



Retraumatization in Undergraduate Medical Education: Evaluating the Prevalence and Support Resources Available to Students

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Personal Interest

1. New Area of Research
2. Project Leadership



Role and Contributions

1. Primary Author
 - Narrative Review
 - Study Design
 - Data Analysis



Background

1. Retraumatization is the conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial traumatic event.
 - This phenomenon has been well-studied in primary and secondary education and has been shown to negatively impact the learning environment.
2. Retraumatization in the context of undergraduate medical education has yet to be evaluated.
 - Therefore, we sought to explore the prevalence of retraumatization in medical students, identify specific areas of UME that are retraumatizing, and evaluate effectiveness of psychological support available to students.



INTRODUCTION

- The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study has been used as a resource in clinical practice when addressing the adverse health outcomes associated with childhood trauma.
- Those with higher ACE scores are significantly more likely to report mental health effects and are at higher risk of retraumatization (Sciolla 2019).
- Retraumatization is defined as a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma (Zgoda 2016).
- Among non-medical graduate students, roughly 50% of students have reported experiencing traumatization during their coursework (Butler 2017).
- Retraumatization has yet to be evaluated in Undergraduate Medical Education.

AIMS

- 1) Explore the prevalence of retraumatization in medical education
- 2) Identify specific areas of UME that are triggering
- 3) Evaluate effectiveness of psychological support available to students



MATERIALS AND METHODS

Survey Design

- Created by a multidisciplinary team of health professions educators and revised through an iterative process.

Survey Distribution

- Survey was distributed to all medical students at IUSM through class and SIG listservs, and the weekly school-wide email (IU Med Weekly).

Analysis

- Data was analyzed using Microsoft Excel.
- Likert scale responses were grouped such that "Agree" and "Strongly Agree" reflect a reported retraumatization (Figure 2); "Disagree" and "Strongly Disagree" were similarly grouped.



Student Population: 1400
Survey Respondents: 85 (6.07%)
Students With ACE: 38 (44.7%)
Students Unsure ACE: 15 (17.6%)

All respondents that reported having experienced an ACE or being unsure (n = 53, 62.4% of respondents) met inclusion criteria for completing the rest of the survey.



