Human Trafficking and Medical Education

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Background

- 8042 cases of reported trafficking during the year 2016.[1]
- 25-88% of victims interact with a healthcare professional (HCP) while they are being exploited.[2-4]
- A majority of medical professionals receive no education on human trafficking. [2-3]
- Simulation based medical education (SBME) is used in a majority of medical schools. [3]
  - USMLE Step 2- Clinical Skills Exam
- University of Louisville School of Medicine piloted M-SIGHT
  - Medical Student Instruction on Global Human Trafficking

Problem Statement

Can an innovative simulation based curriculum produce significant change in third year medical students' awareness of human trafficking and their self-perception to identify and intervene in healthcare settings?

Methods

- Design medical curricula on human trafficking awareness
  - Needs Assessment
  - Goals & Objectives
  - Implementation
  - Curricular review
- One cohort 3rd year medical students 2017-2018 (N=109)
- Case & SP Script:
  - Adolescent, sex trafficking case
  - Non-disclosure
- Pre- and Post- Assessment
  - Survey Monkey
  - Likert Scale questions
- SPSS Analysis
  - Paired T-test
  - Crosstabulation analysis

Results

5 minutes
Student Orientation

15 minutes
Standardized patient interaction

10 minutes
Documentation & Evaluation

5 minutes
Pre-Survey

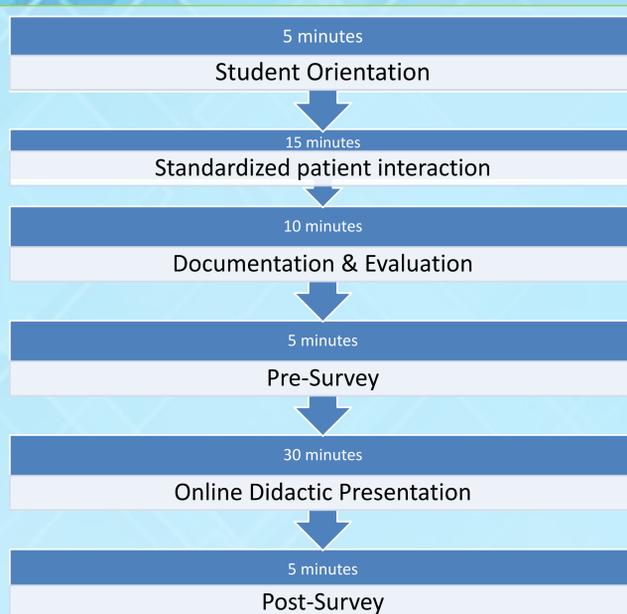| 30 minutes |
|---|
| Online Didactic Presentation |

5 minutes
Post-Survey

Figure 1. Curriculum Flow

- 17.4% of students believed that they had encountered a trafficked person in the past on one or more occasions.
- Prior to training:
  - 41.7% of the students indicated that they were fairly or very suspicious of human trafficking

Differential	Percentage Included (N)
Domestic Violence	45.7% (58)
Prostitution	7.9% (10)
Child Abuse	7.9% (10)
Neglect	7.1% (9)
Human Trafficking	12.6% (16)
None of the Above	42.5% (54)

Table 1. Differential diagnosis provided by medical students after Standardized Patient encounters.

- HEADSS Assessment: 16% of students asked about suicidal ideation
- Paired T test on Likert scale questions were statistically significant ($p<0.05$):
  - "I feel confident in my ability to identify potential victims of human trafficking in the healthcare environment"
  - "I have received adequate instruction on identifying potential victims of human trafficking"
  - "I understand the definition of human trafficking well enough to explain it to a fellow student"

Discussion

- Testing immediate recall, not application of knowledge
  - Need additional follow up to assess change in behavior
- Questions not validated
  - Misinterpretation or multiple correct answers
- Subsequent classes have completed the curriculum
  - Can track efficacy between different cohorts
- Personal experience with curricular design and medical education
- SELECT:
  - Values Based Patient Centered Care for vulnerable populations
  - Creation of a separate 2 case SELECTive
    - Sex & labor trafficking cases

Conclusions

- Increased student awareness of trafficking
  - Statistically significant changes in self reported confidence
- Led to the creation of a separate 2 case, SELECTive
  - Sex & labor trafficking cases
- Need for assessment behavioral & long term follow-up
  - Immediate recall tested only
  - Piloted curriculum, but survey not validated

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4. Chisolm-Straker M, Baldwin S, Gaïgbé-Togbé B, Ndukwe N, Johnson PN, Richardson LD. Health care and human trafficking: we are seeing the unseen. Journal of health care for the poor and underserved. 2016;27(3):1220-33.