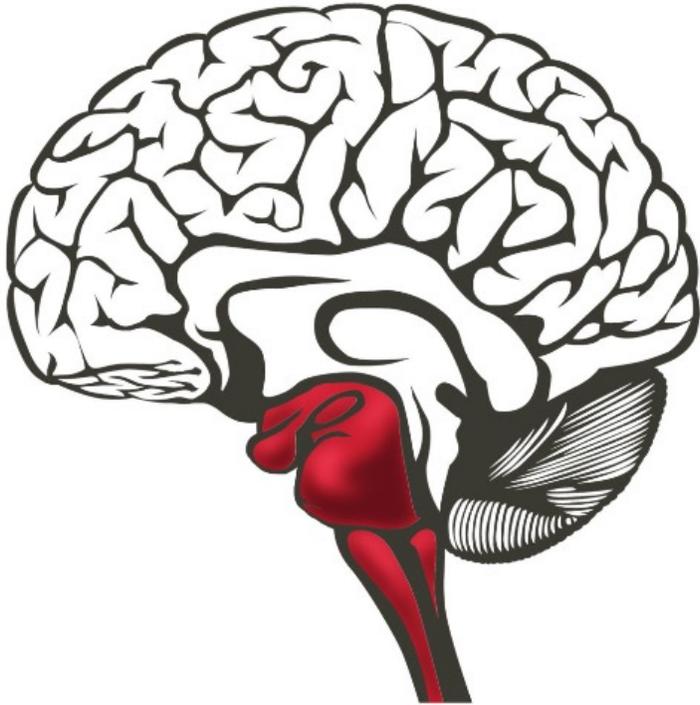
Apply the 4 Rs and the 6 Principles of TIC



Reframe the Behavior



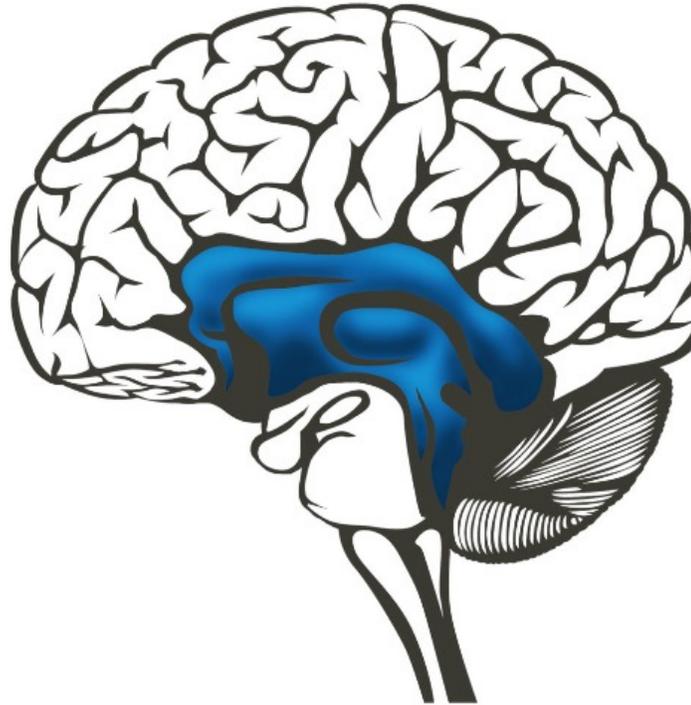
Safety, Connection and Problem-Solving



Survival State

BRAIN STEM

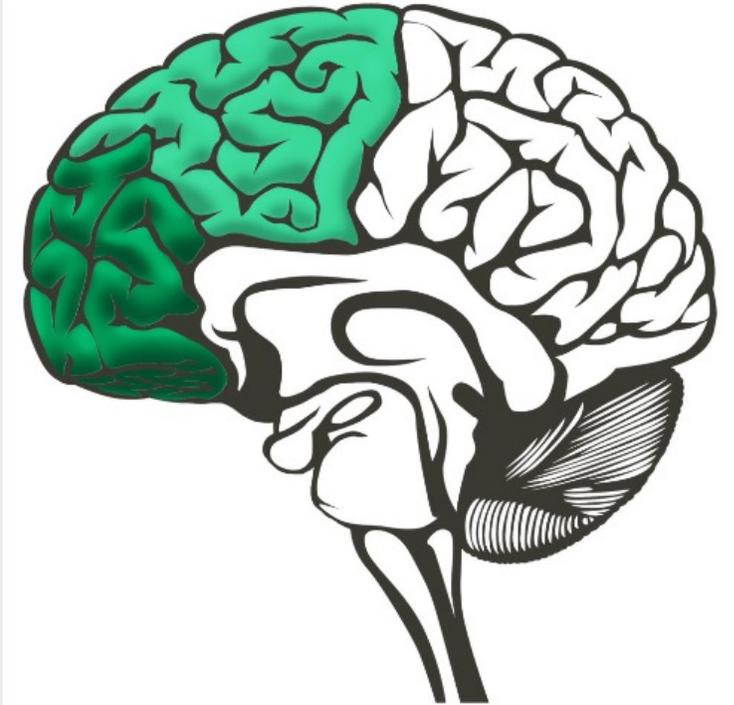
The Survival State represents the primal brain and asks the question, *"Am I safe?"* The only way to soothe the Survival State is through the creation of *Safety*.



