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Improving Trauma-Sensitive Primary Care for Women Veterans with Histories of Sexual Trauma: Findings from an HSR&D Pilot Project

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Spotlight on Women's Health

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- Dr. Susan Frayne, Ms. Diane Carney, and the Women's Health Practice-Based Research Network Site Leads
- The participants



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Poll Question

Which of the following describe(s) you?
(select all that apply)

Veteran

Researcher

Clinician/provider

Administrator/manager

Policy-maker



Background

- One in four women Veterans who use the VA have histories of military sexual trauma (MST)
- Sensitivity to sexual and other trauma histories is critical in women's primary care (PC)
- VA trainings and resources for trauma-sensitive care are available
 - Our prior work demonstrated PC providers could benefit from additional trauma-sensitive tools and supports



Background

- Findings from PACT providers & staff interviews in FY14 suggested potential usefulness of additional guidance on trauma-sensitive care
 - Based on input, we developed drafts of trauma-sensitive point-of-care tools: pocket card & environmental checklist
 - Particularly important for use at sites with mixed gender primary care
- Potential value supported by recent findings that 1 in 4 women Veteran primary care users experience harassment by male Veterans on VA grounds



Tool Background: Trauma-Sensitive Primary Care Pocket Card

- **GOAL:** To create a laminated point-of-care pocket card or reference page with communication and clinical tips (with easy access for viewing prior to or during patient encounters) to improve guideline adherence and clinical care for women Veteran patients with sexual trauma histories
 - Target audience: PC providers and staff (MD, NP, PA, RN, LPN, Clerk, PCMHI staff)



Tool Background: Trauma-Sensitive Environmental Checklist

- **GOAL:** To create a structured approach to review, evaluate, improve, and maintain the local facility and clinical care environments so that they are safe, calm, and empowering for women Veteran patients with sexual and other trauma histories
 - Target audience: PC providers and staff (MD, NP, PA, RN, LPN, Clerk, PCMHI staff), managers outside PC (hallways, other areas)
 - Checklist comprises recommendations (not mandatory)



Specific Aims

- 1) Integrate women's experiences and preferences into the development of draft tools
 - Focus groups with women Veterans
- 2) Better understand best practices and existing trauma-sensitive PC tools
 - Interviews with subject matter experts
- 3) Evaluate anticipated feasibility and acceptability of draft tools
 - Interviews with subject matter experts and interactive webinars with Women's Health Practice-Based Research Network (PBRN) Site Leads



Today's Focus

- Summary of findings from:
 - Focus groups with women Veteran patients
 - Interviews with subject matter experts
 - WH-PBRN interactive webinars



Focus Groups with Women Veterans

- 3 focus groups
 - 16 participants (women Veteran VA primary care users)
- Topics
 - Perceptions of trauma-sensitive care & PCP skills & comfort
 - Perceptions of facility and clinic environment
 - Feedback on draft trauma-sensitive PC tools



Women Veterans Define Trauma-Sensitive Care

- Female-only providers & staff or option to choose
- Having separate/private female-only waiting rooms
- Tailored care and not “an assembly-line type of help”
- Genuine listening
- When staff are trained in good etiquette & bedside manners, are non-judgmental
- Providers are understanding, warm, receptive, personable, friendly, empathic, non-judgmental; make patient feel comfortable
- PCPs make eye contact & give greetings
- When providers are not authoritative
- Caring for the physical, mental, and emotional aspects of patient health



Women's Suggestions for Enhancing Trauma-Sensitivity

- Taking time with patient/not rushing
- Having knowledge of and making appropriate referrals (e.g., to mental health)
- Following up/making phone calls (e.g., after missed appts)
- Not handing patient off to another provider unless absolutely necessary
 - e.g., to avoid feeling “like damaged goods” all over again
- Creating a homey & safe environment (plants, soothing colors)



Women's Suggestions for Trauma-Sensitive Gender-Specific Care

- Giving preview/verbalizing actions
- Displaying gentleness
- Ensuring comfort with gender of provider
- Prepping supplies & organizing the room
- Using privacy curtains
- Using sheet to cover up body parts not being examined
- Prior to arranging observation of gender-specific exams, asking patient if it is ok if student/intern is male
- Being sensitive to presence & behavior of chaperone
 - Not all patients comfortable with additional person
 - Emphasis on chaperone not “staring”
- Being sensitive to appropriate-fitting gown
 - e.g., for mammogram



Perceptions of PCP Challenges with Trauma-Sensitive Care

- Insufficient training in bedside manners
- Lack of time/running late
- Fear of triggering patient
- Burnout
- Inability to identify/relate
- Personality conflict
- Being a male provider
- Uncertainty regarding gender-specific exam procedures, equipment
- Tendency to focus on technical details (e.g., blood pressure)



Suggestions for Facility/Clinic Environment

- Separate buildings specifically for women
 - Not having to walk through/past groups of men
- Larger clinics, waiting rooms, & exam rooms
- Eliminate/curtail loud noises
 - Disturbing/stressful TV programs playing
 - Staff talking or laughing loudly
- Décor/aesthetics
 - Feminine touch/pretty colors
 - Pleasing wall colors & artwork
- Soothing music
- Provide books to read while waiting



Suggestions for Trauma-Sensitive Care Trainings

- What it is like to come to the VA/appts (testimonial videos)
- Front desk clerk professionalism & courtesy
- Front desk staff/PACT staff members understanding complexity involved with asking reason for desire to change provider
 - Reason may relate to provider gender & sexual trauma experience
- Bedside manners training (PCPs)
- Provider mindfulness & sensitivity training
- Awareness of possible divergences in patient & provider/staff understandings of privacy & confidentiality



Subject Matter Expert (SME) Interviews

- Snowball sampling recruitment across nation
- 30 SME participants interviewed
 - MST Coordinators (n=10)
 - Women's Mental Health Champions (n=10)
 - Women's Health Medical Directors (n=10)
- Average number of years in role: 4.9
- Average number of years in VA: 8.5
- Majority female (n=28)
- Semi-structured telephone interviews



Subject Matter Expert (SME) Findings

- 1) Perceptions of provider challenges
- 2) Feedback on tools



Perceptions of Provider Challenges

- **Individual-level challenges**
 - Lack of trauma-sensitive care training & prior trainings/education emphasize Q&A format (not emotional)
 - Navigating own self-awareness & insights re own biases/judgments & personal experiences
 - Uncertainty about how to handle hyperarousal
 - PCP burnout
 - Emotional exhaustion
 - Lack of comfort with women's health & sexuality-related topics
 - Assumption that sexual trauma-related issues are under purview of psychiatry/psychology & not PC



Perceptions of Provider Challenges (cont.)

- **System-level challenges**
 - Appointment time constraints (no time to “open can of worms”)
 - Lack of protected time for trauma-sensitive care trainings
 - Providers see fewer women in mixed gender PC clinics
 - Challenge of meeting metrics versus sensitivity to individual patient needs (postponing exams)
 - Culture of avoidant behavior regarding communication about MST/sexual trauma history



Perceptions of Provider Challenges (cont.)

