



Inclusive Small Group Sessions: Trauma-Informed Education Summary

This is a summary of the **Inclusive Small Group Session: Trauma-Informed Education** that took place on February 5th, 2025 with facilitators and panelists: Drs. Saleem Razack, Olusegun Oyedele, Heather Buckley, and Joana Gil-Mohapel.

Learning objectives

By the end of the session, participants will be able to:

- **Explain** the concept of trauma-informed education as it applies to small-group teaching.
- **Describe** how trauma-informed education can support inclusive small-group environments.
- **Implement** practical tips to prevent and address instances when learners' emotions are activated through curricular experiences in small groups.

What is trauma, trauma-informed pedagogy, and trauma-informed medical education?

Trauma:

- Does not equate with upset or distress, but it is an emotional response to a distressing event.
- Most definitions include elements of an event combined with an individual reaction or perception of the event.
- It involves feeling powerless. Trauma types broadly: acute--one event, complex--ongoing, or collective (e.g., racism etc.).
- It can have long term effects on a person's life and their subsequent experiences.

Trauma-informed pedagogy:

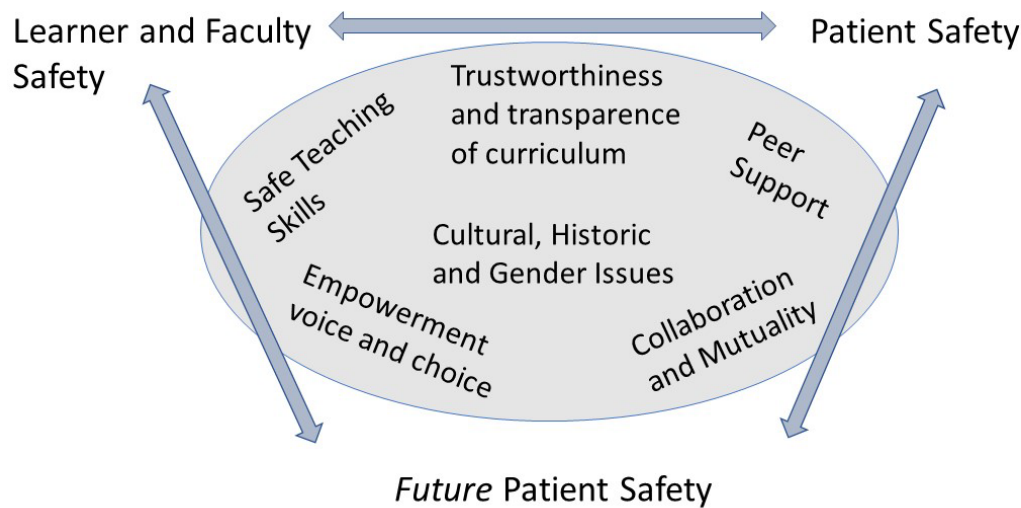
- "A way to approach teaching and learning that considers how trauma impacts learners and seeks to mitigate the effects of trauma on learning by creating safe, supportive, and empowering learning spaces that minimize re-traumatization and promote success and resilience."¹
- It is not about avoiding tough or emotionally activating topics, but instead finding ways to teach those topics in the most ethical way.

Trauma-informed medical education (TIME):

Involves recognizing that:

- In the audience there is likely to be a learner or learners who have direct experience of the topic being discussed.
- Medical education systems contain within itself ways of understanding difference, illness, and health which have been historically harmful to populations and groups of people.

Educational program ethics is a balance of learner, patient and faculty safety:



TIME diagram²

Principles of trauma-informed pedagogy and practical tips

Predictability: communicating expectations clearly so learners know what to expect. For example: Give advance notice of requirements (e.g., assessments)

- Maintain consistent expectations
- Discuss group agreements (ground rules)

Connection: cultivating healthy relationships with, and among, students and others.

- Engage and model self-care (i.e., take breaks)
- Use learner names, chat informally with students at start, share relevant personal and contact information as appropriate
- Do not expect instant trust or probe about past traumatic experiences
- Offer time to debrief sessions with students as applicable, and when doing so, listen to how they would like to move forward

Flexibility: identifying the most important aspect of the learning and being able to let go of what is less important if need be.

