

MGUH Equity Forward Faculty Workshop: Trauma Informed Pedagogy (IEM) Activity Information

Original Release Date: June 25, 2025

Termination Date: April 30, 2028

Target Audience: Physicians, Nurses

Speaker Name and Disclosure Information:

Joselyn Schultz Lewis, MA: Non-Clinical Exception

J. Corey Williams, MD, MA: No relevant financial relationships to report.

Learning Objectives

- Recognize the importance of trauma informed pedagogy for student engagement, particularly for students from marginalized backgrounds. Identify the harms of a weight-loss centric approach.
- Reflect on how trauma informed approaches (originally conceptualized for K-12 education) apply to graduate medical education contexts.
- Differentiate between the role of productive discomfort (necessary for transformational learning) vs. traumatic stress-inducing education.
- Describe one concrete strategy that is aligned with trauma-informed teaching practices to incorporate into either existing course content or the learning environment.

No commercial support has been provided.

The following Planning Committee Members have no relevant financial relationships with ineligible companies to disclose:

Mun Chun Chan, PhD | Sneha Daya, MD | Vicki Girard, JD | Aniket Kini, MBBS, MPH | Sarah Kureshi, MD, MPH | Michelle A. Roett, MD, MPH | Lois Wessel, DNP, FNP-BC

Accreditation



In support of improving patient care, MedStar Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation



This enduring material was planned by and for the healthcare team, and learners will receive **0.75** Interprofessional Continuing Education (IPCE) credits for learning and change.



MedStar Health

MGUH Equity Forward Faculty Workshop: Trauma Informed Pedagogy (IEM) Credits Available for this Activity

Nurses: This activity is approved for **0.75** ANCC contact hour. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Physicians: MedStar Health designates this enduring material for a maximum of **0.75** *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MGUH Equity Forward Faculty Workshop:

Trauma Informed Pedagogy (IEM)

Bibliographic Resources

- Venet AS. Equity-centered trauma-informed education. Routledge; 2023 Sep 1.
- AE CB, Hobart TR, Botash AS, Germain LJ. Can a checklist ameliorate implicit bias in medical education?. Medical Education. 2019 Mar 11;53(5):510-.
- Raney J, et al. (2021) Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language
- P. Goddu A, O’Conor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J GEN INTERN MED. 2018 May 1;33(5):685–91.
- Substance Abuse and Mental Health Services Administration (SAMHSA) (2019). Trauma and Violence. <https://www.samhsa.gov/mental-health/trauma-violence>
- Kubala, J. (2020). Of Trauma and Triggers: Pedagogy and Affective Circulations in Feminist Classrooms. Feminist Formations, 32(2), 183-206. <https://doi.org/10.1353/ff.2020.0030>
- Marquart, M. & Báez, J. (2021). Recommitting to Trauma-informed Teaching Principles to Support Student Learning: An Example of a Transformation in Response to the Coronavirus Pandemic. Journal of Transformative Learning, 8(1), 63-74.
- Perry, B. D. (2006). Fear and Learning: Trauma-Related Factors in the Adult Education Process. New Directions for Adult and Continuing Education, 110, 21-27. <https://doi.org/10.1002/ace>

MGUH Equity Forward Faculty Workshop: Trauma Informed Pedagogy (IEM) Evaluation and Transcript

You must complete an online evaluation within 30 days to receive continuing education credit.

After completing the evaluation, your CE credits will be available in your MedStar Health CE transcript on CloudCME™ on the **next business day**. CloudCME™ is a web-based continuing education portal where users can access their transcript anywhere, anytime, as well as register for MedStar Health conferences. Healthcare provider demographic information from all MedStar entities has been uploaded to CloudCME™ to facilitate a single sign-on system.

To access your transcript via CloudCME:

Choose one of the two login options below.

1. **MedStar Employees:** From your SiTELMS account under the Main Menu, select **CloudCME**. This will automatically log you into your CloudCME account.
2. **Non-MedStar Learners:** From your browser, go to **<https://medstar.cloud-cme.com>**, select **Sign in**, select “I am Not a MedStar Associate”, and log in with your credentials.
 - Select **My CE** (yellow button in the navigation menu)..
 - Select **Transcript**.
 - On the left side, adjust the **Filter by Date** fields to the desired time period.
 - On the right side, select **Download Transcript** to save your transcript, or select **Email Transcript** to email your transcript to yourself or someone else.