- *“....They’re not sure what to do when they do ask. I think there’s a big fear that someone is going to become overly emotional or upset or share a lot of, again mental health concerns, but they’re not going to know what to do or how to deal with that....” [MST Coordinator]*
- *“I think a lot of it [discomfort] comes from just a lack of knowledge and just like they don’t know what to say or do or there’s a fear that they’re going to make the patient feel worse or trigger it in some way. So some people prefer to just sort of hand it off to somebody else.” [Women’s Health Medical Director]*



Feedback on Draft Trauma-Sensitive Care Tools

- SMEs commented on tools in theory
 - Copies of draft tools not shared
 - Majority expressed support for the tools



Feedback on Draft Trauma-Sensitive Care Tools

- Environmental Checklist
 - Positive feedback:
 - Things like noise, volume, television channels, decor etc. are very impactful & often overlooked and/or not on current environment of care checklists
 - “Look or feel part of the environment rather than the physical infrastructure”
 - Would also help to reinforce existing practices (e.g., privacy)
 - Suggestions included:
 - Items should be under control of providers/staff
 - Importance of leadership/administration support



Feedback on Draft Trauma-Sensitive Care Tools

- Pocket Card
 - Positive feedback:
 - Would give good visual cues & be a quick reference
 - Those who rarely see women need those reminders
 - Would be quite useful at the medical student level
 - Cards/laminates have worked well to educate & remind in other fields such as suicide prevention
 - Useful for doing further follow-up after positive MST screen
 - Very good if building on core training session to which it anchors



Feedback on Draft Trauma-Sensitive Care Tools

- Pocket Card
 - Concerns included:
 - Already too many pocket cards on various topics
 - Many providers do not wear jackets/have pockets
 - Many providers do not read the pamphlets given to them
 - May not be effective without accompanying case-based learning discussions, role playing, etc., to improve complex concepts & skills
 - Providers need a baseline interest in improving to motivate their use of it



Feedback on Draft Trauma-Sensitive Care Tools

- Pocket Card
 - Additional suggestions included:
 - Content in a phone app would be useful
 - Have information accessible from a tab on provider/staff desktop
 - Similar to crisis call instructions
 - Pocket card does not have to go in pocket, but instead it can be tacked on bulletin board or in a drawer



WH-PBRN Interactive Webinars

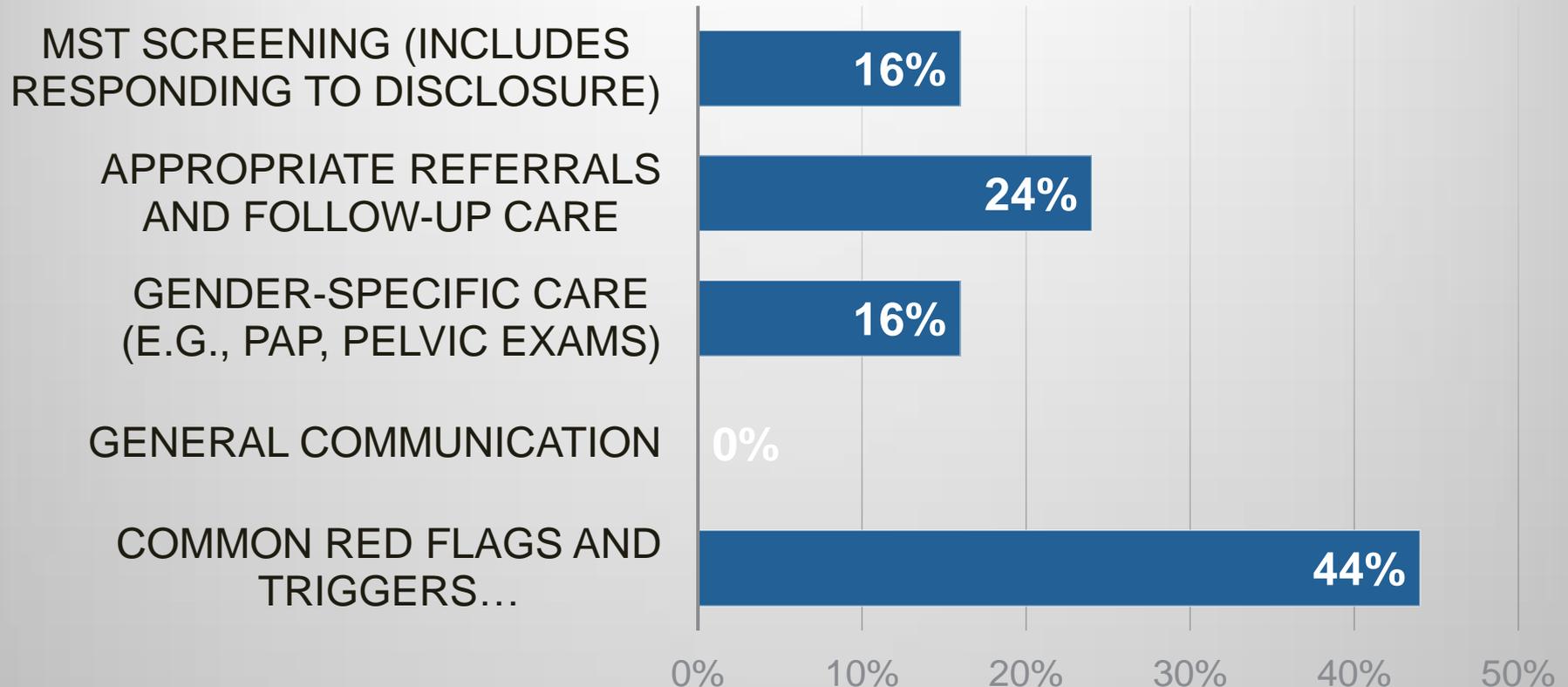
On national calls, sought feedback from Women's Health Practice-Based Research Network (PBRN) Site Leads

- Trauma-Sensitive PC Trainings/Supports (Nov 2017)
- Draft Trauma-Sensitive PC Environmental Checklist (Dec 2017)
- Draft Trauma-Sensitive PC Pocket Card (Feb 2018)



