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An Examination of the Prevalence of Intimate Partner Violence Training in U.S. Medical School Curriculum

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An Examination of the Prevalence of Intimate Partner Violence Training in U.S. Medical School Curriculum

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Methods
- Sampling Frame: Directors of curriculum at doctor of osteopathic and doctor of medicine medical colleges in the U.S.
- Online survey link was emailed to directors of curriculum, a follow up email was sent at two and four weeks.

Introduction
- 1 in 3 women and 1 in 4 men living in the United States experience some form of Intimate Partner Violence or IPV (Black, et al. 2011).
- Although there is some research that examines the role health care professionals play in identifying IPV (Richardson, et al. 2002), there is less research on how effectively they are trained to handle it.
- My research will determine whether medical students are receiving adequate IPV training through comprehensive data on the quality of IPV training across U.S. schools.

Research Questions
- What is the prevalence of IPV training among U.S. medical schools’ curriculums?
- Is institutional rank associated with the likelihood of offering IPV training?
- What opinions do medical schools’ directors of curriculum hold regarding the status of IPV training for their students and do these opinions vary by institution type?

Table 1 – Sample Characteristics

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<th>Type of Medical School</th>
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<tr>
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<td>22.6</td>
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<td>MD</td>
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<table>
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<th>Practiced Medicine as a Physician</th>
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<th>%</th>
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<td>55.6</td>
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<tr>
<td>No</td>
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<td>44.4</td>
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</table>

Figure 1 – Prevalence of IPV Education

9 out of 10 responding schools reported having courses on IPV.

What type of settings are students learning about IPV?
- 40.6% in a clinical setting
- 25% in an outreach setting
- 75% in a classroom setting

What percentage of course time was allocated to IPV content?
- In those courses, less than 5% of course time was allocated to IPV content.

Figure 2 – Directors’ Attitudes

Nearly 3/4 of respondents agree their students need better clinical training on intervening with IPV victims.

Over 50% of respondents view offering IPV education to their students as a moderate to high priority.

69% responded that they don’t have plans to increase curricular offerings in the future.

78% reported that competition for curriculum time limits IPV education.

Research Purpose
- Assess current state and prevalence of IPV education.
- Identify barriers to increasing time allocated to IPV education.

Results
- Providing IPV education to students is important for medical schools, however, barriers such as competition for curriculum time limits IPV content with topics such as LGBTQ health care and opioid addiction prevent its prevalence.

Conclusion
- Schools are offering IPV education in clinical settings and outreach settings, but mostly in classroom settings.
- Directors of curriculum report that their IPV education is inadequate but have no plans to improve it in the future.
- Medical schools recognize the importance of offering IPV education, but struggle to fit it into the curriculum. This study solidifies the inadequacy of IPV training in U.S. schools and highlights the need to implement additional IPV education.