Clinical Education Initiative
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A REVIEW OF CLINICAL SAFE SPACES FOR SEXUAL ASSAULT PATIENTS

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[video transcript]

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perish on brooms. Kennecott is an adult gerontology nurse practitioner with a subspecialty in HIV AIDS care and as a certified HIV specialist with the American Academy of HIV medicine. She received her Doctorate of Nursing Practice at Rutgers University in 2016. Currently, she practices at Mount Sinai Hospital Institute of Advanced medicine Jeff Martin fund clinic, where she provides PrEP and PEP services and HIV care. She also works in Mount Sinai as infectious disease Clinical Trials Unit. With that welcome Tara Shawn.

00:40
Good afternoon, everyone. I hope everyone was nice and warm. So today we're going to talk about the review of clinical safe spaces for sexual assault patients. I have no disclosures. learning objective today is to describe what trauma informed care is and its importance and discuss how to create safe spaces for sexual assault patients. Did you know sexual assault is an epidemic every 98 seconds, someone in the US is sexually assaulted. More than one in three women have experienced rape, physical violence or stalking by intimate partner and their lifetime. 91% of rape and sexual assault are female and 9% are male. The effects of rape often persists long after an assault occurs. of women who experience rate 25% report PTSD symptoms. Nine months after the rape 33% contemplated suicide and 13% attempted suicide. So let's talk a little bit about sexual assault exposure risks. 21.3% of women reported attempted or completed rape in a lifetime with their first assault occurring before the age of 18 years, and 43.2%. Approximately out of 11 million people between the ages of 11 and 17 years is 30.5% At the age of 10 or younger, and 12.7% 1.4% of men reported attempted or completed rape in their lifetime with their first experience occurring between ages 18 years and 26% and between the ages of 11 and 17 years, and 19.2%.

02:49
One in five women in United States experience completed attempted rape during their lifetime. And nearly a quarter 24.8% of men in the US experienced some form of contact sexual violence in their lifetime. So what is trauma? It results from exposure to an incident or series of events that are emotionally disturbing or life threatening, with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and our spiritual well being. Trauma overwhelms a person's coping capacity. It has long term effects on functioning and well being. So I'm going to describe some traumatic experiences, which can be either physical, sexual, and emotional abuse, childhood neglect, living with a family member with mental health or substance use disorders. Sudden, unexplained separation from a loved one, property racism, discrimination and oppression, violence in the community war or terrorism. So which populations are more at risk for experiencing trauma. Members of historical marginalized populations appear to have a disproportionately higher prevalence of trauma and aces adverse childhood experience than the general population. These groups include, but not limited to people living in low income communities, ethnic and racial minorities, LGBTQ plus individuals, individuals with disabilities, and women and girls. So let's test her knowledge which of these are

types of traumatic events? Sexual abuse, physical abuse, neglect, living in poverty and witnessing domestic violence? Be abandonment such as abuse by caregiver bullying, house fire other reasons for loss of home or dwelling? See the death of a loved one life threatening illness of a caregiver life threatening health situation and or painful medical procedures. D military combat serious automobile accident, personal incarceration, police violence, terrorism, or E. All of these are types of traumatic events. Yes, a lot of people are selecting E. And you are correct. All these are type of traumatic events. Oops. Second question. trauma can be defined as a psychologically distressing event that is outside of the range of usual human experience, often involving a sense of intense fear, terror, or helplessness that creates significant and lasting damage to a person's mental, physical and emotional growth. True or False? Okay, see some true, which is correct.