Trainings/Supports

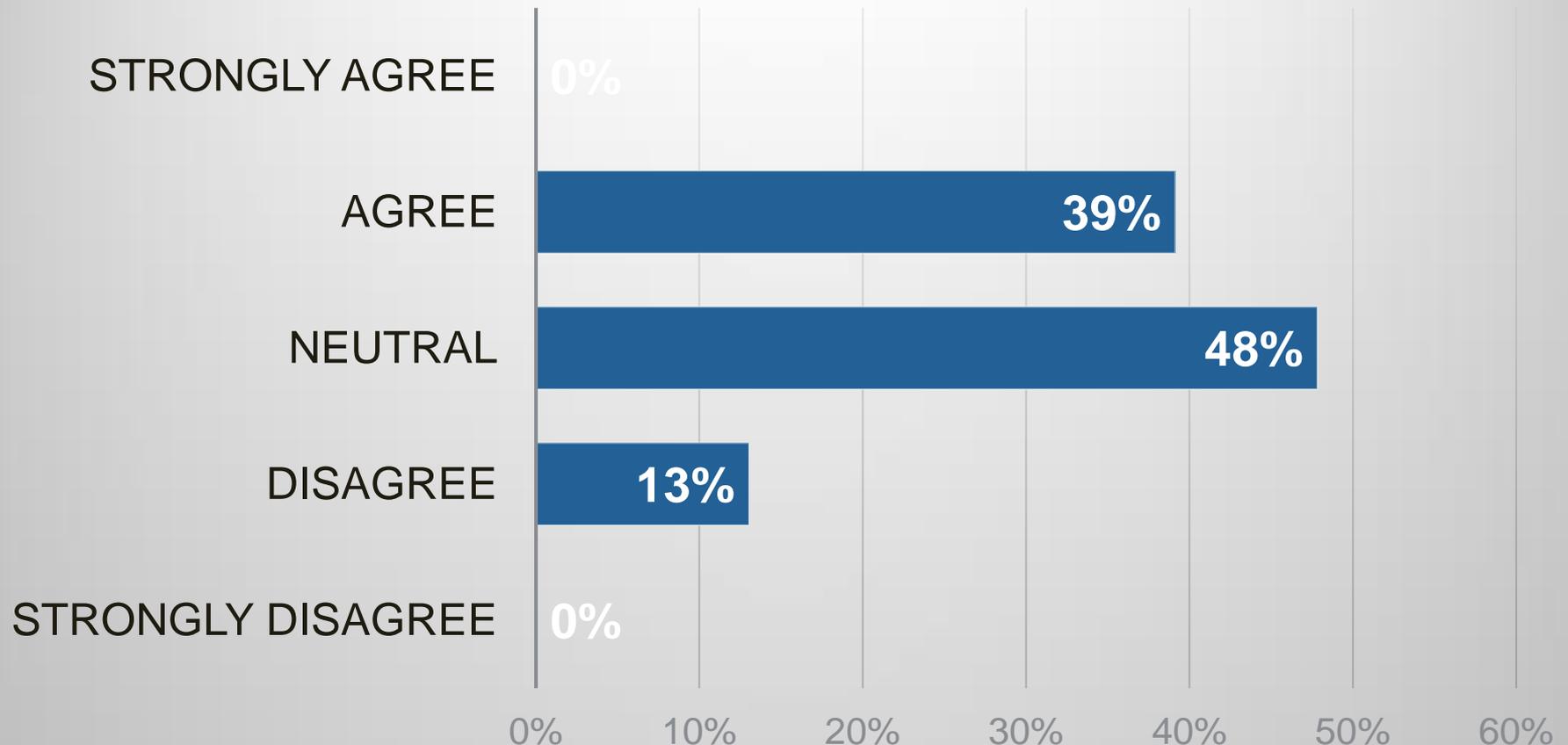
Which content area represents the topic in which PC providers and/or staff most need trauma-sensitive primary care training?





Trainings/Supports

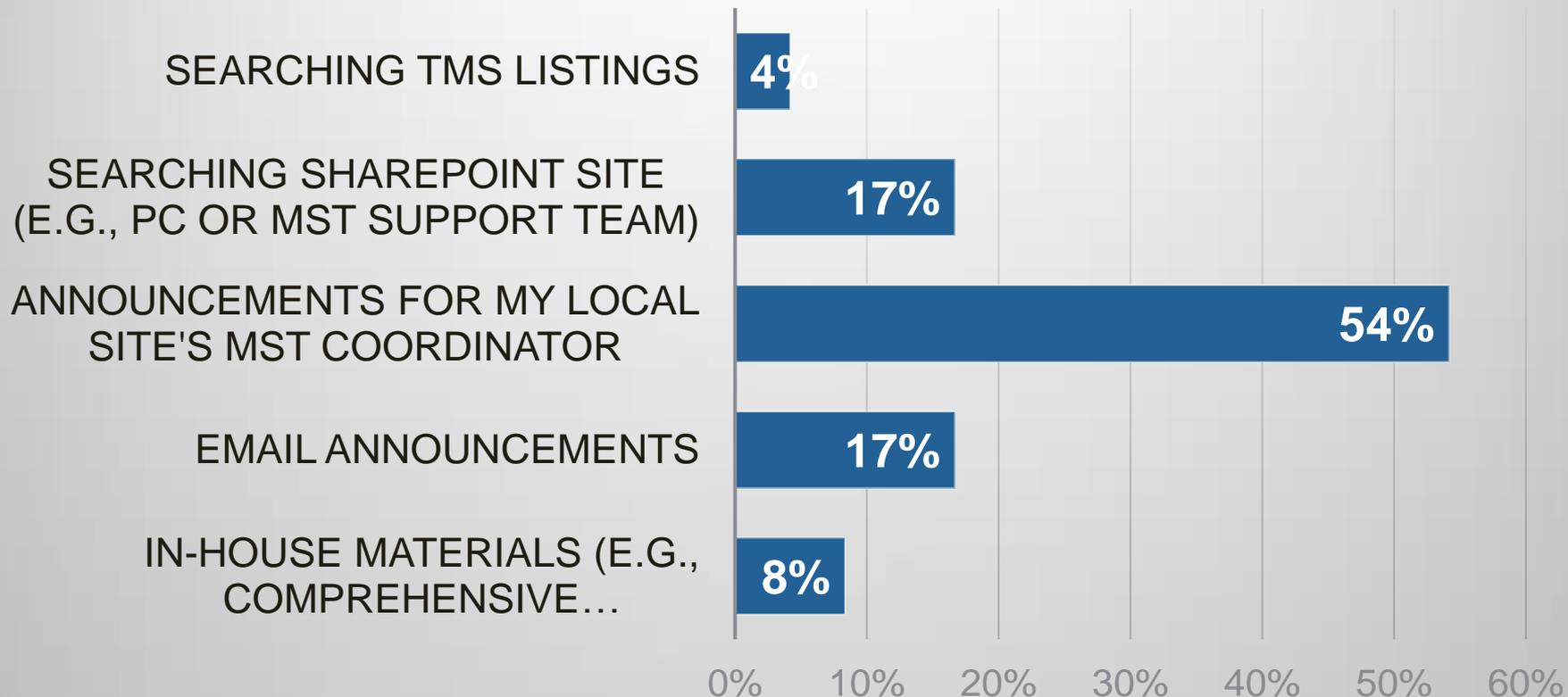
It is easy for me to find trauma-sensitive trainings and resources when I need them.





