

The Physician's Power To Protect education training pilot program is facilitated by VOICE Today, Inc., a Georgia based 501(c)3 non-profit organization. The curriculum was developed in collaboration with Emory University Rollins School of Public Health. Angela Williams, founder of VOICE Today, along with her staff and volunteers have made it their prerogative to break the silence and cycle of child sexual abuse (CSA) and exploitation throughout America. Currently, VOICE Today facilitates Awareness, Prevention, and Healing Programs, through which it provides CSA education to children and their parents or caregivers as well as CSA victim recovery assistance. Physician's Power to Protect is a new independent program that aims to train professionals in the medical field to take a proactive role in protecting this and next generations of children. This curriculum has been developed to be used as the first step in launching this program and is designed for medical students as they are preparing for their first year of residency. It consists of both the Facilitator's Guide and Student Toolkit, a separate booklet filled with supplemental information to be provided to each student. It will be implemented in medical schools throughout Georgia, aiming to standardize CSA knowledge in every doctor's education and career, with the hopes that it will eventually reach medical schools across the country. The program is broken down into 6 one-hour learning modules that can be taught consecutively or broken down over several weeks. Phase I is teaching this program to medical students, Phase II as a continuing education component at professional conferences and online and Phase III is in-office skill training for direct facilitation of prevention

education during the well-check of a child for caregiver and child. Phase III will include distribution of prevention education resources via waiting rooms and during well-check.

Overview of the Curriculum

This curriculum consists of five lessons:

1. Child Sexual Abuse: The Basics
2. Detecting Child Sexual Abuse
3. Communicating Child Sexual Abuse
4. Reporting and the Legal System
5. Providing Resources
6. Evaluation and Program Overview

There are two overall goals for this curriculum. The first is to equip medical students with the knowledge and skills to predict and prevent child sexual abuse. The second is for students to be able to describe a comprehensive outline guiding the process of detecting, identifying, communicating, and reporting a CSA case. Additionally, there are three objectives:

1. At least 80% of the students will be able to identify and detect CSA
2. At least 80% of the students will be able to appropriately communicate with pediatric patients and their families regarding CSA
3. At least 80% of the students will be able to identify the appropriate disclosure and reporting procedure when handling potential CSA cases

It is recommended that this curriculum be integrated into current medical school curricula requirements to clearly indicate the importance of integrating the practice of predicting and preventing CSA when they become physicians. The curriculum should not only be a separate workshop but it is encouraged to be included as part of their lecture material and modules during third and fourth year clinical rotations.

Theoretical Framework

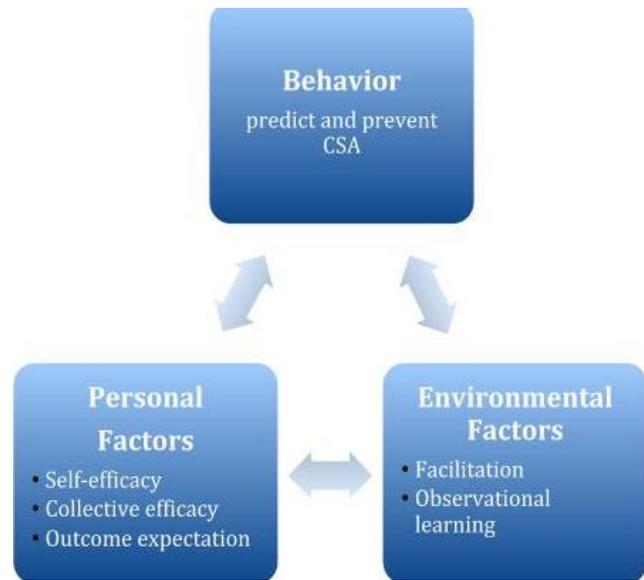
Finding ways to encourage the students to actively participate in each lesson may be a challenge, especially on such a sensitive topic as sexual abuse. To address this barrier, the Social Cognitive Theory and Problem Based Learning Theory were used to inform the design of this curriculum.

Social Cognitive Theory

The Social Cognitive Theory (SCT) is widely used in the field of public health to describe how individuals interact with their environments, and vice versa, and how these interactions shape behavior. This concept, known as reciprocal determinism, was a key factor in the decision to use SCT in the creation of this curriculum.¹⁰ The following SCT constructs are used: self-efficacy; collective efficacy; outcome expectation; facilitation; and observational learning.¹⁰ Below is a brief description of these constructs and how they are used in each lesson plan, as well as a visual depiction of the SCT applied to this curriculum.

