Lessons Learned from the TIC Talks

What we have accomplished and considerations for the future.

Training overview:

- Conducted in a trauma-informed way
- R1: Exposes the audience to the prevalence of different types of individual and community based traumas in our society
- R2: Through different learning platforms (lectures, narrative reviews in mixed-discipline groups, simulation training) teaches participants what survivors of both acute and chronic traumatic stress look like
- R3: Through guided group debrief/discussions allows participants to identify areas of concern in clinical care and pathways for more traumainformed policies and protocols
- R4: Teaches participants ways to prevent retraumatization (through all the learning platforms)



Trauma Informed Care Workshop

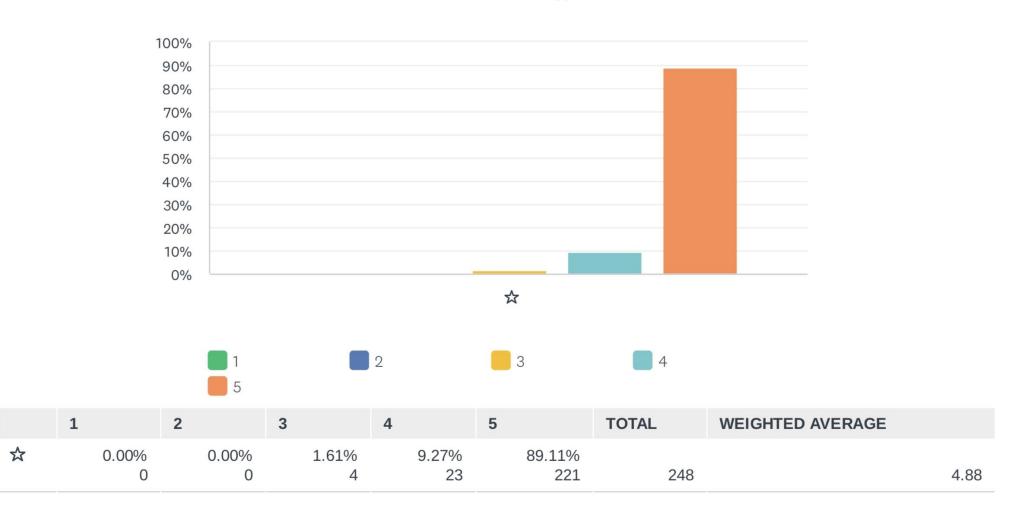
7:45-8:00 am	Registration/Sign-in
8:00-8:30 am	Welcome/Self-reflection Exercise
8:30-9:30 am	Introduction to Trauma Informed Care – Tracey Vogel, MD
9:30-10:15 am	Intimate Partner Violence - Domestic Violence Education Specialist
10:15-10:30 am	Break
10:30-11:45 am Group case exploration/skills introduction/acute stress response management/introduction to grounding skills	
12:00-12:30 PM	Lunch
12:30-1:15 PM	Introduction to communication strategies for all Obstetric providers
1:15-1:30 PM	Break
1:30-3:00 PM	Simulation Stations (4-6 in total)
3:00-3:30 PM techniques	Large Group Debrief: questions, viewpoints, take-away, self-care
3:30 PM	Conclusion/ Evaluation of course

*This is a sample of a full-day training. Any/all parts of this can be tailored to meet the needs of the audience. Education of various types of trauma are included in the narrative exploration sessions and the simulations, in addition to the didactic sessions.

