Human Trafficking and Medical Education

Michelle Lyman MS4
USF MCOM- LVHN Campus, Michelle.Lyman@lvhn.org

Hoonani M. Cuadrado
Lehigh Valley Health Network, Nani_M.Cuadrado@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/select-program
Part of the Medical Education Commons

Published In/Presented At
**Human Trafficking and Medical Education**

Michelle Lyman, MS4  
Hoonani Cuadrado, PA-C  
Lehigh Valley Health Network, Allentown, Pennsylvania

---

### 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 ³
- 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

- **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

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

<table>
<thead>
<tr>
<th>Differential</th>
<th>Percentage Included (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>45.7% (58)</td>
</tr>
<tr>
<td>Prostitution</td>
<td>7.9% (10)</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>7.9% (10)</td>
</tr>
<tr>
<td>Neglect</td>
<td>7.1% (9)</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>12.6% (16)</td>
</tr>
<tr>
<td>None of the Above</td>
<td>42.5% (54)</td>
</tr>
</tbody>
</table>

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

- **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

- **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
  - Pilot curriculum, but survey not validated

---

### Conclusions

- **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

---

**REFERENCES**


© 2018 Lehigh Valley Health Network