

The Development of a Virtual, Asynchronous Trauma-focused Training Program for Community Healthcare Providers

THIS PROJECT INVOLVED THE DEVELOPMENT AND EVALUATION OF A NOVEL ASYNCHRONOUS VIRTUAL TRAINING PROGRAM THAT PROVIDES COMMUNITY HEALTHCARE PROVIDERS WITH THE KNOWLEDGE AND SKILLS REQUIRED TO OFFER A PSYCHOEDUCATION AND SKILLS-BASED TRAUMA-FOCUSED PSYCHOTHERAPY GROUP AT THEIR ORGANIZATION.

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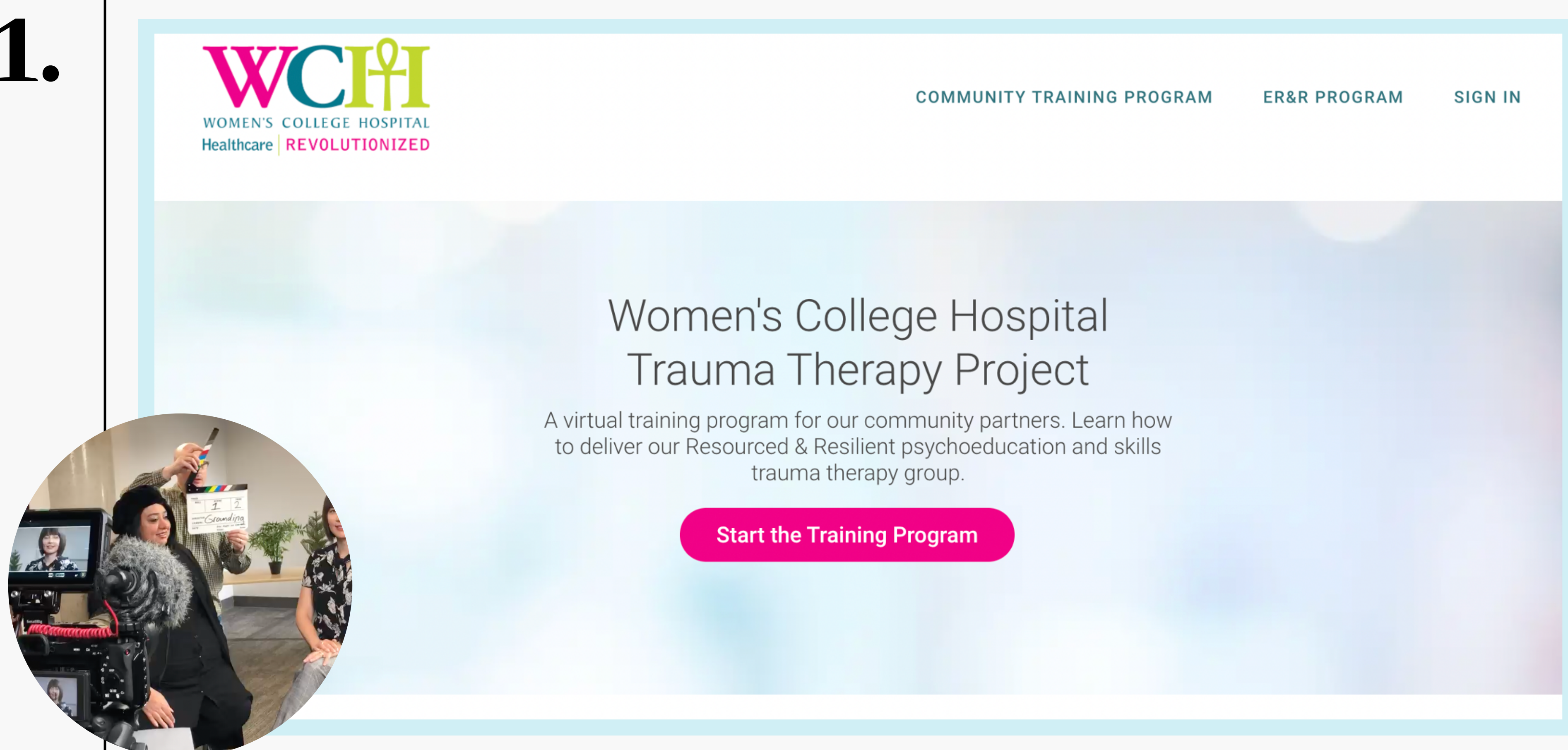


Image 1. Filming a video on dissociation for our virtual course.