RESULTS

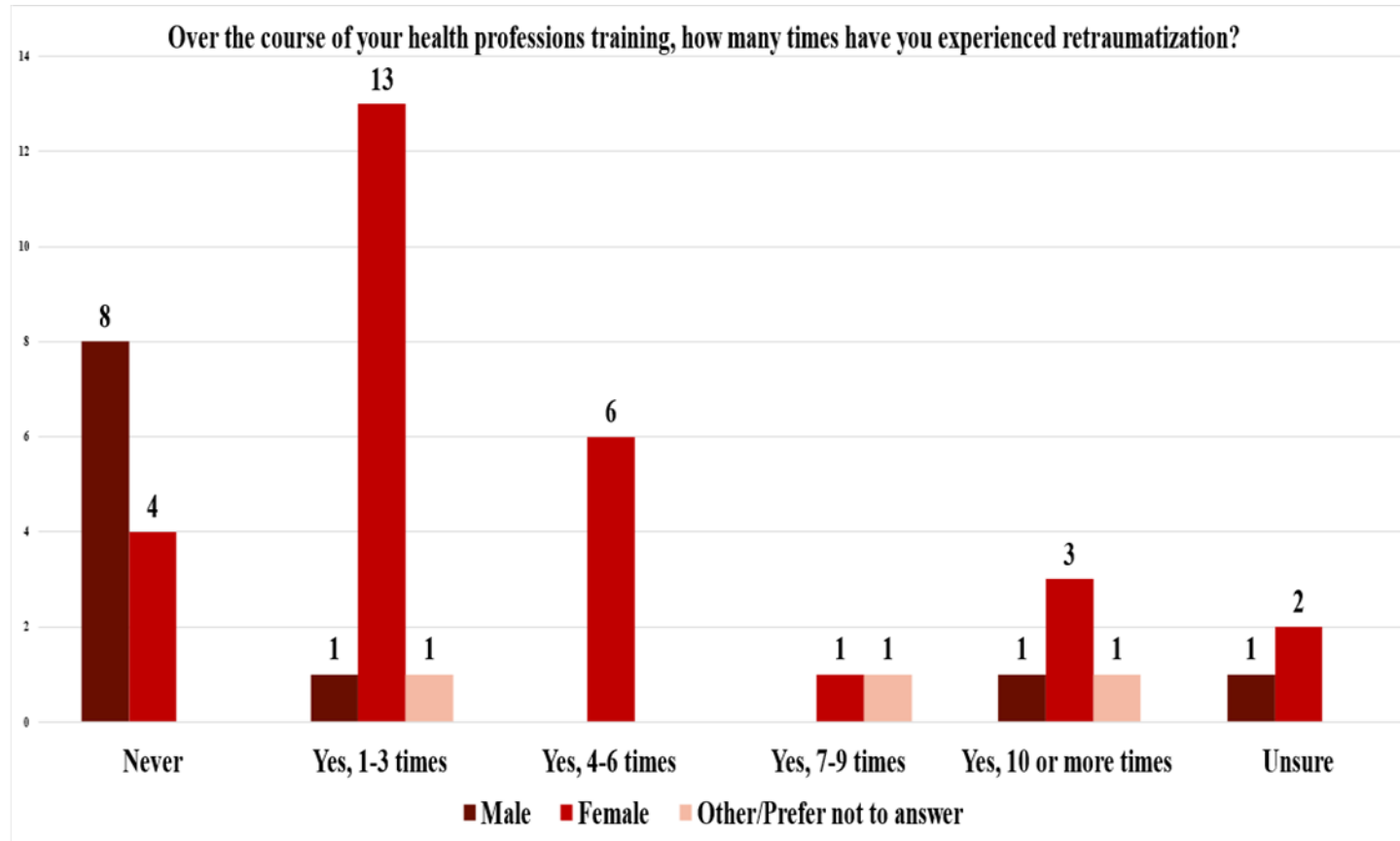


Figure 1. Frequency of retraumatization in medical students, stratified by self-identified gender.



