Improving Provider Readiness to Manage Intimate Partner Violence in Family Medicine Resident Continuity Clinics in Chicago

Lindsay Martin-Engel MD MPH
Jacqueline Allen MD MPH
West Suburban Medical Center Family Medicine Residency Program, Chicago IL

Outline

- Background about intimate partner violence (IPV) in the United States
- Study Context
- Methods
- Results
- Discussion and Conclusions

Prevalence of IPV in the US

- About **1 in 3 women experience IPV** in their lifetime
- **4.8 million incidents** of physical or sexual assault annually
- **One quarter million hospital visits** result from IPV annually

Primary care-based IPV interventions

- Some primary care interventions to screen & refer have demonstrated significant health benefits
  - Reduce very low birthweight and very preterm infants (Kiely 2010)
  - Improve health-related quality of life (Tiwari 2005)
  - Decrease depressive symptoms (Coker 2012, Twiari 2005)
  - Reduce unprotected sex and pregnancy coercion (Melendez 2003, Miller 2011)

Current Guidelines

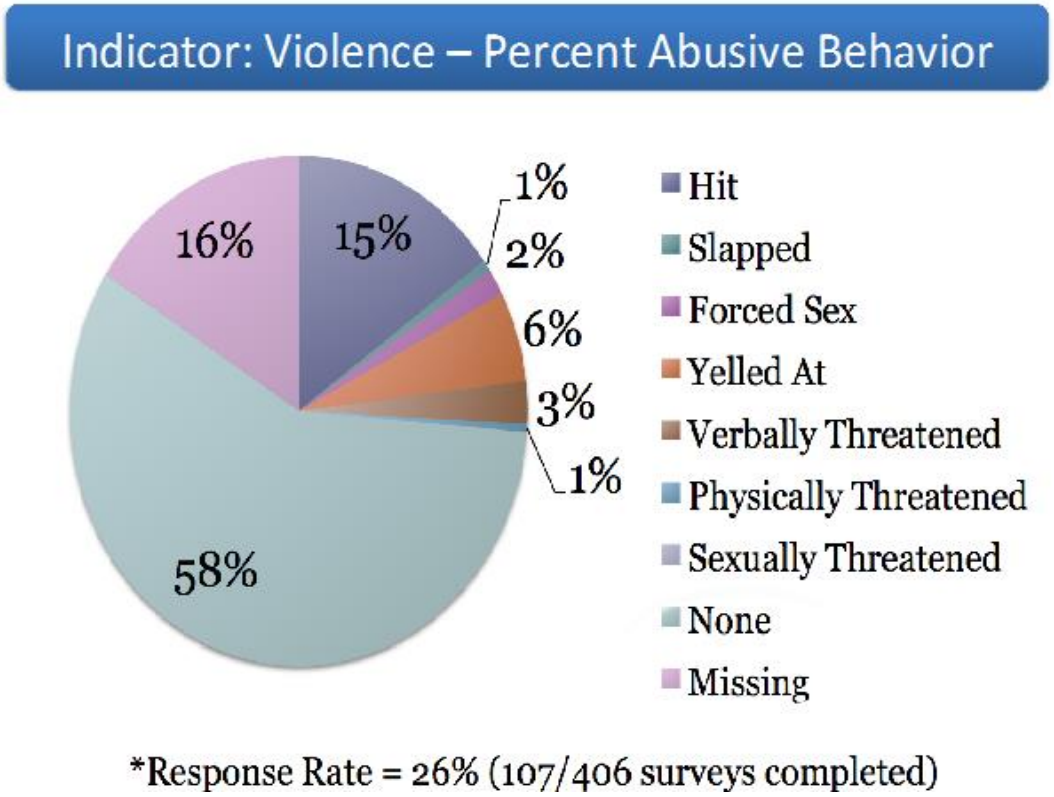
- **Institute of Medicine**
  - –Screen women and adolescent girls (2011)
- **American College of Obstetrics and Gynecology**
  - –Screen in pregnancy and postpartum (2012)
- **USPSTF**
  - –Screen women 14 - 46 years and provide appropriate interventions (2013)

Graduate Medical Education Recommendations

- **ACGME**
  - Managing a suspected victim of abuse is an **entrustable physician activity** in Family Medicine
- **STFM survey**
  - 57% of FM programs teach residents to respond to IPV victims (2010)
- **AAV**
  - Academic training programs must:

