Primary Care Obstetrics Grand Rounds

September 16, 2021 to June 9, 2022

Schulich
MEDICINE & DENTISTRY

Western

Scientific Planning Committee Members

Dr. Laura Lyons (Chair)

Dr. Stephen Wetmore

Dr. Paige Hacking

Dr. Cheryl Smits

Dr. Andrew Hemphill

Dr. Katelyn Fisher

Sheena Blasing, Program Coordinator

Program Learning Objectives

1. Apply pertinent and relevant clinical practice knowledge and guidelines for primary care obstetrics practitioners including a forum for discussion and critical appraisal.

2. Employ obstetrics research in order to promote best practice in primary care obstetrics;

3. Apply new policies and review existing policies from the national to the institutional level that impact the clinical practice of primary care obstetrics.

Disclosure of Financial Support

- **This program has received no financial support from any organization or sponsor.**
- **This program has received no in-kind support from any organization or sponsor.**

Mitigating Potential Bias

- **Presenters received a detailed letter from the Organizing Committee outlining the learning objectives and content expectations for each presentation.**
- ***Conflict of Interest* disclosure forms have been completed by all presenters and reviewed by the Organizing Committee.**

Mitigating Potential Bias

- **Presentations have been reviewed by a member of the Organizing Committee to ensure balance in content and the absence of bias.**

Faculty/Presenter Disclosure

- **Scientific Planning Committee Members:**
  - **No member has any conflict(s) to disclose.**

Faculty/Presenter Disclosure

- **Presenter: Dr. Daniela Keren**
  - **No conflict(s) to disclose.**

Presentation

Sexual Assault and Domestic Violence: Exploring the Learning Needs of Medicine Residents

Presenter: Dr. Daniela Keren, MD MSc (Med Ed), CCFP
PGY3, Family Medicine Enhanced Skills
(OB/Women's Health)
Western University

Session Learning Objectives

1. Describe the landscape of current teaching on sexual assault and domestic violence in our family medicine residency program, and how teaching on the topic has evolved over time in North America overall.

2. Identify what family medicine residents feel they need to know about sexual assault and domestic violence.

Session Learning Objectives

3. **Employ strategies to apply in teaching settings to facilitate learning around sexual assault and domestic violence, where applicable.**

Outline

- Context & background
- Purpose
- Methods
- Findings
- Discussion & next steps

Background

- Family physicians are uniquely able to provide comprehensive and longitudinal care to those experiencing SADV
- Sexual assault and domestic violence are core topics tested within the Canadian licensing exam
- Emphasis on SADV in Canadian family medicine (FM) residencies is declining
- Physicians endorse insufficient comfort and competence when managing SADV cases.

Purpose

1. To explore the learning needs of family medicine residents regarding SADV

1. To explore the attitudes, feelings and ideas of family medicine regarding SADV learning in family medicine residency

Methods

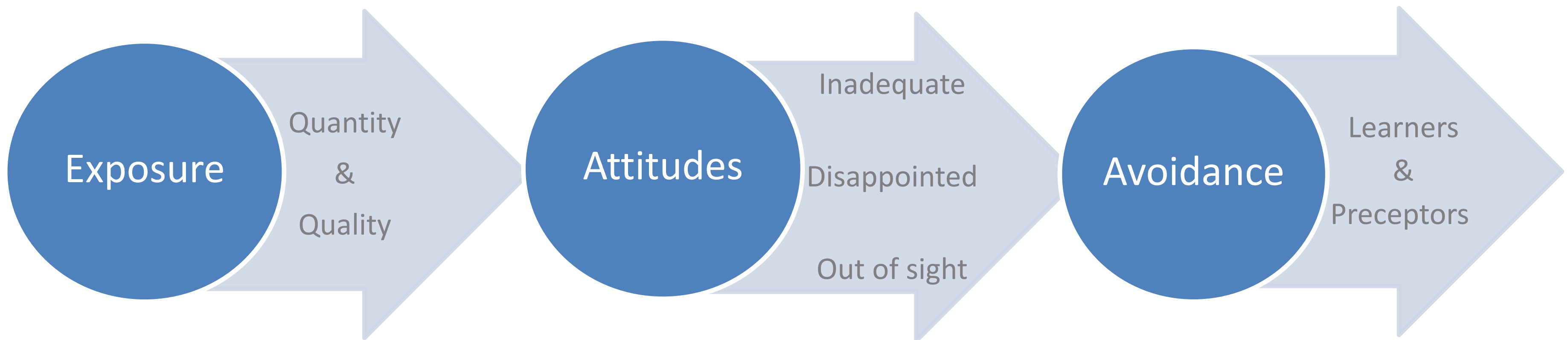
- Qualitative study using principles of reflexive thematic analysis
- Sampled first- and second-year Western FM residency cohorts
- 8 in-depth semi-structured interviews with participants from various educational contexts