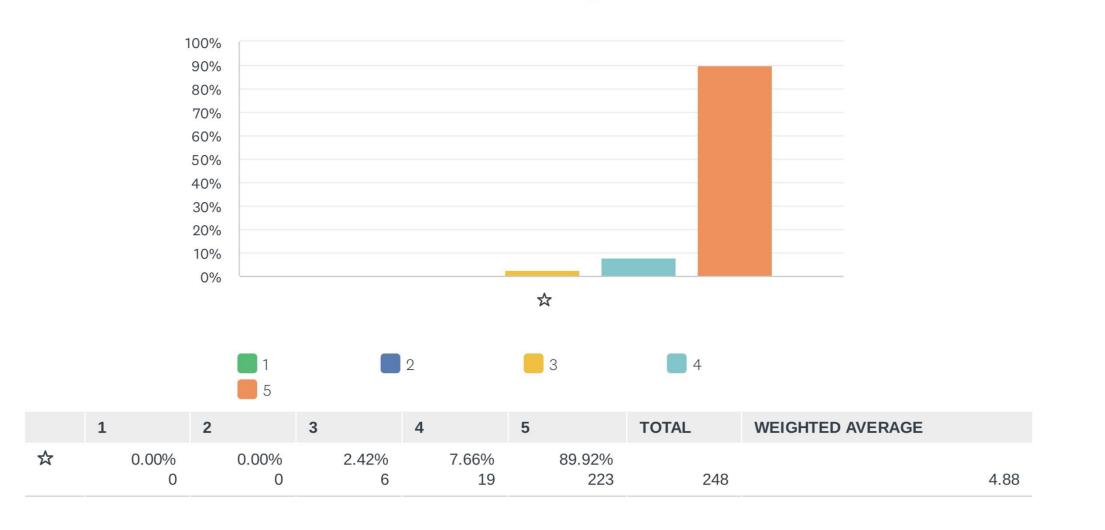
TIC TALK TOWN HALLS

- 6-month check in
- What is working, what isn't
- Ongoing Barriers
- Establishing tangible goals for hospitals

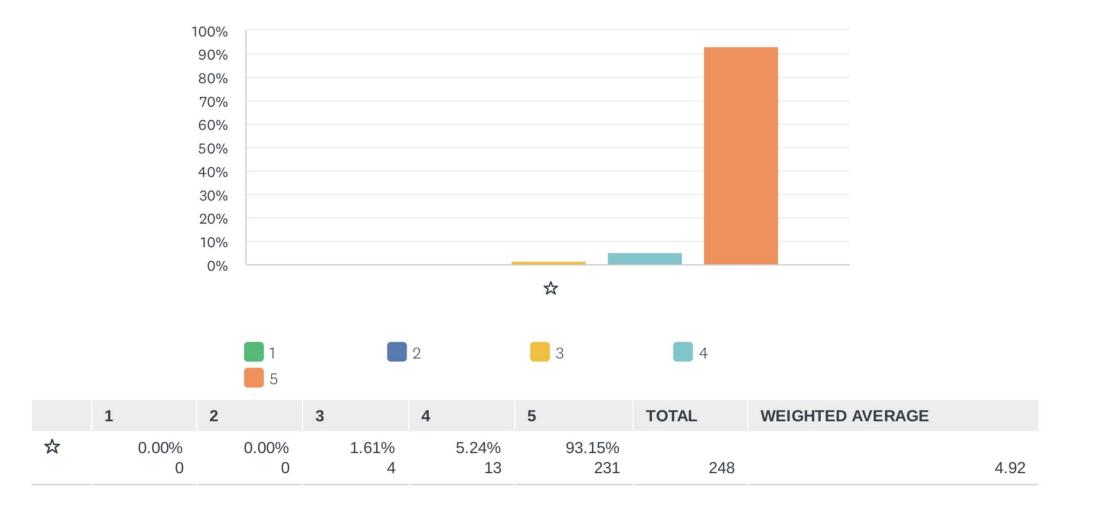
Q1 Please mark the column that corresponds to your agreement level with each item below. (1 star = Strongly disagree; 5 stars = Strongly agree)The lecture portion of this education helped me learn.



