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

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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 Proposal
Violence in Canada (Overview)

- In Canada, the prevalence of Intimate Partner Violence among women screened in a primary-care setting was 14.6%\(^1\)
- This correlates to 11 patients per week seen in family practitioner’s office\(^2\)
- One of the **strongest** determinants of disclosure was clinician inquiry\(^3\)
Violence in Canada (Overview)

- IPV likely occurs at similar rates among gay couples as heterosexuals.\(^1\) However, gay couples rarely screened.\(^2\)

- It is estimated that 50,000 to 100,000 women are battered by a same-sex partner each year in the U.S.\(^3\)
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

- 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
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


References

