9: Social Work and the Health Care System

Medical social work is viewed as one of the most significant fields in practice. It has been acknowledged as the first subspecialty discipline to practice in hospital, public health, and clinical settings (Allen & Spitzer, 2016).

Medical Social Work

Medical social work can be defined as a specific form of specialized medical and public health care that focuses on the relationship between disease and human maladjustment (NASW, 2012; Gehlert, 2011).

In the 20th century, social service departments in hospitals were developed to address problems associated with the increase of immigration and poverty. The need for medical social work in the United States has intensified due to the substantial inequality of health care resources. Individuals and families that live in poverty or who are a part of certain ethnic communities are additionally at a disadvantage because they are more prone to experience higher rates of acute and or chronic illnesses. Therefore, the unequal distribution of healthcare insurance coverage in the United States hinders some people from seeking medical treatments due to their socioeconomic status. In 2013, more than 42 million people in the United States were uninsured. Today, the number has only increased (NASW, 2016).

Medical social workers practice in a variety of healthcare settings such as hospitals, community clinics, preventative public health programs, acute care, hospice, and out-patient medical centers that focus on specialized treatments or populations. These professionals help patients and their families through life changing and sometimes traumatic medical experiences. They often monitor and evaluate a patient’s mental and emotional health as they transition through a variety of medical treatments. Medical social workers also often find themselves helping the patient and family solve problems be that of financial difficulties or one-to-one counseling to help cope with new stressors (Mizrahi & Davis, 2008; NASW, 2016).
All medical social workers must familiarize themselves with cross-cultural knowledge in order to provide effective health care. They do this by familiarizing themselves with an array of different ethnicities, cultural beliefs, practices, and values that shape their family system. Medical social workers must have the ability to recognize how oppression can affect an individual’s bio-psycho-social-spiritual well-being. As future social workers, being able to understand and identify these issues will enhance your skills as a professional to provide excellent health care (Mizrahi & Davis, 2008; NASW, 2016).

For more information regarding cultural competency in social work, refer to Chapter 3.

Goals of Practice

The National Association of Social Workers (NASW) Standard for Social Work Practice in Health Care Setting (2016), describes eight standards of practice for health care social workers to follow. The eight goals were created as a guideline so that medical social workers would deliver excellent care.

Eight Standards of Practice for Health Care Social Workers

- All medical social workers in the healthcare arena must practice in accordance with the social work code of ethics.
- Advocate for client’s right to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision making that affects their overall health and well-being.
- Encourage social work participation in the development, refinement, and integration of best practices in health care.
- Enhance the quality of social work services provided to clients and families in health care settings.
- Promote social work participation in system wide quality improvement and research efforts within health care settings.
- Provide a basis for the development of continuing education materials and programs related to social work in health care settings.
- Promote social work participation in the development and refinement of public policy at the local, state, federal, and tribal levels to support the well-being of clients, families, and communities served by the rapidly evolving U.S. health care system.
- Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum.

The first and second standards of practice are extremely important to remember as you become professional social workers. All medical social workers must practice in accordance with the social work code of ethics. The social work code of ethics is rooted in a set of core values. Social work’s primary goal is to provide excellent service and to promote social justice for all patients, thereby ensuring that all medical and psychological services are met. Medical social workers must also embrace the importance of human relationships by building a positive and lasting rapport with clients. Always strive for professional competence by increasing the use of education and research and applying them to practice (NASW, 2016). For more information, please refer to Chapter 2 regarding the social work code of ethics.

Medical social workers advocate for the patient’s right to self-determination. Every patient is entitled to make their own decision based on treatment recommendations. The treatment team may desire and advocate for the best medical care for their patient; however, it is ultimately the patient’s decision to follow through with treatment. There are times when a patient may not be able to speak for themselves. You could encounter these situations when the patient is a child or if an adult has a cognitive impairment that enables them to make decisions for themselves. In these cases, the family has
the authority to make the decision based on what they feel is the best course of action (NASW, 2016).

Case Study

In 1983, the University of Arizona was beginning to perform an experimental procedure on infants who were born with a congenital heart defect called Transposition of the Great Arteries (TGA). Katherine Frasier was born with this rare heart condition. Katherine’s parents realized that their options to save their daughter’s life were minimal because of the lack of research on TGA. The medical team insisted that they wait to do the procedure until Katherine has gone into congestive heart failure. The physicians at the hospital insisted the new experimental medical procedure would save their daughter’s life. The team of physicians, social workers and nurses corresponded with the University of Boston Children’s Hospital whom at the time was the only hospital who could successfully perform this operation.