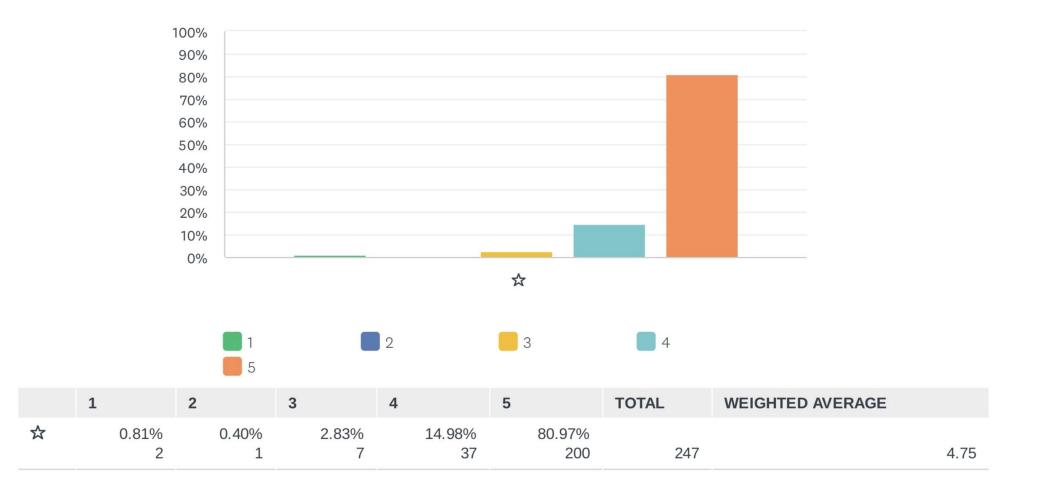
Q2 The course content and materials were easy to follow.



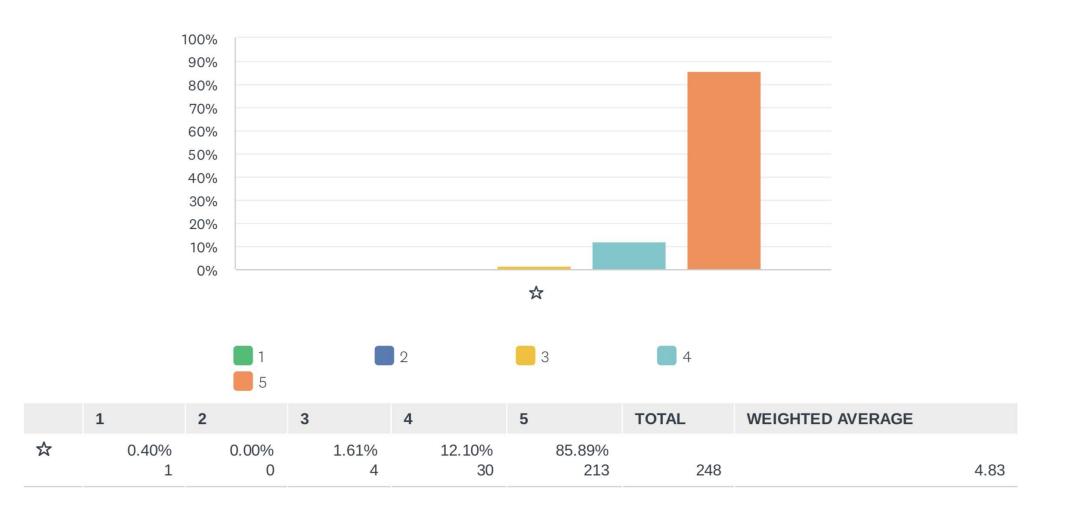
Q3 My learning was enhanced by the knowledge of the facilitator.



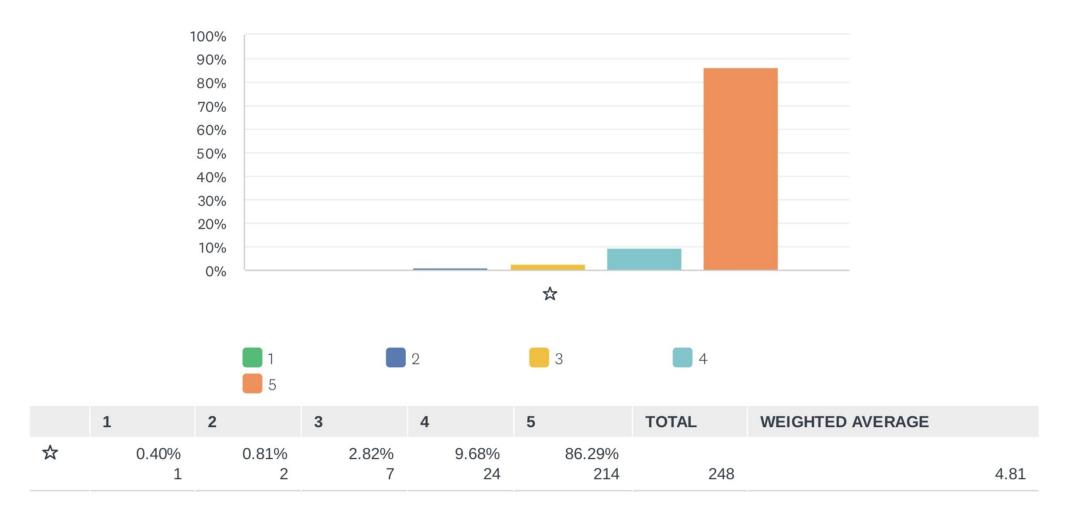
Q4 Working in groups helped me learn.