Trainings/Supports

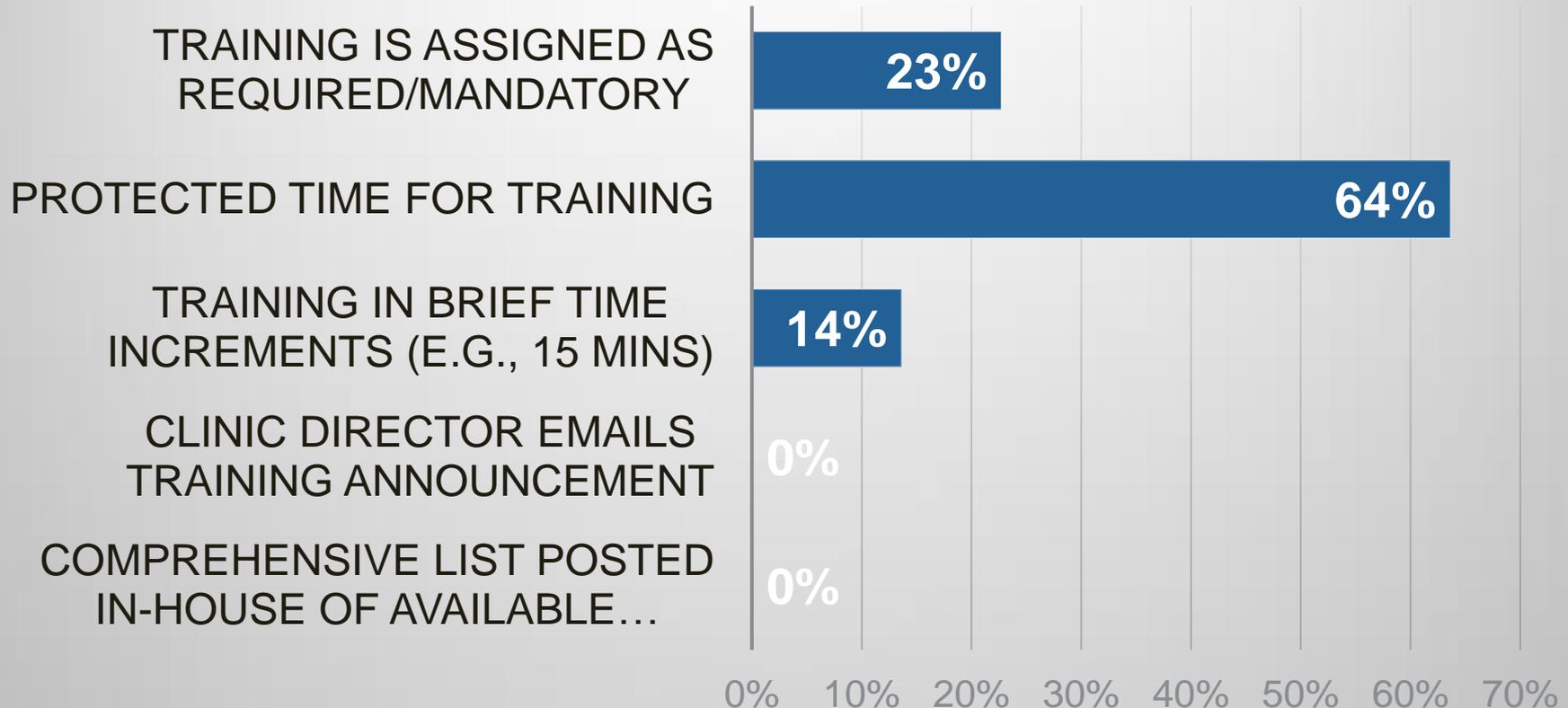
What is your preferred method of finding out about trauma-sensitive care resources and trainings?





Trainings/Supports

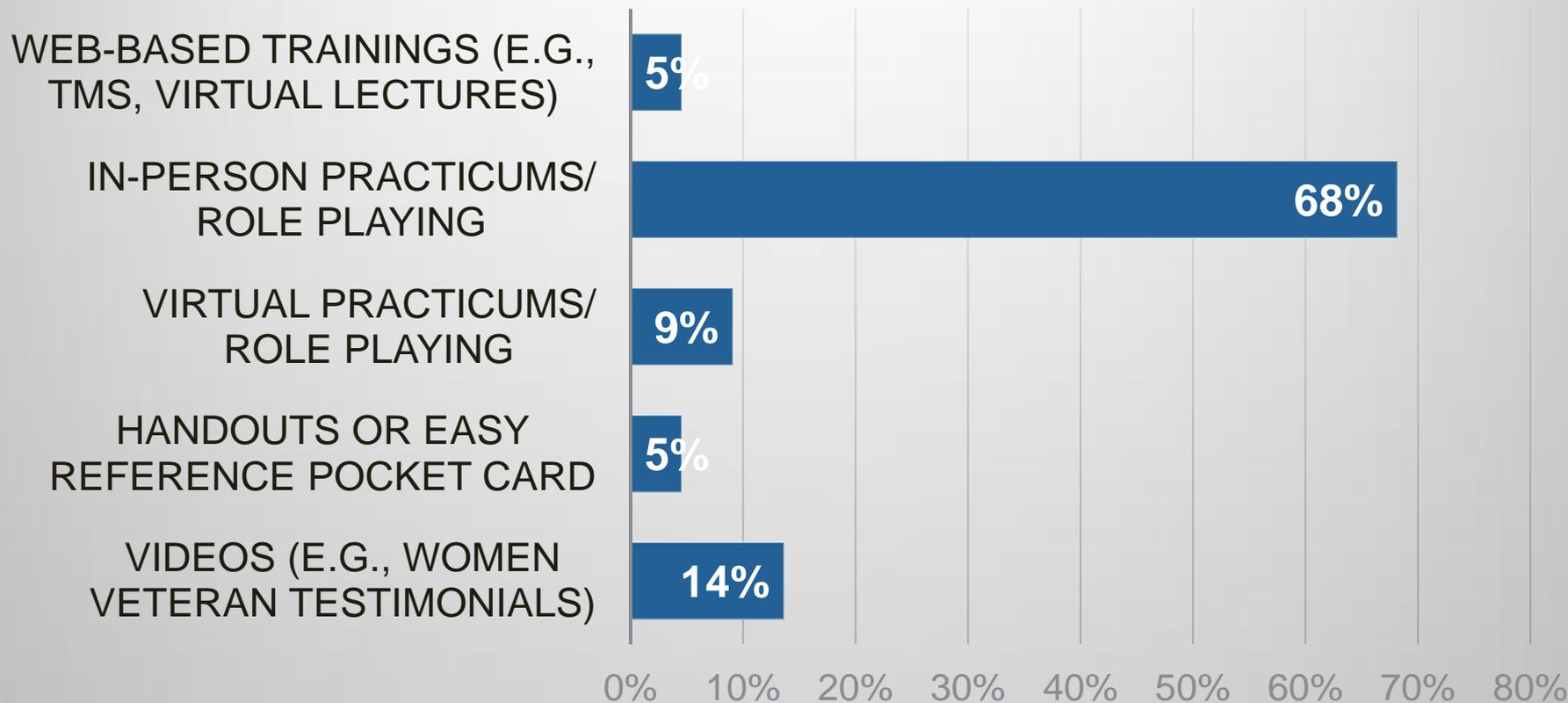
What would help most to encourage more PC providers to complete existing trauma-sensitive trainings?