Abusive Behaviors in our patient community

Social Determinants of Health Study



*Response Rate = 26% (107/406 surveys completed)

28% of patients who responded reported experiencing some form of abuse

In contrast, **17.4 %** of patients who responded reported having been abused

Study Purpose & Hypothesis

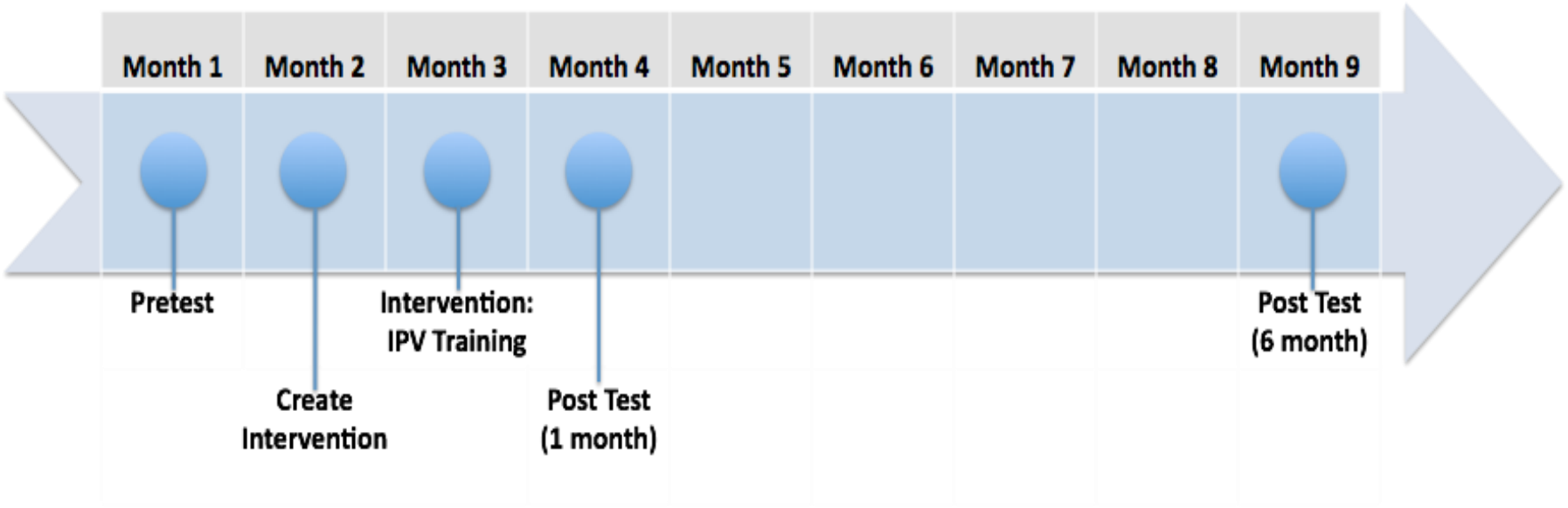
Purpose: to assess and improve the readiness of providers manage patients experiencing IPV

Hypothesis: completing a brief, targeted IPV training will improve providers' readiness to manage IPV in their practice

Study Objectives

1) Improve provider's self-reported **preparedness** to manage IPV
2) Improve provider's
    - **Self-reported knowledge**
    - **Actual knowledge** about IPV
3) Improve physician understanding of IPV **policies** within the clinic system ("systems issues")

Methods: Study Design



Methods: Study Population

- Inclusion
  - All physicians, midwives, nurse practitioners working primarily at 3 FQHC and 1 FMC resident-continuity sites during April 2015
- Exclusion
  - Providers primarily based in other clinic sites,
  - Research team members
  - Providers hired after April 2015

Methods: PREMIS Survey Tool

- Physician Readiness to Manage Intimate Partner Violence Survey (2002)
- Developed by CDC and experts in the field
- 15 minute survey
- Comprehensively and reliably measures physician readiness to manage IPV (Cronbachs $\alpha \geq .65$)
- Measures training effectiveness

