Service Distinction Track Capstone Final Paper

Identifying and Responding to Human Trafficking - Educational Initiative

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Mission Statement:

The mission of this project was to identify and address a deficit in knowledge in the medical student population regarding identifying and responding to human trafficking in the healthcare setting.

Initial goals:

The initial goal of this project was to inform a subset of the Carver College of Medicine student body, (namely students who have shown particular interest in trauma informed care through their participation in the course, "Clinical Skills for Responding to Sexual Violence") about how to identify human trafficking and how to respond when human trafficking is suspected. An additional goal of this project was to allow students to participate in a real-life simulation of a patient who is a victim of human trafficking within the hospital setting. The ultimate goal is that students will be able to draw upon this knowledge and develop skills to deliver culturally competent and trauma informed patient care to victims of human trafficking.

How the project came about:

Growing up in a household where my dad worked for a peace organization, I became familiar with the Universal Declaration on Human Rights while in grade school. Though he is no longer with the organization, a reminder of its purpose is still present. A poster with all 30 articles of the Declaration has been hanging on a wall in our home for as long as I can remember and is still there.

Human trafficking is a human rights violation found around the world and is no stranger to the state of Iowa. According to the U.S. State Department, a report by the International Labor Organization revealed that at any given time in 2016, human trafficking estimates in the United States was 24.9 million individuals. This figure was based on current implementation of U.S. laws and the definition of forced marriage. In 2021 there were 86 cases of human trafficking involving 161 trafficked individuals reported in the state of Iowa. This number is likely an underrepresentation due to the covert nature of trafficking as well as the fact that there is no required reporting to a centralized data collection; most agencies collect local data that isn't easily shared across the state. A shocking number of victims of human trafficking interact with a healthcare professional within the healthcare setting during the period where they were actively trafficked. The percentage of victims who go through a healthcare facility undetected is staggering and unfortunate.

As a future physician who is pursuing emergency medicine, I feel it is my duty not only to be trained in the identification of human trafficking victims, but also to be an advocate for improved detection methods. Healthcare providers in all fields play a crucial role in identification as they very well may be the only people who make contact with these victims away from their abductors. It's important to recognize that victims of trafficking do not fit one specific profile and can be of any race, gender, age, socioeconomic status, nationality, sexual orientation, etc. Given the ambiguity of victim profiles, it is crucial that screening tools be developed and evaluated to mitigate bias that may allow victims to fall through the cracks. During the summer of my first year of medical school, I began conducting research on a project focused on human trafficking identification. The University of Iowa Hospitals and Clinics made additions to their pre-existing Abuse Screening Tool and this updated tool went live hospital-wide on March 30th, 2021. My research thus far has involved collecting and analyzing the data from this screening tool to evaluate its efficacy. I have continued to work on this research project over the years and will be submitting a manuscript to a research journal this year.

Throughout the project I have been shown the lack of education that many healthcare providers have when it pertains to human trafficking, my own peers included. In explaining my research project to fellow peers, many have asked me the utility in a screening tool and why the hospital environment would be a suited place for such a measure. From my research experience in medical school, I have learned common clinical presentation of victims, which screening questions might lead to positive identification, and the process of offering support and resources to the victims. In attempt to address the education deficit among medical students regarding this topic, I plan to share what I've learned from my research experience with my fellow peers at the Carver College of Medicine and hope to spark their interest in this topic. I believe it is important for physicians in any discipline to be aware of this serious issue and its importance to the medical community. More importantly, I am also hoping that my role in this capstone project could lead to meaningful changes in the medical school curriculum and perhaps in the future lead to earlier intervention to help protect patients who are identified as human trafficking victims.

