

Integrating survivors with frontline trauma providers: a winning strategy for providers, survivors, and research integrity

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Collaborative care interventions emphasize the active partnership between patients and their healthcare providers and have proven effective in the context of numerous chronic conditions. As the focus of trauma care transitions from ensuring survival to recognizing the lifelong impact of traumatic injury, a select group of trauma centers has applied this approach to the acute trauma setting.^{1,2}

In this edition of *TSACO*, Zatzick *et al*³ report on their clinical trial in which they expand the collaborative care approach and integrate previously injured peers with frontline acute care providers as part of a multidisciplinary team. This trial, initiated in 2018, was significantly impacted by the COVID-19 pandemic, resulting in necessary and unfortunate changes in peer access to study patients. While the peer-integrated intervention resulted in higher patient satisfaction with emotional aspects of care, it demonstrated no significant improvements for primary outcomes related to post-traumatic stress disorder (PTSD), postinjury concerns, and hospital utilization.

Despite some disappointing study results, the authors should be commended for their focus on integrating survivor experts into the trauma team and for including survivors as partners in research. Although there is significant agreement that including patient perspectives increases research significance, there is a lack of consensus on 'best practices' for incorporating these perspectives.⁴ The study by Zatzick *et al* offers an approach that truly integrates survivor experts.

A previous study incorporating trauma peer interaction in a collaborative care model similarly failed to demonstrate lower rates of depression and PTSD.⁵ Positive impact was found, however, on trauma surgeons' confidence in their ability to manage patient psychosocial concerns. With peer mentors available to their patients, trauma surgeons were more likely to inquire about patients' psychosocial concerns and encourage them to take action.⁶ Perhaps the trauma team at the University of Washington was similarly emboldened to engage in 'difficult' conversations with their patients, resulting in higher patient satisfaction with the emotional aspects of their care.

Finally, survivor experts integrated into multidisciplinary teams bring a level of passion to their work that increases engagement of those involved in the project, heightens the care team's awareness of the everyday challenges associated with survivorship, and positively affects team member morale.⁷

We hope that the challenges of studying such 'soft' outcomes of these interventions will not discourage researchers from attempting to measure the varied impact of survivor involvement in trauma care, considering the many long-term challenges trauma patients face.

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