- **Self-efficacy:** Defined as the beliefs about personal ability to perform a certain behavior, increasing students' self-efficacy to be able to predict and prevent CSA was incorporated into every lesson. Beginning with lesson one by introducing students to the nature of this issue, and ending with lesson five by providing students with resources to refer CSA victims to; the entire curriculum seeks to build knowledge and skills that should build students' confidence in talking about this issue and being informed on how to help young victims.
- **Collective efficacy:** Similar to self-efficacy, this is the belief about the ability of a group to perform certain actions. By allowing students to communicate and solve problems together, as a cohort they will learn the skills and be able to have the confidence to detect CSA in their work. Lesson 3 gives students the opportunity to discuss important communication techniques that they feel may be useful in their work.

- Outcome expectations: These are the beliefs and values about the consequences of a behavior. In other words, if an individual believes that performing a certain behavior will result in positive consequences, he or she will engage in that behavior. This construct was incorporated into lesson four when students are taught about the consequences of not reporting a suspected case of CSA.



- Facilitation: It is believed that if a person is provided with tools or resources that make it easier to change a behavior, he or she will be more likely to actually change their behavior. In this curriculum, students are provided with a list of common signs and symptoms of CSA, as well as available resources for CSA victims. Giving these resources to students will make it easier for them to know both how to detect CSA and where to send patients to receive the appropriate help and support.
- Observational learning: This is the notion that an individual can learn a behavior by watching someone else. Having the opportunity to watch their fellow classmates respond to hypothetical scenarios that mirror potential real life situations will give students new ideas and perspectives on how they might address a similar situation themselves. This construct is utilized in Lesson 3.

Problem-Based Learning Theory

Problem-Based Learning (PBL) is an instructional method of hands-on, active learning centered on the investigation and resolution of real world problems.¹¹ PBL is applied in educational curricula through open-ended problems that can be solved in a group and don't necessarily have a "right" answer. After small group discussions occur, a key problem is identified and solution(s) are agreed upon while teachers facilitate the process.¹¹ This learning theory has been applied to the Physicians Power to Protect Curriculum for several group

activities throughout the lesson plans. The lessons engage students and allow them to work on specific activities such as a sample case study to detect signs and symptoms of CSA, designing a sample conversation between the doctor and child's caregiver discussing CSA, and both small and large group discussion activities incorporated in all of the lesson plans.

Evaluation

Program evaluation is a systematic way to assess the effects of educational programs. Practical evaluations are essential to provide information for management and guide changes in educational strategies. There are two types of evaluation plans for this program: a performance evaluation that assesses behavior change as a result of the program, and a learning evaluation that addresses outcomes for each session. Assessment for this program consists of informal and formal assessments that are completed during and after each session. Informal assessment is a technique that can be incorporated into classroom activities which do not provide a comparison to a broader group, and formal assessment is a preplanned assessment which provides a larger picture of learning outcomes and comparison to a broader group or predetermined standards.

Overview of Lessons

Lesson 1

Child Sexual Abuse: The Basics

This lesson provides an introduction to child sexual abuse and the importance of predicting and preventing it. Students will learn basic facts and statistics about CSA and recognizing sexual abuse behavior, understand the breakdown of the course, and create an elevator speech in order to learn to effectively communicate the magnitude of this significant social problem.

Lesson 2

Detecting Child Sexual Abuse

The purpose of this lesson is to refresh the student's memories on common signs and symptoms of CSA and encourage them to actively and efficiently check for these symptoms during patient visits, particularly if there is any suspicion. Students will engage in a group case study to test their previous knowledge of the specific signs and symptoms.

Additionally, they will discuss these signs and symptoms in groups and be given handouts and checklists for later use and a final assessment will be given to test their knowledge.

Lesson 3

Communicating Child Sexual Abuse

This lesson provides information to students on how to effectively communicate with children and their caregivers about child sexual abuse. Students will learn communication and language specific tips, create their own questions to ask patients and their caregivers, and prepare a practice conversation using what they have learned in the lesson.

Lesson 4

Reporting and the Legal System

This lesson provides information on how to report a child sexual abuse case. Students will learn about the mandated reporting system in Georgia and specific terminology associated with the system. Students will also learn a simple, stepwise procedure that will guide them in initiating the reporting process and have an opportunity to discuss challenges with their peers.

Lesson 5

Providing Resources

The purpose of this lesson is to educate medical students on various resources they can refer patients and their caregivers to in order to continue getting support outside the clinical setting. Students will learn about various organizations, research other organizations and resources and give a short presentation on their findings, and learn to identify which resources best meet their patient's needs.

Lesson 6

Evaluation and Program Overview

The purpose of this lesson is a review of previous modules to give medical students an opportunity for discussion and questions. Students will practice their skill and knowledge in group exercise to further build confidence in their ability to effectively communicate about the issue of child sexual abuse, recognize signs and facilitate prevention education. Post evaluations will be completed in this Lesson.

At the conclusion of the training students will better understand the issue of child sexual abuse, recognizing the signs and symptoms of abuse, confidently communicating prevention tips to caregivers and children, and approaching the emotional impact with sensitivity.