



# STOPPING GENDERED VIOLENCE: DEVELOPING OSCE-BASED WORKSHOP AND EVIDENCE BASED CLINICAL GUIDELINES FOR YOUNG CLINICIANS

P Verma, N Karim, PJ Verma, J Elefante, B Jurenka, C Loock  
University of British Columbia, Vancouver, CANADA



1.6 million lose their lives to violence.

-World Health Organization

# Presentation Outline

- Local Context
- Current Training
- The Project
- The Cases
  - ▣ Domestic Violence
  - ▣ Queer Community
  - ▣ Sexual Assault Project Proj



# Violence in Canada (Overview)



- In Canada, the prevalence of Intimate Partner Violence among women screened in a primary-care setting was 14.6%<sup>1</sup>
- This correlates to 11 patients per week seen in family practitioner's office<sup>2</sup>
- One of the ***strongest*** determinants of disclosure was clinician inquiry<sup>3</sup>

# Violence in Canada (Overview)



- IPV likely occurs at similar rates among gay couples as heterosexuals.<sup>1</sup> However, gay couples rarely screened.<sup>2</sup>
- It is estimated that 50,000 to 100,000 women are battered by a same-sex partner each year in the U.S.<sup>3</sup>

# Current Medical Education



- Almost every medical school in North America provides training on IPV
- This education is primarily didactic and does not provide trainees with tangible skills to apply in clinical practice
- Traditionally, IPV is considered the priority of Family Medicine and Obs/Gyn

# Project Overview



## Survey

- Are students confident, equipped?

## Education

- OSCE Workshop
- Evidence Based Guideline
- Disseminate Findings

# Project Overview



## Research

- Refine workshop to create reproducible module

## Distribute

- National distribution of workshop via community partners



# Objective Structured Clinical Examination (OSCE)

- ✓ Objective 1
- ✓ Objective 2
- ✓ Objective 3



# Case 1: Mona

## Violence in the Immigrant Community



# Mona – Case synopsis



- Recent immigrant from Iran, appears at her Gynaecologist's office concerned about infertility
- Stress from both her and her husband's families back home, drawing comparisons between her and other female family members
- Reluctant to provide details marriage and relationship

# Mona – continued



- Student's goals make Mona more comfortable
  - being professional and empathetic
  - assuring confidentiality
  - inquiring about sensitive issues
  - offering support culturally sensitively
- Mona eventually reports physical and emotional abuse
  - Threatens to leave her
  - Physical abuse when negative pregnancy test

## Case 2: Brian Lee

### Violence in the Queer Community



# Brian Lee – Case Synopsis

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- Brian is a 25 year-old male who identifies as being queer.
- He lives with Luke, his partner.
- He presents to the ER with bruises on his thorax that is of varying ages, and inconsistent with the history he provides – that he took a tumble while rollerblading this afternoon.

# Brian Lee – The OSCE



- Student doesn't know Brian is gay
- How forthcoming he will be is going to be determined the physician-patient relationship established by the student

# Brian Lee – Competencies

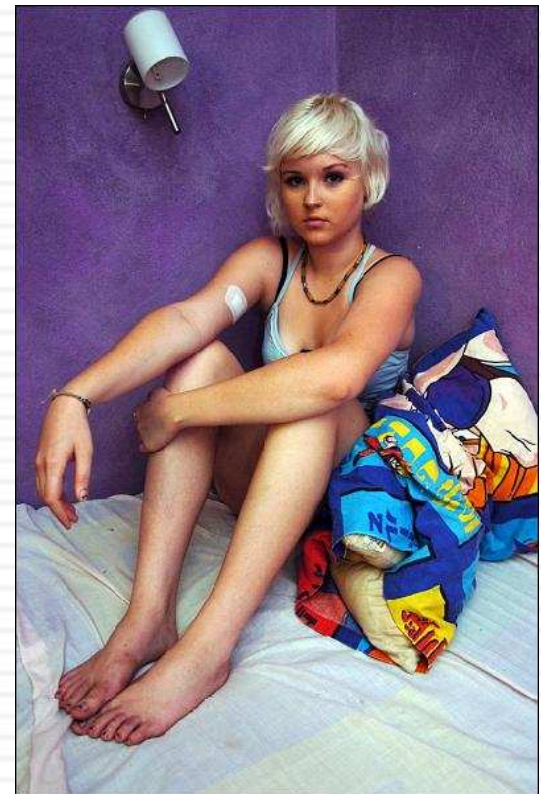


- Language
  - ▣ Gender-neutral – e.g., “partner,” “significant other,” avoidance of assumptions
  
- Basic familiarity with issues in the queer community
  - ▣ Homophobia
  - ▣ Depression, substance misuse, mental health
  - ▣ Violence such as “gay-bashing”



# Case 3: Samantha Osbourne

Violence in the Youth  
Community



# Samanatha – Case Synopsis



- 20 year-old female whose first sexual experience was coerced by her partner
- Now experiencing sleep difficulties which negatively impacts all aspects of her life
- She has not related the experience to anyone, nor sought alternate means of treatment

# Samantha – cont'd



- Task: discuss the event with Samantha to give her an opportunity for release
- Student is unaware of the violence Samantha experienced as she only describes sleeping difficulties; two years have passed since the incident and accordingly, all overt physical indications have healed

# Samantha – Competencies



- Language
  - ▣ neutral – e.g., “encounter” or “experience” as opposed to “rape”
  
- Basic familiarity with Violence-Sensitive Communication skills
  - ▣ Refrain from accusatory question-phrases – e.g “why didn’t...”
  - ▣ Acknowledgement of survivor’s courage in relating experience

# Conclusion



- Deliverables
  - Workshop, expand into Aboriginal community also
  - Partnerships to disseminate nationally, internationally
  - Student level clinical guidelines
  - Findings on student interest and need
  
- Feedback, Collaboration



“Do not wait for leaders; do it alone, person to person.”

~Mother Teresa

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# References



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