INTRODUCTION

TRAUMA IS PREVALENT AND UNDERRECOGNIZED IN OUR SOCIETY; 1 IN 3 ADULTS REPORT EXPERIENCING CHILDHOOD TRAUMA INCLUDING NEGLECT, PHYSICAL, SEXUAL, PSYCHOLOGICAL, AND VERBAL ABUSE, AND ABANDONMENT. ACCESS TO TREATMENT FOR TRAUMA SURVIVORS IS LIMITED BOTH PROVINCIALLY AND NATIONALLY WHICH LEADS TO LENGTHY WAITLISTS, DELAYED RECOVERY, AND AN INCREASED BURDEN ON THE HEALTHCARE SYSTEM.

FUNDING TO COMPLETE PHASE 1 AND 2 WAS RECEIVED FROM THE HOPE & GRACE FUND VIA PHILOSPHY INC.

OBJECTIVE

This project piloted and produced a scalable virtual training program for capacity building across the mental health sector by utilizing a collaborative, iterative, rapid response approach in partnership with local agencies.

METHODOLOGY

We used qualitative and quantitative methods involving a needs assessment, followed by the development and evaluation of a novel asynchronous virtual training program. Three community partners from across Ontario were recruited in 2019 and focus groups were conducted at each site looking at information on existing resources with respect to trauma care, gaps identified in their services and capacity to meet the trauma needs of their clients.

Image 2. We are working with a diverse group of 6 community partners from across Ontario, including urban, rural, remote, and under-served communities.

2.



3.



Methodology Cont'd

Based on the feedback from the focus groups, we designed and built a virtual training program and recruited an additional three sites. All six of our community partners completed the virtual training program (N = 36), which included an evaluative component measuring attitudes, beliefs, and knowledge levels utilizing Likert scale questions, and open-ended questions. Individual 30-minute interviews with the site lead from each community partner organization were conducted to ascertain any additional qualitative feedback about the training program and to discuss any foreseeable barriers to implementation.

Image 3. The virtual program contains educational videos, animations, podcasts, written materials, reflective exercises, quizzes, handouts, and slideshows.