Trainings/Supports

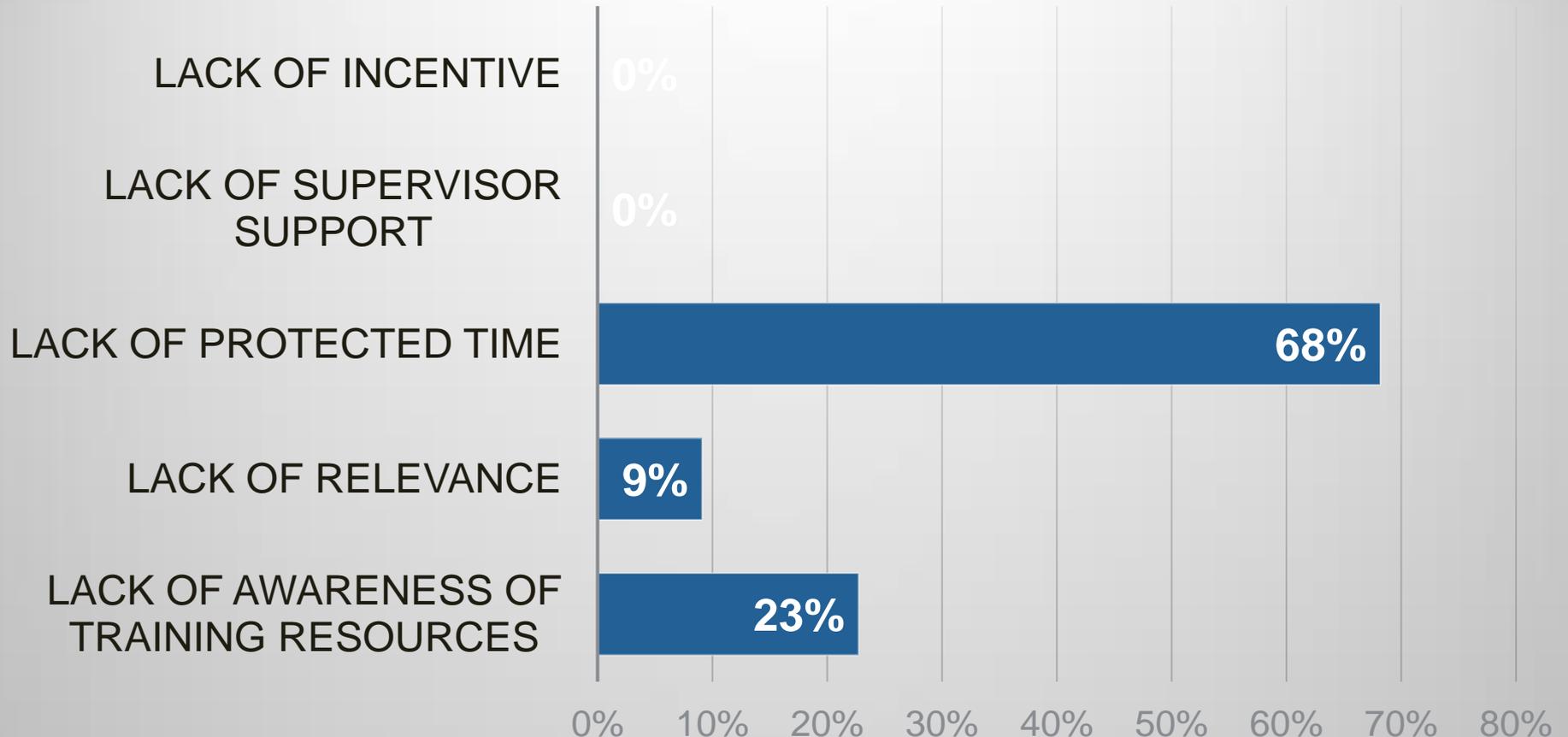
What is the best training medium/method to educate PC providers about trauma-sensitive care?





Trainings/Supports

What is the biggest barrier to participating in trauma-sensitive care-related trainings?





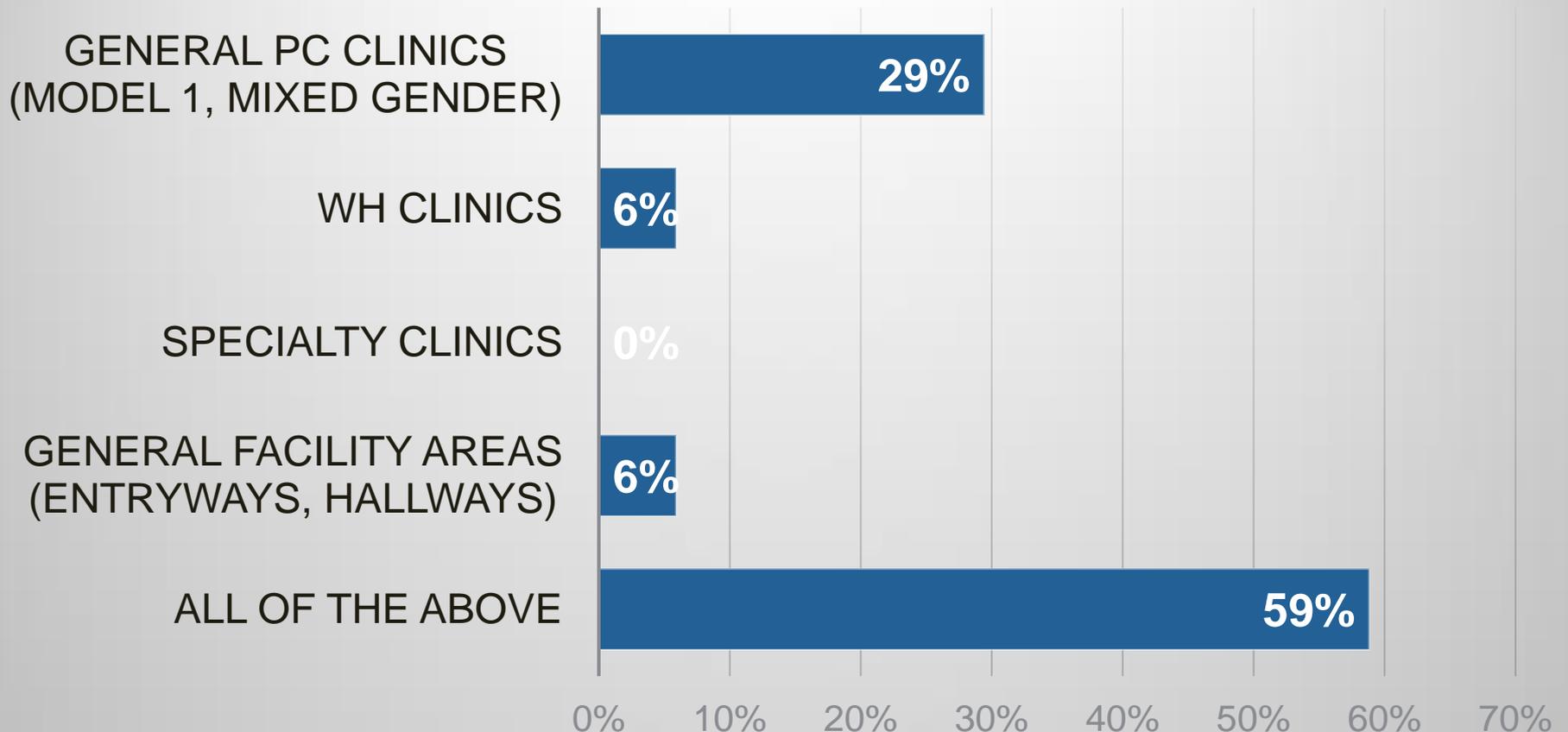
Environmental Checklist Webinar

- An environmental checklist would be helpful
 - 89% strongly agree/agree
- Contains unique recommendations
 - 83% strongly agree/agree
- Would encourage colleagues to use
 - 95% strongly agree/agree



