

Title: An Integrated Approach to Family Violence and its Health Effects: Creating a Coordinated Four Year Curriculum on Interpersonal Violence at the UCSF School of Medicine.

Funding Period: July 2008-09

Major Faculty and Students Involved

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Chris Stewart, MD	Department of Pediatrics
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Carrie Cunningham	Medical Student, 2 nd Year, Curriculum Ambassador
Mimi Schiffman	National Center of Excellence Intern

Internal Consultants

Janice Humphreys, RN, PhD, FAAN	School of Nursing
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BACKGROUND INFORMATION

The magnitude of the problem

Family violence, including child abuse and neglect, intimate partner violence and elder abuse is widespread and associated with increased morbidity, mortality and financial burden. Studies consistently show that family violence affects 25% of children and adults in the United States during their lifetime (CDC, 2000). Recent research tells us that there is a strong graded relationship between adverse childhood experiences including abuse, and the prevalence of several leading causes of death and morbidity in adults including stroke, diabetes, chronic bronchitis, and coronary artery disease (Felitti, 1998). Of women murdered in North America, 40-60% were killed by a spouse or former partner (Campbell, 2007). It has been estimated that the indirect and direct costs associated with family violence is over eight billion dollars annually (Coker, 2004).

Because family violence has been recognized as a national crisis, the Institute of Medicine (IOM, 2001), at the request of Congress and with the support of the CDC, established a multi-disciplinary committee to examine what is presently known about the

training needs of health professionals in the area of family violence. In 2001, their published report, “Confronting Chronic Neglect” called for institutional support to address (1) competency areas for health professional curricula on family violence, (2) **effective strategies to teach about family violence**, (3) approaches to overcoming barriers to training on family violence, and (4) **approaches to promoting and sustaining behavior changes by health professionals**. They also called for academic health centers to assume greater responsibility for **developing, testing, and evaluating innovative training models and programs**.

This project will begin to address the core competencies proposed by the IOM as well as those core competencies described by the Accreditation Council for Graduate Medical Education (ACGME) and Committee of Student Assessment (COSA) (see appendix 1 and 2). For example, by teaching learners how to raise difficult issues surrounding the “shame diagnosis” that is associated with family violence, we will enhance their abilities to improve **patient care** with better communication, history taking skills, and knowledge of the legal medical record. They will improve their knowledge of **problem and systems based learning** by being aware of on-line resources and the importance of “cues” and “prompts” when communicating with patients as well as the importance of patient information materials. Finally, the learner’s level of **professionalism and interpersonal skills** will be enhanced through our efforts. Although our main focus will be on undergraduate medical education, there will be natural collaborations that will improve graduate medical education as there is significant overlap in the faculty who will help implement our goals.

Present Curricula at UCSF:

Despite the fact that several devoted faculty members have provided exceptional educational experiences to our medical students, the majority of material focuses on one type of family violence, intimate partner violence (IPV), presented during the Life Cycle block of year 2 during an intensive “stand alone” didactic lecture. Unfortunately, class attendance is only 20-30%. Though the topic is again reintroduced during the Pelvic Pain Small Group, the integration of IPV does not provide students with a clear avenue for focused discussion. Additionally, there is a lecture during Life Cycle on non-accidental injuries in children that has been very well-received but not reinforced throughout the clerkships in a coordinated manner. Survey of the clerkship rotations at UCSF reveals the only integrated clinical experience is a 10 minute student led discussion during the Family Medicine clerkship rotation. To our knowledge, no other clerkship offers systematic and routine discussion of this topic across clinical sites and rotations. In our initial efforts to map the curriculum, we have not been able to identify a didactic session focusing on elder abuse during the medical school curriculum. Given the incidence of various forms of interpersonal violence and its documented impact on health, there are still deficiencies in our current curriculum. In a recent standardized patient Family Violence case, third year medical students were tested in areas of knowledge, attitude, and skills. **Only 5% of our students assessed for current safety** in the home of a woman with children who reported abuse. **Only 10% demonstrated adequate knowledge of required reporting** to the police and **only 32% assessed whether or not**

child abuse was involved after the patient acknowledged intimate partner violence in her home.

Present and Future Institutional Support at UCSF

From our initial contacts with various faculty members throughout the school of Dentistry, Nursing and Medicine, we have witnessed tremendous support, advice and a willingness to collaborate in our efforts (see letters from Drs. Humphrey, Milliken, Gerbert, Lai, Mosqueda, Bogetz). Dr. Jason Satterfield with Social and Behavioral Sciences has expressed interest in collaborating with our group if we receive funding.

Although the Center of Excellence has generously supported .1FTE towards the salary support of Dr. Gross during the past year, the center has not had the funding to support our local experts: Drs. McNamara, Kimberg, and Stewart. Administrative and research assistance provided by CoE intern, Mimi Schiffman has also been without compensation. Over the past year, they have volunteered countless hours attending bi-monthly meetings, mentoring our students in the curriculum ambassadorship program, and formulating plans to pilot innovative curricular projects in the area of family violence. All parties aside from Dr. Gross have volunteered their time in order to lay the necessary groundwork to make this proposal and project a success. They will not be able to continue these efforts without further supported time and this project will not be able to move forward without their assistance.