Emotional State

LIMBIC SYSTEM

This Brain State represents mid-level functionality and asks the question, *"Am I loved?"* The only way to soothe an upset emotional state is through *Connection*.



Executive State

PREFRONTAL LOBES

The Executive State represents the optimal state for problem-solving and learning. This Brain State asks the question, *"What can I learn from this?"*

Third: Once regulated and connected, student can reason and reflect.

Second: Relate and connect with student with attunement and sensitivity.

First: Help student regulate and calm their fight/flight response.

REASON



RELATE



REGULATE

Trauma-Informed Approach

Before the Meeting (Email)

- I'm reaching out because I'm concerned that you've been missing clinics (*transparency*)
- I'd like to hear from YOU about how things have been going (*safety, trust*)
- I am here to help... I'd like to understand any challenges you are facing so we can work together to find a solution (*trust, collaboration*)
- Here are 2 possible meeting times... please choose the one that works best for you (*empowerment, choice*)

During the Meeting (Preferably in Person)

- Be calm, use soothing language (*safety, trust*)
- Hold space (I'm hear to listen when you are ready) (*safety, trust*)
- Listen and respond empathically (That must be very difficult) (*safety, trust*)
- Set clear expectations (Students are expected to be punctual and communicate absences) (*transparency*)
- Let's discuss some strategies to support you while meeting these expectations (*collaboration*)
- What do you think would be most helpful for you? (*empowerment, voice, choice*)

Ex: Clerkship – Professional Development

> [J Gen Intern Med. 2008 Jul;23\(7\):964-8. doi: 10.1007/s11606-008-0527-y.](#)

A professional development course for the clinical clerkships: developing a student-centered curriculum

[Laura E Hill-Sakurai](#) ¹, [Christina A Lee](#), [Adam Schickedanz](#), [John Maa](#), [Cindy J Lai](#)

Affiliations + expand

PMID: 18612725 PMCID: [PMC2517931](#) DOI: [10.1007/s11606-008-0527-y](#)