05:57
Okay, so trauma informed care is a strength based framework that is grounded and understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological and emotional safety for both providers and survivors. That creates opportunities for survivors to rebuild a sense of control, and empowerment. After going over some of these statistics that I mentioned before, having that knowledge, when you are beforehand, when you have a potential patient, who could be of a sexual assault, patients who have experienced some sort of trauma, it's important that you create a certain type of space for them to be comfortable. So they can be successful in regards to their health and be proactive with their health. So an awareness of the prevalence of trauma, which we just went over with some of the statistics and understanding of the impact on physical, emotional mental health as well on the behaviors and Engagement Services. And understanding that current services systems can reach traumatized individuals. So it's really important to be sensitive to the current situation, especially when you're aware of head of time you know, the background of your patient, or if you were able to get some background information about their history, to be prepared for when they come in for that appointment. So trauma informed care and cultural humility. Trauma is not experienced independently of cultural context and cultural societal configurations, influence and sometimes cause trauma exist, exiting and existing in an intersectional relationship with race, ethnicity, or gender, sexuality, sexual identity, among others, which may also affect one's risk for an experience of trauma. Some patient populations may be more susceptible to trauma exposures on the basis of social demographic circumstances, culture is one of the mitigating factors that play a role in the variability of individual response to potential traumatic events. So with this diagram, it pretty just breaks it down. The individual person can be experienced physical, cognitive, emotional, spiritual, relational, inter personal or social, structural or physical can be your community slash society, built and natural environment, organizational or institutional, systemic or policy. And then you have cultural can be based off history, traditions, lounge, collective influence, existential values and beliefs. So it can be a number of factors that could affect one experience based off of trauma. So what are some of the benefits of trauma informed care? Many patients with trauma have difficulty maintaining healthy, open relationships with a health care provider. Sometimes, if you have experienced a patient have trauma, you can notice subtle things like no eye contact their body language to certain things that can affect them during their visits that you can probably pick up on, which will give you a hand cool clue what directions you need to go in regards to this patient visit. For some patients trauma informed care

offers opportunities to engage more fully in their health care, develop a trusting relationship with their provider, and improve long term outcomes. It can also help reduce burnout among healthcare providers potentially reducing staff over staff turnover.

09:47
So now I'm gonna go over the core principles of trauma informed care. One of them is safety. throughout the organization, patients and staff need to feel physically and psychologically safe. Safe.

10:05
trustworthiness and transparency, decisions are made with transparency and with the goal of building and maintaining trust. So when you're having that conversation with your patient, you want to be very transparent with them. And you want to be mindful of certain words that you use, and even your body language as well, because you want your patients to trust you to be able to open up, the more the patient's able to open up, the better you can help your patient. Peer support, individuals with share experiences are integrated into our organization, and viewed as an integral to serve service delivery. You also have collaboration, power differences between staff and clients and among organization, staff or level to support shared decision making. So when you're dealing with sexual assault patient, you know, you're gonna be working with mental health as well. Getting them set up with a therapist, you may want even set them up with a social worker. So you're gonna be working with other individuals, and you want to make sure that you guys are working together for the best for that patient. Empowerment, patient and staff strength are recognized, built on and validated. That includes beliefs and resilience and the ability to heal from trauma. You want to create that positive environment for your patient. Sometimes you have to say positive things to them. For me, for my experience, I have an example. I was dealing with a patient last week, who came back for follow up for sexual assault. And this particular patient broke down because she feels like how is she going to move forward, she feels like she's stuck. She's a rock and a hard place. And sometimes as a provider, you got to think out of the box. So what I did with her, I spoke some positive affirmations and had her repeat that to let her know that you're going to be okay it is a process but you're going to get through this and have her sometimes when you're speaking stuff out loud, it can calm you down, they feel a little bit better, and be able to you know, complete the visit. Without doing something like that. I wouldn't be able to complete the visit she was in complete tears and very distraught. So you want to speak positivity into them and let them know that they can do it and they're you're behind them supporting them. Sometimes you have to do different things with your patients in order for them to feel comfortable and feel that they they can make it through it. And then lastly, you have humility and responsiveness, biases and stereotypes based on race, ethnicity, sexual orientation, age and geography, and historical trauma are recognized and address. So these are the core principles of trauma informed care. Not one is greater than the other it's important to be able to incorporate all of these so how do you create a safe environment let's talk about the physical environment. One of the core principles for safety, so create a space for physical environment. Keep in parking lots common areas bathroom entrances, and exit well lit ensuring that people are not allowed to smoke, loiter, or concrete outside entrances and exits, monitor who's coming in and out of the building, positioning security personnel inside and outside the building if possible. Some clinics may not have that.

