

TRAINING NON-SPECIALIST HEALTHCARE PROFESSIONALS

Margaret A. Struchen, Ph.D.

Many people with traumatic brain injury (TBI) receive their first care from a team of rehabilitation professionals that specialize in TBI. These professionals tend to be very aware of the possible problems and supports to community integration that exist for people following TBI. However, not all people who have a TBI will receive any or all of their healthcare services from such specialized professionals. In fact, many people with TBI may get their primary medical care from professionals such as their family doctor, and behavioral healthcare services from psychologists, counselors, and social workers who may be unfamiliar with TBI. Also, as time passes after injury, most medical needs are likely to be given by doctors that are not familiar at all with traumatic brain injury and with the resources that can help increase community participation for people with TBI.

Because of this situation, increasing the knowledge about TBI and the community integration needs of people with TBI among such “front-line” healthcare professionals is an important need. Given that about 1.4 million people sustain

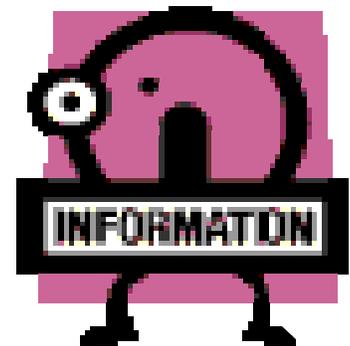
TBI each year¹ and that there are 5.3 million people living with disability as a result of TBI,² it is likely that many of these primary care health professionals will eventually have people with TBI as their patients or clients. Increasing knowledge among healthcare professionals may improve attitudes about TBI and increase expectations about functioning. This may improve the quality of care that people with TBI will receive. The TBI Community RRTC has made the training of non-specialist primary care healthcare professionals a priority. We are working to develop educational materials on the healthcare and community integration needs of people following traumatic brain injury that can be used to train internists and family doctors; clinical and counseling psychologists; and social workers. We are also working on ways this training can be given to these professions.

1. Langlois JA, Rutland-Brown, Thomas KE. (2004). Traumatic brain injury in the United States: Emergency department visits, hospitalizations, and deaths. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
2. Thurman D. (2001). The epidemiology and economics of head trauma. In: Miller L, Hayes R (Eds.) *Head Trauma: Basic, Preclinical, and Clinical Directions*. New York: Wiley & Sons

LOOKING FOR MORE INFORMATION
ON TBI (TRAUMATIC BRAIN INJURY)?

CHECK OUT OUR WEBSITE AT:

www.tbicommunity.org



Survey of Healthcare Professionals: What did We Learn about Training Needs?

Margaret A. Struchen, Ph.D

To help in determining specific training needs and preferences, we conducted an online survey of healthcare professionals and professionals-in-training. Answers were received from 88 social workers and social work trainees, 72 psychologists and psychology trainees, and 57 non-resident and resident physicians. Overall, only 18% (8% of trainees and 29% of professionals-in-practice) of those surveyed felt prepared or very prepared for addressing the needs of persons with TBI.

We asked respondents if they had received education or training in the following areas: pathology and pathophysiology of TBI, interventions for persons with TBI, psychosocial effects of TBI, cognitive effects of TBI, and community resources and referral sources for persons with TBI. The chart below illustrates the percentage of respondents within each professional and training category that reported having received education in these areas. For those surveyed, with the exception of psychologists-in-practice, $\leq 50\%$ had received education or training in any of these areas relevant to TBI. For those that had reported training, the majority (31%) received that training solely through self-study. On-the-job training (26%) and training through a core curriculum (21%) were the next most common methods

of training used. Nearly 50% of the people who answered our questions indicated they would be willing to attend training on community integration and TBI. Most people preferred receiving information through seminar, conference, in-service, or over the internet. The RRTC is in the process of creating educational materials to address the training needs of these non-specialist healthcare professionals and will be posting the products on the Center's website:

www.tbicommunity.org

Please be on the lookout for these materials!!