Case 8: Trauma-Informed Systems Change

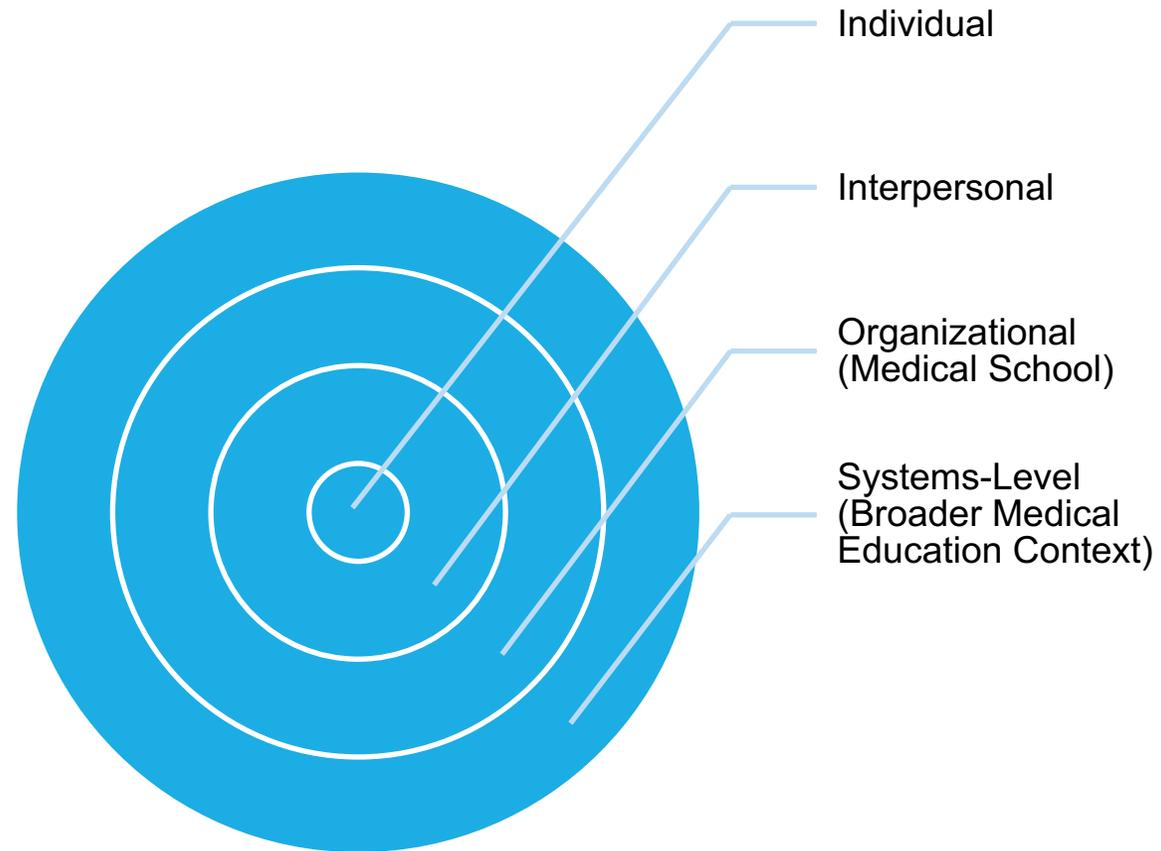
Student activists petition the dean to review medical school policies to ensure that they center racial justice, educational equity, and underrepresented voices and experiences. The dean asks you to participate in the review process.

How can trauma-informed principles be helpful in approaching the project?

