Table 1: Six Principles of Trauma-Informed Care

Safety	A space where individuals feel physical, emotional, and psychologically free from harm, risk, or injury
Trust & Transparency	Clear, timely and honest communication about what individuals can expect
Peer Support	Ensuring there is physical and emotional support for individuals from people that matter to them
Collaboration & Mutuality	Making sure that the individual is involved in decision making and is an equal in weighing choices
Empowerment, Voice & Choice	Individuals thoughts are thoroughly explored and they are encouraged to state them
Cultural, Gender & Historical Acknowledgements	Consider an individual's background across multiple identities to ensure previous individual and community trauma is considered in interacting with them.

Table 2: *Six Principles of Trauma-Informed Care Table (use File -> Make a Copy to edit)*

Safety	
Trust & Transparency	
Peer Support	
Collaboration & Mutuality	
Empowerment, Voice & Choice	
Cultural, Gender & Historical Acknowledgements	

Figure 1: Window of Tolerance

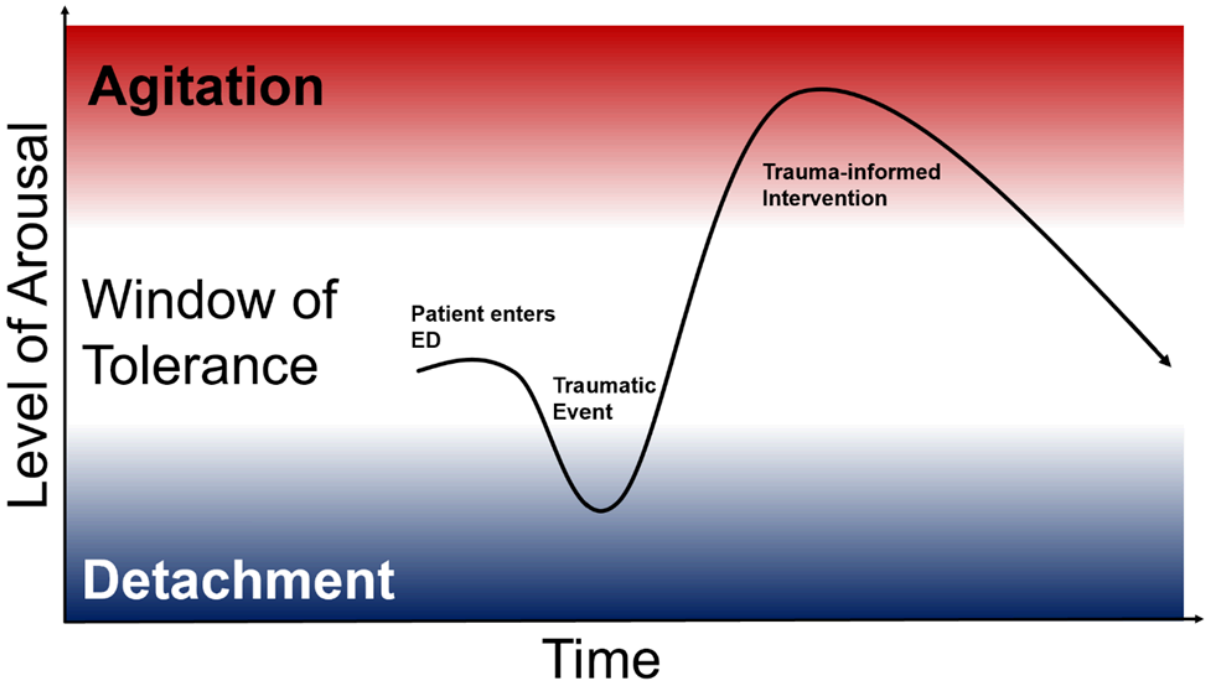

Figure 1: This diagram shows the trajectory of a patient's level of arousal throughout their stay in the emergency department (ED). When the patient first enters the ED, they are within their window of tolerance, but a traumatic event causes them to move quickly into a detached state (numb, quiet, dissociated) followed by a hyper-aroused agitated state (yelling, getting out of bed, throwing objects). The hope of a trauma-informed intervention, is to use the six principles to move the patient from the hyper aroused state back into the window of tolerance so that they can effectively engage in their care. (Ashworth, Brown 2024)

Practice Cases (For Learners)

Instructions: *Cases 1 and 2 will be part of group discussion and application of trauma-informed care principles; they are included for your reference. Prompts for #3 below should frame a partner discussion (5 min) followed by a large group discussion.*

1) Trauma-informed Procedures
    - **Consider this scenario:** It is a busy Monday evening shift and your first patient of the night is a young woman with the chief complaint of "arm pain" in a hallway stretcher. Ana is a 35F (she/her) who presents with right arm pain. She tells you that she struggles with substance use and injects IV fentanyl. You see from her chart that she has been to your ED several times for complications related to substance use and often leaves before a work up is complete. When you examine her arm, there is a large abscess in the right antecubital fossa. You tell Ana that she will need a procedure to drain the infection. Upon hearing this, Ana draws back, raises her voice, and yells, "I won't let you hold me down and slice open my arm like those other doctors!".
        - Using the graphic that illustrates the "window of tolerance" (Figure 1.1), describe what is happening to Ana during your clinical encounter.
        - How might we be able to move Ana towards her window of tolerance prior to starting the procedure?
        - Fill out Table 1 using the six principles of trauma-informed care, giving an example of applying each principle to your approach to performing an I&D in this scenario. Then share these responses with a partner.

2) Trauma-informed Learning Environments
    - **Consider this scenario:** 60M (he/him) presents as a trauma activation after being assaulted at a transit station. He is hypotensive on arrival. FAST exam reveals a right-sided pneumothorax and a R sided pleural effusion. A junior resident is preparing to place a surgical chest tube. They seem tense and yell at one of the nurses while preparing for the procedure. The chest tube is placed with significant blood return. and the patient is moved emergently to the OR. This junior resident leaves the trauma room visibly upset. You see them next at their computer working seeming more distant and disengaged.
        - What do you think is happening to the resident in this scenario? Where is this resident in the "window of tolerance" (refer to the figure)?
        - When residents and medical students are outside the window of tolerance, what impact does this have on learning?
        - How would you go about addressing the resident and checking in with them?
    - **Consider this scenario:** You approach the resident to debrief the case and learn that they grew up in a town that experienced community violence and the patient reminded them of a family member.
        - How can trauma-informed medical education address the previous experiences of adversity this resident has faced?

3) Trauma-informed Systems
    - Trauma and experiences of adversity are ubiquitous and have potentially profound effects on individuals. As we have discussed above this affects both patients and staff in the ED. The following prompts will draw on the previous cases and your own experience to generate potential trauma-informed solutions for both clinical care and staff.
        - Using Case 1 and Case 2 as a reference, discuss systems based barriers to providing trauma-informed care in the ED.
        - Using Case 1 and Case 2 as a reference, discuss systems based interventions to facilitate trauma-informed care in the ED.
        - Using your own experiences share a challenging case related to the six principles of trauma-informed care and identify one intervention to support ED staff.