With funding from the Haile Debas Academy of Medical Educator's Curriculum Innovation Program, we will be able to provide faculty funding so that we can finally implement the many ideas our working group has discussed over the past year of meetings. We will help create a coordinated effort to support an interdisciplinary collaborative of our rich, local expertise from the schools of Dentistry, Nursing and Medicine. UCSF, in collaboration with the National Center of Excellence in Women's Health (COE) will be well poised to take a national lead and address the aforementioned IOM recommendations that have yet to be accomplished.

GOALS

Our ultimate goal is to ensure that medical students become competent in routinely inquiring about family violence and providing appropriate support to affected patients. (See Appendix 1 and 2 for related core competencies). We have identified three outcome measures within the realm of family violence: to improve assessment of safety, to provide non-judgmental support to victims and to be aware of resources and legal issues.

Objectives

1. To complete a map of the current curriculum
2. To pilot innovative curricular interventions
3. To complete a systematic review of the medical education literature
4. To evaluate the effectiveness and quality of our programs

PROCEDURES

Objective 1: To complete mapping out the curriculum:

Over the past year, with guidance from our own fourth year medical student, Jacque Moro and second year student and curriculum ambassador, Carrie Cunningham, we have consulted with the dean's office, *iRocket*, and other medical students to map areas in which curricular improvement can be made. The importance of this effort and our preliminary findings were presented to the Clinical Clerkship Operation Committee. The clerkship directors made multiple suggestions that we have incorporated into our proposal. (See appendix 3). We will continue to refine our curricular map through the recruitment of at least one medical student from each year (1st, 2nd, 3rd, 4th). These students will identify all the aspects of the current curriculum that address topics related to family violence and areas in which improvements could be made. We will meet with this focus group of students quarterly over the upcoming year to document their findings.

Objective 2: To Pilot Innovative Curricular Projects

In this one year project, we propose that we use adult learning principles and evidence based practices to incorporate a continuum of pilot learning experiences that gradually increase in complexity over the four years. There are basic competencies and clinical practice guidelines on addressing family violence outlined in the existing medical literature that students should learn. We believe that achieving these competencies will improve students' patient care skills when addressing family violence and other difficult or stigmatizing topics. Over the course of four years of medical school students should be able to learn how to routinely inquire about family violence and effectively respond to affected patients. When family violence is identified, students should be able to ask non-judgmental questions, provide supportive messages, assess for safety of adults and children, refer to appropriate resources, and comply with legal reporting requirements.

Pilot interventions recognizing current curriculum

First Year Curricular Interventions

- First year lecture: Students would learn basic family violence screening questions in a lecture given by Dr. Brad Sharpe in which he teaches how to take a patient history including how to address sensitive issues. (Carrie Cunningham, curriculum ambassador, under Dr. McNamara's mentorship is laying groundwork for this lecture with input from our experts).
- Joan Davis Case: This case would be modified to include a practice "negative" inquiry about intimate partner violence. The patient will not be suffering from family violence but will ask the student for advice on providing supportive messages and a hotline number to her cousin.
- Another core curriculum elective was designed by Carrie Cunningham, our Curriculum Ambassador, over the summer of 2007. The elective will meet in the winter quarter of 2007-08 for eight to ten one- hour sessions. It will include case studies, small group discussions with community experts in the FV and legal fields, as well as on-line and video tools.

Second Year Curricular Interventions

There will be limited changes as several interventions are already in place in the current curriculum (see shaded sections of appendix 3). Because attendance at the Domestic Violence Lecture with Drs. Waxman and Kaplan has traditionally been poor, we will explore possible ways to improve this.

Third Year Curricular Interventions

We have received enthusiastic support from members of the Clinical Clerkship Operation Committee and will continue our work with these course directors to introduce pilot teaching sessions for third year students for this funding cycle. **We have already identified several opportunities in Obstetrics and Gynecology, Orthopedic Surgery, Internal Medicine and Pediatrics.**

- During the Ob/Gyn clerkship, Dr. Kimberg will continue on-going work with Dr. Patty Robertson on the implementation of an on-line, interactive teaching tool using case-based didactic videos and a follow up reflection exercise. Once initiated, this piloted intervention will be self-sustaining over time and beyond the working timeline of this grant.
- We will continue work with Dr. Diab who volunteered to include a non-accidental injury lecture in the orthopedic clerkship. Consultation will be provided by Dr. Chris Stewart.
- Drs Gross and Kimberg will collaborate with Dr. Cindy Lai from Internal Medicine to introduce evidence-based health effects of family violence and the clinical response into an Intersession block. They will work with internal consultants, Dr. Humphreys, Gerbert and Mosqueda to produce appropriate curricular content in accordance with the core competencies listed in appendix 1 and 2.
- In the core pediatric clerkship we will reach all 3rd year students by introducing a standard one hour case with discussion points and time for reflection. This one hour case will include two scenarios, one with an obvious child neglect/abuse situation, and another with a child exposed to violence in the household. The cases and discussion will focus on how to interact with the parent when addressing these situations, as well as how specifically to report them. This will reinforce the legal requirements, the concrete steps to intervention, and the resources available, as well as non-judgmental patient interactions. Drs. Stewart and McNamara will develop these cases, and the pediatric core clerkship director is willing to put this into the clerkship curriculum.
- We will disseminate useful web sites that contain links to required legal reporting “decision trees” and forms, safety planning guides, and useful local resources during the inter-station exercise of the mini-CPX case, *Maria Jiminez*.

