ABSTRACT# 39

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Title Trauma-Informed Acute Care of Patients with Violence-Related Injury
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Background Patients with violence-related injuries presenting to the Emergency Department (ED) have an elevated risk of repeat injury after being discharged from acute care settings and a high rate of unaddressed mental health and social needs. While there is a growing body of evidence-based interventions to address these needs, there are no published medical education interventions for acute care providers. This study comprised two aims. The first aim was to demonstrate the feasibility of community-engaged trauma-informed-care-based training for emergency and surgical residents focused on the care of patients with violence-related injuries. The second aim was to better understand current trauma-informed care practices of resident physicians in order to inform further research and medical education efforts.

Methods In this thesis, we developed a pilot community-engaged resident training and conducted five simulation-primed small group interview sessions with emergency medicine and surgical residents with at least 1 year of residency experience.

Results Pre- and post-surveys demonstrated statistically significant post-training increases in resident self-rated knowledge and comfort. Qualitative data themes were: 1) Residents maintain a perspective that they should be focused on only the medical issues to avoid managing social and legal issues that they may not have the tools to manage, and seek to identify individuals who can build trust 2) Providers have a high level of knowledge regarding ED-specific stressors and have many de-escalation strategies to manage patients, but identify lack of time and team communication as barriers to implementation 3) Providers perceive that law enforcement negatively impacts care and are sometimes uncertain about how to interact with law enforcement and 4) A combination of provider perception of family presence negatively impacting medical care and a lack of resources forms a barrier to family engagement.

Conclusions Community-engaged, simulation-based trauma informed care training focused on patients with violence-related injuries was feasible and well-received. Training should highlight medico-legal topics, engaging patients with post-discharge resources, and inter-professional medical team-patient communication strategies suitable for the time-limited ED setting.

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