Keeping noise levels and waiting rooms low using welcoming language on all signage. And making sure patients have clear access to door in the exam room and can easily exit if desired. You don't want them to feel trapped.

13:56
So now let's talk about creating a safe environment is in regards to social emotional environment, while being patients ensuring that they feel respected and supported insurance that maintain healthy interpersonal boundaries and can manage conflict appropriately. Keeping consistent schedules and procedures offering sufficient notice and preparation when changes are necessary. Maintaining communication that is consistent, open, respectful and compassionate. Being aware of how an individual culture affects how they perceive trauma, safety and privacy. I think it's also important to at my clinical practice that we have like a little note next to the patient. So we know that this particular patients come in for sexual assault. So you know you have to come with a different posture and you have these patients or you know, they have trauma. They're very sensitive, and you want to be able to make sure that you're speaking to these patients properly, which you should be doing Almost all patients regardless of the situation, but you just want to be even more mindful of what you're doing. So I don't know how your how it is that other providers clinic, but we do have that in our system that we can see if a patient's coming in for that. And, you know, I typically will let the front desk know, hey, I have less than 20 sort of x y&z You know, just be mindful, so it'd be prepared to make sure, you know, they can provide that safe now in the safe environment, but also a safe emotion environment, because certain words could trigger a patient, so you just have to be mindful of that. Okay, so implementing trauma informed services are respected, respectful, collaborative approach is more effective than a traditional private client relationship. You want your patient to be involved. You want them to know that their thoughts are important. And you want to know what works best for them and their current situation. So you want to work with your patient. Remember that, that the survivor is the expert on her or his own life and feelings. Do not expect instant trust, but do everything in your power to be trustworthy. It's a process, normalize and validate feelings that come from the trauma experience. So whatever thoughts your patient may have, you want to create that space to let them know it's okay to speak what's on your mind, it's better to have it out and keep it in. Once another important thing is to ask as the survivor what would help him or her feel more comfortable, and how you can best work with him or her. Realize that behaviors that may seem difficult or obstructive have probably served the survivor? Well, in the past, it is hard to give up a behavior that you believe has kept you safe. maintaining appropriate boundaries is always important. But even more so with the virus as it contributes to a sense of safety. So it's important when you're especially if you have to examine a patient, is it okay I take a listen to your lungs, it's okay, if I take a look here. So they can feel safe and comfortable. You want to make sure that you're not crossing any boundaries with them and that they feel comfortable as much as possible. And just work with them. In some cases, they may be like, No, I don't wonder Oh, which is completely fine. But you don't want to assume that it's okay for you to do XYZ. So always good to ask the patient. So let's talk a little bit more about trauma informed care. We as providers need to recognize that many patients have a history of physical, sexual and or emotional abuse as well as serious illness and negative experience in the medical setting. And we need to learn to respond with empathy and understanding. trauma informed care is important because experiences of trauma can be inherently linked to health