Results

Eight volunteer participants – 5 in the first 6 months of training, 3 in last 6 months

PARTICIPANT CHARACTERISTIC	RESULT
Sex M:F, n	3:5
Medical School Location, n	
Europe	3
London, Canada	3
Toronto, Canada	2
Urban:rural residency, n	5:3
Length of interviews min, mean (range)	38 (20.5 – 53)

Overarching Themes



Exposure

Inside the classroom:

"scattered here and there"

- Clinical skills teaching (women's health)
- Clinically: ED, Psychiatry

Exposure

Outside the classroom:

"most of what I know is from personal experience"

- Supporting friends and loved ones
- Assumptions from TV & media

Exposure

Missed opportunities:

“it’s overlooked and doesn’t get enough time”

Time constraints:

“on to the next, you have patients waiting”

Sensitivity of the topic

“oftentimes the supervisors just take it over”

Attitudes

Disappointment & Frustration:

"I was in a situation where somebody came to the emerge and had just experienced an assault and I don't think I ever was taught how to process that with someone…I felt pretty unprepared with that situation actually. It's upsetting to me, because it's something obviously you should be ready for."

Attitudes

Disappointment & Frustration:

"It's a bummer that [SADV] happens to so many people, yet we're all here trying to figure it out on our own."

Attitudes

Gender Matters:

"It's more prevalently a woman's issue so it's less likely to be emphasized…we'll have six lectures on erectile dysfunction, but we're not going to have one on domestic violence."

Attitudes

Gender Matters:

"Being male, I automatically know that it's a female patient who has been a victim of sexual abuse…it's quite possible that they'll be uncomfortable with my presence, so seeking that opportunity is something I'm more apprehensive about."

Attitudes

Out of Sight:

"I feel like I haven't experienced patients with SADV, even though I know I have…you know that you're caring for people who have experienced it, but you don't necessarily know who those people are."

Attitudes

Out of Sight:

“I’m sure there are many other encounters where [SADV] might have been the case and I didn’t know how to go into that conversation or pick up on the clues.”

Avoidance

Risk > Benefit:

Fear that they might "make the interview not go well" or "say the wrong thing"

Avoidance

Learners avoid what preceptors avoid:

Perception that staff avoid addressing it because "it's a naturally uncomfortable area for everyone" and "it makes people want to avoid it"

Knowledge gaps & how to fill them

Knowledge Gaps

Subtle History & Exam Features

"what signs should tip you off that SADV might be going on and to ask about it, what's the best way to ask about it, because I don't know that I know that."

Knowledge Gaps

Acute Management

"I would guess to take a swab here, a swab there… I'm definitely not confident to know exactly what we have to do."

Knowledge Gaps

Resources

"I know enough to ask 'do you have a safe place'… but then if they say no, I don't have somewhere to send them off the top of my head."