At that time, Ms. Frasier’s family did not have the financial resources to travel to Boston as a family. Traveling also meant that Katherine’s father would not be able to attend because of his job in the military. The physicians repeatedly told her parents that this procedure was the only option and recommendation for treatment. However, they did not take into account that the procedure had never been done by the cardiologists at the University of Arizona. Katherine’s parents decided that it would be best if the physicians found another form of treatment.

The pediatric social worker stayed in contact with the family hourly and provided emotional support to Katherine’s family. She also insisted that the treatment team expand to other disciplines for more possible options.

Dr. Copeland, a world renowned heart transplant surgeon, was recommended to join the team. Dr. Copeland knew of another way to repair Katherine’s heart. Katherine’s parents agreed to allow him to operate that same day. Through the dedication of the social worker and treatment team that advocated for the Frasier’s right to self-determination, Katherine is still leading a productive and fulfilling life advocating for her pediatric patients the way her social worker did 30 years ago.

Team Work

The use of multidisciplinary team is an effective part of healthcare treatment. A multidisciplinary team is defined as a group of professionals that specialize in different disciplines that come together to deliver quality health care that addresses the patient’s well-being (Mitchell, Tieman & Shelby-James, 2008; Nancarrow et al., 2013; Allen & Spitzer, 2015). Using this approach allows the team to provide better-quality outcomes and to enhance client satisfactions.

There are also two other types of treatment teams in the healthcare setting:

1) An interdisciplinary team involves members from the same disciplinary background. An example would be: a team of medical social workers discuss possible treatment plans according to the results of a patient’s assessment. Working in a team allows for individual ideas to be heard and as a group develop a specific treatment plan.

2) An interdisciplinary team that includes individuals from different disciplines who collaborate to resolve a variety of issues. Medical social workers, physicians, nurses, and activity therapists experience different types of interactions with patients in which different behaviors are assessed. Together these disciplines paint an overall picture of how team work can increase a patient’s quality of life (Allen & Spitzer, 2015).
Biopsychosocial-Spiritual Assessments

The recommended health care approach to psychological evaluations is through the use of a biopsychosocial-spiritual assessment (NASW, 2016; Social Work Licensure Exam, 2008). This approach focuses on the individual as a whole and takes into account their biological, psychosocial, social, and spiritual sense of self. Together the interdisciplinary team can focus on the individual’s treatment from all professional perspectives. Using this approach allows for each practice the ability to provide optimal health care (Gehlert & Browne, 2011).

The term biopsychosocial assessment or biopsychosocial-spiritual assessment is an approach you will hear throughout school. This model examines not just the medical aspect of care whose primary focus is on the biological causes of a disease. Rather, the biopsychosocial-spiritual model examines a patient’s well-being through a holistic approach (Gehlert & Browne, 2011; McDaniel, Hepworth & Doherty, 2014; Allen & Spitzer, 2015).

Biopsychosocial Spiritual Assessment

The Biopsychosocial Spiritual (BPSS) Assessment offers a historical context for what the client presents with and assesses the client’s history, strengths, and resources.

How do these four areas contribute to the client’s current functioning?

- **Biology**: basic needs – the client’s access to food, shelter, etc.
- **Psychosocial**: history, personality, self-concept, medication, diagnosis and treatment history
- **Social**: support system (friends, family, social environment). Knowledge of life stages and development are essential
- **Spiritual**: sense of self, sense of meaning and purpose in life, religion and its context in client’s life

**ROPES method of identifying strengths**: Resources, Options, Possibilities, Exceptions, and Solutions

*(Social Work Licensure Exam, 2009)*

Medical Social Work Job Descriptions

**Overall Functions of a Medical Social Worker**

According to The Social Workers in Hospitals and Medical Centers Occupation Profile (2017), medical social workers employ a myriad of skills and approaches to ensure quality health care.

The following list is an example of tasks that most medical social workers use when providing services.