and wellness. So if you come off on the backfoot, with a patient, are you a little bit harsh or said something that probably wasn't appropriate, could potentially be a situation where a patient may not come back or not even follow up with your recommendation was, could be important for their health. A trauma informed care acknowledges that understanding patient's life experiences is key to delivering effective care, and has the potential to improve patient engagement, treatment adherence and health outcomes. trauma can cause barriers. A sexual assault survivor may have a difficult time describing bodily sensations to a health care provider. Because she he they have learned to disconnect from the feelings of their body. So you just have to be aware of certain things. Sometimes, you know, the truth, their trauma, depending on the level of trauma, it's very difficult for them to communicate, how they feel or what's going on. So you have to have some level of patience and show that you have that patience and just be mindful of that as well too. I highly recommend to when you have a patient that's coming in for sexual assault, don't put the time put it in a 10 minute or 20 minute time slot because you can't really run through things. You don't want to rush them either. But you want to have a sufficient sufficient amount of time where you can go over things with them. And for them not to feel like you know, you're just rushing them and they're not getting the care that they actually need. So which of these are common traumas, common trauma responses, abandonment, such as abuse by caregiver bullying, house fire other reasons for loss of home or dwelling? flashbacks, suicidal ideation, intense fear, anxiety, hyper vigilance, excessive worry and all of the above or none of the above. Okay, let's see. Okay, let's see a few with IE. Good in which is correct all of the above. A smile and a hello can go a long way for individuals with a trauma history true or false?

20:26
Yes, this is correct, true. You don't want to have a mean face or be grumpy and things happen in life. But sometimes you have to learn how to switch switch that face on and off when you're dealing with certain populations. Because first express impression can be the last impression. So you want to smile, you want to be warm, you want to be welcoming. And one of the ways of being welcoming is smiling. If you have a poker face, that's not going to be very helpful for them. Clear instructions and information about possible changes are not necessary and helping a person feel safe and secure in their environment. True or False?

21:23
Okay, see false, and also to Sarah moto. I saw her comment. Yes, I agree. being welcomed and respectful is very important. And that's for every patient no matter what the situation they're coming in, I agree with you. And yes, you are correct. It's false.

21:50
So what I'm going to discuss a little bit is about PEP. So the reason why I did the setting that I see sexual assault patients are in the setting of them coming in for PEP post exposure prophylaxis. So I just want to go over the basic information about that. So PEP, means taking medicines to prevent HIV after a possible exposure. PEP must be started within 72 hours of passive exposure to HIV. If you think you've been exposed during sex, for example, the condom broke through sharing needles, syringes or other equipments inject drugs, for example, cookers, or if you've been sexually assaulted, it has to be taken for 28 days, PEP is is for emergency situations. So PEP is given after a possible exposure to HIV PEP is not a substitute for regular