Learners' Suggestions

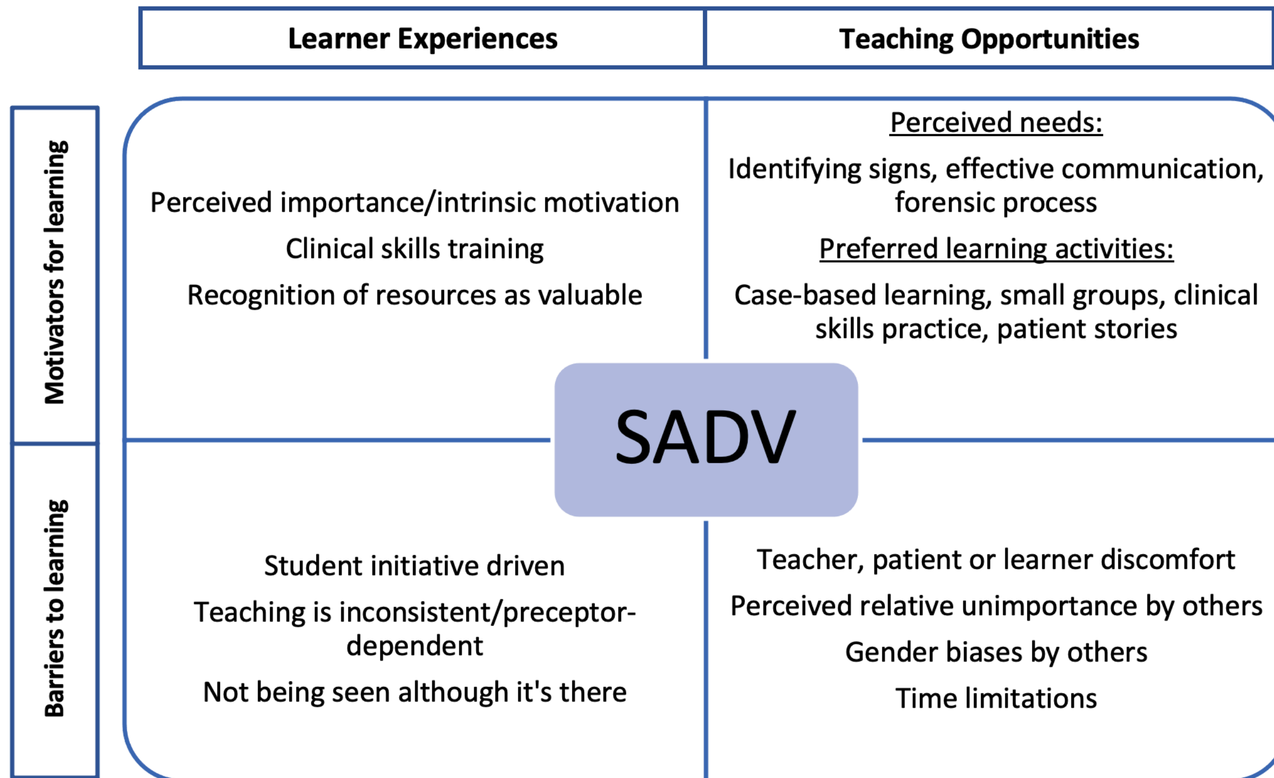
"Bring in the voices of the people who are actually affected"

"…When it's in a smaller group, you're either forced to share or forced to listen"

"Practicing it in a setting where it's OK to fail is probably beneficial, because the things you make mistakes on you are less likely to do in the future"

Synthesis

A Model of the Phenomenon:

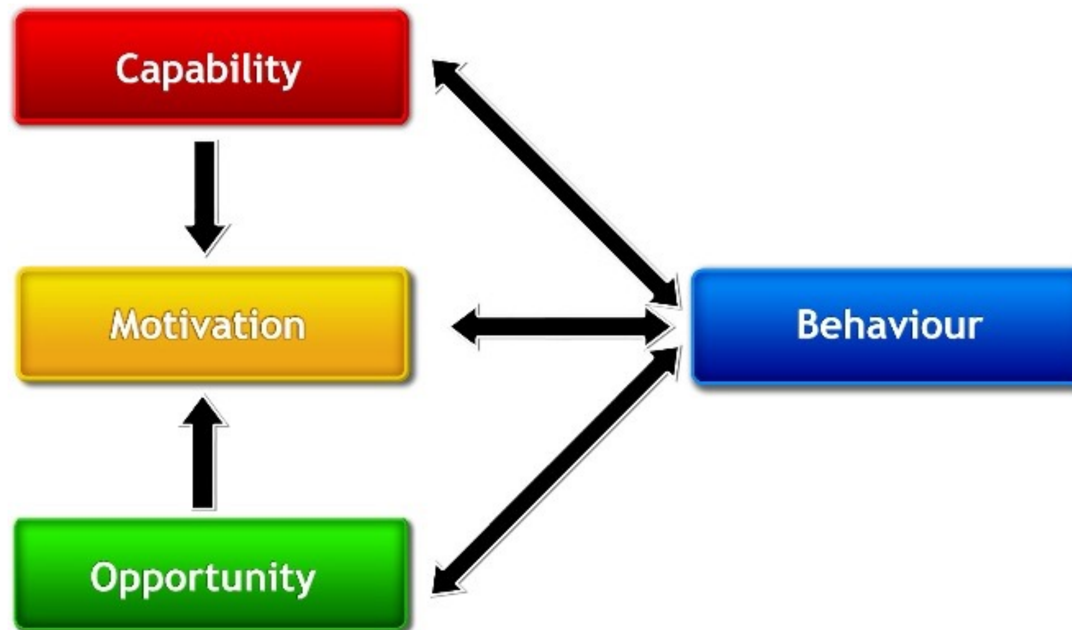


Discussion

- FM residents feel inadequately prepared to care for patients experiencing SADV
- They want to learn more
- Clear disparity exists between curricular dedication to SADV teaching as compared to other chronic diseases