RESULTS

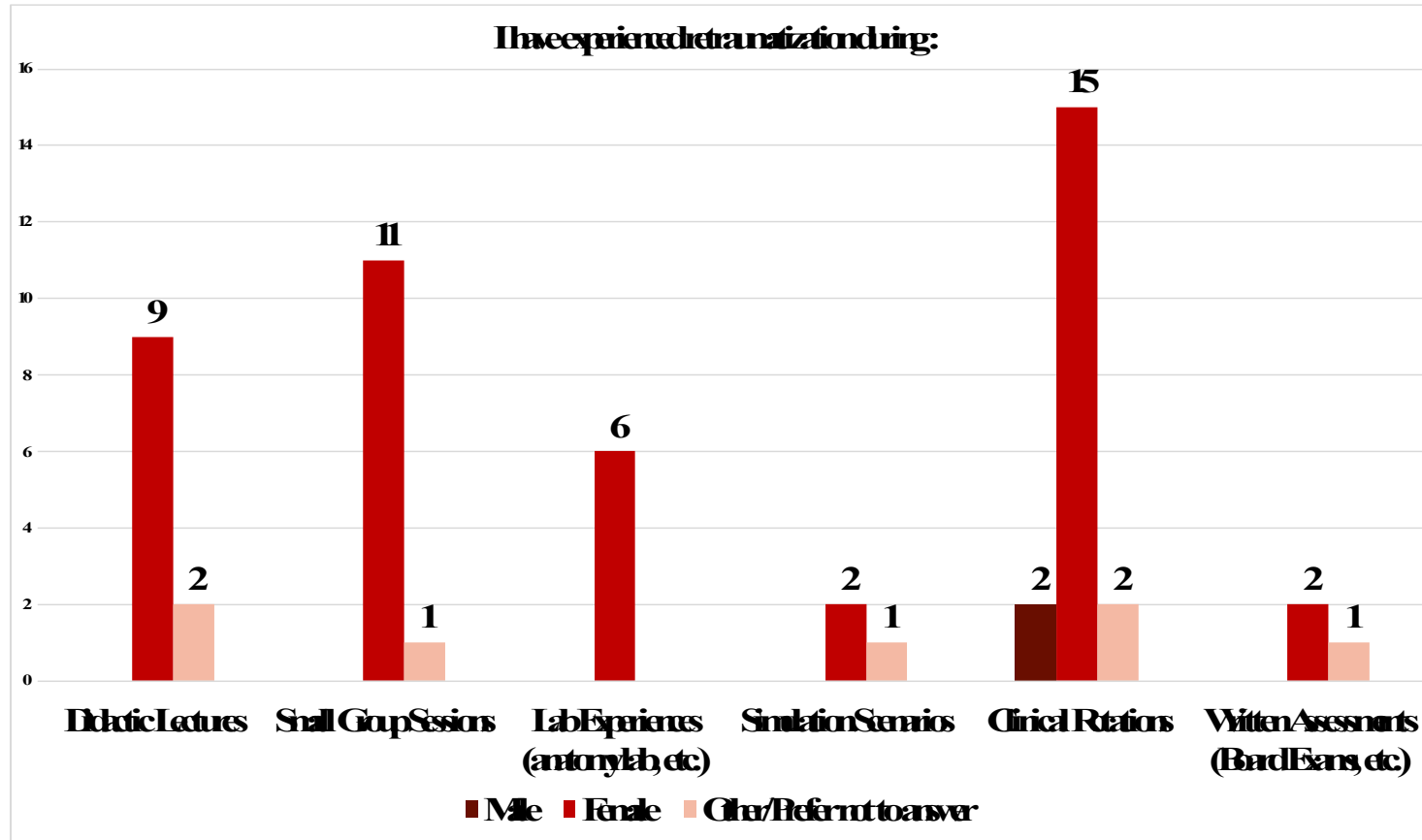


Figure 2. Prevalence of re-traumatization in different learning experiences, stratified by self-identified gender.