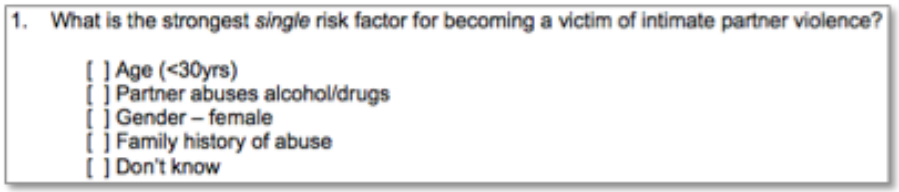
Methods: PREMIS Survey Tool

- 16 questions about "perceived knowledge":

4. How much do you feel you now know about:

	Nothing	Very Little	A Little	A Moderate Amount	A Fair Amount	Quite a Bit	Very Much
a. Your legal reporting requirements for IPV	○	○	○	○	○	○	○

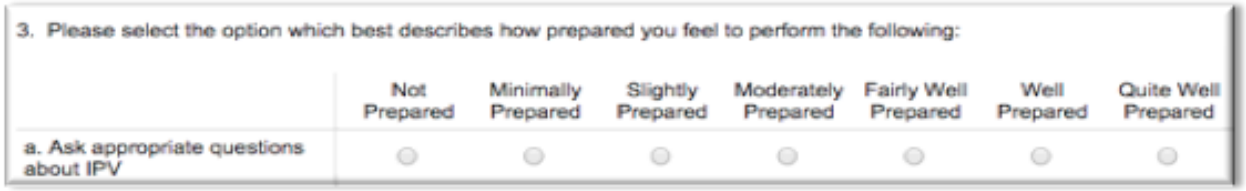
- 18 questions about "actual knowledge":



1. What is the strongest *single* risk factor for becoming a victim of intimate partner violence?

[ ] Age (<30yrs)
[ ] Partner abuses alcohol/drugs
[ ] Gender – female
[ ] Family history of abuse
[ ] Don't know

- 12 questions about "preparedness":



3. Please select the option which best describes how prepared you feel to perform the following:

	Not Prepared	Minimally Prepared	Slightly Prepared	Moderately Prepared	Fairly Well Prepared	Well Prepared	Quite Well Prepared
a. Ask appropriate questions about IPV	○	○	○	○	○	○	○

- 13 questions about "screening practices":

6. Are you familiar with your institution's policies regarding screening & management of IPV victims?
[ ] Yes [ ] No [ ] N/A

Methods: IPV Training Development

“Pretest Survey”

- Content:
  - PREMIS original CDC survey
  - Demographic information
    - Age, Years in practice, Clinic site, Job title
- Administered to those qualified for study

- Results used to prepare an intervention training tailored to our providers

Methods: IPV Training Development

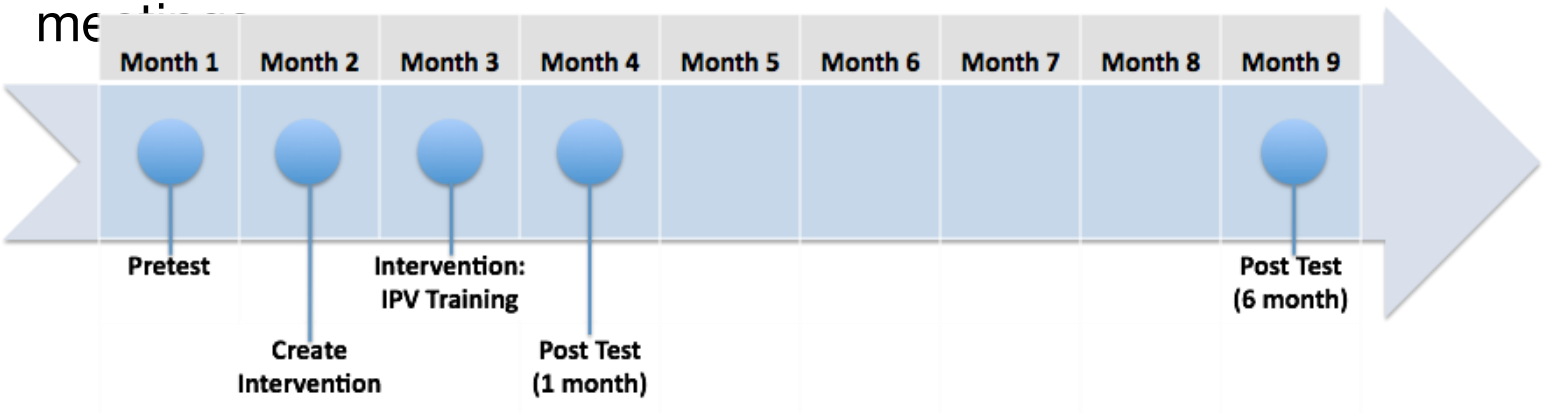
1. Local community partnership with Sarah's Inn:
    - Local community organization that supports survivors of IPV
    - Resources, counseling, legal advice, shelter
    - Referral resource for our clinics
2. Collaboration w/ professional IPV educator:
    - Colleen Sutkas:
        - Director of Training & Education at Sarah's Inn
        - Experience w/ healthcare workers.
3. Training rooted in provider self-assessment