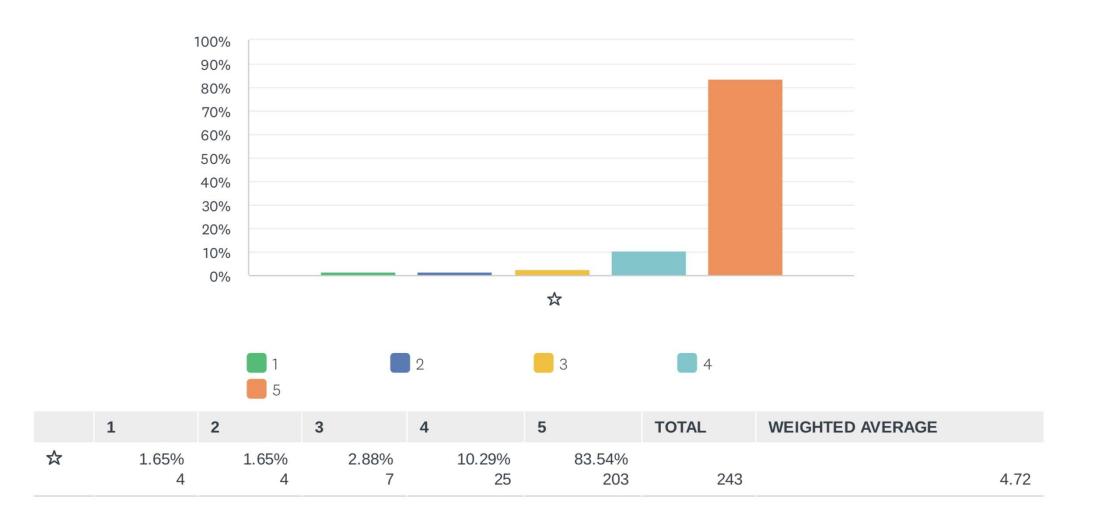
Q5 Analyzing cases helped me learn.



Q6 The cases were relevant to my practice.



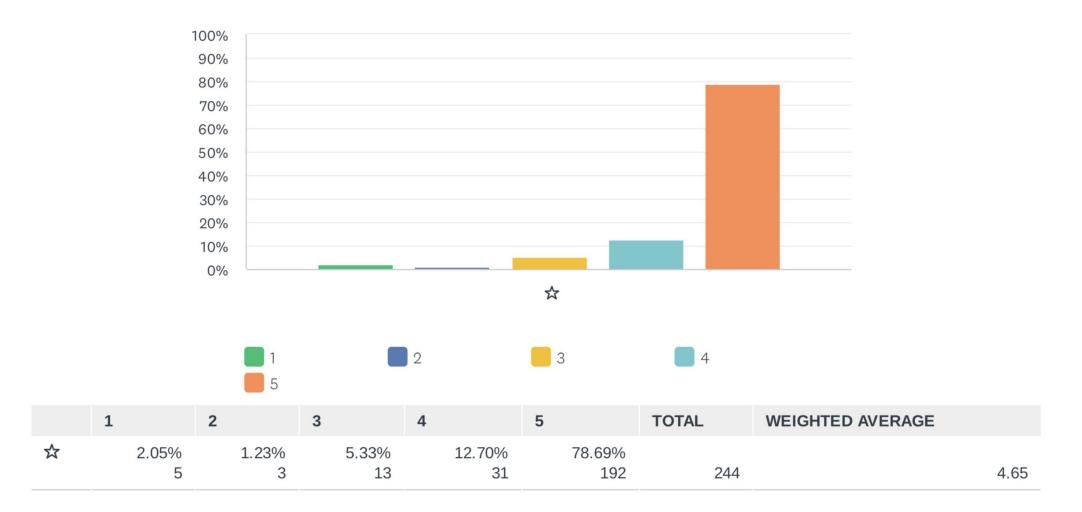
Q7 The simulations with the actors helped me learn.