For questions about accessing CloudCME™, please contact:

SiTEL Help Desk at 855-745-1861, Monday through Friday from 8 a.m. to 5 p.m. Eastern time, or at medstarceapplications@email.sitel.org

Attention Physician Learners

To ensure accurate CME credit data reporting to participating state medical licensing boards/certifying boards, please log into CloudCME and click on My CE / Profile to review and update your profile with the following details: your full name, state of licensure (including number and expiration date), and your birth month and day.

CloudCME Website: <https://medstar.cloud-cme.com/>

Additionally, please remember to check the box at the bottom of the profile screen to grant permission for us to report your completion data to ACCME and participating licensing/certifying boards.

As an ACCME Accredited Provider, we share and transmit your CME/MOC completion data with the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards. If you wish to opt out of this service, please uncheck the box below: ⓘ

☒ I provide permission for my CME/MOC completion data to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards.

➔ Submit

Reset ✕

Questions? Email medstarceapplications@email.sitel.org



MedStar Health

You have successfully reviewed the
**interprofessional continuing education credit
information for this activity.**

Click "Save & Exit" in the upper right to complete.

Reminder: **You must complete an online evaluation at the end of this course to receive continuing education credit.** After completing the evaluation, your CE credits will be available on your MedStar Health CE transcript on CloudCME™ **on the next business day.**

It's how we treat people.



MedStar Health

Trauma-Informed Pedagogy

Dr. Corey Williams, GUMC
& Joselyn Schultz Lewis, CNDLS



Agenda

- Welcome and Introductions
- A Vignette for Discussion
- What is trauma and why it matters in our teaching
 - Trauma-informed Approaches: Learning Environment
 - Trauma-informed Approaches: Content
- Group Discussion and Debrief
- Closing and Resources



Why Are We Here Today?

Goals for the session:

1. Recognize the importance of trauma informed pedagogy for **student engagement**, particularly for students from marginalized backgrounds
2. Reflect on how trauma informed approaches apply to UME and GME contexts
3. Differentiate between the role of **productive discomfort** (necessary for transformational learning) vs. **traumatic stress**-inducing education
4. Describe **one concrete strategy** that is aligned with trauma-informed teaching practices to incorporate into either existing course content or the learning environment
5. Identify **a framework** to help understand and contextualize cases of learner disengagement from suspected traumatic reactions



Community Agreements

1. What's said here – stays here; what's learned here – leaves here
2. Move up / Move up – Challenge yourself
3. Challenge the idea, not the person
4. Believe in our common best intentions
5. Everything we say is draft form

Any that anyone wants to add?



Vignette



A faculty member has designed a series of five case-based learning sessions – focused on Indigenous health disparities that include issues of poverty, substance abuse, and disparities in access to care – for a resident cohort (~8) rotating at a local community site. During the session, residents are instructed to read the cases and discuss potential management strategies with the faculty facilitator. The resident cohort is predominantly white-identifying people; there is one Indigenous-identifying resident, Marissa. During the first session of the case-based series, the faculty noticed that Marissa was not participating in the discussion and appeared disengaged.

At the next case-based learning session, the faculty noticed Marissa was absent from case-based learning seminar even though she was present in the clinic that day. After the session, the faculty sends an email to Marissa inquiring about why she did not attend. Marissa replied back to the email, “I will no longer be participating in those sessions. I am tired of talking about Indigenous people in this way in front of white people. Thanks for your concern.”



Reflection questions:

1. What about the **case material** (i.e., content) potentially contributed to the resident refusing to participate?
1. What about the **learning environment** potentially contributed to the resident refusing to participate?
1. In your experience, what would **typically happen** to this resident?

What is trauma?