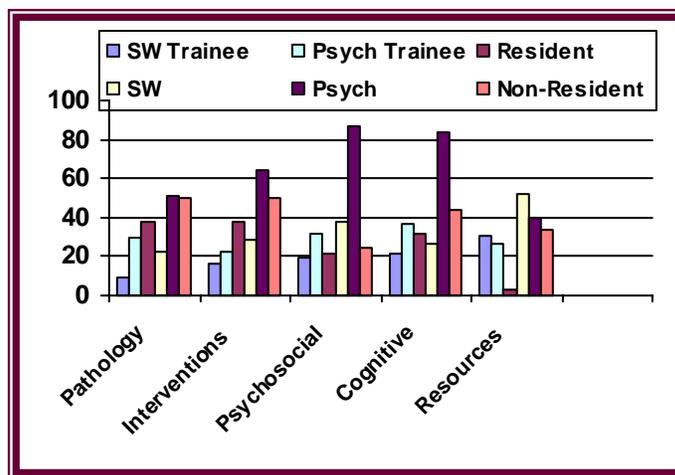


Figure 1: Percentage receiving education/training in relevant TBI content areas.

Perhaps the most interesting results of this survey were some of the comments that respondents included. Some of those comments are listed here:

"...training inadequate in medical school and residency"

"The awareness in the medical community needs to be raised and supplemented"

"Any resources I have are found by my investigation. This has been tough with very limited resources on the job (with no Internet/e-mail at the office)."

"Information on community resources is lacking"

"More professionals need to be aware of it, how to identify it and then depending on their level of expertise, either treat the person appropriately or refer them to someone who can."

"In general, this is a condition for which most social workers have little understanding and preparation."

"Resources are poor or are poorly disseminated. Many outpatient practitioners are poorly prepared, do not refer, and do not diagnosis properly. Also assistive technologies underutilized"

Training Resources regarding Traumatic Brain Injury: What's Available for Vocational Rehabilitation Counselors?

Margaret A. Struchen, Ph.D.

One of the goals of the RRTC on Community Integration for Persons with TBI is to understand the training needs of vocational counselors about brain injury and to then create and use an educational program that could be used to speak to those training needs. We want the curriculum to address:

- Building awareness of TBI
- Increasing understanding of the vocational implications of TBI
- Helping form realistic yet positive views of vocational potential for persons with TBI
- Providing suggestions for vocational rehabilitation with persons with TBI
- Increasing knowledge of community resources

There are two goals of the RRTC: 1) to create new materials where training materials do not exist and 2) to increase access to training materials for VR counselors that have already been developed. One of the major concerns that many professionals have expressed is that,

while a number of training materials are known to exist, the presence of a central registry by which to locate such materials is missing. To address this issue and to identify which areas needed further curriculum development, the RRTC has conducted a large review of existing educational materials, scientific articles, books, and program descriptions. Margaret Dybala, Librarian at TIRR and Resource Specialist for the RRTC, conducted this full review utilizing searches of PubMed, National Library of Medicine, Academic Search Premier, Google, Altavista, ERIC, Digital Dissertations, ISI Web of Science, Social Science Abstracts, as well as searches of federal/state agencies and dedicated brain injury websites. Information from this search was compiled and a bibliography with notes has been prepared. This bibliography will be available for download on the Center's website:

www.tbicommunity.org

Look for updates on the VR counselor training development and for opportunities to participate in training sessions which will be posted to this site.

The Word from the Street: Education for Primary Healthcare Professionals on Traumatic Brain Injury (TBI) Survivors is a Must.

Jason Ferguson, TBI Survivor

Recently, my wife and I were asked to participate in a panel discussion at a conference in San Antonio about brain injury. The discussion was centered on the difficulties with the rehabilitation process. Although this panel was focused on rehabilitation professionals, much of this applies to primary healthcare professionals too. One issue that needs to be addressed is the lack of listening by the caregivers, physicians and therapists. For example, if a survivor is resting or appears uninvolved discuss with the survivor their feelings and symptoms. Do not automatically assume the survivor is lazy or unwilling to participate. Also, the caregivers, physicians and therapists need to keep in mind that the self esteem of the survivor plays a significant role in the rate of their recovery. If a survivor is told they are unable to do certain tasks or will never be able to things themselves, they give up hope and quit trying to improve. Instead, encourage the survivor to continue to improve daily. Praise them for their efforts. Brain injury is far too common for healthcare professionals not to learn new information to better treat their patients with TBI.