Training Content

- Risk factors for violence
- Signs and symptoms of IPV
- Screening strategies
- Creating a safety plan
- Stages of change for IPV victims
- Legal reporting requirements
- Clinic policy as it applies to audience
- Resources within attendee's clinics
- Referral resources in the community

Training Implementation

- Three 45-minute trainings were offered:
    - Morning PCC provider monthly meeting
    - Noon FMC provider monthly meeting
    - Weekly resident lecture conference
- Required attendance for its respective providers
    - Excluding those on call, post-call, or absent from work
- Those who were absent were allowed to attend one of the subsequent me



Results: Participation

Table 1: Number of Participants Completing Testing & Training by Provider Type				
	Pretest (n)	Training (n)	1 month Post-test (n)	6 Month Post-test (n)
Faculty	16	16	10	18
Residents	25	15	15	12
Fellows	3	2	1	0
APN/FNP	5	1	3	5
CNM	4	3	3	1
Total	53	37	32	36
% eligible providers	72%	51%	43%	49%

Note: total providers invited = 73

	Mean Score (SD)		Percent change	*p* Value
	Before (Pre)	After (Post)		
Preparation Score				
Pre: 1 mo Post	3.48 (±1.34)	4.68 (±1.15)	34%	**p<0.001**
Pre: 6 mo Post	3.48 (±1.34)	4.45 (±1.33)	28%	**p=0.009**
Perceived Knowledge Score				
Pre: 1 mo Post	3.76 (±1.36)	4.81 (±1.20)	28%	**p=0.001**
Pre: 6 mo Post	3.76 (±1.36)	4.65 (±1.29)	24%	p=0.071
Actual Knowledge Score				
Pre: 1 mo Post	18.03 (±3.44)	19.55 (±1.86)	8%	p=0.072
Pre: 6 mo Post	18.03 (±3.44)	19.5 (±2.22)	8%	p=0.051
Practice Issues Score				
Pre: 1 mo Post	16.97 (±6.46)	20.31 (±6.96)	20%	p=0.191
Pre: 6 mo Post	16.97 (±6.46)	22.37 (±10.23)	32%	p=0.146