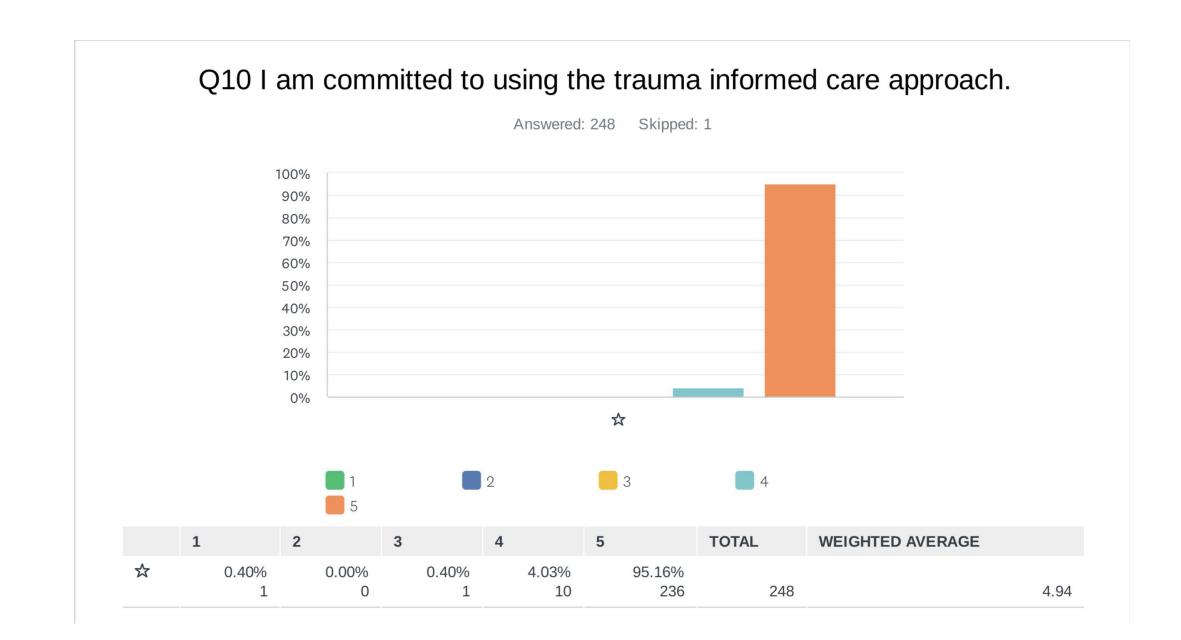


Q8 I received feedback that will increase the quality of care I provide.

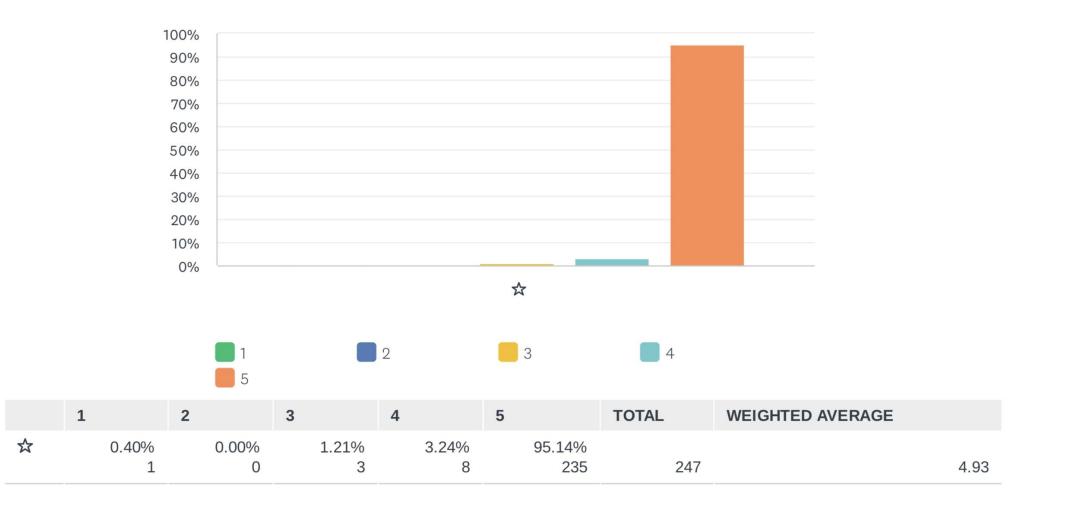
100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% ☆ 3 4 2 1 5 1 TOTAL WEIGHTED AVERAGE 2 3 4 5 ☆ 0.81% 0.81% 4.07% 10.16% 84.15% 4.76 10 25 207 246 2 2