use of other HIV prevention. And PEP is not the right choice for people who may be exposed to HIV frequently. So the patients I come across who have experienced sexual assault, they typically go to the ER first. And depending where they go, they may give them a day, three day five day or even a maybe a seven day starter pack. And then they come to see me for the continuance of PEP, then I may have some patients who come who didn't go through the IDI may come straight to you. So it's important to know what indications are approved for PEP, and being sexually assaulted is one of the indications. So a little bit about PEP, if you're exposed to HIV, it takes a few days for HIV infection to take hold in your body. So what PEP does, it blocks the viral replication, PEP is much more effective at stopping HIV if you take all the pills for the full 28 days. And it's very important never to skip a dose. PEP is not 100% effective. But if you take PEP immediately after exposure and for the full 28 days is often prevents HIV infection. So I just wanna talk a little bit about its, how its effective and stop if you take the pills, the full 20 days and very important not to skip a dose. I'm gonna go over a little bit about the regimens. One of the things I have noticed a lot, especially when it comes to PEP when you're dealing with a sexual assault patient. They're overwhelmed. And a lot of times they when they come to me, they typically sometimes don't take the medication correctly, because they come in with a bad medic medications are giving them antibiotics prophylactically for STIs. They're giving their PEP and sometimes they don't take it correctly because everything is just like a cloud. So it's important when you're dealing with sexual assault patients, that you take the time to really explain information to them and have a doula Teach Back before they go. So they understand how to take the medic He's done correctly. And I want to go over this little diagram here and it talks about PEP to prevent HIV and how it works. So you see here virus replicate locally in the tissue macrophages or dendritic cells of the exposed individual. So PEP is administered within 72 hours has a rapid onset and multiple sites of an antiviral activity. Variable bifurcations block when you take PEP infections contain HPV infections prevent it. Now, PEP is not an administer within 72 hours exposure. viral replication is not blocked within 48 to 72 hours exposure by replication occurs in the host regional lymph nodes. viremia follows within 72 to 120 hours of exposure and HIV infection is established and exposed individuals. So studies have shown that if you take PEP within 72 hours, that's when it's most effective. If you have someone that's greater than 72 hours, it's really that the effectiveness really decreases and it's a high chance that you may not be be able to prevent HIV. So that's why it's important that you try to do within the 72 hours so I'm going to go over the prefer regimens for PrEP for PEP sorry. So, you have to not for there to not for their disoproxil fumarate or intra syrupy which is Tabata once per day, or they move Dean once per day, or you can do the Travato plus about a takeaway which is Isentress which you take twice a day. Or you have an option of using dots dolly taking care. So PEP regimen is a two pill regimen is not one pill PrEP, which is Pre-Exposure Prophylaxis, you take one pill, but PEP is a two pill regimen. And depending on the patient, for example, if it's a cisgender, female of childbearing potential, you will do Truvada Isentress, or if they're not of childbearing potential, you could do Truvada and typically, and for cisgender men or trans woman, you can do Truvada or typically, in some cases, there is a different regimen. For example, at our clinic, for a while we were doing this PEP program where we can give a patient strike build for a PEP regimen would he take one pill once a day. So there are other options, but these are the preferred regimens depending on the patient's situation. For example, I had a few patients who were at the time going through the injectable PrEP study, that kind of attack if there was a long acting. So what we did for those particular patients, they had to use some tools

for PEP. So depending on the situation, he may have to do a different regimen. But the traditional preferred regimens is either Truvada and I centrist or Truvada and typica. So what do you do for your baseline assessment? You have to have an HIV rapid test that baseline pregnancy test for individuals of childbearing capacity. You want to do a complete metabolic panel, complete blood count, you want to do STI screening, gonorrhea, chlamydia, not testing by the site, supporting to find out what type of sex they had during the saw. And if the patient does not know you test all three sites you want to do on chicken Mona's and then syphilis RPR. You also want to do Hepatitis B testing, including the surface antigen surface antibody and core antibody and Hepatitis C antibody testing. The first dose of PEP should always be expedited testing can wait until after PEP has been initiated. Remember, you want to get this within 72 hours. If you if you started within 72 hours, you do the testing and then you find out the I don't see how this happened. But for example, say the patient was HIV positive. And you know you just stopped the pet regimen and you just should transition them into treatment but you don't want waiting for bloodwork to delay because you have that 72 hour window you want your patients to get on it right away. And then we have resources. So in New York City, we have a 24/7 PEP hotline. This hotline is available 24/7 It can help get started on PEP right away. Sometimes patients may not be able depending on situation. They may not want to go to the ER but they're aware that they may be at risk they may call the hotline and what usually happens with the hotline But depending on what day they contact you, if it's typically on a weekend, they could give you a three day starter pack. And then they'll come into the clinic. So we have a connection with the PEP hotline, I'll typically see, I will send starter packs for patients, because we get the calls and I send starter pack for patients and they know coming into the clinic to see me. But if you're not going to Mount Sinai, here are a list of several other locations in New York City that also provide PEP services to patients. So it's good to know this information, depending on the patient's area, they can go somewhere that is more convenient for them. But the main takeaway I want everyone to know about creating safe spaces is it also starts with you as as a provider, you got to make sure you are coming to see this patient in the right frame of mind, you always want to be positive, because patients can fill off of body