- **Trauma** is an “event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (SAMHSA)

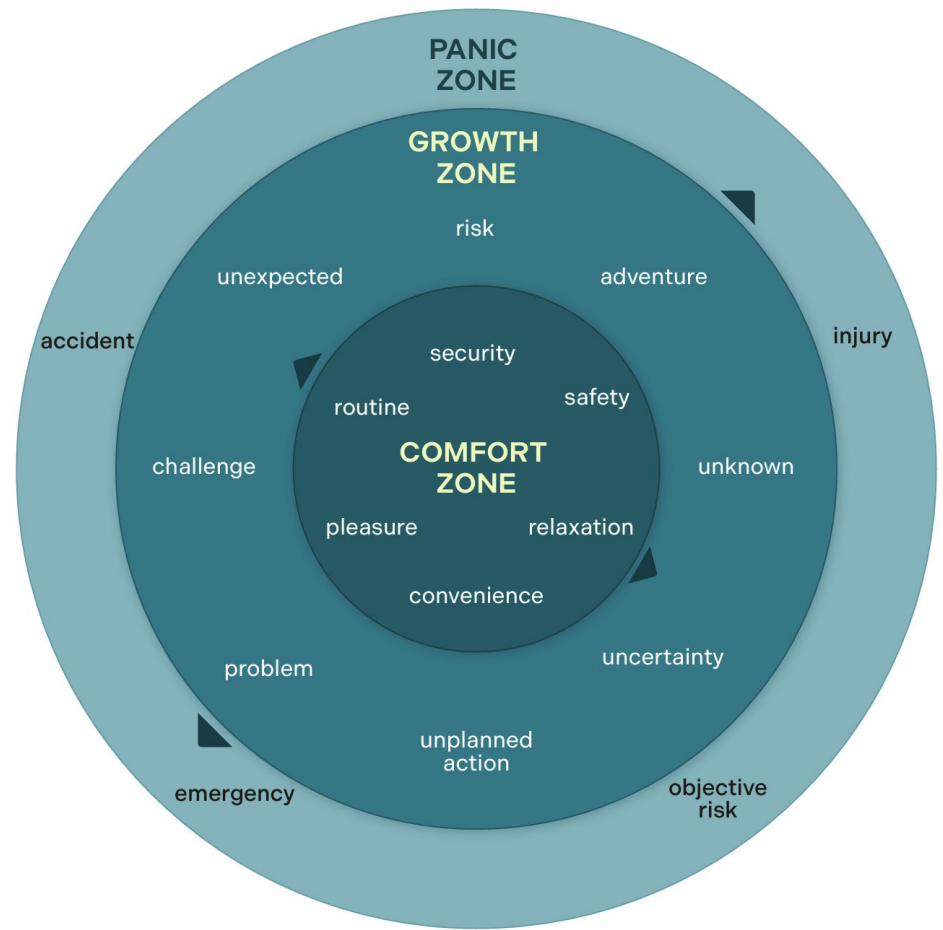
What might you see in students?

- Difficulty focusing, attending, retaining, and recalling
- Anger, helplessness, hostility, or dissociation when stressed
- Tendency to miss classes; Withdrawal and isolation
- Challenges with emotional regulation
- Outsized, over-the-top response for a given situation
- Fear of taking risks
- Anxiety about deadlines, exams, group work, or public speaking
- Entitlement



Trauma and Learning: Deep learning stretches our comfort zone

How do we create an
environment that best
supports the growth zone?