Apply the 4 Rs and the 6 Principles of TIC



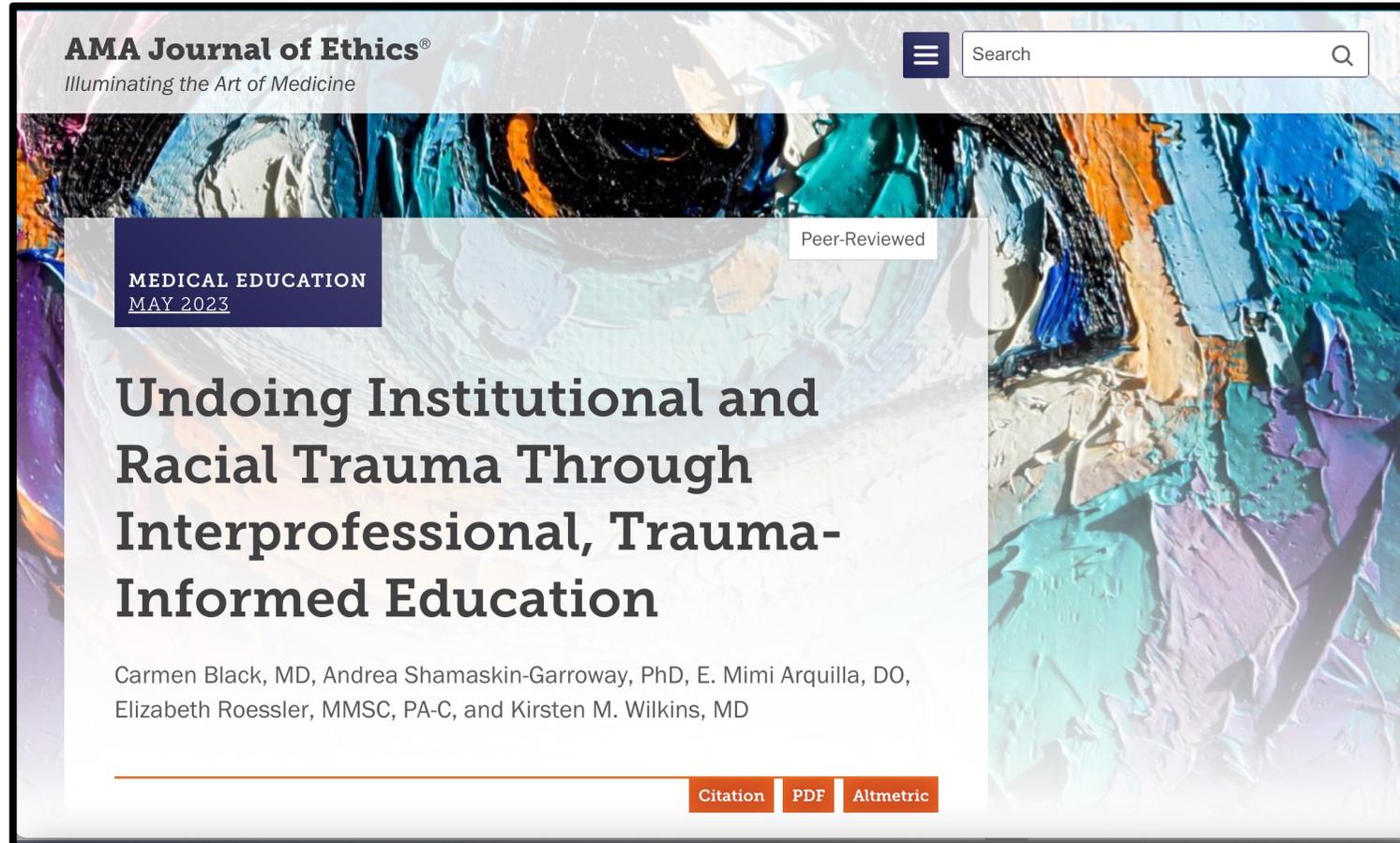
Multilevel Implementation



Trauma-Informed Approach

- Ensure representation of all people who are affected by the policies (*trust*)
- Set ground rules to ensure that everyone's voice is respectfully heard (*safety, voice*)
- Review the policies and acknowledge their history (*cultural & historical acknowledgment*)
- Clarify constraints (e.g., need to align with university protocols) (*transparency*)
- Brainstorm and implement an iterative revision/co-creation approach (*collaboration*)
- Report back regularly to the greater school community (*transparency*)
- Compensate participants appropriately for their time and efforts (*trust*)

Ex: Raise Awareness



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MEDICAL EDUCATION
MAY 2023

Undoing Institutional and Racial Trauma Through Interprofessional, Trauma-Informed Education

Carmen Black, MD, Andrea Shamaskin-Garraway, PhD, E. Mimi Arquilla, DO, Elizabeth Roessler, MMSC, PA-C, and Kirsten M. Wilkins, MD

[Citation](#) | [PDF](#) | [Altmetric](#)

Ex: Engage Students

> [Perspect Med Educ](#). 2020 Feb;9(1):60-65. doi: 10.1007/s40037-019-00547-2.

Empowering medical students as agents of curricular change: a value-added approach to student engagement in medical education

Joseph R Geraghty ^{1 2}, Alexandria N Young ^{1 2}, Tiffani D M Berkel ^{1 2}, Eric Wallbruch ², Julie Mann ², Yoon Soo Park ², Laura E Hirshfield ³, Abbas Hyderi ^{2 4}

Ex: Revise Policies



The screenshot shows the Icahn School of Medicine at Mount Sinai website. The header includes the school's logo and the text "Change Now: Creating a Climate for Change". The navigation menu contains "Home", "Racism & Bias", "Curriculum Re-Envisioning", "CQI & Accreditation", and "About Us". A blue banner features the text "Racism & Bias" and a yellow box with the URL "bit.ly/sinaipolicyaudit". Below this, a purple icon of two heads is labeled "RACISM & BIAS", followed by a paragraph describing the Racism and Bias Initiative.

