



Trauma - Informed Care in Palliative care

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Problem Identification

- History of psychological or physical trauma, both occurring in childhood and/or adulthood, can negatively impact the patient's health and quality of life.
- History of trauma can cause the patient to experience increased mental or physical discomfort at the end of life.
- Trauma can occur from medical procedures and experiences, including ICU stays and hemodialysis.
- Covid-19 has caused traumatic stress for patients and healthcare professionals.

Project Purpose

Improve the delivery of trauma-informed care to the palliative care population in Olympia and Centralia, WA.

Project Aims

1. Deliver an educational session about trauma-informed care in the palliative care population to the palliative care interdisciplinary team.
2. Improve palliative care providers' (MD, DO, ARNP) understanding of how to assess for trauma in their routine history taking and how this can impact their plan of care.
3. Improve palliative care interdisciplinary collaboration in regards to trauma-informed care.

Methods

Design:

- Two-part educational module was developed for an inpatient/outpatient palliative care interdisciplinary team.
- Pretest and posttest was conducted using the Attitudes Related to Trauma Informed Care (ARTIC) tool.

Population:

- Interdisciplinary palliative care team at non-profit hospitals in Olympia and Centralia, Washington.

Methods

Education:

- The following subject matter was delivered via microsoft teams over two 45 min education modules, one month apart.
 1. Definition of trauma
 2. Clinical application of trauma-informed care

Data Collection:

- Pretest was used prior to implementation, and posttest was sent out 2 weeks after the implementation of the final module.
- Included in the posttest was discipline specific question to assess if practice change occurred.

Results

	Pretest	Posttest
Participants	25	22
Providers	11	10
Nurse	10	6
MSW, Chaplain, Music Therapist	2	4
Program Asst, Business Analysis, MA or Clinic Mngr	2	2

	Pretest	Posttest	Change
ARTIC	5.828	6.257	+0.429

****MSW/Chaplain/Music Therapist information had to be removed in the pretest/posttest analysis due to a discordance in responses.**

Results

- Pretest and posttest analysis show that learning did occur
- Feedback collected from providers:
 - Increased awareness of trauma's impact on behaviors
 - Appreciation for common language on how to discuss trauma
 - Increased awareness to collaboration with the interdisciplinary team for trauma histories

Discussion

Aim 1:

- Pretest and posttest analysis show that learning did occur

Aim 2/Aim 3:

- It is felt that not enough time from implementation of the educational module and delivery of the posttest (2 weeks) allowed for proper assessment of practice change

Discussion

Barriers:

- Covid related restrictions on in-person presentations

Recommendations

- Going into greater depth on how to recognize and respond to vicarious trauma in healthcare clinicians
- Include tools to help de-escalate patients in an active stress response
- Deliver education in one session as opposed to multiple sessions spread out over time

Conclusion

- Trauma-informed care is an essential component when providing whole-person care
- Allows clinicians to explore the many experiences that could contribute to the patient's health and social situation
- Trauma-informed care can assist the clinician in developing a plan of care that addressed core/holistic causes
- It is hoped that through trauma-informed care that we can create a better about the complexity of events that impact health, and help to better facilitate positive patient outcomes

References



Thank you

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