Tom Senninger's Learning Zone model

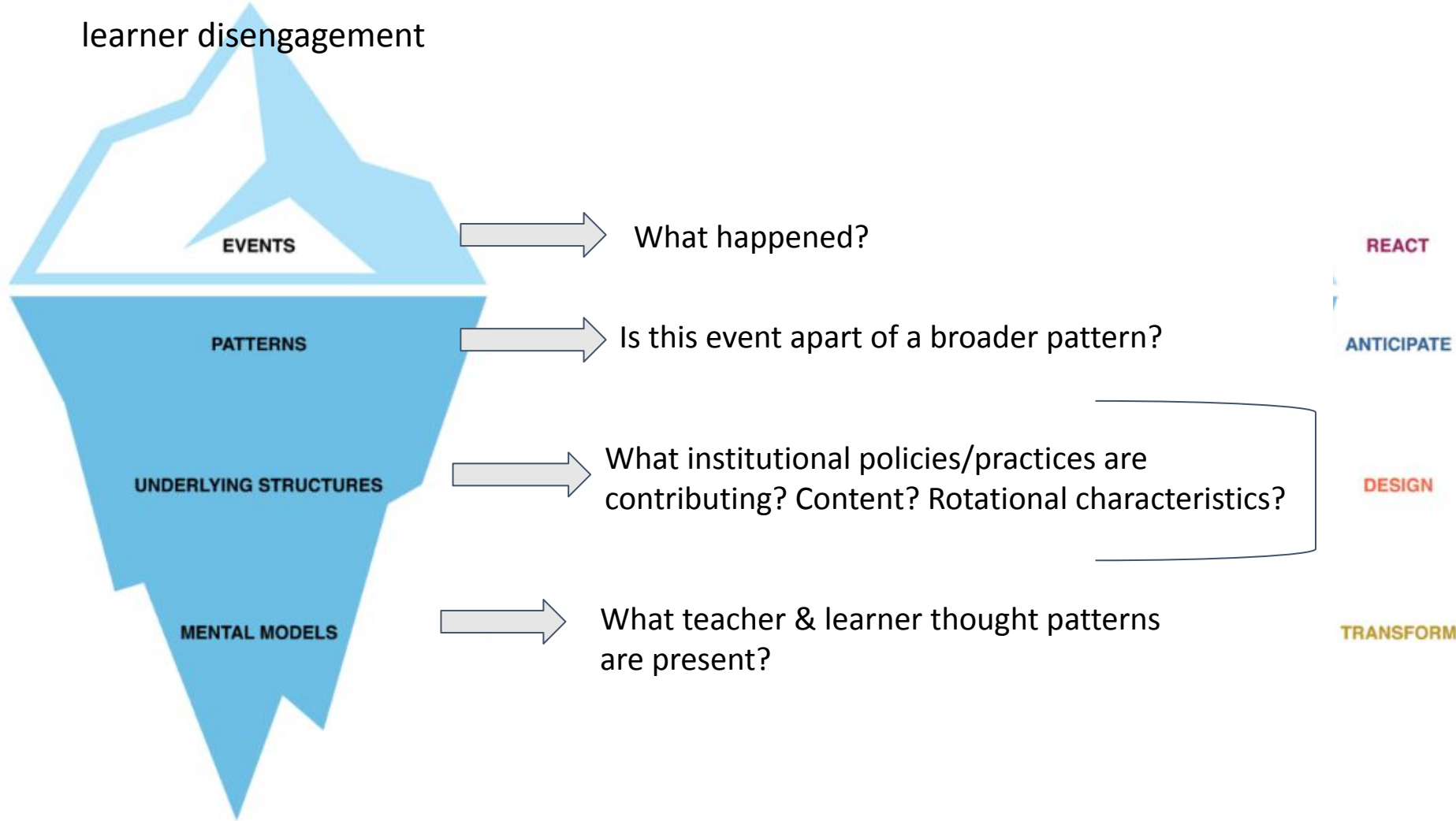
Trauma-informed Approaches: Learning Environment

Center Compassion and Dependability

- Build relationships and community
- Establish trust and transparency
- Be mindful of power dynamics
- Be empathic, open, and flexible
- Actively resist retraumatization (e.g., consider content warnings)
- Seek ways to promote empowerment and choice



learner disengagement



Trauma-informed teaching: Content

1. Is there material that **reinforces stereotypes and/or stigma** towards a certain population?
2. Is the material in-service to the **learning objectives**?
3. Are there **strengths**, assets, and protective factors?
4. Is there any **structural / historical** context?



Example:

Learning objectives:

- Recognize common sequelae of chronic alcohol use disorders
- Recognize disparities in alcohol use disorders within indigenous communities (when compared to general population)

Case vignette: 57 year old Native American man with chronic alcohol use disorder who was brought into the ED last night after he was seen running in traffic after what he claims was a “2 week” bender. He admits to being noncompliant with antidepressant medication which he gets from his primary care doctor, and had unfortunately relapsed on alcohol after being clean for almost 6 months. The reservation where he lives has a substance of abuse prevalence rate of 10%.

1. Is there material that **reinforces stereotypes and/or stigma** towards a certain population?
2. Is the material in-service to the **learning objectives**?
3. Are there **strengths**, assets, and protective factors?
4. Is there a **structural / historical** analysis?

Example revised case...

HPI: Mr. W is a 57-year-old with alcohol use disorder who presented to the hospital last night after a suicide attempt via running into traffic after experiencing a **recurrence** of his alcohol use. He has been **unable to fill** prescribed anti-depressant medication and had **resumed using** alcohol in the last 2 weeks after not using for almost 6 months. He **identifies** as being a member of the Pamunkey Indian Tribe in Virginia, and is involved in cultural preservation efforts to help his tribe to heal from historical and cultural traumas. The reservation where he lives has a substance of abuse prevalence rate of 10%, **due to factors** related to historical trauma and lack of access to culturally responsive care.

