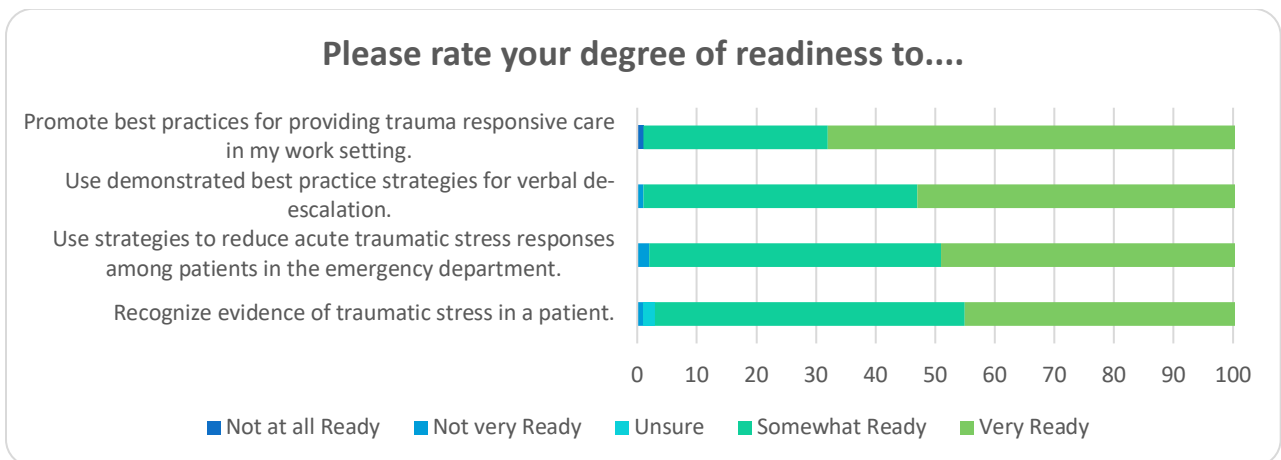
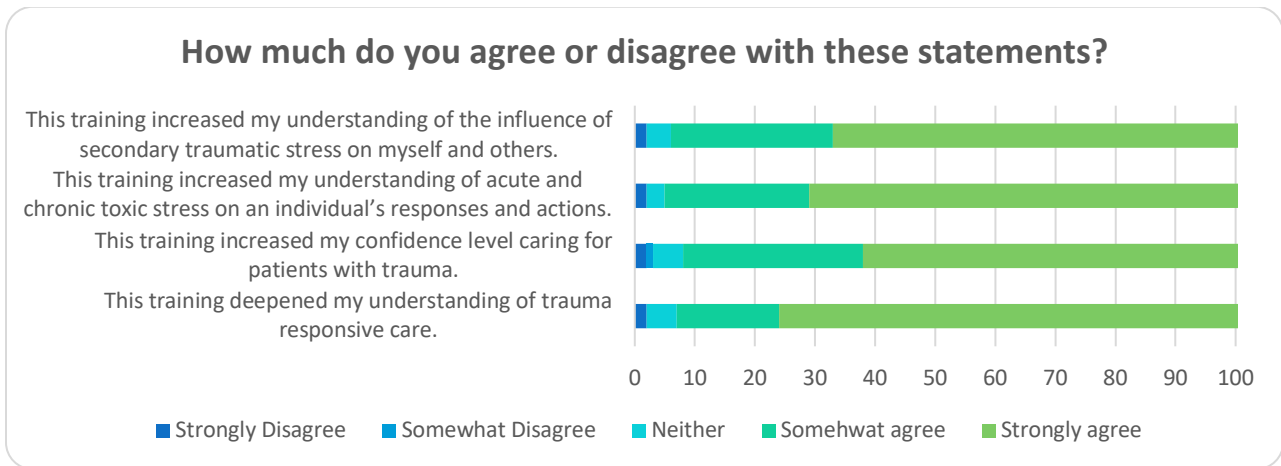


Trauma Responsive Care Training Evaluation Summary

A trauma-responsive approach to care seeks to create an organizational climate that is sensitive to individuals with trauma histories, and to foster an inclusive setting where all feel welcomed, respected, and valued. In 2023, with federal funding from the Health Resources and Services Administration, a Vermont-based team provided trauma-responsive care (TRC) trainings to 10 of the state’s 14 emergency departments. The four-hour, in-person training covered general trauma-responsive care topics, as well as information specific to the care of youth in psychiatric crisis and their families. Emergency departments who participated included (number of attendees and survey response rate following): Brattleboro Memorial Hospital (28, 93%), Central Vermont Medical Center (13, 85%), Copley Hospital (6, 100%), Grace Cottage (4, 75%), North Country Hospital (15, 73%), Northeastern Vermont Regional Hospital (10, 100%), Northwestern Medical Center (8, 88%), Rutland Regional Medical Center (16, 93%), Springfield Hospital (4, 100%) and University of Vermont Medical Center (18, 100%).

Overall, 70% rated the quality of the training as excellent and 28% rated it as good. The following two charts summarize the self-reported impact of training on participants:



TRC training participants were asked several open-ended questions on the post-training evaluation. The following figure shows themes of responses.

Changes in approach to work

- Awareness of one's own trauma and its impact on work.
- Asking patients more questions and actively listening.
- Using de-escalation techniques with a calming approach.
- Being more compassionate and curious without judgement.

Changes in work flow

- Establishing schedules and routines for patients.
- Involving patients in their care.
- Explaining to patients what to expect.
- Allowing patients to go for a walk when possible.

Things that support efforts to provide TRC

- Having enough time with patients.
- Support of hospital leadership.
- Debriefing after traumatic work experiences.
- Being part of a supportive and caring team.

Things that challenge efforts to provide TRC

- Limited opportunities for patients to access fresh air.
- Need for more staff, including an embedded social worker.
- Long hospital stays due to lack of referral capacity.
- Needing more time with patients.

A program evaluator interviewed representatives from the ten hospitals who hosted a Trauma Responsive Care training. Some of their quotes are included below:

"The training was really helpful. I think that the presenters deeply have a passion for what they do. They care about the education. They care about the patient outcome and the provider's outcome. It was very interesting and good to listen to."

- **Licensed Nursing Assistant**

"The person with lived experience really highlighted that it's not the big things, it's the little things. It is being reminded of human connection and that little comfort measures are important. That piece was probably the most beneficial for my staff."

- **Director of Emergency Services**

"It is helpful to have these kinds of trainings... We do CPR training every two years, and it's nice to have a refresher of this information. Remembering that there is this whole chemical reaction that is impacting the way people respond to stress and the way they come out of these trauma experiences."

- **Emergency Department Nurse**

"I think I've learned to listen to the patients more and really advocate for the patient."

- **Chief Nursing Officer**

"I think it's really important for us to address some of the secondary trauma. Caregiver fatigue and burnout that our staff are experiencing...because if they're not in a good place, they're not providing the best care that we can. We are hopefully working towards a goal of offering more education, more staff support, things like that."

- **Social Worker**

"We could do so much better. While I understand why we have a policy and a practice around some of those things, there are ways that we could adapt it to be certainly more patient-friendly, supportive, understanding. We have tools at our disposal to minimize some of the ways that we approach those patients to not also inflict undue stress and harm in the way that we approach them. Unfortunately, some of that is a training issue."

- **Emergency Department Nurse**