Exposure of Medical Students to Topics of Interpersonal Violence in Medical Education



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Background

- Interpersonal violence (IPV) is defined by the WHO as behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.
- IPV is an increasingly prevalent issue in communities, especially following the COVID-19 pandemic.
- Physicians are often the first point of contact, regardless of specialty.
- This is especially relevant to under resourced and marginalized populations.
- Currently there is a dearth of IPV education within undergraduate medical education.
- We conducted a comprehensive literature review of published IPV curricula in U.S. medical schools and residency programs.

Disclosures

No disclosures to report

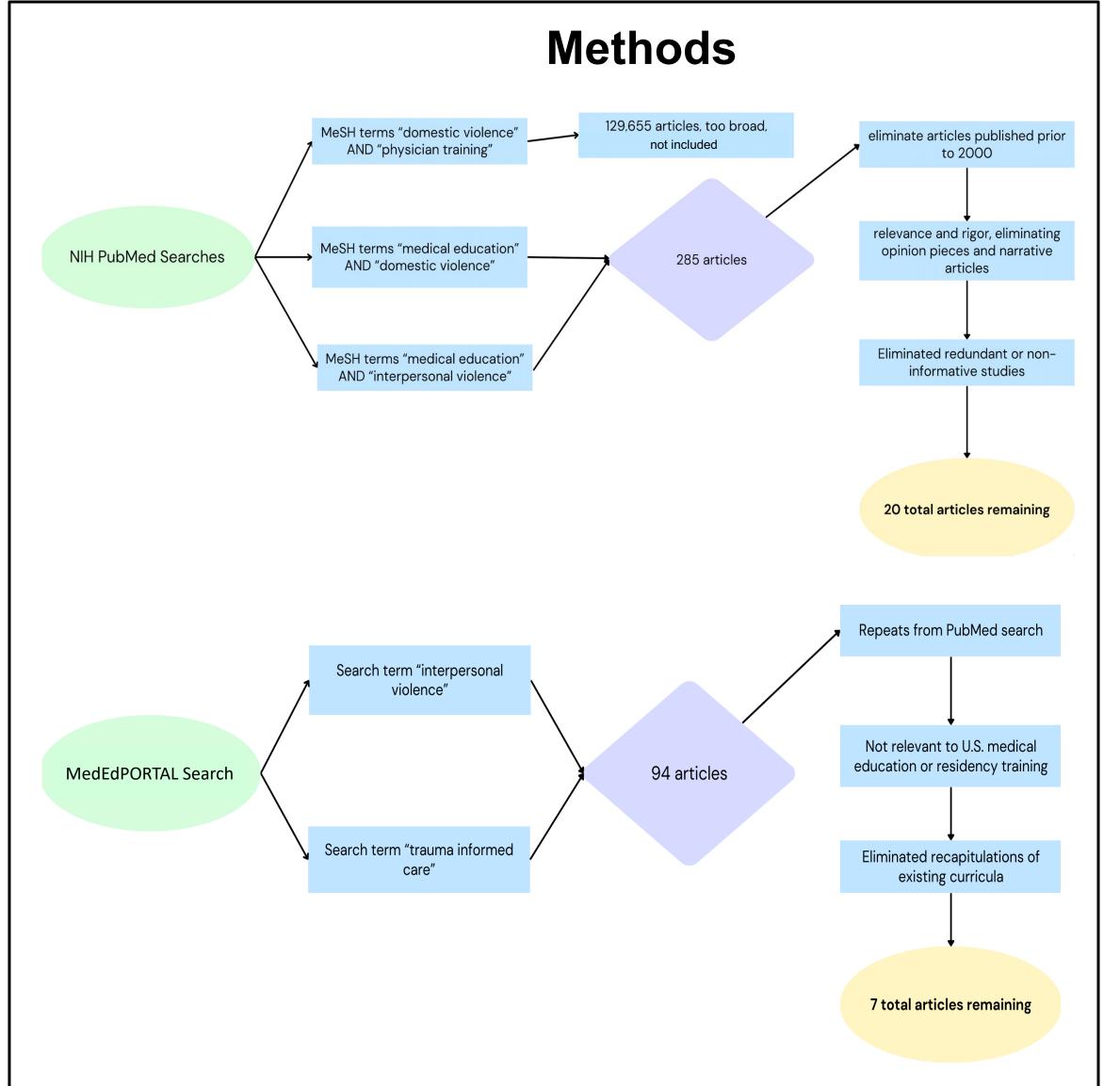


Figure 1: Flow chart of article selection process – A) PubMed search process laid out in linear fashion. Criteria for elimination listed within each box. Number of articles yielded from initial searches in purple diamond. Final article total in yellow circle. B) MedEd Portal search, similar to A. Final total listed in yellow circle.

Results

Category	Count
Study Design	
Descriptive	1
Survey	1
Curriculum Analysis	1
Location	
Medical School	1:
Residency Program	
Multiple Centers	(
Type of Course	
Didactic	
Experiential	
Both	8
Length of Curricula	
Semester	
2-3 Weeks	
Hours	18
Not Specified	7
Outcomes	
Increased Likelihood of Screening	
Increased IPV Knowledge or Comfort	20

Table 1: Characteristics of papers analyzed within literature review — Curricular categorizations of the articles were broken down, and articles were tallied in each category. Those that fit multiple categories were counted twice while those that fit neither were simply excluded. The only overlap occurred in the "Study Design" category, as several papers employed both descriptive analysis and survey data or survey data and curriculum analysis. Experiential courses were defined as those that had either practice case practices or volunteer opportunities with community involvement, though largely the former. Didactic courses were defined as those that only incorporated lecture-style learning.

Conclusions

- Though residency programs employ slightly more robust training for handling IPV in specialties such as Family Medicine and OBGYN compared to undergraduate medical education, training in IPV is overall lacking.
- Published curricula are largely single case-based sessions or lectures, lasting only hours, with little to no continuity.
- This presents a prime opportunity to develop a semester-long elective that can properly encompass the nuances of this challenging topic using traumainformed medical education (TIME) principles.

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