Literature Review

Healthcare providers in all fields play a crucial role in the identification and subsequent assistance of human trafficking victims. Studies show that between 68%-88% of trafficked individuals in surveys report that they interacted with a healthcare professional within the healthcare setting during the period where they were actively trafficked.[1,2] Upon identifying victims of human trafficking in healthcare settings, healthcare professionals can provide referral to systems where they may receive various types of support including, but not limited to physical, phycological, and legal support. There are, however, barriers to the identification of these individuals. Across the nation, these barriers include lack of screening tools, insufficient knowledge regarding the use of screening tools, and in most cases, sheer lack of formal education and training in victim identification. [3]

A comprehensive review conducted by Talbot et al. gathered data from 41 medical schools within the United States and found that only 17/41 (41%) had curriculum that addressed human trafficking. Within those 17 schools, the average length of curriculum on this topic was three hours and the organization of the curricula was highly variable across the schools.[4] Though current literature demonstrates a deficit in human trafficking education among medical students; it is not due to lack of interest by students. A survey of 426 medical students across the United States showed that 69.2% valued having knowledge about human trafficking considering their future profession.[5] When provided a short set of questions on the topic of human trafficking, less than 12% were able to correctly guess the number of trafficked youths within the United States, and less than 9% knew who to contact if they encountered a victim of human trafficking. This is especially concerning given the likelihood that medical students will encounter a victim of human trafficking at some point either during their training, or as a practicing physician.

In response to increasing data that has demonstrated the inadequacy of human trafficking education within medical schools, some schools have implemented pilot education sessions on the topic. A recent initiative by Rush University included a two-hour didactic session about human trafficking guided by a clinical vignette as well as pre and post session surveys.[6] One hundred and twenty-seven fourth year students attended this training. Results from the post-session survey were overall very positive with an average satisfaction rating of 4.6 out of 5. Students also overwhelmingly supported the notion that education on human trafficking is relevant to their future role as a resident physician. A constant piece of feedback that the educators at Rush received from these students was the desire to have this content covered earlier in their medical school curriculum as these students were nearing graduation from medical school and transition to residency.[6]

Project Overview – Methods

The aim of my project is to educate a subset of students at Carver College of Medicine about human trafficking, via the use of a lecture followed by a session with a simulated patient. I have spent 16 weeks of dedicated time researching and learning about the topic of human trafficking, specifically how it intersects with the healthcare field. I have also presented research on this topic at a conference and will be presenting more in-depth research on this topic at a national conference this coming fall. I believe those factors aid in my qualification to host this lecture and education session.

The lecture will be in the form of a slideshow and contain in depth information on the following subjects: human trafficking (HT) definition, HT prevalence, common “red flags” that may indicate trafficking, screening tools for HT, trauma informed care of HT victims, and resources/support that should be provided to these individuals.

Population

When deciding the best population for this project, I wanted to select a group of students who would be eager to learn about this topic and engaged in the session. After speaking to the instructor of the course, "Clinical Skills for Responding to Sexual Violence (CSRSV)," I believe this group of students would be an excellent audience for this project. The course focuses on training for the screening, clinical presentation, initial evaluation, and medical management of sexual violence and interpersonal violence victimization. During the course students develop communication and clinical skills necessary to address sexual and interpersonal violence in a clinical setting. Though not all human trafficking is sex trafficking, I still believe that given the sensitive nature of the interactions with survivors of trafficking, this course would be a perfect setting for this education session. I have spoken to the instructor for this course and learned that each class session is dedicated to a different topic. She has given me the go ahead to dedicate a portion of one of the class sessions (~1 hour) this upcoming fall to human trafficking. I felt it was important to host this session on a day when students already had class scheduled in order to respect their time and not require any extra effort on their behalf to participate in the session.

Although the class size for CSRSV is on the smaller size and I have a desire to reach broader populations, I do not believe there is another population that would fit for this project. In my eyes, one of the most important aspects of this capstone educational project is to allow students to apply the concepts and practice the skills they learned by interacting with simulated patients. Unfortunately, without a structured course and funding for simulated patients, this aspect of the initiative would not be able to be achieved with a different group. Additionally, I strongly believe that the success of this initiative (based on evaluations) could perhaps be a steppingstone to continue to advocate for this type of educational experience and broaden the populations that might receive it. Perhaps in the future, a session like this could be incorporated into CAPS during the pre-clinical curriculum and sprinkled into clerkships throughout the clinical curriculum. It is for those reasons that I am satisfied with the population chosen for my capstone. Though the benefit of this education may not be as widespread across a large population, I believe the potential for benefitting future medical trainees is quite significant.