- Conducting initial psychosocial-spiritual assessments and screenings for patients and making referrals for individual, family and or group therapy if needed;
- Educating the patient and family members of the individual’s illness and treatment options as well as possible consequences of various treatments or refusal of treatment;
- Helping patient and their families adjust to the hospital dynamics and exploring emotional and social responses to
the illness and treatment;
• Educating the patient and family on the roles of the healthcare team. Assisting patients and their families in communicating with one another and to the members of the multidisciplinary team;
• Facilitating decision making on behalf of patients and families.
• Educating hospital staff on patient’s psychosocial issues;
• Coordinating patient discharge with a safety plan and continued care planning by providing patient navigation services;
• Arranging resources/funds for finances, medications, medical equipment and other special needs services

(National Association of Social Workers, 2016)

Emergency Room Social Worker:

Emergency room social workers provide services to triage patients. One of their main functions is to diagnose and assess patients who show signs of mental illness. The medical social worker also performs discharge planning as a means of assurance that every patient will have a safety plan when discharged from the hospital (Fusenig, 2012).

The following is a list of tasks that emergency room social workers may perform:

• Performs mental health assessments and suicide evaluations;
• Conduct stress evaluations;
• Death notifications to family members;
• Counsels victims of violent crimes, domestic violence, substance abusers and families of deceased or terminally ill patients;
• Refers patients to community resources;
• Provides financial assistance;
• Conducts child and adult protective service reporting;
• Conducts domestic violence and sex trafficking screenings;
• Diagnoses and conducts mental health intake evaluations to establish proper psychiatric care;
• Conducts discharge planning; knowledge of community resources and services

(Fusenig, 2012)

Hospice or Palliative Care Social Workers:

Hospice social workers work in a variety of different medical settings. At times, there are hospice organizations that come into a hospital to provide assistance to those who are nearing the end of their life.

The following is a list of tasks that hospice and palliative care social workers perform:

• Ensuring that patients and family members have access to resources that will provide physical comfort;
• Providing emotional and or spiritual support to patients and their family members;
• Lead support groups for family members and in-service trainings to nurses, physicians, and other social workers who are involved in the treatment process;
• Ensure proper medical transitions from palliative care to hospice care if needed;
• Act as care coordinators; providing treatment planning with other members of the patient’s treatment team


Pediatric Cardiology Social Worker:


The above link takes you to an interview with a pediatric and clinical social worker from Marin Community Clinics (MCC). She explains her role on the pediatric intensive care unit. She describes daily activities and the different types of challenges that one may experience working with children and their families (Louie, 2017).

Summary

Medical social workers play a very important role in the care and needs of all patients in the health care system. Above was brief introduction to the different types of medical social work job descriptions. Always keep in mind, as you pursue your education in social work, and possibly later in the health care field; the profession will always be centered on the code of ethics. Everything we do is focused on the rules and regulations of the social work code of ethics.

Recommended Readings and Videos

Video:

What does a medical social worker do? Kristin Scheeler, MSSW, CAPSW, OSW-C

https://www.youtube.com/watch?v=K5tWk4brXYw

Websites:

Interviews With Medical Social Workers

NASW Standards for Social Work Practice in Health Care Settings
Public Health Social Work

Public health social work originated in the early 20th century to control communicable diseases, poverty, sanitation, and hygiene. It is defined as a collection of human service programs that has one common goal: identify, reduce and or eliminate the social stressors among the most vulnerable populations. A public health social worker’s main role is to establish preventative measures and to intervene in the health and social problems that affect communities and populations.

Epidemiological Approach

Public health social workers focus on the epidemiological approach to identify health related issues and diseases that affect certain populations. Epidemiology is a branch of medicine that researches the occurrence, delivery and possible control of diseases (CDC, 2017).

To better understand this approach, think of epidemiology as the basic science of public health. Epidemiology is a method that is used to develop and test a hypothesis (CDC, 2017).

Consider this: public health social workers and medical researchers are concerned with the occurrence and patterns of health events. In 2016, it was estimated that the population of Big Rapids, Michigan, is 10,475. Three-thousand students and faculty at Ferris State University in 2016 developed the same strain of bronchitis within a three-month period. The results allow public health workers to compare the same outbreak of bronchitis to other populations in the state of Michigan. A pattern has been established by the number of students and faculty at the university and in other cities that have the same strain of bronchitis. The occurrences also depend on the following variables: has the strain appeared in the same seasons? It is more prone to males or female? What is the average age of the individuals? Has it happened during the same weeks? Has it happened daily? The overall question is: what will public health social workers do about it?

