Enhancing Provider Skills and Preventing Burnout: Facilitation and Training in Trauma-Informed Pediatrics

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Introduction

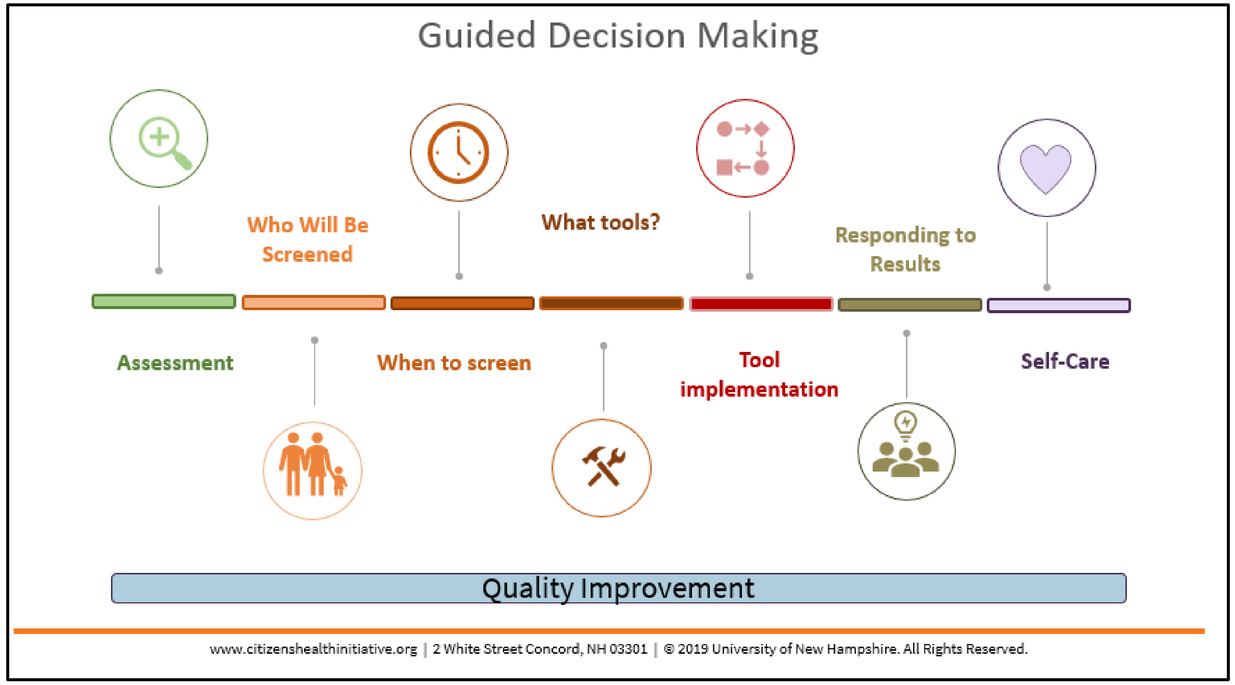
Implementation of Trauma-Informed Care (TIC) in a pediatric primary care setting is an emerging field of study. A "Gold Standard" for screening for childhood adversity has yet to be established. Our TIC in Pediatrics Project is piloting a guided facilitation process to support multi-disciplinary practice teams in developing and implementing workflows to screen and respond to childhood adversity.

Objectives

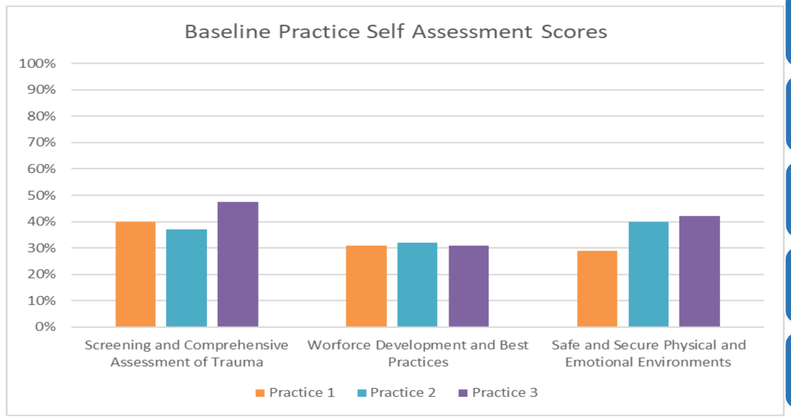
- Increase TIC knowledge and skill
- Support 5 NH pediatric clinics in using quality improvement principles to pilot process(es) to detect and respond to child adversity/trauma.
- Increase interprofessional collaboration within the clinic team and surrounding community agencies to reduce the effects of trauma on children and the secondary trauma impact on care team.

Supports Provided

- Nine-month planning phase
  - TIC guidebook developed to outline the implementation process
  - Trauma & Integration site self-assessments
  - Guided decision making via facilitation and tools
  - Advanced trauma trainings (including self-care)
  - Connect Community Agencies
- Six-month implementation phase
  - QI training and TA
  - Consults with trauma clinicians
  - Evaluate workflow results



SAMHSA's TIC Site Assessment Tool



Developing Workflows

Family checks in	• Develop a process to decide how staff will know which families will be screened. For example, will someone review the next day's visits to identify the families to be screened? How will they notify the whole team?
Screening tool distributed	• Establish whether the family will complete the screen in the waiting room alone or in the exam room with the staff or clinician.
Screen completed	• Determine if the screen will be administered by tablet or paper. If paper, to whom does the family give the completed screen? How will you ensure response confidentiality of sensitive information?
Screen(s) scored	• Who will score the screen(s)? How will results be distributed to the clinician before the visits starts, if the screen is not completed orally by the clinician with the family?
Results reviewed with family	• A clinician's response may influence the way the family and child perceive the trauma, their hope for recovery, and their desire to seek further treatment.

"If I'm the only one doing it [care provision], I definitely can't do it in 20 minutes. But if I have a team, then it becomes a whole different experience and so I feel like that I've been giving that family more time, and that's a good thing. And most providers are going to love that if that's possible."

Primary Care Clinician Practicing in a team-based care model (NHPIP Interview)

Evaluation

Our analysis of this project will evaluate:

1) *Process* –the effectiveness of tools created, efforts to promote team-based care and connections to community partners.
2) *Impact* – on provider knowledge and confidence in addressing trauma in their practice, # of children screened and referral patterns

Conclusion

Upon completion of this project we hope to learn more about how to successfully implement trauma-informed care practices into pediatric medical settings. This information will lead to a more refined approach taking into account the resources and opportunities of each individual practices.

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