

Merits of an IHI Open School Network for Domestic Violence & Sexual Abuse

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Introduction

- Center for Family Services (CFS) is a strong and innovative non-profit organization dedicated to improving lives. Services Empowering the Rights of Victims (SERV), a program of CFS, provides support to hundreds of survivors of sexual violence, domestic violence, and human trafficking each year(1). Through advocacy, education, crisis counseling, and hotline services, SERV works to assist survivors in recovering and reclaiming dignity. All services are free of charge, strictly confidential, culturally relevant, and bilingual. In order to facilitate and streamline these efforts, we have created a student group dedicated to helping new patients in the Emergency Department as they interact with police officers, detectives, and hospital staff. Our model mirrors work by previous authors establishing medical student first responder networks (2-3)
- Camden County of Southern NJ has one of the busiest Sexual Assault Response Teams (SARTs) (Figure 1). As medical students tend to live in a closer range to university hospitals, they are able to have 24/7 on-call availability and can drastically cut down response times in late-night calls compared to the 45-60 minutes it can take for other SERV-trained members. By providing high-quality and high-value care, student first responders reduce healthcare cost for the state as they forego payment in exchange for clinical experience (4). Here we model the utility of developing a responder network across the state of NJ using our institutional experience, identifying successful practices and barriers to patient care in this often underserved patient population.



Figure 1. (a) SERV provides emergency services, counseling, and advocacy for survivors in Camden, Gloucester, and Cumberland counties. (b) Camden county's Cooper University Hospital receives the highest volume load of patient cases and is a key location for increasing SART responses through medical student involvement.

Hypothesis

Development of a medical school first responder system will aid victims of domestic violence and sexual assault by:

1. Decreasing emergency response times.
2. Saving resources and capital in an era of excess spending in healthcare.
3. Providing survivors with an advocate and patient navigator to ensure care, promoting healing through crisis counseling and emotional support, and offering options and resources.

Methods



Figure 2. Panels (a-d.) show stills from standardized patient encounters created in coordination with Cooper Medical School and SERV leaders. Group debriefing sessions offered opportunity to review film including medical student members.

- A pilot group of (43) students were trained on crisis counseling, operational procedures in the emergency room, and emotional support through a 40 hour training program composed of: lectures, guest speakers, simulation center cases (Figure 2), standardized patient and instructor feedback, and standardized testing required by the state of New Jersey.
- All training was supervised by the SERV Program Coordinator and the Volunteer Service Advocate, authors 4 and 5 respectively. Medical student members then signed up for overnight and on-call shifts throughout the 2016-2018 academic years, responding to calls and offering services when "activated."

Results

- In sum, 43 medical students were trained through SERV to join the Sexual Assault Response Team in Camden County over the course of 2 years.
- Of this cohort, 25 students remained active, signing up for a minimum of 2 shifts each month to provide coverage for Cooper University Hospital.
- It is thought that the average response time decreased by 30 minutes as student responders lived in close proximity to the medical campus.
- 300 Hours of Volunteer Services were offered with total savings for the Center for Family Services of \$1,500.00.
- As a result of this training, 30 survivors received empathetic crisis intervention and medical accompaniment by 1st and 2nd year medical students.
- These patients were offered counseling, safeguarding, resources, and solidarity. As a result, they were able to use their informed decisions to pave a trajectory toward healthier healing.



Conclusions

This pilot study was the first of its kind. From a medical education and healthcare savings perspective, the results were incontrovertibly in favor of sustaining and expanding this program. While increasing trainee retention and on-call shifts are challenges for future classes, we are hopeful that we will have the numbers over upcoming years to completely absorb all emergency SART activations. Future aims of this collaboration includes:

1. Expansion to institutions such as Rowan School of Osteopathic Medicine in Gloucester County covering Jefferson Hospitals in Stratford and Washington Township.
2. Expansion to EMS trained Rowan and Rutgers students, PCOM PsyD students, Rutgers School of Social Work and other southern NJ Public Health students.
3. Creating an online course for health professionals open to all IHI affiliated organizations (Figure 3.)
4. Incorporation of Crisis counseling and increased simulation center training in the medical school curriculum, with an emphasis on Service Leadership and Advocacy

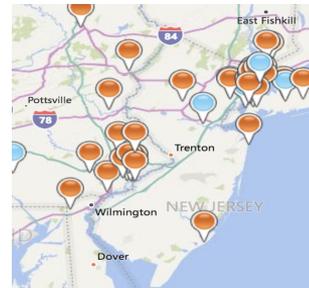


Figure 3. Pins indicate IHI open school institutions in the NJ, DE, PA Tri-State Area

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Disclosure(s)

Daunielle Munir and DeNeene Ford are affiliated with the Center for Family Services.