Materials

The lecture was presented via PowerPoint slide and the only materials needed for this were a computer and projector, which were already in the classroom where the course is hosted.

I believe that it is necessary for students to be able to practice what they learned in the session. Namely, how to identify red flags for trafficking, how to have a trauma informed conversation with a victim of trafficking, and how to provide support. I have spoken to the instructor of the course, and she informed me that at least once during the semester, the students have a day where simulated patients are brought in to allow students to visit various "stations" and practice the skills they have learned throughout the course. We were able to fit in a human

trafficking simulated case into this day. I hosted the education session on one day, and the next week I was able to observe and provide feedback on the students' interactions at the station with the human trafficking simulated patient.

Feedback from this session was an important aspect of the project. Ideally, if this session is well received, it could be formally added as part of the curriculum for this course. To gauge the success of this session, I asked the students to fill out a pre and post session feedback form. The pre-session survey was given prior to the lecture on human trafficking to gauge the students' prior knowledge about human trafficking. The post-session survey was given after both the lecture and the simulation case so that the students could demonstrate what they learned, their comfort with the material, and if they believe it is relevant to the course and should be included in the future. The feedback surveys I used are listed below in the appendix. I analyzed this data using simple statistical methods. Students responded to statements with qualitative measures of their comfort level regarding their understanding of the material presented in the session. Then, they rated the session using a quantitative scale of 1-5. Both these qualitative and quantitative pieces of data were feasible to summarize into data points. There was also a free response portion of the survey that students could choose to fill out if they please.

Results/Findings of Project:

A large component of this project was feedback from the medical students regarding if they believed the education session was helpful, if they learned anything, and if they would recommend it to future students. The pre-lecture survey was conducted prior to both the human trafficking lecture and human trafficking simulated patient session. The human trafficking lecture and simulated patient session occurred within two weeks of each other, so the surveys were conducted within that time. The findings from the pre-lecture survey suggest that overall, the students in this class had somewhat of a prior basis of knowledge when it came to understanding human trafficking, its prevalence within the United States, and the intersection it has with healthcare. In response to the statement, "I am aware of the issue of human trafficking in the United States, 58% of the students noted that they "slightly agree", 33% "strongly agreed", and only 8% of students felt they "slightly disagreed." Similarly, the majority of students felt as though they understood the unique role they would have as a healthcare provider when it pertains to assisting victims of human trafficking with more than 66% of the students either "slightly agreeing" or "strongly agreeing" with this statement.

However, when it came to their perceived ability to take care of a patient for whom there is concern for trafficking, or knowing what resources to provide the patient, it was evident there was a deficit in the student's confidence. In response to the statement "I am confident in my ability to respond in a trauma-informed, patient centered way to disclosures of human trafficking" the most common response was "slightly disagree" which accounted for 58% of student responses. The next most common response was "neither disagree nor agree" and there

were no responses for "slightly agree" or "strongly agree." Along similar lines, when it came to the statement, "I know what resources to provide my patient who is affected by human trafficking" the most common response was "slightly disagree" which accounted for 50% of responses. The next most common response was "strongly disagree" with 33% of responses, and there were no responses for "slightly agree" or "strongly agree."

The post-lecture survey was completed after students had participated in both the human trafficking lecture and the simulated patient experience. Student responses revealed that the education sessions proved beneficial for their knowledge regarding human trafficking. Particular attention was paid to the responses regarding the students' confidence level when interacting with patients suspected to be affected by trafficking as this is where the largest deficits were identified in the pre-lecture survey. In response to the statement, "I am confident in my ability to respond in a trauma-informed, patient centered way to disclosures of human trafficking," 91% of students either "slightly agreed" or "strongly agreed" with no students responding that they either "slightly or strongly disagreed." Similarly, In response to "I know what resources to provide my patient who is affected by human trafficking" the majority of students either responded that they either "slightly agreed" or "strongly agreed."