Having the ability to compare the universities outbreak and the outbreaks throughout the state with the same symptomology will help to determine how the outbreak started and possibly the location where it began. In the end, findings will help provide evidence that will allow public health social workers to develop prevention and education interventions to help contain the outbreak.

Roles of a Public Health Social Worker:

- Find people who need help
• Assess the needs of your clients, their situations and support networks
• Come up with plans to improve their overall well-being
• Help clients to make adjustments to life challenges, including divorce, illness and unemployment
• Work with communities on public health efforts to prevent public health problems
• Assist clients in working with government agencies to receive benefits
• Respond to situations of crisis, including child abuse or natural disasters
• Follow up with clients to see if their personal situations have improved

(Allen & Spitzer, 2015)

Ethical Dilemma in Public Health

A good example of an ethical dilemma that most social workers would consider a concern is when public health clinics in hospitals call an individual who has contracted a sexually transmitted disease (STD). When women and men go into their family doctor for a yearly physical, they always check for STDs. If the results come back positive, the individual is notified by the doctor’s office to discuss an intervention. The next phone call is from a public health department either in a hospital or out-patient clinic.

In order for public health officials to gather information concerning STDs in the community, they have the right to gain certain information that will help to control the disease. For a clearer understanding, let’s refer to what is known as Health Insurance Portability and Accountably Act (HIPAA) (DHHS, 2003).

Whenever you go to the hospital you always sign a HIPAA disclosure form. By signing this form, you are allowing health care providers the means to share medical information without written consent. HIPAA also allows healthcare providers to share important information regarding an individual’s treatment plan, diagnosis and medications to another healthcare provider (DHHS, 2003).

For example: Jane Doe goes to see her primary health physician at Spectrums Family Health Center in Grand Rapids Michigan. Jane Doe is rushed to the emergency room the same day at Spectrums Children’s Hospital. The emergency room technicians will already have Jane Doe’s information because it has been documented and saved on Spectrums Health Care System Network.

Going back to the example of STDs, if a person is at risk of contracting or spreading a disease their healthcare provider has the right to disclose information. The information is revealed because it is a public health concern that effects the community. Health care providers release this information to help prevent and control another incident (DHHS, 2017).

Advocacy and Policy for Medical and Public Health Social Work

One of the most important roles of all social workers is to advocate for their clients. In the healthcare system, social workers do this by representing, promoting change, speaking on behalf of the client, assessing rights and benefits, and securing social justice. It is pertinent that all receive fair and equitable access to all medical services and benefits (NASW, 2012).

The healthcare system is driven by policies that outline the rules and regulations of the organization. Policies are
developed based off the organizations ideas of acceptable and well-defined standards of healthcare practices. These policies are also implemented to reduce chaos, confusion, and legal issues that may arise due to unethical practice.

Some of these policies include:

- Patient care recipient rights.
- Abuse and neglect, investigation policies.
- Administrative policies
- Information management policies – HIPAA
- Accreditation Standards
- Medication Procedures

All physicians, nurses, social workers, administrative staff, and patient care workers must abide by all policies to produce effective outcomes for the organization.

Summary

Not all public health social workers will be found in the scenario above. One of the main roles of a public health social worker is to provide communities and vulnerable populations with the resources to help eliminate a social epidemic. This is usually done through community outreach programs and governmental agencies that focus on interventions and education to help improve community living.

Intimate Partner Violence

“Violence sprouts in intimacy. Except for police and army, family is, probably, the most violent social group and a home is the most violent social space of our society. A person is most likely to be hit or killed in his/her own home by another member of the family than anywhere else or by anyone else” (Stark & Flitcraft, 1996)

Intimate partner violence has been recognized in the United States and other countries as a significant public health issue. This type of violence is universally condemned due to its heinous nature. The term, intimate partner violence (IPV) is defined as any incident or pattern of behaviors (physical, psychological, sexual or verbal) used by one partner to maintain power and control over the relationship. IPV is also considered to be an act of violence that takes place
between intimate partners (heterosexual, cohabitating, married, same sex or dating (McGarry, Ali, & Hinchliff, 2016; Stark & Filtcraft, 1998).