RESULTS

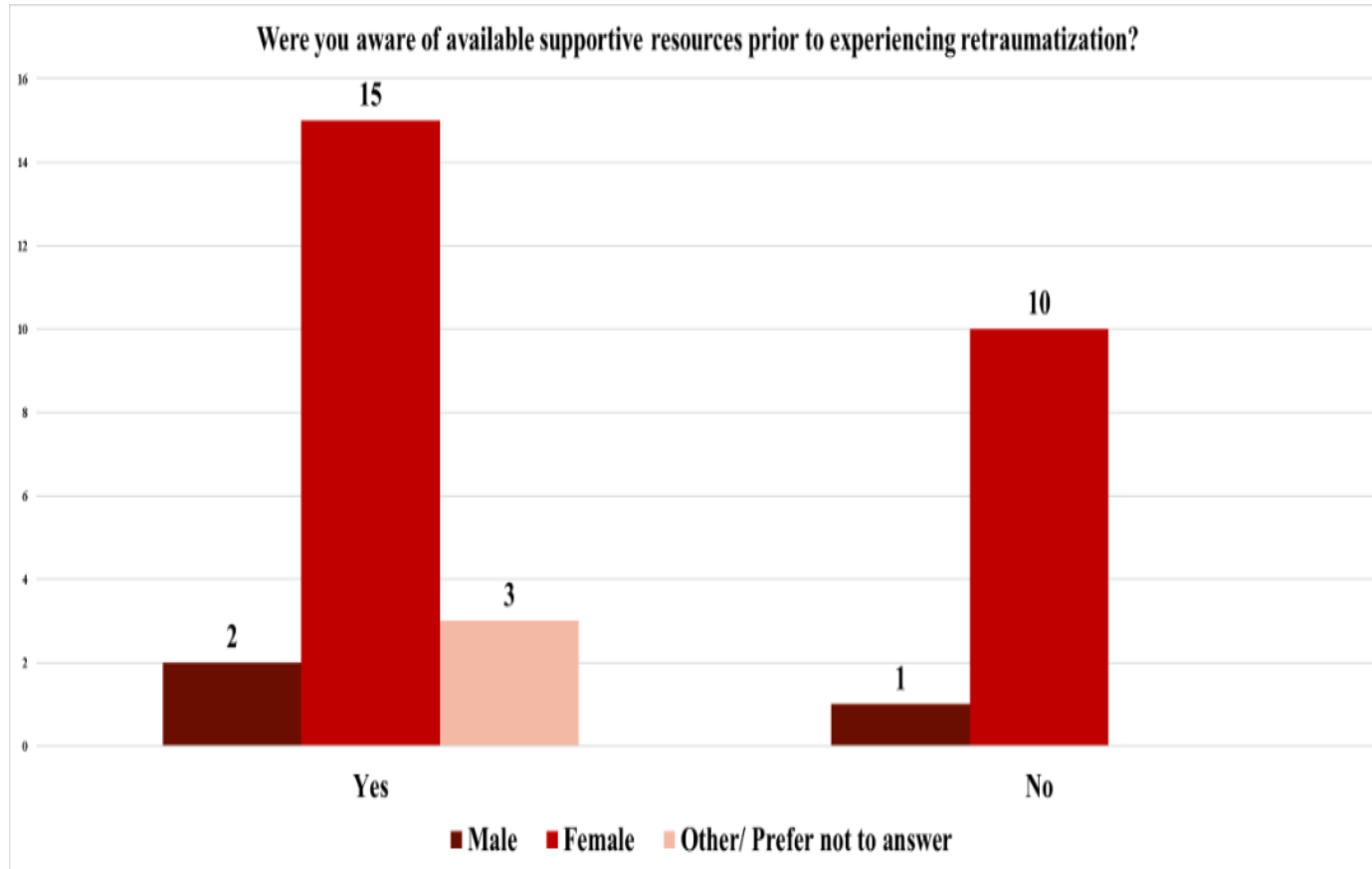


Figure 3. Student awareness of support resources available, stratified by self - identified gender.

