



**Assessing the Impact of Trauma Informed Care (TIC) Training on Pharmacy School Staff, Faculty, and Students:  
Perceptions on Poverty, Empathy, and TIC Understanding**  
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**BACKGROUND**

- Healthcare providers often have limited trauma-informed care (TIC) knowledge and training; therefore may struggle to identify specific patients in need, and to understand the lived experience and trauma of poverty.
- Research is limited regarding TIC within pharmacy school curricula and there has yet to be a study that incorporates poverty simulation into TIC.
- Alive and Well Communities, a community partnership organization, works to assist organizations in becoming trauma-informed.

**OBJECTIVES**

- To assess the impact of TIC active-learning sessions and a poverty simulation on pharmacy school staff, faculty, and students.
- The study aimed to evaluate perceptions of:
  - Poverty
  - Empathy surrounding trauma and poverty
  - Knowledge and understanding of TIC

**METHODS**

- Study Design:**
- Cross-sectional survey using a quantitative survey
- Study Period (November 2020 – March 2021) and Focus:**
- Participants completed 4, 1.5 hour virtual TIC trainings
  - **Focus areas:** community trauma, Adverse Childhood Experiences (ACEs), poverty simulation, systemic racism within healthcare, and antiracism action/advocacy
- Study Population:**
- 25 SIUe pharmacy staff, faculty, and student pharmacists
- Primary Outcome:** difference between pre- and post-assessment responses regarding poverty, empathy, and TIC
- Survey (distributed using Qualtrics):**
- Developed and distributed using Qualtrics
  - Assessment Tools:
    - Poverty: Attitude Toward Poverty–Short Form (ATP-SF)
    - Empathy: Kiersma-Chen Empathy Survey (KCES)
    - TIC:21 Item-Knowledge, Attitude and Practice Related to Trauma Informed Care (21-Item TIC)

**RESULTS**

<b>Table 1: Demographics</b>		<b>Pre-Test Group (n=22) n(%)</b>	<b>Post-Test Group (n=18) n(%)</b>
Age	18-24	11 (50)	9 (47.4)
	35-39	4 (18.2)	5 (26.3)
Gender	Male	4 (18.2)	4 (21.1)
	Female	18 (81.8)	15 (78.9)
Ethnicity	White or Caucasian	17 (77.3)	14 (73.7)
	Student Pharmacist	15 (68.8)	12 (63.2)
Title	Pharmacist	6 (27.3)	5 (26.3)

<b>Table 2: 21 Item-Knowledge, Attitude, and Practice Related to Trauma Informed Care Results</b>				
Question	Pre-Test Mean (± SD)	Post-Test Mean (± SD)	p-value	
I have a comprehensive understanding of TIC	2.45 (±0.80)	4.21 (±0.54)	<0.001	
I believe in and support the principles of TIC	4.32 (±0.78)	4.89 (±0.32)	0.005*	
I share my expertise and collaborate effectively with colleagues regarding the use of TIC	2.95 (±0.84)	4.32 (±0.58)	< 0.001	
I maintain transparency in all interactions with patients.	3.68 (±0.84)	4.41 (±0.87)	0.011	
I inform all patients of my actions before I perform them.	3.77 (±0.87)	4.47 (±0.62)	0.008	
I practice self-care (taking care of my own needs and well-being).	3.45 (±1.01)	4.11 (±0.88)	0.035	

<b>Table 3: Kiersma-Chen Empathy Scale Results</b>				
Question	Pre-Test Mean (± SD)	Post-Test Mean (± SD)	p-value	
It is necessary for a healthcare practitioner to be able to comprehend someone else’s experiences.	6.23 (±0.87)	6.79 (± 0.42)	0.014	
I am able to view the world from another person’s perspective.	5.91 (±0.81)	6.47 (±0.61)	0.017	

<b>Table 4: Perceptions on Poverty Assessment Results</b>				
Question	Pre-Test Mean (± SD)	Post-Test Mean (± SD)	p-value	
I would accept government assistance if I was struggling with financial stability.	3.65 (±0.95)	4.26 (±0.87)	0.035	

**DISCUSSION**

- First of its kind study incorporating TIC with perceptions of poverty
- Small sample size
- Potentially biased study population
- Virtual format
- Active-learning sessions had the biggest focus on TIC

**CONCLUSION**

- 22.5% of questions had a statistically significant improvement
- TIC incorporation is beneficial in improving perceptions of poverty, empathy, and TIC
- Future studies should look at including a student population that has no background in working with underserved populations