- Encourage learners to leave and re-enter the small group learning space if required to engage in self-care.
- Encourage learners to connect with others (e.g., student affairs, embedded counsellors) and other resources.
- Be explicit with students around group expectations and offer flexibility where appropriate—what does their participation need to look like?

Empowerment: Providing opportunities for students to enact their own power and control over their learning when possible.

- Encourage questions and learner feedback by practicing humility and a willingness to listen and learn.
- Involve learners in how to approach and manage emotions and difficult topics.
- Validate learner experiences and express belief in their potential for learning.

Tips are from Trauma-Informed Pedagogical Strategies, McMaster University Health Sciences.¹

Myth busters

Myth	Reality
<p>"Giving constructive feedback or flagging students from underrepresented or equity-deserving backgrounds may cause harm or perpetuate harmful stereotypes of underperformance these groups already experience. I don't feel comfortable flagging students anymore."</p> <p>"We can't provide feedback anymore, and why should I even teach? It's like you have to back away or walk on eggshells."</p>	<p>"Using Trauma-Informed Principles allows for more rigorous feedback and assessment. Providing constructive feedback in a supportive way will result in learning and growth."</p>
<p>"We are becoming soft in our teaching and are doing a disservice to our students."</p>	<p>"Appearing to produce resilient students masked real harm that trainees experienced."</p>
<p>"This topic introduces personal emotions into teaching. I am trained to practice medicine and teach it, not to cater to students' emotions."</p>	<p>"Setting the stage when talking about potentially triggering topics is a step towards creating a safe learning space for all students."</p>

Takeaways from the panel and group discussion:

- **Trauma-informed practice and medical education**
 - Relationship-building is more important than saying the "right" thing, aligning with the principle of "first, do no harm".
 - It is essential to forgive others and ourselves in learning and practice.
 - Cultural shifts are ongoing, and mistakes are inevitable. Modeling how to acknowledge and learn from them helps students navigate their own future errors.
- **Preparing students for difficult content**
 - Include a description of the learning event in course materials to set expectations.
 - Offer resources for debriefing (e.g., connect them to student affairs, embedded counselors) when there is difficult or emotionally activating content.
 - For prevalent, sensitive topics (e.g., intimate partner violence, child maltreatment), provide clear upfront context before engaging in the content. For less common topics, approach with humility and empower students with knowledge about the topic before discussion.
- **Supporting learners**
 - Balance learning standards with student wellness by ensuring supportive structures are in place.
 - While instructors can explore barriers to student learning, it is not part of their role to solve personal issues—connect them with Student Affairs and other resources for support.
 - Remember the goal is to ensure students can engage with the material in a supported way, not excuse them from learning challenging material.
 - Assess learners on the metrics used for the small group session, and remember flagging is helpful when there is a concern as it will lead a student to get academic support, and should not be viewed as a penalty (for example, it can be helpful to flag a student if a student has missed too much class session time for an accurate assessment).

- **The universal precaution approach**
 - There is not a need (nor is it advised) to probe learners' backgrounds and experiences to understand their context. Instead, assume there is trauma and different lived experiences among the learners in your small group and use trauma-informed approaches with everyone.
- **Educators matter too**
 - Faculty and small group teachers are part of this journey too— we can learn from each others' successes and mistakes.
 - Extend the kindness and self-compassion that you provide to your students to yourself as well.
 - Trauma-informed medical education is not a rigid formula but a guiding, principled approach rooted in awareness, adaptability, and care for both learners and educators.

Resources/References

- (1) Trauma-informed pedagogical strategies, McMaster University, Health Sciences <https://doitanyway.ca/wp-content/uploads/2024/03/TIP-InfoV2.pdf>
- (2) Brown, T., Berman, S., McDaniel, K., Radford, C., Mehta, P., Potter, J., & Hirsh, D. A. (2021). Trauma-informed medical education (TIME): advancing curricular content and educational context. *Academic Medicine*, 96(5), 661-667.
- First, do no harm: developing trauma-informed medical and health professions education practice, University of British Columbia, Office of Faculty Development https://facdev.med.ubc.ca/wp-content/uploads/2024/06/RRSeries_TraumaInformedEducation_May23_2024.pdf
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- Razack, S., & Philibert, I. (2019). Inclusion in the clinical learning environment: Building the conditions for diverse human flourishing. *Medical teacher*, 41(4), 380-384.