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SPECIAL ARTICLE

Deepening Trauma-Informed Medical Education

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Trauma and chronic stress result in real and measurable biological dysfunction.[1-6] The effects of trauma can be mitigated via intentional and sustained increases in real and perceived safety (physical, psychological, social, and moral) often accompanied by addressing past harms from a position of real and present security.[7-10] This is the basis of trauma-informed care (TIC).

While much of the initial focus of TIC was on interactions with patients, psychiatrists in the early 1980s began to apply the principles of TIC to themselves, creating organizational development models (staff practices and interpersonal tools) rooted in TIC.[11] Further developments in trauma-informed practices have resulted in applications of the work more broadly to education and medical education in particular. Scholar-practitioners such as Alex Shevrin Venet[12] and organizations including Edutopia[13] and the National Education Association[14] promote trauma-informed education (TIE), and some colleges and universities have developed TIE certifications.[15] The value and exercise of trauma-informed medical education (TIME) was described by McClinton and Laurencin in 2020 and by Brown et al in 2021.[16,17] While both articles touch upon the application of TIME to medical education delivery for the benefit of students and faculty, other scholars including Gerber, Jelley, and Potter Gerber, Jelley, and Potter (2024) refocus TIME as the intentional curricular integration of TIC competencies for patient care rather than for medical education itself.[18]

FOCUSING ON THE DELIVERY OF MEDICAL EDUCATION

TIME mirrors the application of TIC in patient care. Despite the mounting evidence valuing TIC in the exam room,[7,8] there remains skepticism about its value in medical education largely due to what appears to be a fundamental misunderstanding of its application.[19] Just as a TIC approach supports all patients, an educational system built on trauma-informed principles helps everyone, irrespective of roles and individual trauma histories. TIME is not intended to diminish accountability; it is not "filling in missing elements," nor is it "avoiding direct critique."[19] Reducing accountability for demonstrating competence is a form of cruelty that is antithetical to TIME. Reducing accountability in medical education sets people up to fail without the needed support.

TIME as a framework for the learning environment as well as for curriculum development and delivery is the consistent application of intentional attention to the varieties of human experience in order to address challenges toward actual and holistic resolutions. As demonstrated in Table 1, TIME intentionally weaves the work of education with a supportive purpose, providing dependable structures and boundaries that allow everyone involved—not just those with a known trauma history—to know that what *could have been done* to grow and develop learners *was done* at both the individual and system levels.

These shifts move us away from a deficit view of the learner, a view that assumes they are empty or broken vessels awaiting intervention, and toward the recognition that we all have histories as well as the assets necessary to teach, learn, and grow.[12,21]

OPTIONS FOR PILOTING

Changing entire curricula and the culture of medical education takes more time than any single educator has. One potential step medical educators can take to experiment with a robust application of TIME is the elimination of time-limited testing. Weiner, Park, Gernsbacher, and Petersen lay bare "myths" that have ensconced time-limited testing and provide evidence-based

TABLE 1. Principles and Practices

Principles of TIC and TIME	Options for action in medical education
Safety[9,17,20]	When addressing challenging learners, we approach with curiosity and ask "what is happening?" and avoid judgement-laden language such as "what is wrong?"[9] "Implement a policy of zero tolerance for repeated boundary violations and harassment. Develop advising systems that recognize trauma and connect students with trauma-informed services"[17]
Universal, Proactive, Systems-Oriented[12] Trustworthiness and Transparency[9,17,20]	Systemically adopt the practice of *nothing about you without you* ensuring that relevant stakeholders, including the learner body, is involved as upstream as possible in decision-making, even if it adds time and documentation. To the extent that capacity and resources allow, accommodations for quieter rooms or noise-cancelling devices, different lighting, and even longer exam times should be extended to *everyone* which avoids gaming the system.[12]
Human-Centered[12] Peer Support[9,17,20]	Leadership, faculty, staff, and learners all have the opportunity to lean into peer support across a variety of topics. All stakeholders have an authentic opportunity to lend their expertise whether personal or professional. The needs of the human beings that compose the organization are taken into consideration with primacy, not as an afterthought[12]
Collaboration and mutuality[9,17,20]	Make power differentials visible and take action to ensure that relevant stakeholders at every level are considered partners in the work. As much as possible, interventions and innovations are addressed systemically with fully matrixed mutual expectation and accountability. Topmost leadership should be held to the same standards as the learners, the newest hire, and the lowest paid staff member.
Asset-Based[12] Empowerment[9,17,20]	"Engage in constructive dialogue in the face of differences of opinion."[17] Enter engagements, particularly the ones anticipated to be challenging, with a presumption of good will. Hold individuals to account for their responsibilities without resorting to anger, dismissal, sarcasm, etc. Assume people have the capability to engage, support them when they cannot, and offer opportunities to exercise ability elsewhere as needed. Honesty in evaluation must include objective evidence about areas of need/ improvement.
Humility and Responsiveness[9,17,20]	"Acknowledge [potentially] traumatic societal events,"[17] historical events, and other cycles of challenge. Keep shared humanity at the forefront of even the most challenging of discussions; be open to information that may not be your experience. Moving from sage on the stage to guide on the side is a framing of mutual growth and learning, yet this may be triggering to learners who have only excelled when they have been highly externally directed.

Abbreviations: TIC, trauma-informed care; TIME, trauma-informed medical education

alternative approaches.[22] A potential faculty development pilot in TIME would be to facilitate the trauma-informed precepting module created by Brown et al, and ask faculty to practice applying the learning to peer teaching.[23] A more targeted option is to use TIME for professionalism reviews by adopting the model of the restorative justice or practice circle through an intentionally facilitated process where all relevant stakeholders are involved in a boundaried conversation that explores the issue through the principles of TIME.[24,25]

CONCLUSION

TIME applied to the systems and delivery of medical education regardless of content goes beyond the trauma histories of individual learners and educators to acknowledge that trauma and harm have been at the root of traditional medical education. If we want the health care system to be different, we must educate differently. TIME is not about being lenient; it is about authentic thoughtfulness applied systemically to ensure everyone is accountable without being unduly harmed. Medical students and residents must learn the content, processes, and procedures required to provide excellent medical care. They must be able to engage with people of all kinds as equitably as possible. They must learn how to manage their time and resources, find the internal grit needed to push through discomfort in order to grow into licensed physicians. TIME, in acknowledging that human beings are emotional creatures whose past experiences inform their present responses, supports the challenging work of medical education to develop wholly human physicians who better understand themselves and their patients.

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