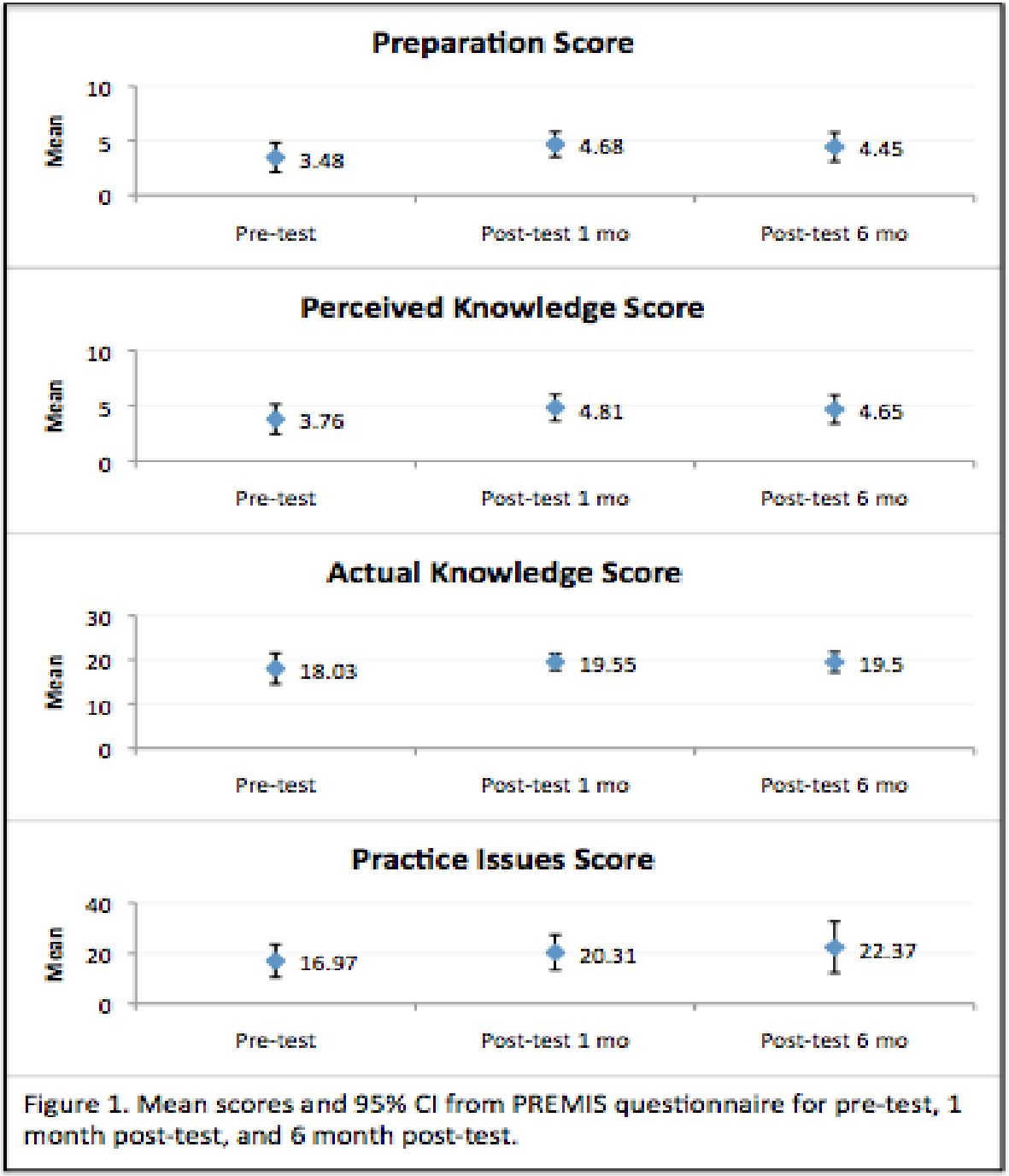


Figure 1. Mean scores and 95% CI from PREMIS questionnaire for pre-test, 1 month post-test, and 6 month post-test.

Study Conclusions

- Our study improved provider readiness
- Significant improvement in:
  - **Provider preparedness** at 1 month and 6 months
  - **Provider self-perceived knowledge** at 1 month
- Improvement in actual knowledge and systems issues

IPV Training in Family Medicine Residency Programs

- **Summary of previous studies**
  - Patient self-reported questionnaires increased IPV identification (Wenzel 2004)
  - Brief IPV training did not change identification or referrals
    - did find female providers identified victims more readily (Saunders 1993)
  - Residents who completed IPV training developed more specific treatment plans (Mandel 1983)

Study Strengths

- Learner-centered
- Interdisciplinary approach
- Collaboration with faculty and residents
- Quick, easily reproducible intervention for diverse primary care practices
- Collaboration with community partners and referral resource

Limitations

- No control group
- Not able to assess if the intervention improved implementation of screening or victim identification
- Intervention did not alter clinic policy or resources available
- Provider population (women, early career)
- Reporting bias
- Confidentiality concerns

Future Direction

- Implementation of screening and policy at clinics
  - focus groups w/ providers and patients
  - studies that examine implementation science

- Larger studies evaluate PREMIS tool and connection with community groups

Acknowledgments

Research team members:

Rebecca Eary, DO MPH (Research Director)

Naomi Nemoto, MPH, PhD candidate (statistician)

Amber Alencar MD, MPH (core faculty)

Scott Levin MD (Program Director)

Melanie Jessen DO (Osteopathic Program Director)

Colleen Sutkas and staff at Sarah’s Inn