31:02

postures, the energy in the room, they may feel like, Hey, I don't need to be here, this provider don't care about me this, you know, you want to create that environment, it starts with you. Because you can have patients that come in, and it could be you know, angry, upset. And they come in and like I'm not here, I don't even want to talk to you guys, I'm forced to be here. And you can just change that whole their whole mood by just creating that nice safe environment for them. And sometimes they may not be easy, you may encounter patients that will give you a struggle. And even with that, you still have to have patience with them, and ensure that they're still you know, getting the best care, you also want to be mindful of the gender of your sexual assault patient. Some patients, from my experience, if a female sexual assault patients, sometimes they don't want a male provider, or if it's a male sexual assault patient, they don't want to depending on who the Secretary was assaulted by, they don't want that provider to be of that same sex. So it's important to be able to have other providers to make them feel safe. Same thing goes with, you know, therapy. Sometimes when they do go through the ER, things can move very fastly, and things can fall through the cracks. So they're not connected to mental health services. So it's important as a provider that you take that extra step, making sure it gets

set up, meaning you help them set up that appointment, handling papers with phone numbers, a lot of times it doesn't get done. And they you know, they will admit that they need it. But just taking that extra step and setting up these appointments for the patients to help them is important to make sure you cover all your bases. And this can never really go the way you think it will go. Another example the patient had last week with the follow up when she broke down a reason why she broke down. And this is one of the things you do when you come back for a follow up for PEP, you want to find out if your patient was taking the medication in its entirety for the 28 days if they had any issues, any side effects. And when I asked her about the medications, she had a complete broke a breakdown because PEP reminded her of the experience. So it's certain things can trigger a patient. And that can be out of out of your control. But it's important to be able to ground your patient that get them center and help them the best way you can. And it takes a lot of patience. And that was like one of the things I had to do when I had to, you know, give her some words of affirmation to say because sometimes patients can, you know, go into a panic attack, if you don't help them get grounded in the situation. I've seen that a few times. So it just have to be mindful of that, that you can just say something and you don't mean any harm, but it can trigger your patient. So be mindful of body language, what you're saying so patient and allow your to be able to create the spaces for your patients so they can feel safe, open up to you and be able to help them the best way that you can. And now I'm going to open the floor for questions.

34:26
Thanks very much. This is Margie urban in Rochester. So I know this is a subject very, very close to your heart. And when we talked about doing this talk for CEI. In the beginning, I can tell how passionately you feel about it. And it sounds like you've had a lot of experience, sort of unfortunately, you know that that speaks to how much sexual assaults are just so prevalent in our world. So I wonder, we sometimes see just just sort of hard situations and how you take your care of yourself as a provider, to to not have someone else's trauma, sort of become your trauma as well, if you have any tips for providers about that.

35:26
One of the things is, as a provider, you have to be self aware. So, for me, when I have patients, I get to see like some of their stories ahead of time. And if you know from your past experience, because like how I discuss different types of traumatic experience, at some point in your life, patients may or even providers might have experienced something traumatic, may not be as as extensive sexual assault. But when you see a case, you have to be self aware about yourself and knowing if that's something that you can take on that particular case. And if you can't, I think it's best to pass it on to another provider. But you also it's good to speak to your colleagues to about cases that you see, because some things can be can be really upsetting. This particular case was very upsetting. For me. This was a young lady, this is recent. And her story was really upsetting. I'm just thinking to myself, it's 2022. And people are still doing some crazy, heinous sexual acts, assault, sexual assault acts on patients, and people and it's just like, wow, I'm just traumatized reading the story. You know what the case is, so you have to be mindful, like, what it may be too much for yourself, and not take that on, it's good to talk to other providers and open up about your feelings. And even as a provider, talking to a therapist, there's nothing wrong with that, too. Because some some cases can be really, really heavy, honestly. And you

can think about yourself being in that situation, like, what would you do? Sometimes you like he like, I just don't even know how this patient is getting through it. But they are and they're strong. So it's a point to be self aware about yourself and not to take on a case if you know, it may be too much for you.