Icahn School of Medicine at Mount Sinai

Change Now
Creating a Climate for Change

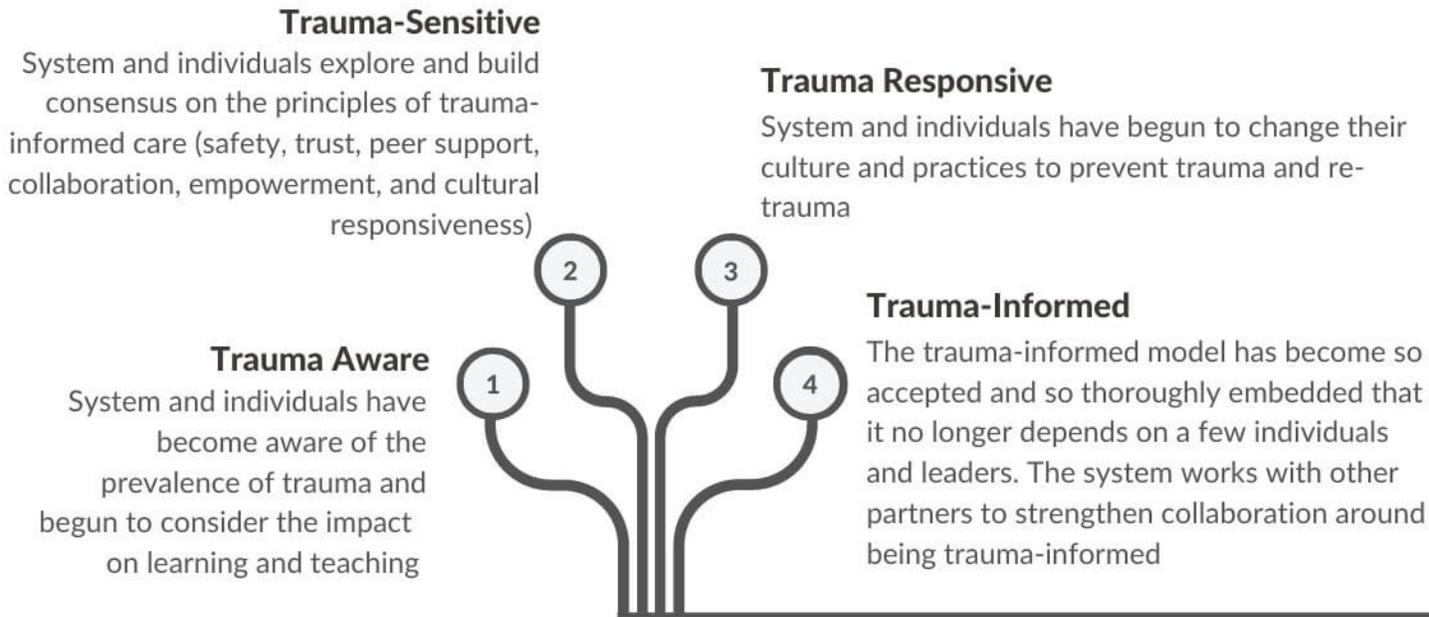
Home Racism & Bias Curriculum Re-Envisioning CQI & Accreditation About Us

Racism & Bias bit.ly/sinaipolicyaudit

RACISM & BIAS

The role of racism and bias in medicine and medical education has undoubtedly contributed to development and perpetuation of inequities in health care outcomes for historically marginalized patient population groups. As a result of Mount Sinai medical student activism and advocacy aimed at having our medical school recognize the historical underpinnings of racism and bias in medicine and in our medical training, we launched the Racism and Bias Initiative in 2015. The spirit of the Racism and Bias initiative is to explicitly address and undo racism and bias in all areas of medical school and center racial justice, health equity, and underrepresented voices and experiences of our medical education colleagues.

Equity-Centered, TI Educational Practice



Resources

> [Acad Med.](#) 2023 Aug 1;98(8):882-888. doi: 10.1097/ACM.0000000000005196.

