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#118 - Adapting and Implementing Trauma and Violence Informed Care training to improve Indigenous healthcare: a protocol

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Objectives/aims

To enhance Aboriginal and Torres Strait Islander experiences of healthcare by adapting, implementing and evaluating a Canadian Trauma and Violence Informed Care (TVIC) educational intervention in an Australian regional Emergency Department (ED).

Methods

This 18-month quasi-experimental study will take place in a large Victorian regional ED. An Integrated Knowledge Translation approach will be used with Aboriginal and Torres Strait Islander patients, Aboriginal Health Unit staff, an Aboriginal Advisory Group and representatives from the ED management team as equal partners in the research process.

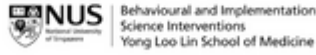
The Knowledge to Action Framework will be used as a process model to guide the implementation process. The updated Consolidated Framework for Implementation Research (CFIR), as a determinant framework, will inform the interview guides and data analysis. The Expert Recommendations for Implementing Change (ERIC) will be used in combination with the CFIR to identify implementation strategies. The RE-



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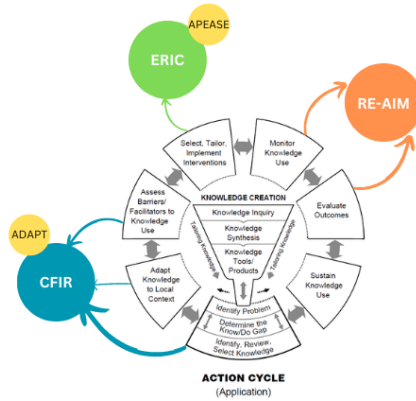
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AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) Framework will be used to guide evaluation.

To inform the tailoring/adaption of the TVIC educational intervention to the local Regional ED we must first understand the context. This involves three steps. First, semi-structured interviews will be undertaken with at least 15 Aboriginal and Torres Strait Islanders presenting to the ED over two months, to understand their experiences of care. Additionally, a brief,

validated Australian tool designed to assess discrimination (The Mayi Kuwayu Tool) will be completed with the patients.

Second, semi-structured interviews and Knowledge, Attitude, Behavioural (KAB) short surveys will be undertaken with ED clinicians to determine their understanding of Trauma and Violence Informed Care.

Representatives of the ED management team, the Aboriginal Health Unit team and the Research Team will participate in a 3-hour workshop to discuss the vision for Aboriginal and Torres Strait Islander healthcare, undertake organisational assessments using the Canadian TVIC discussion tool (a ten item reflective tool designed to enhance TVIC), discuss contemporary ED data (including “Did Not Wait” statistics) and complete a trauma walk-through to determine existing practice. This phase will also include recruitment of an Aboriginal Advisory group providing governance and supervision of the cultural elements of the educational intervention adaption and delivery.

Adaption of the intervention will be guided by the ADAPT framework; this stage will require regular meetings between the research team, the Aboriginal Health Unit team, ED management and the Aboriginal Advisory group to identify how the intervention will be adapted, how cultural content will be delivered, and who will be responsible for implementing the domains of the TVIC educational intervention.



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The training will be implemented by the research team and local Aboriginal Elders from Wadawurrung Country.

Elements of the RE-AIM Framework will be measured using a multi-methods approach, including patient interviews and surveys, clinician interviews and KAB surveys, ED data on “Did Not Wait” presentations, and a final evaluation workshop with key stakeholders, to determine if there have been changes in patient experiences of care, clinician understanding of TVIC, and whether organisational assessment discussions result in improved organisational ratings. These methods will also be used for evaluation of implementation outcomes to determine whether the strategies adopted were contextually acceptable, appropriate and feasible.

Main findings

A protocol for this study will be presented