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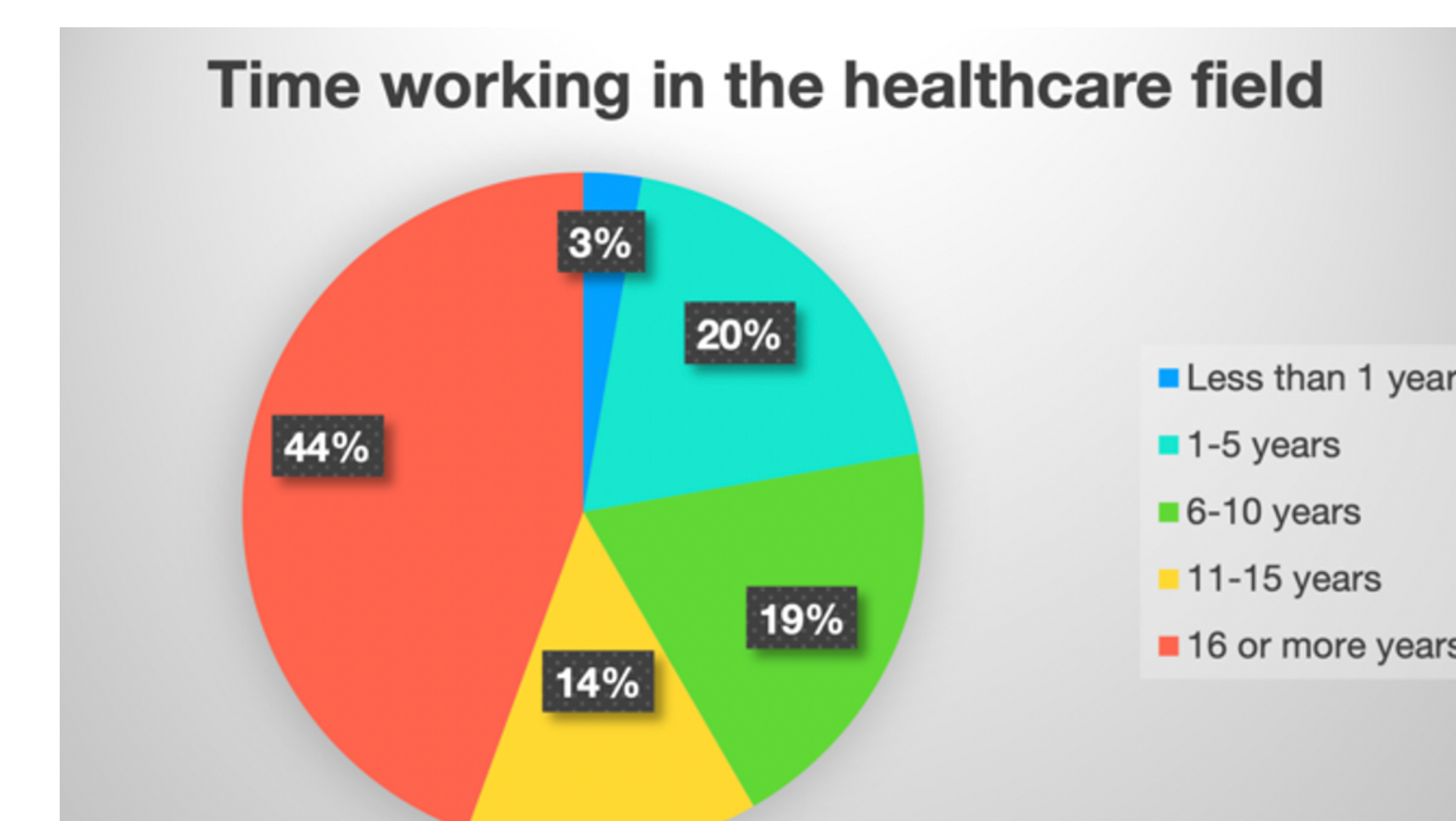


Image 4. Time Working in the Healthcare Field. N = 36

5.