P. Goddu A, O'Connor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J GEN INTERN MED. 2018 May 1;33(5):685–91.

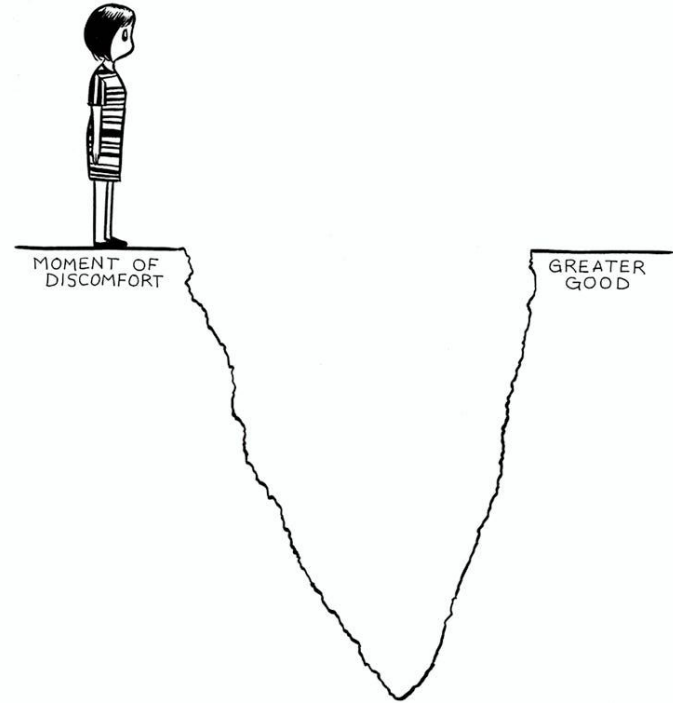
Anti-Oppressive Language:

- Literally put the person first and then their illness
 - “diabetic” □ “patient with diabetes”
- Avoid using identifying information or descriptors as nouns
 - “alcoholic” □ “person with alcohol use disorder”
- Avoid undermining the patient’s validity
 - “claims/admits” □ “endorses” or “states”
 - Use quotes judiciously
- Promote recovery
 - “noncompliant” □ “declines treatment”, “had [barrier] to maintaining compliance”
 - “relapsed” □ “experienced recurrence”, “returned to use”
 - “detox” □ “withdrawal management”
- Avoid slang
 - “dirty/clean” UDS □ “positive/negative” UDS
 - “convict”, “felon” □ “person with a history of incarceration”, “was convicted”, “patient has a history of felony charges”

Normalize Discomfort *and* Attend to Distress

**Adjust expectations for the
challenges of learning -**

Acknowledge, normalize discomfort,
difficulty and lack of closure.



MARINAOM1



Whole group discussion

- *What do/can these principles and approaches look like in your context?*
- *What is one strategy that either you already practice or that you would like to integrate into your learning environment?*



Thank you!



References

1. Venet AS. Equity-centered trauma-informed education. Routledge; 2023 Sep 1.
1. AE CB, Hobart TR, Botash AS, Germain LJ. Can a checklist ameliorate implicit bias in medical education?. Medical Education. 2019 Mar 11;53(5):510-.
1. Raney J, et al. (2021) Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language
1. P. Goddu A, O'Connor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J GEN INTERN MED. 2018 May 1;33(5):685–91.
1. Substance Abuse and Mental Health Services Administration (SAMHSA) (2019). *Trauma and Violence*. <https://www.samhsa.gov/mental-health/trauma-violence>
1. Kubala, J. (2020). Of Trauma and Triggers: Pedagogy and Affective Circulations in Feminist Classrooms. Feminist Formations, 32(2), 183-206. <https://doi.org/10.1353/ff.2020.0030>
1. Marquart, M. & Báez, J. (2021). Recommitting to Trauma-informed Teaching Principles to Support Student Learning: An Example of a Transformation in Response to the Coronavirus Pandemic. Journal of Transformative Learning, 8(1), 63-74.
1. Perry, B. D. (2006). Fear and Learning: Trauma-Related Factors in the Adult Education Process. New Directions for Adult and Continuing Education, 110, 21-27. <https://doi.org/10.1002/ace>