Environmental Checklist

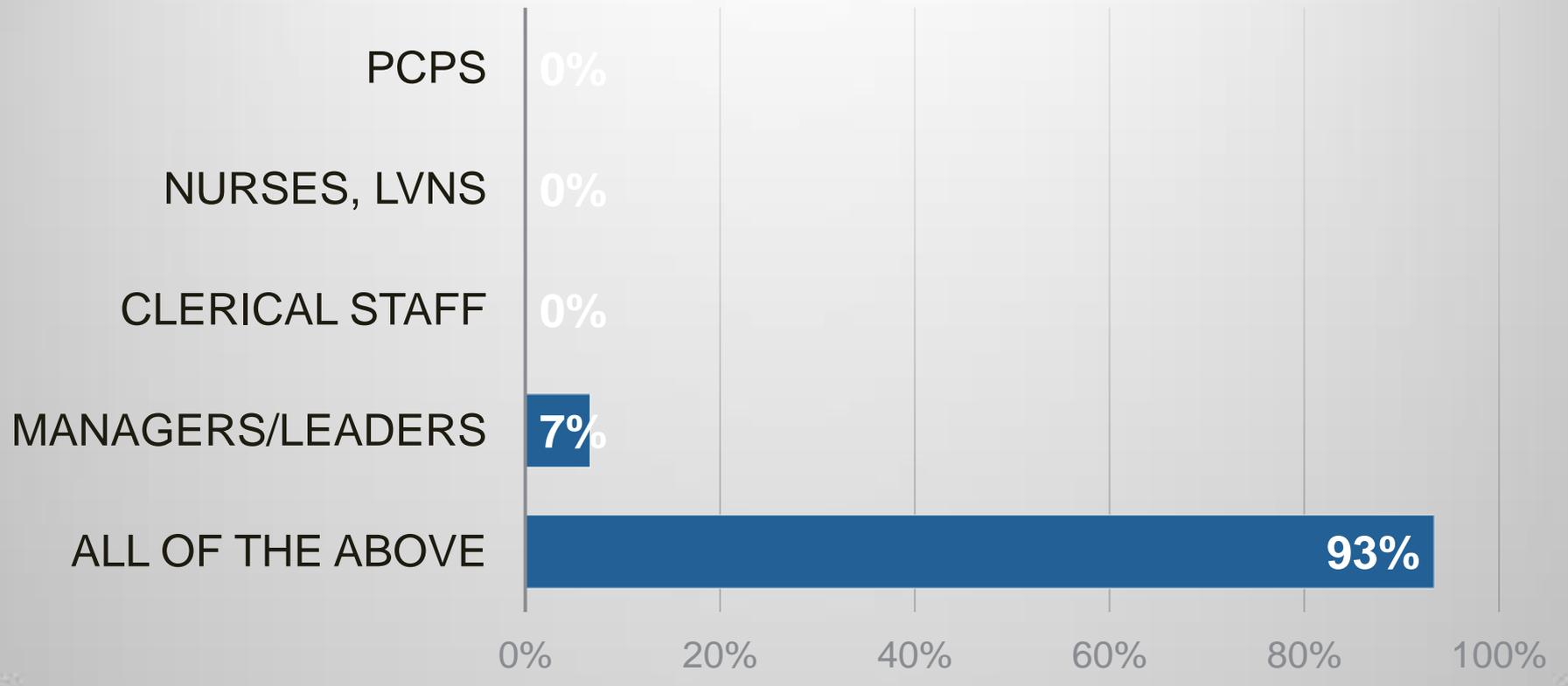
For which of the following areas are the checklist recommendations most relevant/beneficial?





Environmental Checklist

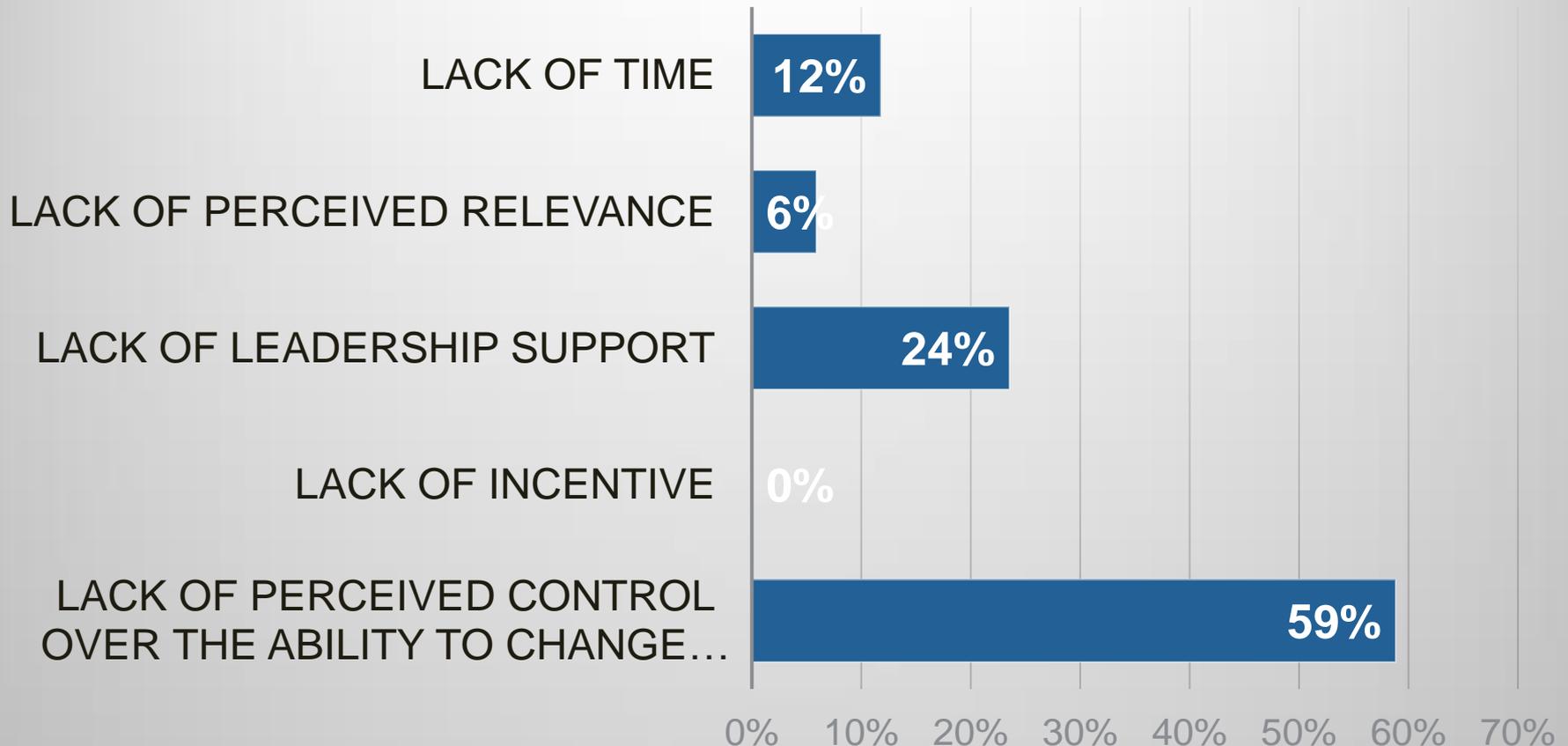
Which of the following roles would benefit most from exposure to the trauma-sensitive environmental checklist?