Q9 The simulations were worth my time.

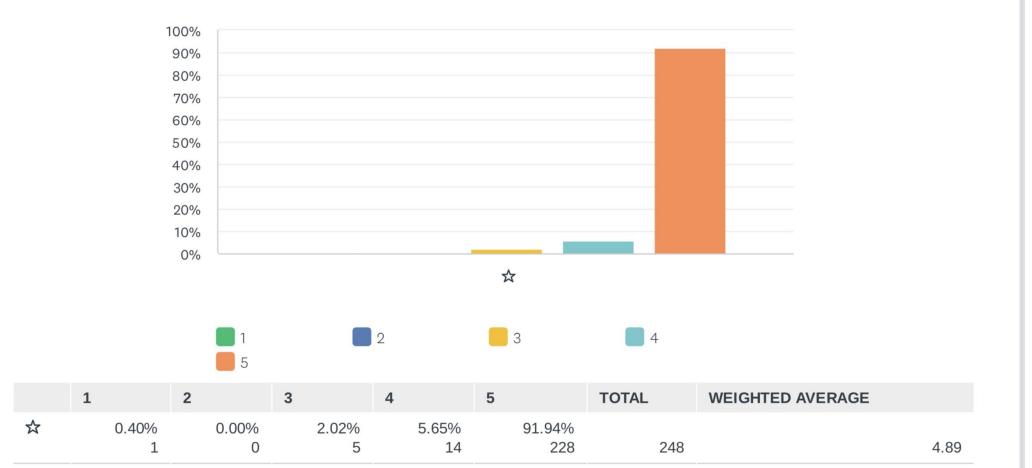




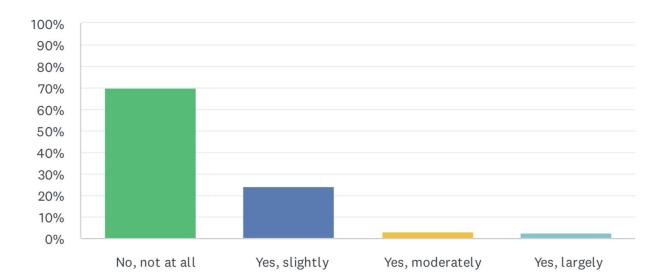
Q11 I believe in the value of this approach.



Q12 As a result of this education, I respect patient histories more.



Q13 Was this training traumatizing to you in any way?



Answered: 248 Skipped: 1

ANSWER CHOICES	RESPONSES	
No, not at all	70.16%	174
Yes, slightly	24.19%	60
Yes, moderately	3.23%	8
Yes, largely	2.42%	6
TOTAL		248

🔢 13 of 15



Our Mission

To lead and support Pennsylvania in becoming trauma-informed and healing-centered by providing resources, advocacy, and education via a multidisciplinary and multisectoral approach.

Our Vision

Pennsylvania as a place where trauma prevention is the norm, and individuals who experience trauma feel safe, respected, and supported in their healing process.

Our Values

Accountability Data-driven/Science-based information Safety Self-Care Equity Acceptance

FUTURE DIRECTIONS

- Continuation of TIC Trainings (1.0)
- Consideration of next level trainings (2.0) for more in-depth skill training in the areas of:
 - Perinatal loss
 - Racial trauma
 - Sex trafficking
 - Gender-based trauma
 - Provider trauma
- Train-the-trainer model in development
 - Considerations including: competency assessment, repetition of training, platform for trainings, etc