The post-lecture survey included an additional set of questions not included in the pre-lecture survey. These additional questions were mostly geared towards the students' personal thoughts on the training rather than questions aimed at discerning their knowledge and confidence level. When asked about their satisfaction regarding the human trafficking lecture, 91% of students reported that they were "very satisfied." Along the same vein, 91% of students reported being "very satisfied" with the simulated patient case. When asked how likely students would be to recommend both sessions to a classmate, 91% of students indicated that they would be "very likely" to do so. When asked how relevant students felt the training was to their future role as a healthcare provider, 100% of students felt as though the training was "very relevant."

Analysis

The results of the surveys indicate that prior to the education sessions, there was a knowledge deficit regarding base knowledge about human trafficking, the intersection of human trafficking with healthcare, and how to respond to human trafficking. As one might expect, the knowledge deficits resulted in decreased confidence in the students' abilities to respond to human trafficking in a trauma informed way. However, as intended, the human trafficking lecture and simulated patient session resulted in students reporting a stronger knowledge base and increased confidence when responding to trafficking. Additionally, it appeared that the education sessions had a positive impact on students, even to the degree where they would recommend the sessions to their peers. Some quotes from the free response portion of the survey included the following: "I really had no idea about how to address/ask patients about trafficking and I feel much more prepared now," "I liked the opportunity to practice in a safe space with feedback," "The SP

session was very helpful putting the lecture material in action," and "I like that it forces us to actually talk about trafficking and I feel like it gets out of a lot of the awkwardness for real patient encounters."

I think one of the biggest conclusions that can be drawn from this project is that by empowering medical students with knowledge, they develop the confidence and ability to deliver better patient care, especially when taking care of vulnerable and underserved populations. This was particularly evident in the simulated patient experience. Throughout the simulated patient experience there were times where the students struggled with the patient encounter. As part of the session, I provided constant feedback to the students during the patient encounters. It was very rewarding to see the level of improvement students demonstrated when speaking to the simulated patient after receiving just few pointers and reminders from the human trafficking lecture. I feel very confident that the students who participated in the lecture and simulated patient session will be competent in delivering trauma informed care to human trafficking victims that they meet in real patient encounters.

Challenges, barriers, lessons learned

One of the initial barriers to this project was identifying the population for this project. Ultimately, this project is designed to ideally benefit victims of human trafficking via improved patient care, but due to the nature of trafficking, it was difficult to have them as the direct population. Additionally, whereas I would have loved to address an entire medical school class, or even the entire medical student body, that wasn't feasible. I was excited to learn about the course, "Clinical Skills for Responding to Sexual Violence" knowing that these students had, by choice, opted into a course that would teach them how to deliver trauma informed healthcare. It ended up being the perfect audience for the education sessions.

Another challenge I encountered with this project was determining the level of depth to go into for the lecture portion of the education session. As a result of my research project on human trafficking identification, I have spent 3+ years educating myself on this topic; so, it was difficult for me to identify what would be the most beneficial for me to emphasize given the audience was pre-clinical students, who likely didn't have much exposure to human trafficking prior to the session. I went through several iterations of a lecture, with the longest one being around double the length that the final presentation ended up being. I was fortunate enough to have an amazing mentor for the service distinction track who reviewed through the PowerPoint presentation and gave me pointers on content and length.

One of the most exciting things I learned from this project was that students have a desire to learn more. Not only were the students incredibly engaged during both education sessions, but they also spent about a half hour after the lecture asking additional questions pertaining to the topic. I even had two students reach out to me after the sessions to ask about how to get involved

in human trafficking advocacy and research while in medical school. It's encouraging for me to see this given my own passion for the topic, as well as my desire for others to get involved.