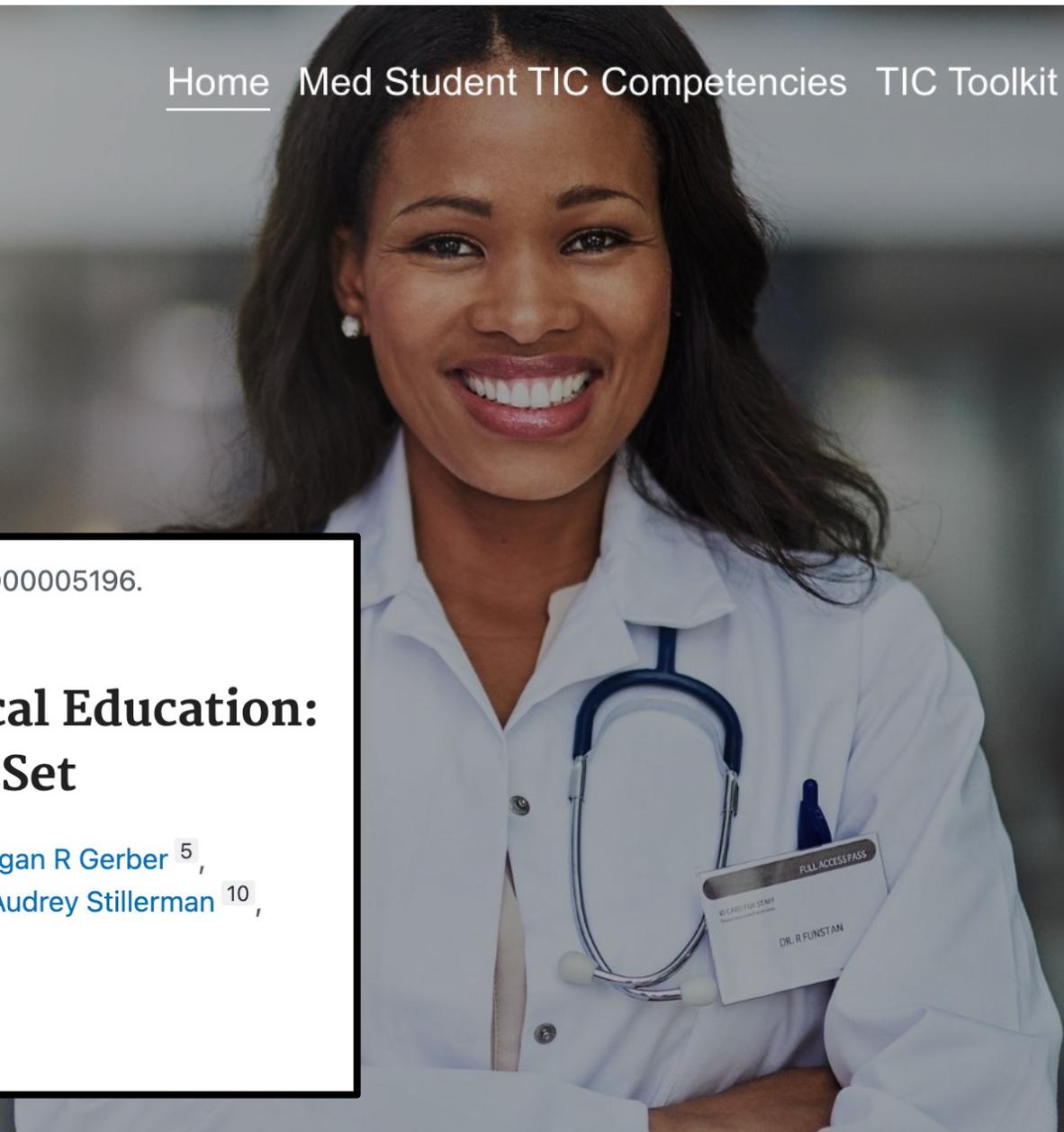
Epub 2023 Mar 1.

Roadmap for Trauma-Informed Medical Education: Introducing an Essential Competency Set

[Sarah Berman](#)¹, [Taylor Brown](#)², [Cecelia Mizelle](#)³, [Thang Diep](#)⁴, [Megan R Gerber](#)⁵,
[Martina Jelley](#)⁶, [Laura A Potter](#)⁷, [Patricia Rush](#)⁸, [Andres Sciolla](#)⁹, [Audrey Stillerman](#)¹⁰,
[Christopher Trennepohl](#)¹¹, [Amy Weil](#)¹², [Jennifer Potter](#)¹³

Affiliations + expand

PMID: 36862618 DOI: [10.1097/ACM.0000000000005196](https://doi.org/10.1097/ACM.0000000000005196)





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Trauma-Informed Health Care



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Brief Report



Navigating the Roadmap for Trauma-Informed Medical Education: Application of Undergraduate Medical Education Competencies

Megan R Gerber, MD, MPH  , Martina Jelley, MD, MSPH , and Jennifer Potter, MD  | [AUTHORS INFO & AFFILIATIONS](#)

Published Online: March 5, 2024 • <https://doi.org/10.7812/TPP/23.129>



Home → The Permanente Journal → Vol. 28, No. 1

Commentary



Leading Organizations From Burnout to Trauma-Informed Resilience: A Vital Paradigm Shift

Sadie Elisseou, MD  , Andrea Shamaskin-Garroway, PhD, Avi Joshua Kopstick, MD, Jennifer Potter, MD, Amy Weil, MD, FACP, Constance Gundacker, MD, MPH, and Alisha Moreland-Capuia, MD | [AUTHORS INFO & AFFILIATIONS](#)

Published Online: February 9, 2024 • <https://doi.org/10.7812/TPP/23.110>

Thank you!