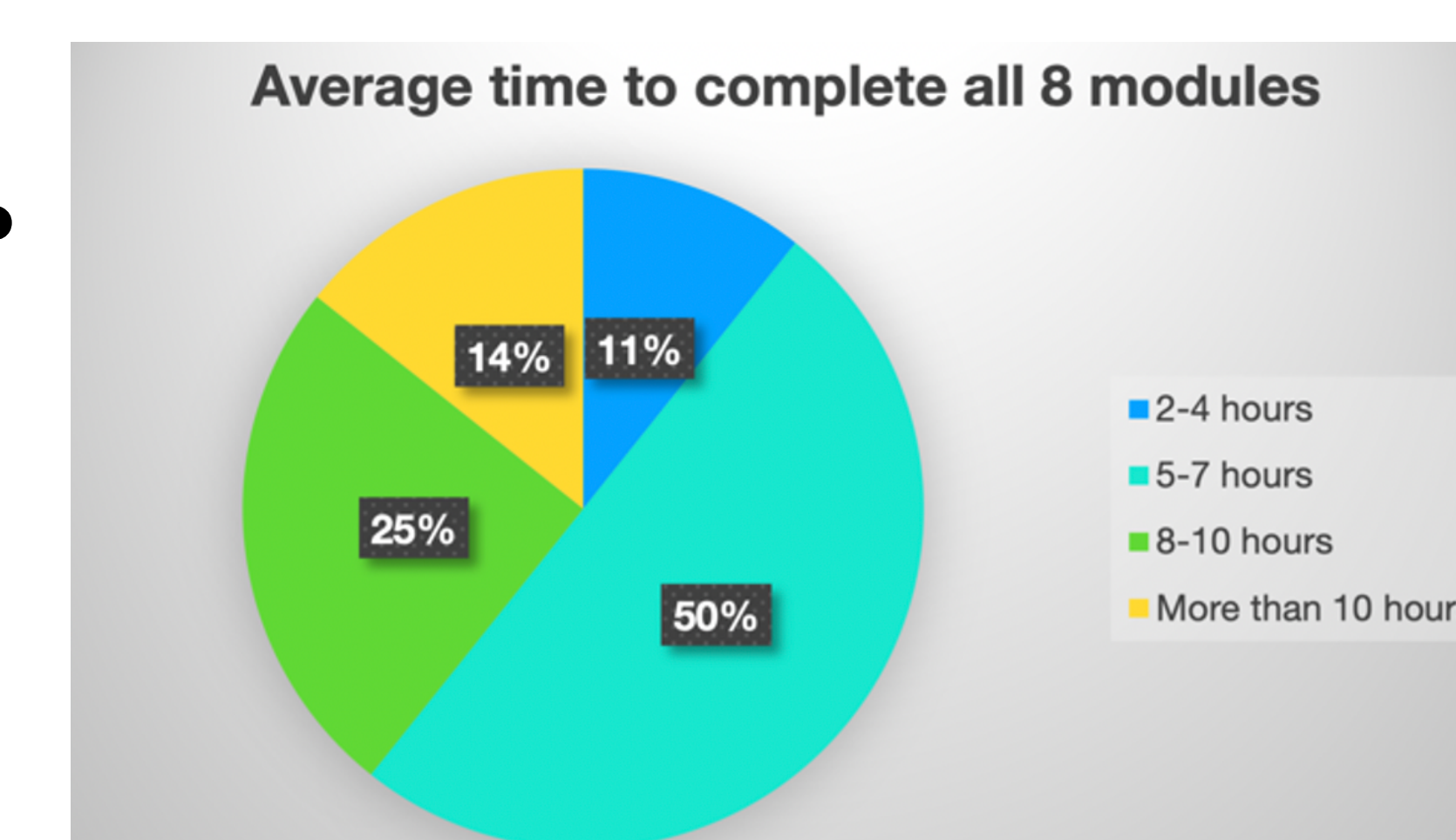


Image 5. Average Time To Complete all 8 Modules

RESEARCH / FINDINGS

Below, we have highlighted some key findings that we received from our 6 community partners who completed our virtual training program (N=36).

FINDING 1

All respondents considered that the content quality was consistent, and the content was clear. All respondents also considered that the modules were easy to navigate and met their expectations.

FINDING 3

96 % of the respondents felt that the multimedia format improved their learning experience.

FINDING 5



FINDING 2

89% of the respondents were positive about recommending these modules to their colleagues. In comparison, only 11% were neutral to that statement.

FINDING 4

Respondents indicated that there were no issues related to accessibility. They appreciated the video transcripts and the attention to detail.



Image 7. Confidence Level before and after completing e-learning modules.

6.

