

Thomas Jefferson University Jefferson Digital Commons

Phase 1 Class of 2021

2-2019

The Impact of Student Hotspotting on Patients & the Jefferson Health System

Mishael Khan, BS

Thomas Jefferson University, mishael.khan@jefferson.edu

Lauren Collins, MD

Thomas Jefferson University, Lauren. Collins@jefferson.edu

Shoshana Sicks, EdM

Thomas Jefferson University, shoshana.sicks@jefferson.edu

Richard Hass, PhD

Thomas Jefferson University, richard.hass@jefferson.edu

Tracey Vause Earland, PhD, OTR/L

Thomas Jefferson University, Tracey.Earland@jefferson.edu

See next page for additional authors

Let us know how access to this document benefits you

Follow this and additional works at: https://jdc.jefferson.edu/si hs 2021 phase1



Our Part of the Higher Education Commons, and the Public Health Commons

Recommended Citation

Khan, Mishael; Collins, Lauren; Sicks, Shoshana; Hass, Richard; Vause Earland, Tracey; Newsome, Courtney; and Cohen, Sara, "The Impact of Student Hotspotting on Patients & the Jefferson Health System" (2019). SKMC JeffMD Scholarly Inquiry, Phase 1, Project

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

	_
Authors Mishael Khan, BS; Lauren Collins, MD; Shoshana Sicks, EdM; Richard Hass, PhD; Tracey Vause Earland, PhD, OTR/L; Courtney Newsome, BA; and Sara Cohen, OTS	

Lydia Huang SKMC Class of 2021 SI HS Abstract December 15, 2018

A SYSTEMATIC REVIEW OF CLINICAL OUTCOMES IN HELMETED MOTORCYCLE INJURIES IN LOW AND MIDDLE-INCOME COUNTRIES

Injuries due to road traffic accidents account for over 1 million deaths annually, of which 90% disproportionately occur in low and middle-income countries (LMICs). In their current design, motorcycle helmets notably improve patient outcomes, reducing the risk of crash-related TBIs by 69% and death by 42%. The data we currently have does not thoroughly document the large burden of road traffic injuries in LMICs, and thus we must identify what specific clinical outcomes have been documented in relation to helmeted accidents in LMICs. Collection of clinical outcomes data can serve as the evidence-based framework needed for future injury prevention efforts. Using PRISMA guidelines, we collected 415 articles from PubMed, Embase, Scopus, Web of Science, and Transportation Research International Documentation (TRID) databases related to motorcycles, clinical outcomes, and LMICs with set inclusion and exclusion criteria such as articles written in the English language and use of "motor vehicle accidents" and other non-specific terms. These were then reviewed by two independent reviewers and a third reviewer as needed to resolve disagreements. Results will be stratified by World Bank country income designation of low, middle, or high income and then analyzed for significant differences. We anticipate that clinical outcomes in two-wheeled motorcycle accidents will vary widely among countries of different income stratifications. In conclusion, these results suggest that safety interventions such as modified helmet design are needed to reduce traumatic head and neck injuries in motorcycle accidents, particularly in LMICs.