37:19
Great, good answer. I think that's something we all struggle with a little bit. And often you'll have to debrief. You know, even with your team, if there's a particular upsetting case, we, we function in as in a sexual health clinic, where people, if they have, they are a survivor of a sexual assault, typically, if they're coming here, they've chosen to not go to the IDI, and they've chosen to not pursue any legal action, and they come here, you know, kind of to get checked is often often what they'll say. So we don't, we don't know ahead of time going in. And you went through sort of the, you know, good practice for any clinician to be respectful and to be welcoming, and so on. But it can take you by surprise when something comes out in the visit. So it is working to, to kind of approach every visit with that mindset, you know, as you said,

38:27
right, and you just mentioned something that just came to me, especially when you have patients who are victims of sexual assault, who do not report it, as a provider, please do not tell them, you need to report it, you need to do this, because remember, they have so many people telling them what they need to do for themselves. And what they're really trying to do is just get control of their life again, because they felt like they have no control, they have no control that situation. A lot of times, that's not their main focus. So it's important not to put what you think you would do in a situation on your patient. Let them know whatever decision they make for themselves is the right decision for them, and not allow other outside influences telling like you're doing this wrong, you need to do this, because that may not be their focus. So I think that's important too. If you come off as a provider like that, how can we didn't do this or make sure you do this. They may not come back, they might even take the medication, they may just be like I'm not coming back. So you just want to be mindful of that too as as bad as a situation might be and he may think to yourself, like why didn't he report it to the cops you know who this person is you have the information. We may not know all the information and maybe reasons why they don't want to do it and whatever reason that is that's their right, but don't put that on to the patient saying that you need to report it. You need to do this, you need to do that. You never want to do that because now they're trying just to get control. Have their their life and their self and you want to have loud the patient to have autonomy with whatever decision they make.

40:07
Yeah, yeah, we try to approach that, that you're, you're looking out for yourself with with affirmation that you know, you're coming to get checked. And we, you know, we want to, we want to do that checking for you. So I just want to doesn't look like we have any questions coming in the chat. So, about PEP, we have a similar situation in our hospital here, not in our sexual health clinic where we do get referrals from the IDI and there is a starter pack. But I must say that the the rate of people arriving who have an appointment after getting that starter pack is, is surprisingly low. And I wonder, I think that's generally true in the literature, that that often people don't complete PrEP. So if that's your experience, and if you have any tips about that,

41:02
um, I have had some people who don't show up for their appointment, but for the majority of the patients, they come in, they come in, because a lot of times, the patients I have experienced are really anxious, they're really scared. And they want to get all the information they can. And sometimes, you know, when they leave the IDI, they felt like they didn't, they're not sure what they're doing. So when they coming into clinic, you you can have time to really explain everything, what's going on what I typically do with PEP, I explain HRV. And I give them a little bit of background education, which makes them feel a little bit comfortable about a PEP and the effectiveness of it, which they may not get that when they're in the ER. So it really gives them an opportunity to learn at the same time. Both GRE the patients, they do come in, they may not come back sometimes for the end of the treatment PEP visit, but what I typically do, I always try to make a habit to make sure their patients set up their my chart, and I'll send them a message and you know, sometimes I get a message back saying hey, I did complete it. But for whatever reason, they didn't come back for the testing. So you just want to remind them, you know, make sure you get your repeat HIV testing.

42:18
Important. And I just want to point out in the chat that Jessica put in the pet hotline number for those outside of New York City and also the CEI hotline number which also, you can it's a phone tree, but there is a PEP line on there as well. And there are sometimes difficult situations where people might have some sort of drug intolerance or drug interaction or some particular thing like like you mentioned, where you can't just use the standard guidelines, which are you know, fairly simple to follow, I think. But in unique situations if if you need to contact an expert, there are a number of resources available.

43:06
Right, thank you very much. Thank you

[End Transcript]