Environmental Checklist

What would be the biggest barrier to utilization of this trauma-sensitive environmental checklist?





Pocket Card

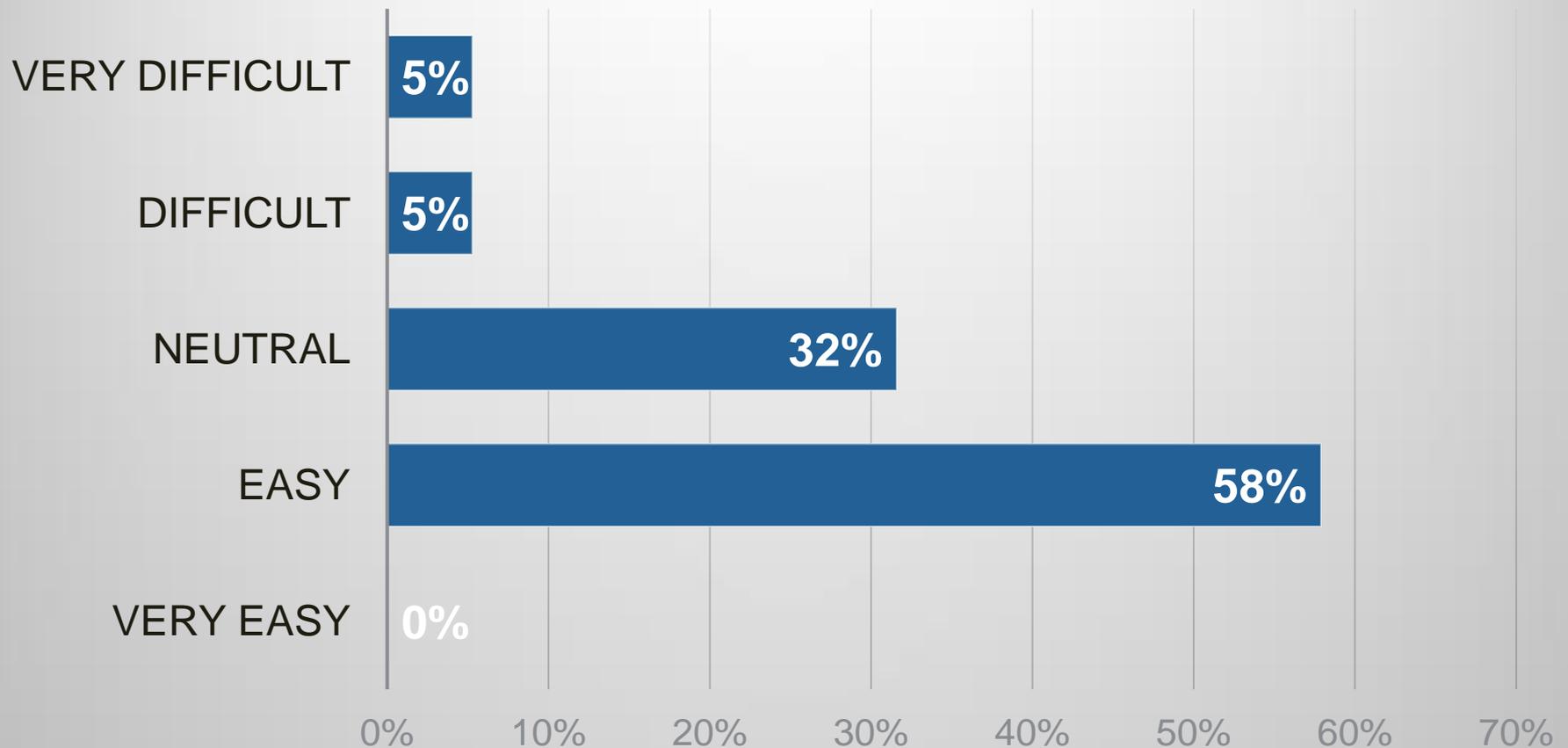
The PC Pocket Card:

- Would be helpful
 - 85% strongly agree/agree
- Contains unique recommendations
 - 40% strongly agree/agree
- Would encourage colleagues to use
 - 90% strongly agree/agree