Discussion

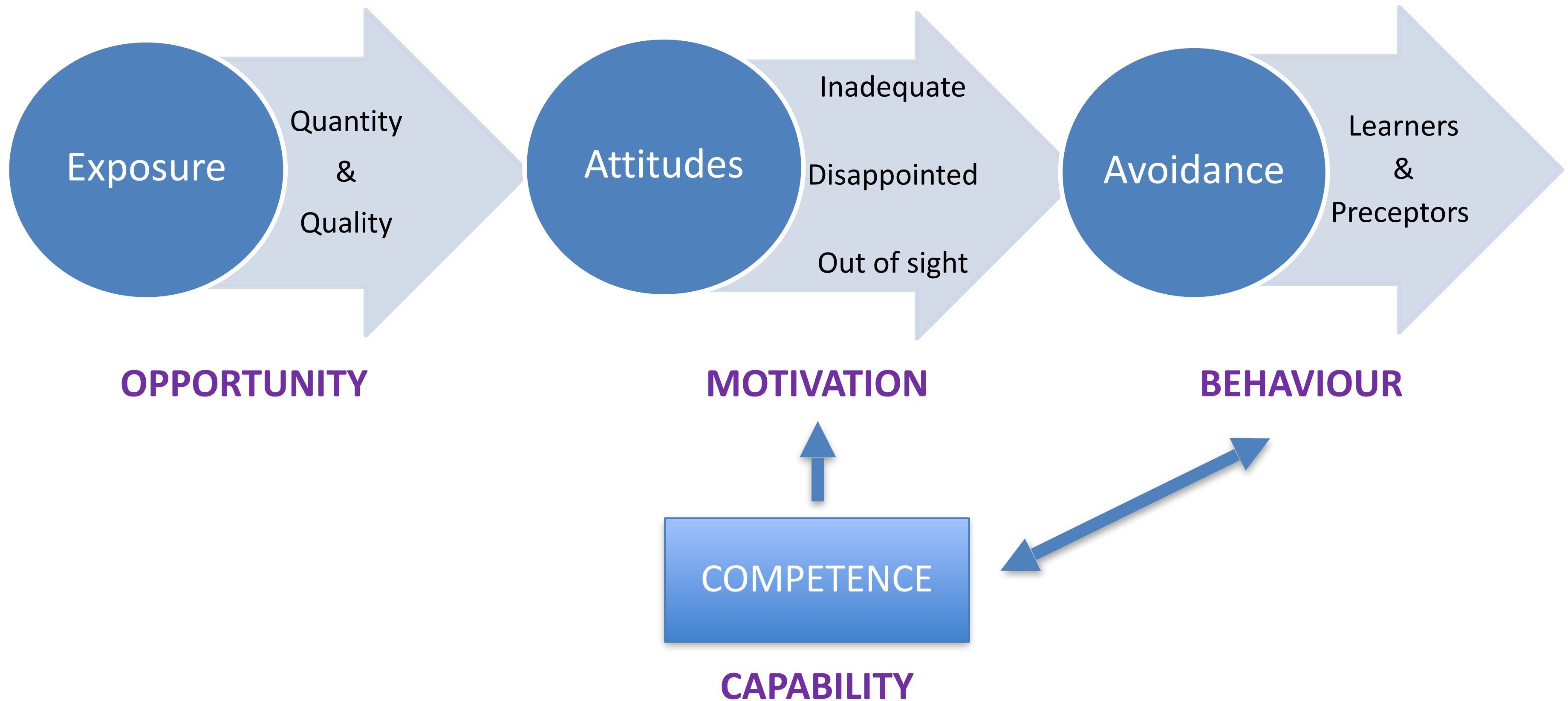
COM-B Model for Behavioural Change



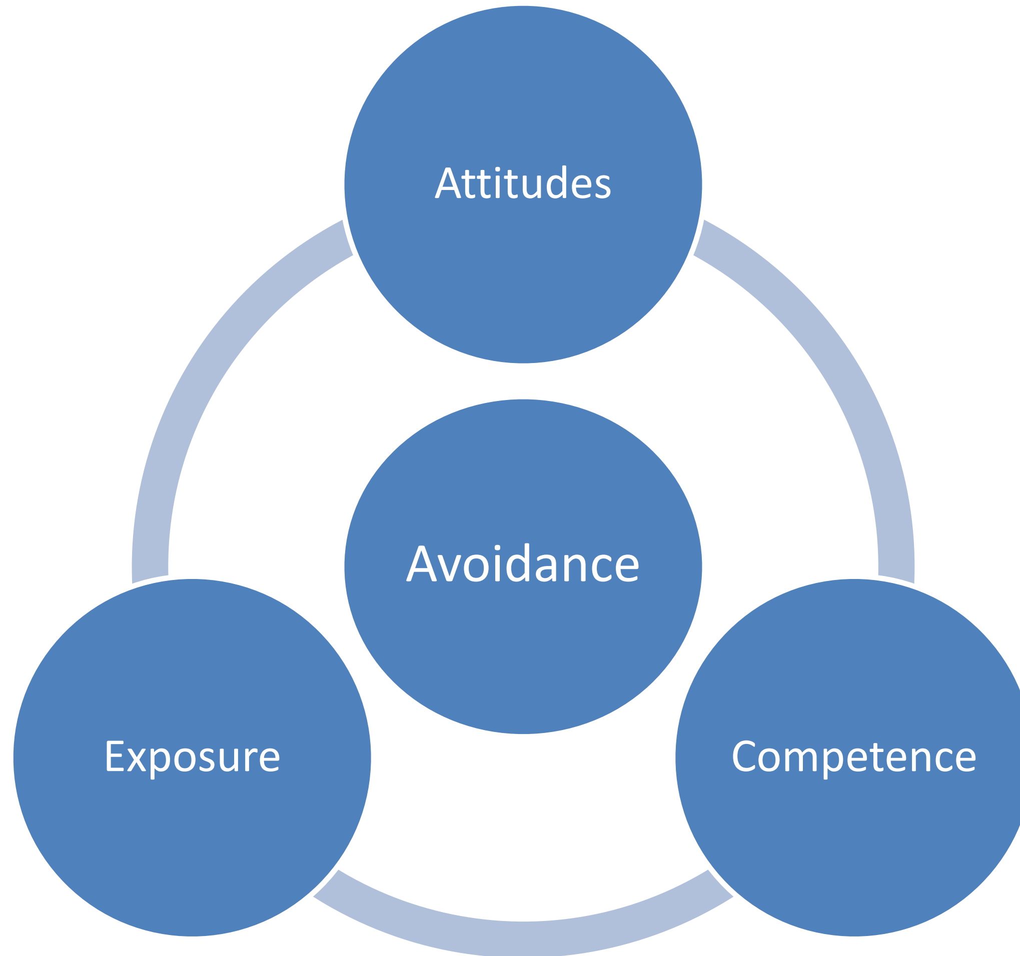
Michie S, Van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation science. 2011 Dec;6(1):1-2.

Discussion

Applying the COM-B Model



Discussion



Discussion

Limitations:

- Small sample size
- Snapshot in time
- Single resident center

Discussion

- Findings corroborate survey-based research in the USA:
  - Primary care providers are significantly less comfortable asking patients about SADV than about smoking or drinking
  - Most primary care providers don't feel that they have the skills needed to help victims of SADV
- We should be increasing – not decreasing – dedication to high quality SADV teaching

Thank you!

References

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