RESULTS

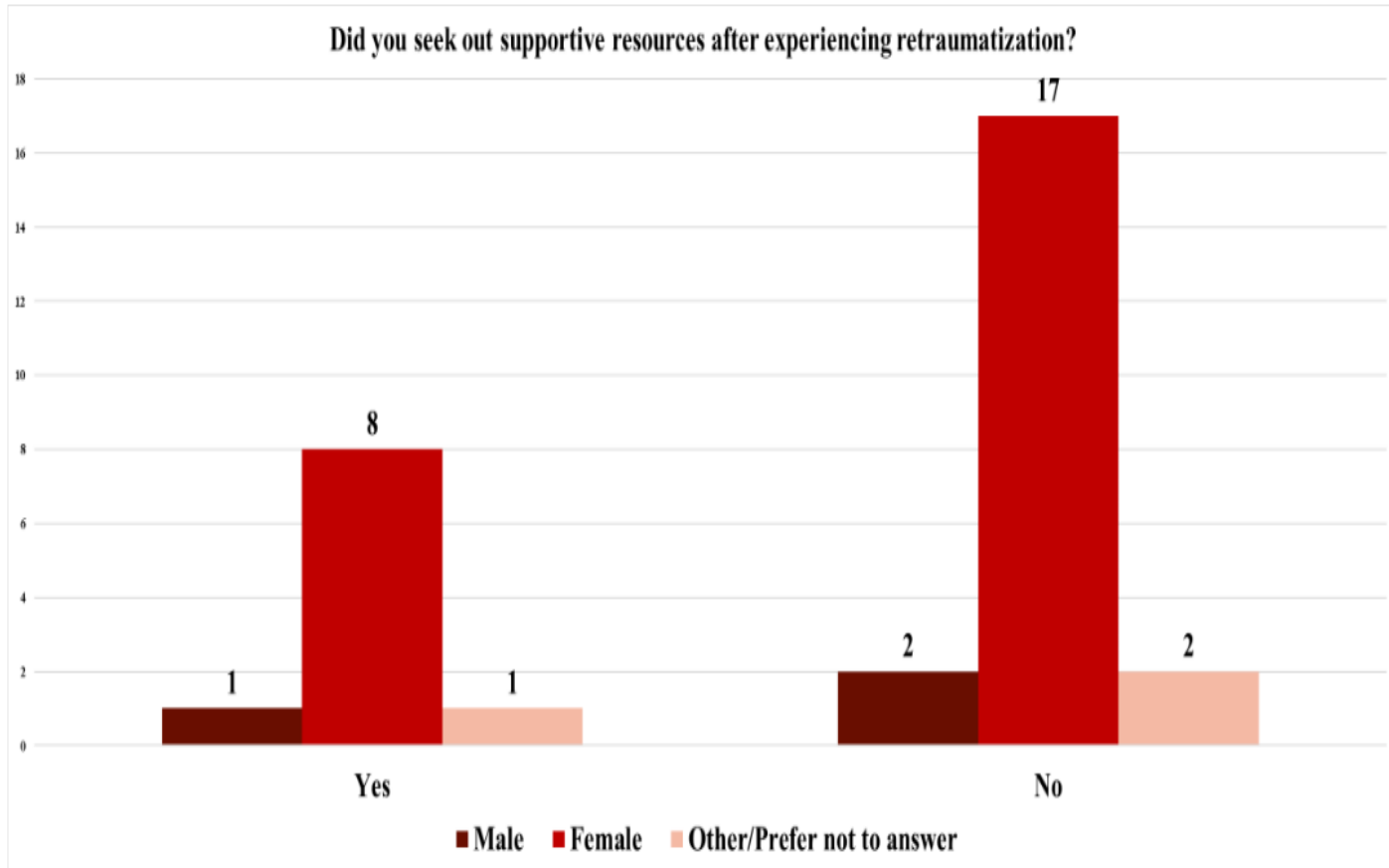


Figure 4. Student utilization of support resources available, stratified by self - identified gender.



RESULTS

<p>Are there additional components of your health professions training that have been retraumatizing?</p>	<p>“We have had some instructors say very insensitive things.” “Grand Rounds” “Written reflection assignments make assumptions about the experiences that students have had but they frequently have made me uncomfortable.”</p>
<p>What resource(s) would have been helpful that was (were) not provided to you?</p>	<p>“I didn't know retraumatization was an actual experience (there are words to describe it) and wish that was discussed during orientation to clerkships, or somewhere.”</p>
<p>Is there anything else you would like for us to know in response to completing this survey?</p>	<p>“Improved sexual assault education and sexual assault survivor training...would have been helpful...” “Discussing deaths from COVID -19... most people aren't aware that it can be triggering to keep discussing.” “Trauma is usually thought of as a big one -time event, but the constant small comments have honestly had a larger impact on me...”</p>



CONCLUSIONS

- 1) Prior trauma among survey respondents was prevalent in 44.7% (n=38) of students. Of these students, retraumatization was experienced in 73.6% (n=28); students identifying as female comprised 82.1% (n=23) of retraumatized students. Among all respondents, the prevalence of retraumatization is 32.9%.
- 2) 67.9% (n=19) of respondents that experienced retraumatization identified clinical rotations as a traumatic setting. Females and students identifying as other genders also reported preclinical education as potential settings for retraumatization.
- 3) Despite the availability of support services for students, 11 students (20.7%) reported being unaware of resources for support when experiencing retraumatization. When asked about utilizing these services, the majority of those who had experienced retraumatization did not seek these out (67.7%, n=21). Those that did use support services reported that none of the services were harmful.



FUTURE DIRECTIONS

- This is the first study evaluating the prevalence of retraumatization in health professions students, specifically medical students.
- Future work will include multi-institutional collaboration to evaluate the prevalence of retraumatization at other institutions



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REFERENCES

1. Sciolla AF, Wilkes MS, Griffin EJ. Adverse Childhood Experiences in Medical Students: Implications for Wellness. *Acad Psychiatry*. 2019 Aug;43(4):369-374. doi: 10.1007/s40596-019-01047-5. Epub 2019 Mar 8. PMID: 30850989; PMCID: PMC6647886.
2. Zgoda, K., Shelly, P., & Hitzel, S. (2016). Preventing retraumatization: A macro social work approach to trauma-informed practices & policies. <https://www.socialworker.com/feature-articles/practice/preventingretraumatization-a-macro-social-work-approach-to-trauma-informed-practices-policies/>
3. Butler LD, Carello J, Maguin E. Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychol Trauma*. 2017;9(4):416-24.