Internationally the definition of intimate partner violence is “the use of power, threatened actions against oneself, another person, or a group or community, that either results in the likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (Haegerich & Dahlberg, 2011, p. 392-393). This definition is important because IPV also affects other cultures, ethnicities, sex, and races differently. In some countries, such as the Democratic Republic of Congo, intimate partner violence is not considered a crime. Spousal rape has been accepted as a marital tradition. Domestic and sexual violence against children and young women has been an acceptable practice by older males. In Egypt, domestic violence “is firmly entrenched in the country’s Muslim traditions” for example, Sharia Law (Achieng, 2017, p. 1).

Historically, in the United States, IPV has been considered an act of violence committed by men towards women. Although, this is still a societal belief, according to the National Intimate Partner and Sexual Violence Survey of 2010–2012, more than “1 in 4 men (28.5%) in the United States have experienced rape, physical violence and or stalking by an intimate partner in their lifetime and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something at some point in their lifetime” (Achieng, 2017, p.2).

Four Types of Violence

There are four different types of intimate partner violence. The most prevalent are defined in the text box below.

*Physical Violence* consists of touching or painful physical contacts that include intimidation of the victim through pushing, slapping, hair pulling, arm twisting, disfiguration, bruising, burning, beating, punching, and use of weapons.

*Sexual Violence* consists of making degrading comments, touching in unpleasant means of harm, addressing a partner in a degrading way during sexual intercourse which includes marital rape.

*Psychological & Emotional Violence* consists of threatening, intimidating, killing of pets, deprivation of fundamental needs (food, clothing, shelter, sleep), and distorting reality through control and manipulation.

Mandatory Reporting of IPV

In many intimate partner violence cases, victims have the tendency to not disclose to medical professionals or law enforcement due to possible repercussions from the offender. Many victims fear retaliation, family separations, violation of confidentiality and security. In these instances, a social worker could do more harm than possibly helping the situation.

As of 2002 only seven states have laws that make it mandatory to report actual or suspected victims of IPV (Hamberger, 2004). Most states have laws where reporting is an option, however conditions apply for protecting an individual’s identity. Social workers can be put into these challenging positions because of confidentiality and following an ethical obligation. Some argue if an individual is in a IPV situation it should be reported to the police because it is considered a punishable crime.
Potential positive outcomes and limitations from mandatory reporting by medical social workers include:

- Increase victim’s safety due to early detections and interventions;
- Improvement of patient care due to early identifications. This would allow physicians and social workers to perform rape kits, treatment of any diseases or injuries due to the assault;
- Allow social workers to immediately assess trauma and to advocate for resources as soon as the incident occurred;
- Could improve hospitals resources and outcomes by better documentation of DVA into medical records which will increase the availability of data to facilitate future research and;
- Mandatory reporting could undermine a key component of DV interventions of empowering the individual’s rights to self-disclosure

(Hamberger, 2004)

Prevention of IPV in Healthcare

There are four primary steps that medical and public health social workers take to insure a prevention plan. Public health and medical social workers focus primarily on the individual, family, and community to help reduce violence and its consequences. To reduce the occurrences of violence, social workers and community action agencies develop interventions to educate communities through public awareness using television commercials, billboards, radio broadcasts, DV trainings, self-defense classes, and DV screenings in hospitals (Haegerich & Dahlberg, 2011).

Four approaches to prevention of IPV include:

- Measure the incidence and burden over time through public health surveillance.
- Identify factors that place people at risk for, or protect people from, experiencing violence as the victim or perpetrator.
- Developing and testing strategies through rigorous evaluation that modify risk and protective factors to prevent violence from occurring.
- Facilitating the dissemination, adoption, and adaptations of effective strategies in communities to affect change

(Dahlberg & Haegerich, 2011)

Recommended Readings, Websites and Videos

Readings

The National Partner and Domestic Violence Survey 2011

Violence Prevention: The Evidence

Domestic Violence Websites

National Domestic Violence Hotline

National Network to End Domestic Violence
Sex and Human Trafficking

Human trafficking isn’t talked about

Human trafficking is defined as the recruitment, transportation, and or harboring of a person by means of threat, force or another form of coercion, abduction, fraud, and deception. It is through the abuse of power over vulnerable individual’s that perpetrators are able to exploit them. It is often combined with extreme violence, torture and degrading treatment that leave psychological wounds for the rest of their lives. Human and sex trafficking is a violation of human rights. It is estimated to effect more than two million victims worldwide (Ahn, Albert & et.al, 2013; Gajic-Veljanoski & Stewart, 2007).