Plan for sustainability and recommendations for the future

An important aspect of this project was considering the feasibility and likelihood of including this type of training in future courses at CCOM. There was an overwhelming amount of support for this lecture and simulated patient session with 100% of students responding that they believe these education sessions should be part of the required curriculum for the course, "Clinical Skills for Responding to Sexual Violence" at Carver College of Medicine. Similarly, 91% of students felt as though the simulated patient session was a necessary aspect of the training session. It is my hope that these education sessions are not only added as a requirement of the Clinical Skills for Responding to Sexual Violence curriculum but expands to be incorporated into other preclinical courses (such as CAPS) or is sprinkled throughout the clinical curriculum. Perhaps within the clinical curriculum where there is less time for classroom learning per say, the education session can be condensed into a 30-minute lecture where students are provided with a flowsheet to take and use on the wards that contains information on how to proceed when encountering someone they think may be affected by trafficking. I strongly believe that the potential of these education sessions to benefit medical trainees and, by extension, victims of human trafficking, is quite significant.

The sustainability of continuing this project in the future is supported by the simplicity of the project itself. The only materials needed for this project were a computer, projector screen, paper surveys, a clinical suite, and simulated patients. I recognize that the use of simulated patients is an expense to the college; however, there are several instances in the pre-clinical curriculum where simulated patients are utilized, and it may be possible to incorporate a single human trafficking case into already existing simulated patient days into the CAPS curriculum for example.

In completing this project, I also wanted to assess what could have been improved in these education sessions. The only free response I received to the question, "What are the opportunities for improvement for this training?" from the students was "A flow chart with possible responses to patients would be nice for the SP session." I believe this would be very easy to incorporate into future iterations of this project given part of the human trafficking lecture included guidelines on possible responses a healthcare provider can have when speaking to suspected victims of trafficking within the healthcare setting.

Personal reflection

As a result of this project, I have gained a greater appreciation for the complexities within the educational field. At first, it was difficult for me to figure out the best way to go about the human trafficking lecture given the students' various learning styles. I specifically struggled with

which content to include, the level of depth of the material, how long to make the presentation, and how interactive to make the presentation. After delivering this lecture, I feel more confident in my own abilities to serve as an educator of sorts from whom my peers can benefit from.

Overall, my time in the Service Distinction Track has shown me the extent to which social determinants can impact patient outcomes. Through volunteering at Mobile Clinic and Upstream Clinic I have seen the struggles that underserved populations face when it comes to obtaining healthcare. For some patients, their struggles didn't stop at not being able to afford medications but included not being able to arrange transportation to appointments, not being able to communicate effectively with healthcare providers, or struggling with cultural differences when it came to the prescribed medical care. Some of the difficulties experienced by the patients I interacted with weren't inherently related to medicine and included patients not being able to afford food for their family or formula and diapers for their infants. Through my rotations at underserved medical sites, I have seen the need for more healthcare professionals in general, in addition to a need for more providers who have prior knowledgeable or are open to learning more when it comes to delivering culturally competent medical care. In general, my time in this track has strengthened my desire to be the type of physician from whom all patients, regardless of their background, receive excellent patient care.

My current plan is to continue with my training in an emergency medicine residency. That being said, I will encounter incredibly diverse patient populations in my future. The nature of the emergency department is that it is an environment where any patient, regardless of their insurance status, nationality, religion, native language, cultural beliefs, or acuity of medical complaint can come to and receive medical care. Through what I have learned working with various patient populations through SDT, I feel very comfortable interacting with patients from all types of backgrounds and will draw upon previous experiences when I interact with future patients in the ED. I believe that advocacy will be a huge part of my residency experience. I am hoping to bring my passion for education regarding underserved populations, specifically populations affected by trafficking to my residency program. I hope to engage in a project similar to the one I completed at Carver where existing screening tools for trafficking are analyzed or, if no tool exists, one is implemented. I hope to educate my peers in the ED about the importance of screening for this and the importance of advocacy for this lesser-known underserved population.

