

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

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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 evaluated in Undergraduate Medical Education.



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

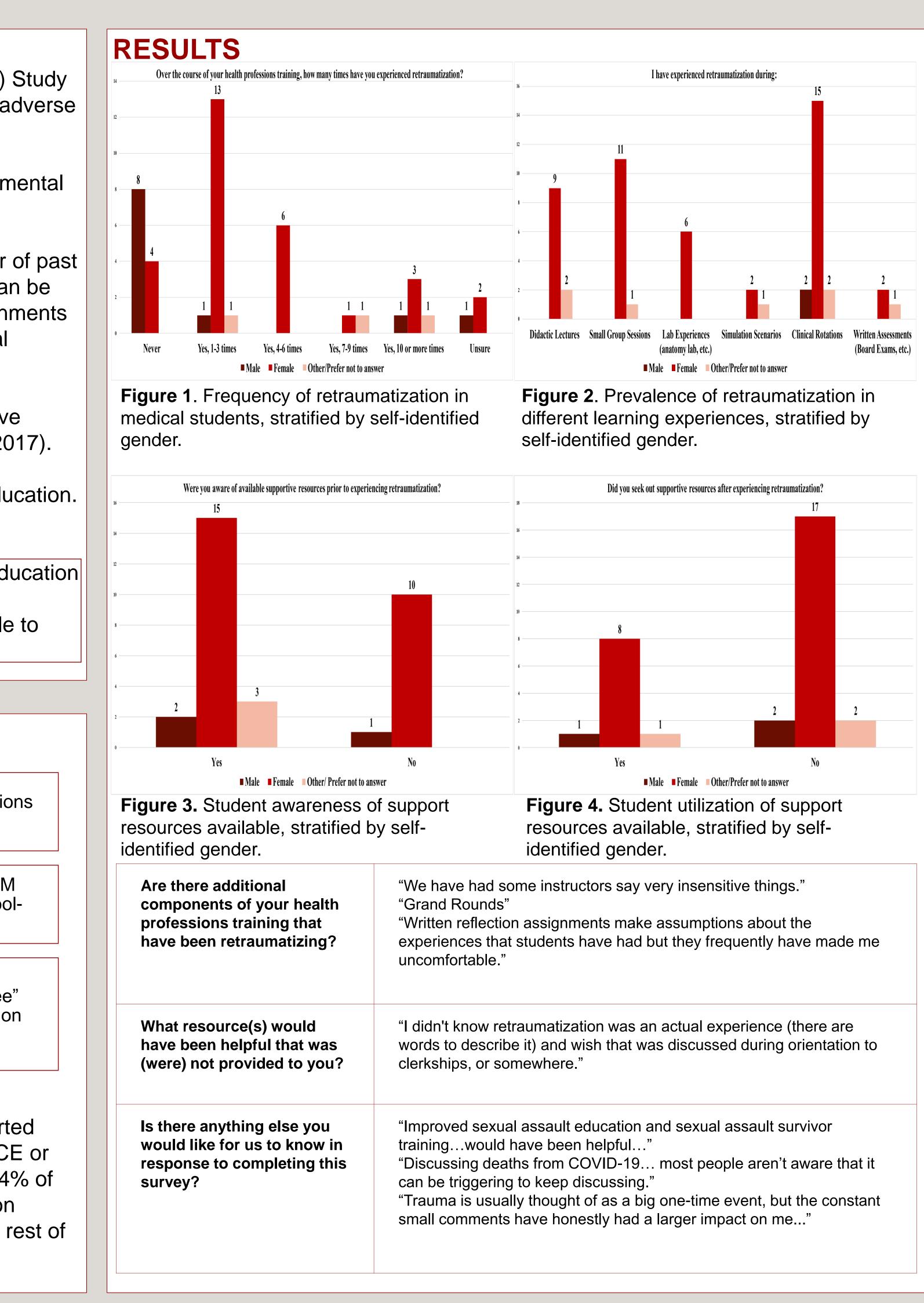
MATERIALS AND METHODS

Created by a multidisciplinary team of health professions Survey Design educators and revised through an iterative process. Survey was distributed to all medical students at IUSM through class and SIG listservs, and the weekly school-Survey Distribution wide email (IU Med Weekly). Data was analyzed using Microsoft Excel.. Likert scale responses were grouped such that "Agree" Analysis 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.





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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