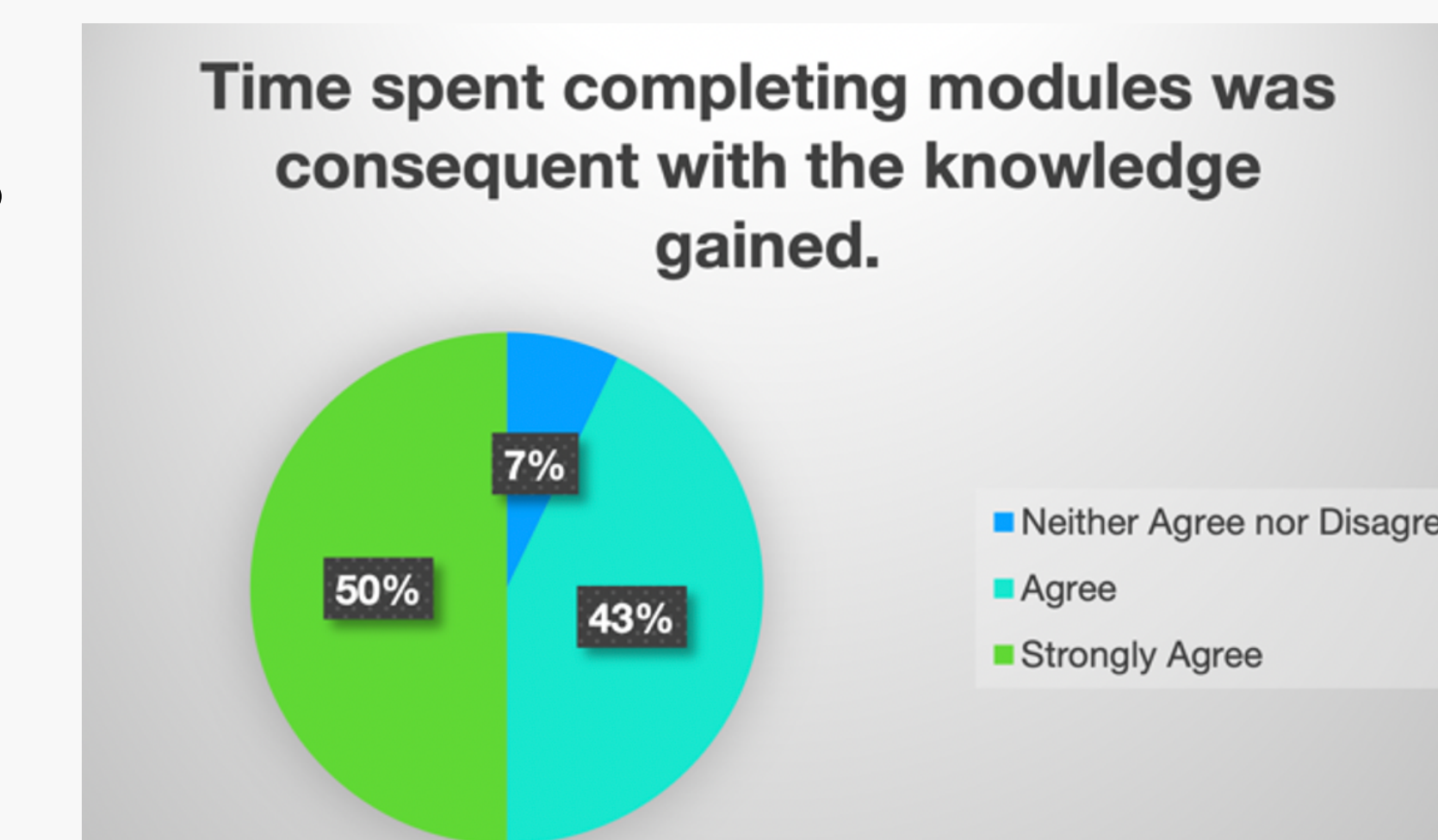


Image 6. Time Spent Completing the Modules was Consequent with the Knowledge Gained. Nil participants disagreed or strongly disagreed.

CONCLUSION

Our novel multimedia virtual asynchronous training program is intended to increase the availability of trauma-focused treatment in the community, enhancing access to care and improving patient outcomes. So far, 36 healthcare providers have completed the training program and our results indicate improved knowledge outcomes and improved confidence to offer trauma-focused treatment. The next phase of the study, currently underway, involves iterative design of the course and the implementation of the 8-week trauma group at each of the 6 community partner sites.