References – APA

1. ***Chisolm***-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L. D. (2016). Health Care and Human Trafficking: We are Seeing the Unseen. *Journal of health care for the poor and underserved*, *27*(3), 1220–1233. https://doi-org.proxy.lib.uiowa.edu/10.1353/hpu.2016.0131

2. Kaltiso, S. O., Greenbaum, V. J., Agarwal, M., McCracken, C., Zmitrovich, A., Harper, E., & Simon, H. K. (2018). Evaluation of a Screening Tool for Child Sex Trafficking Among Patients With High-Risk Chief Complaints in a Pediatric Emergency Department. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine*, *25*(11), 1193–1203. https://doi-org.proxy.lib.uiowa.edu/10.1111/acem.13497

3. Hachey, L. M., & Phillippi, J. C. (2017). Identification and Management of Human Trafficking Victims in the Emergency Department. *Advanced emergency nursing journal*, *39*(1), 31–51. https://doi org.proxy.lib.uiowa.edu/10.1097/TME.0000000000000138

4. Talbott, J. M. V., Lee, Y. S., Titchen, K. E., Chen, J. Y., & Kling, J. M. (2023). Characteristics and Perspectives of Human Trafficking Education: A Survey of U.S. Medical School Administrators and Students. *Journal of women's health (2002)*, *32*(2), 192–198. https://doi-org.proxy.lib.uiowa.edu/10.1089/jwh.2022.0144

5. Titchen, K. E., Loo, D., Berdan, E., Rysavy, M. B., Ng, J. J., & Sharif, I. (2017). Domestic Sex Trafficking of Minors: Medical Student and Physician Awareness. *Journal of pediatric and adolescent gynecology*, *30*(1), 102–108. https://doi-org.proxy.lib.uiowa.edu/10.1016/j.jpag.2015.05.006

6. Brennan, E. F., Markopoulos, A., Rodriguez, J., Sheth, N. K., & Shah, N. (2023). Addressing a Gap in Medical School Training: Identifying and Caring for Human Trafficking Survivors Using Trauma-Informed Care. *MedEdPORTAL : the journal of teaching and learning resources*, *19*, 11304. https://doi-org.proxy.lib.uiowa.edu/10.15766/mep_2374-8265.11304

Appendix:

Pre-Survey

Course _____ Class Year _____ Session Date_____

Please indicate your level of comfort regarding the following, where:

1 indicates "strongly disagree,"
2 indicates "slightly disagree,"
3 indicates "neither agree nor disagree,"
4 indicates "slightly agree,"
5 indicates "strongly agree."

1. I am aware of the issue of human trafficking in the United States.
2. I understand the unique role I will have as a healthcare provider when it pertains to assisting victims of human trafficking.
3. I am aware of the risk factors of human trafficking.
4. I am confident in my ability to respond in a trauma-informed, patient centered way to disclosures of human trafficking.
5. I know what resources to provide my patient who is affected by human trafficking.

Post-Survey

Course _____ Class Year _____ Session Date_____

Please indicate your level of comfort regarding the following, where:

1 indicates "strongly disagree,"
2 indicates "slightly disagree,"
3 indicates "neither agree nor disagree,"
4 indicates "slightly agree,"
5 indicates "strongly agree."

1. I am aware of the issue of human trafficking in the United States.
2. I understand the unique role I will have as a healthcare provider when it pertains to assisting victims of human trafficking.
3. I am aware of the risk factors of human trafficking.
4. I am confident in my ability to respond in a trauma-informed, patient centered way to disclosures of human trafficking.
5. I know what resources to provide my patient who is affected by human trafficking.

Please indicate your response regarding the following where:

1 indicates "very unsatisfied, and very unlikely,"
2-4 are responses in between these two measures,
5 indicates "very satisfied, and very likely."

1. How satisfied are you with the human trafficking lecture? **(1-5)**
2. How satisfied are you with the simulated patient case? **(1-5)**
3. How likely would you be to recommend these sessions to a classmate? **(1-5)**
4. How relevant is this training to your future role as a healthcare provider? **(1-5)**
5. Do you think this should be part of the required curriculum for the course, "Clinical Skills for Responding to Sexual Violence" in the future at Carver?
    a. Yes
    b. No
6. Do you think the simulated patient session was a necessary aspect of this training session?
    a. Yes
    b. No

If you have additional feedback, please leave it in the respective sections below. If not, thank you for your participation in this session and survey.

1. What did you like the most about this training? **(Free response)**

2. What are the opportunities for improvement for this training? **(Free response)**

3. Any other comments? **(Free response)**