Trauma Informed Physical Exams

TRAUMA-INFORMED PHYSICAL EXAMS

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THE PROBLEM

Studies show that more than sixty percent of adults have some history of trauma. Many traumatic events occur in childhood, contributing to Adverse Childhood Experiences (ACEs). ACEs have been linked to chronic health conditions, such as cigarette smoking, alcohol use disorder, obesity, and COPD. Further, those with a history of trauma/ACEs utilize healthcare services at higher rates than those without.[1-6]

Primary care professionals are the first line of treatment for these chronic health conditions that so often have etiologies at least partially rooted in trauma. Primary care professionals' scope of practice creates a unique opportunity to empower patients with a trauma history

The physical examination is an important component of care in which primary care providers can build trust and safety with their patients.

AHEC Focus Area: Interprofessional Education

COST

According to the Journal of the American Medical Association, the national economic burden of ACE-related adult health conditions is $14.1 trillion annually. On a microeconomic level, the United States spends $88,000 per adult on ACE-related adult health conditions annually.[2]

In comparison, hypertension costs the United States $131 to $198 billion each year, just one percent of the cost of ACE-related health conditions.[2]

Despite this economic discrepancy, hypertension is often more focused on than ACEs or traumatic experiences in a clinical setting. The cost burden of trauma on health, however, must be considered when addressing individual and population health, especially in a primary care setting.

Suppose patients with a trauma history feel safe at their healthcare appointments. In that case, they are more likely to return for care and seek follow-up on their chronic conditions, ultimately reducing the burden of costly consequences.

COMMUNITY PERSPECTIVE

"All physicians should be trauma-informed due to the profound and long-lasting impact trauma can have on both the body and mind. The body keeps the score."
-Anonymous Nuvance Health Patient

"Trauma-informed care is important for all physical exams, not just pelvic or chest exams. It's important to establish a trauma-informed precedent for pediatric patients, too. I always ask permission before doing each physical exam component on a pediatric patient."
- Maura Conway, MD

INTERVENTION AND METHODOLOGY

A manual for trauma-informed physical exams was created based on evidence-based approaches in family medicine literature. The manual was made to be distributed to primary care providers in the Newtown Primary Care office.

A Guide for Primary Care Providers

Trauma-Informed Physical Exams

RESULTS/RESPONSE DATA

As this rotation was only five weeks, it was not possible to develop and distribute the resource and collect data on its efficacy. With more time, this manual could be distributed to all primary care professionals (physicians, physician assistants, nurses, medical assistants) at Nuvance Health.

Next, primary care professionals who implement this resource would be surveyed on their comfortability with trauma-informed physical exam practices both before they used the resource and after they integrated teachings from the resource into practice. Further, all patients who receive primary care through Nuvance would be sent a survey through the MyChart portal asking about their comfort level with physical exams during appointments.

Results from patients of providers who do use a trauma-informed model and from patients of providers who do not use a trauma-informed model can be compared for significance.

EVALUATION OF EFFECTIVENESS

Given the short timeframe of this project, it is challenging to evaluate the effectiveness of this intervention. Surveys and data analysis would determine both provider and patient perceptions of the trauma-informed physical exam manual.

This project is limited by the small number of community perspectives gathered prior to its initiation. Further, this project is limited by the small team size (one student) as it limited the amount of ideas and opportunities for collaboration.

Finally, this project was limited by time. Five weeks is an ineffective time period to engage meaningfully with a community, learning its needs and addressing them in a thoughtful, sustainable way.

RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

This project has many future directions. In the primary care setting, all healthcare professionals and staff can receive formal, in-person training about the importance of trauma-informed care and how to implement it within their unique clinical setting. This training can extend beyond physical exams and into general patient interactions, bringing a trauma-informed approach to the HPI, too.

Beyond primary care, this trauma-informed physical exam training can be extended to specialty services. Each specialty interacts with patients differently, so training can be adapted to fit that specialty and patient population's needs.

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