

Abstract:

Resident Readiness to Address Intimate Partner Violence: Curriculum Development, Implementation, and Evaluation at a Family Medicine Residency

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Background:

Intimate partner violence (IPV) affects approximately 25% of women in the US and is associated with multiple poor health outcomes. The job of clinicians per The United States Preventative Health Task Force is to screen all reproductive age women for IPV and counsel or refer to support services those who are noted to be victims of IPV. Previous studies have shown consistently improved patient outcomes when clinicians were provided with DV/IPV training along with systemic support. Even with this data and strong need, there is currently no standardized DV/IPV component of medical training.

Methods:

An intimate partner violence curriculum for family medicine residents was developed. It consisted of 1) a 2-hr didactic curriculum on intimate partner-violence, including local and hospital partner programs addressing interpersonal violence, using trauma-informed best practices and 2) intimate partner violence Observed Standardized Clinical Examinations (OSCEs) with standardized patients for residents to practice screening for and responding to reports of intimate partner violence. Residents at the Northwestern McGaw Family Medicine Residency at Humboldt Park participated in some part of this curriculum. Participants were asked to complete a survey, abbreviated from the validated PREMIS Survey, prior to the didactic, after the didactic and after the OSCE in order to assess its effectiveness. The cohort has completed at least two cycles of this. Longitudinal data will be accessed to determine if previous results were sustained two years out.

Results:

In Progress