There are two different forms of human tracking: 1) forced labor and 2) sex trafficking. This section will focus on sex trafficking due to the increased prevalence in the United States. Additionally, this section will also focus on the roles that public and medical social workers take to identify victims and to provide proper medical care (Gajic-Veljanoski & Stewart, 2007).

Sex trafficking is defined as a commercial sex act which is conducted by force, fraud, coercion, or in which the child or adult is made to perform sexual acts for money. A majority of victims in the United States come from countries such as east and south Asia, Latin America, Russia, and Eastern European countries (Salett, 2006).

Medical social workers play a vital role in the identification of victims. Below is a list of clues that social workers and other medical professionals look for when assisting patients in hospitals. Victims have a tendency to not disclose their issues due to the fear of law enforcement, repercussions to family members and most are not aware of agencies that offer services specifically to the population.

Medical social workers can also help eliminate the potential of sex trafficking by:

- Identifying victims and assist them with the proper resources for medical, psychological and shelter;
- Serve on organizational committees or as board members who specifically focus on assisting sex trafficking victims and help to improve rehabilitation and reintegration into society and;
- Educate vulnerable populations such as children in schools or prostitutes that come through the emergency room on possible preventative measures and signs to look for when being encountered by certain populations
What to Look For

- Multiple people in a cramped space
- People living with their employer
- Inability to speak to individuals alone
- Employers holding identity documentation
- Inability to move or leave current job
- Bruises or other signs of battery
- Submissive, fearful or depressed demeanor
- Little or no pay
- Recent arrivals from Asia, Latin America, Eastern European Countries, Canada, Africa or India

(Facts and Statistics)

The following facts and statistics were taken from the U.S. Department of State Trafficking in Persons Report (2017):

- Traffickers usually recruit victims from vulnerable populations such as: 1) young children who have run away from home, 2) adult females and males who have been involved in prostitution or escort services, 3) desire for a better future, 4) poor education, 5) history of abuse or violence, 6) single-parenting families, and 7) desperate socioeconomic status;
- Estimated global earnings of more than $31 billion a year;
- Worldwide, between 4 – 27 million individuals have been or are victims of sex trafficking or forced labor;
- The majority of victims (80%) are women and girls;
- Over 70% of trafficked women with children are single mothers;
- During recruitment processes, some are promised substantial earnings and jobs as nannies, waitresses, and modeling;
- In 2016, the National Center for Missing & Exploited Children estimated that 1 in 6 endangered runaways reported to them were likely sex trafficking victims;
- In a 2014 report, the Urban Institute estimated that the underground sex economy ranged from $39.9 million in Denver, Colorado, to $290 million in Atlanta, Georgia and;
- In 2016, we learned of 8,042 cases of human trafficking.

Summary of Intimate Partner Violence and Sex Trafficking in the United States

In health care settings, medical social workers will encounter victims and survivors of domestic violence and sex trafficking often. Having the knowledge of the increased prevalence of these two societal epidemics will allow social
workers to identify victims, promote educational resources and to prevent the increase of violence.

Summary

This chapter examined the roles of medical and public health social workers. Medical social work is a sophisticated and challenging practice that is conducted in multidisciplinary and fast-paced environments. Therefore, professional social workers in this field need to have a clear and concise understanding of the NASW code of ethics and how it relates to patient care. Medical social workers are in charge of advocating for diverse, sometimes vulnerable individuals and communities. Hospitals and insurance companies have become engrossed with enhancing the intake of profits. Because of that, it seems they lack the desire to enhance and develop a promising health care system that will support all populations.

As incoming first-year students, it is important to educate yourselves by researching and enhancing your knowledge of all social work arenas. Medical social work is so important because it embraces the importance of team work, advocacy, and a true commitment to the individual’s medical and personal health care.

Also remember, just because you may not hear about a societal epidemic (sex trafficking and domestic violence) does not mean it is not around you. Be a change agent who develops new therapeutic interventions that will enhance the quality of health care to the world.

Resources