Pocket Card

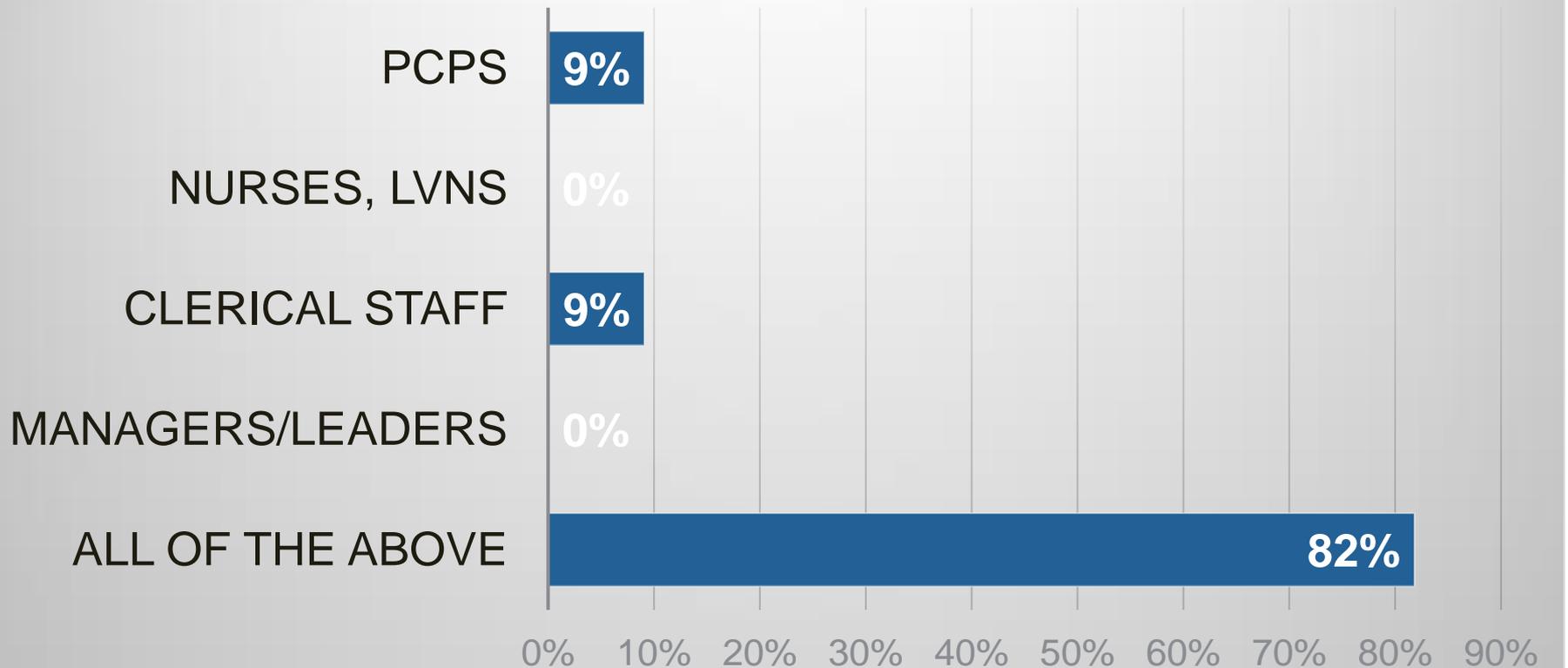
**How easy would it be to use this Trauma-Sensitive
PC Pocket Card?**





Pocket Card

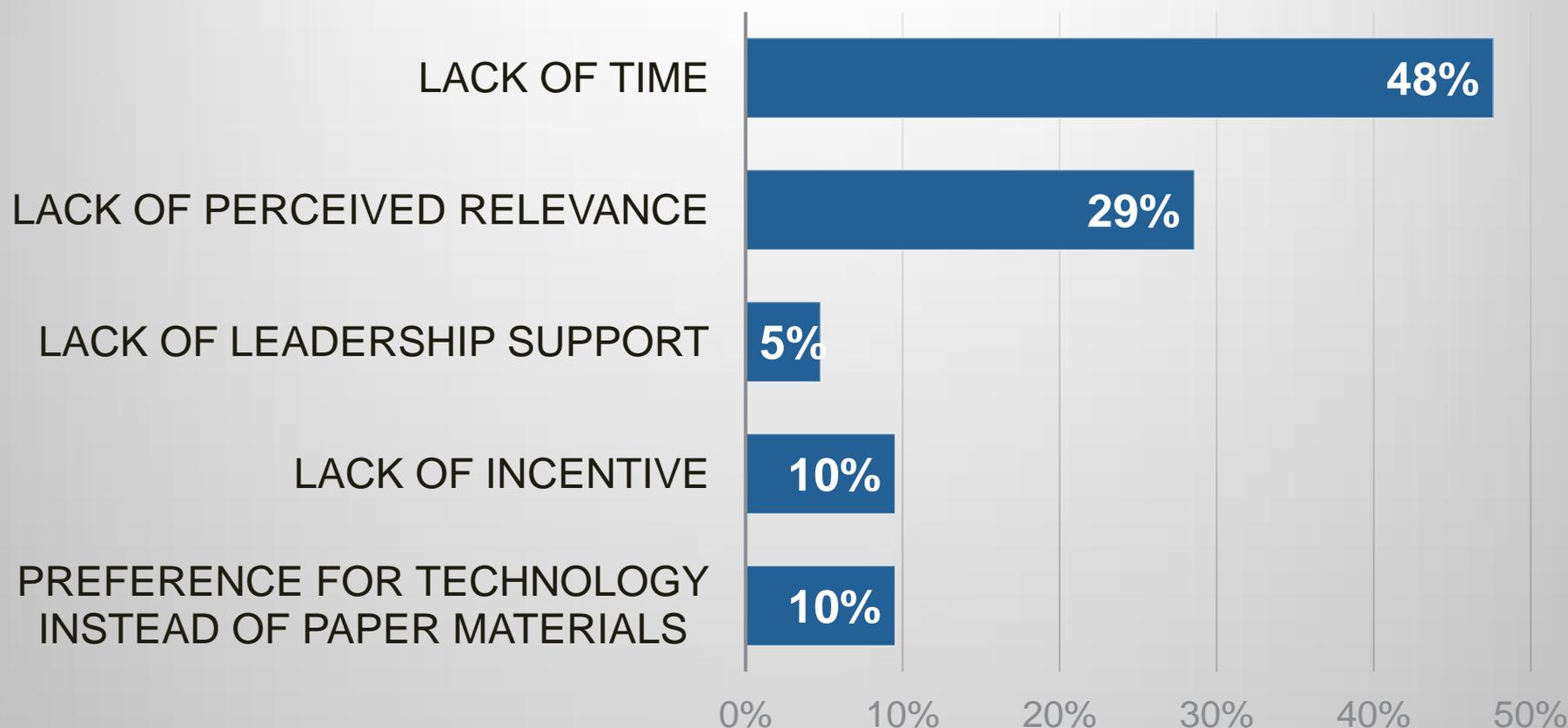
Which of the following roles would benefit from exposure to the Trauma-Sensitive PC Pocket Card?





Pocket Card

What would be the biggest barrier to utilization of this Trauma-Sensitive PC Pocket Card?





Environmental Checklist: Sample Content

- Waiting Areas/Clinic Space
 - If possible, provide private or women-only waiting room
 - Avoid small/cramped waiting areas
 - Clearly post info on how to give suggestions/feedback
 - Provide calm & soothing environment
 - Minimize loud noises
 - Staff conversation & laughter, television volume, door slam



Pocket Card: Sample Content

Gender-Specific Care: Trauma-Sensitive Language Strategies/Examples

Say this...	NOT this...
“You can change into this gown”	“Take off your clothes” or “Strip”
“Exam table”	“Bed”
“You can move further down the table”	“Scoot your bottom down”
“Please let your knees fall out to the side”	“Spread your legs/knees”
“Foot holders”	“Stirrups”
“I am going to place the speculum”	“Put it in” or “Take it out”
“You will now feel the speculum”	“I’m pushing the speculum into you”
“I’m going to look at...”	“I’m going to check out...”
“Your exam was healthy”	“Your exam was normal”



Poll Question

These trauma-sensitive care tools will be of value to VA primary care.

Do you:

Strongly agree

Somewhat agree

Neutral

Somewhat disagree

Strongly disagree



Conclusions

- Findings confirm need/desire for improving trauma-sensitive care, especially for providers/staff in mixed gender PC clinics
- Findings indicate support for the tools and their potential feasibility/acceptability
 - Pocket card may be converted to a phone app or spiral guide
- Next steps: further develop tools and test them



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Thank you!

Questions/Comments?

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