Fourth Year Curricular Interventions

- Additional non-mandatory electives will continue to be offered. Dr. Stewart already offers a clinical elective that focuses on Child Abuse at San Francisco General Hospital.
- We also plan to mentor participants to become “student leaders” who can help drive institutional change and effective implementation through the common goal

of educating medical students about family violence. Drs. Stewart, Gross, Kimberg and McNamara will mentor identified students interested in pursuing an Area of Concentration.

On-going Interventions

The funding from the Innovations Grant will enable initiation of the above stated interventions. Sustaining efforts will be possible through the support of the National Women's Center of Excellence.

- We will provide a detailed biographies of faculty members working on family violence and related issues; this should address concerns that the Core Curriculum and Clerkship Directors have expressed in finding educational resources and experts in the field. This will be incorporated into a comprehensive list on the UCSF website with maintenance and support from the National Center of Excellence under Living in a Non-violent Community or "LINC". Work on this has already been initiated with the help of our Center of Excellence intern, Mimi Schiffman, who plans on continuing her work with our group as she pursues a Masters of Public Health degree.

Implications of Innovations:

This topic has obvious relevance to Family and Community Medicine (where there is already some attention to family violence), Emergency Medicine and Psychiatry, and for which we will explore additional learning opportunities. The educational experiences we develop for the undergraduate clerkships could easily extend beyond the School of Medicine curriculum to be applied to Graduate Medical Education in the aforementioned departments.

Objective 3: To Perform a Systematic Review of the Literature

Mimi Schiffman, under the supervision of Drs. Kimberg and Gross, will meet with a research librarian to complete the extensive review of the family violence literature looking at all medical education studies that used randomized and quasi-experimental designs published since the last time this was done in 2001 as part of the IOM report. The findings of this effort will be published to help fill a void in the literature and help drive further testing of curricula at UCSF and other medical schools. It is essential that we learn which types of educational interventions result in the greatest degree of documented medical student and resident behavior change. We will share our findings with Social and Behavioral Sciences to help drive evaluation of curricular interventions on family violence at UCSF. Also, we plan to collaborate in these efforts with a similar working group from Stanford that is being directed by a pediatric resident, Dr. Nicole Marsico, as her area of concentration.

Objective 4: To evaluate the effectiveness of our proposal:

We have chosen three outcome measures for our efforts that pertain to patient safety, use of non-judgmental communication and knowledge of resources. The use of the mini-CPX *Maria Jimenez* case and inter-station exercise that was co-authored by Dr. Patty Robertson, Merik Gross and Nita Chatwani will be re-administered in the fall of 2009. These results will be compared to the performance of students from

the class of 2008 who serve as a control group prior to the above mentioned pilot curriculum interventions. The students will be assessed on both areas of knowledge and clinical skills. During the inter-station exercise, we will be able to directly measure whether or not we are achieving our goal of reinforcing student knowledge of community resources and mandatory reporting laws.

Additionally we will strive to assess our curricular efforts throughout the upcoming year through the use of randomly selected students to form focus groups. We will recruit part of the focus group made up of first and second year medical students during our newly created elective. We will ask the group to give us feedback on the experiences of the individual interventions that are taking place as they experience them in real time through a formalized process. Mimi Schiffman will provide administrative assistance for these efforts.

Students will evaluate both the educational interventions and the teachers using the E-value System. This will provide further insight from students who are not a part of the focus groups.

Plan for Measurement and Documentation of Project Efficacy and Outcome:

1. Provide comprehensive list of local experts to encourage collaboration between the schools of Nursing, Dentistry and Medicine
2. Collect qualitative and quantitative reports from student focus group after each intervention; complete assessment across all four years in tabular form.
3. Assess students' satisfaction using E Evaluation System
4. Administer and analyze results after the mini-CPX Maria Jimenez case testing the class of 2010. Show improvement in the three outcome measures that involve safety assessment, legal reporting and knowledge of resources.
6. Record attendance for the intimate partner violence lecture.

Plan for Continuation of Project at the End of Funding Cycle: This project is designed to continue beyond the first year of funding. The majority of work which requires overseeing the evaluation, mentoring students and advising faculty as well as implementing and assessing specific pilot interventions will be completed in the first year of funding and will provide salary support to Drs. Kimberg, McNamara, Stewart and Mimi Schiffman to this end. Maintenance support will be provided by the CoE's director, Nancy Milliken who has agreed to provide .1FTE salary support to Dr. Gross. We would also like to incorporate a proposal with the newly formed Pathways to Discovery Program at UCSF to help support the many interested students and residents who would like to work with medical education and the prevention and treatment of family violence.

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LETTERS OF SUPPORT:

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APPENDIXES 1, 2 and 3 (attached)