## Abstract
In the United States, it is estimated that 25% of women and 11% of men are current victims of intimate partner violence (IPV). While physicians are in a unique setting to help identify IPV and provide critical assistance to victims, current training and knowledge are lacking. The objective of this retrospective cohort medical education study is to determine PGY1 residents’ scores on legal requirements and self-efficacy opinions on intimate partner violence before, immediately after, and one year after completing an IPV educational program. Mean scores for the total legal requirements and self-efficacy statements statistically significantly increased compared to pre-training score indicating improvement. The Immediate Post training scores were not statistically significantly different from the 1 Year Post training scores indicating no change in positive opinion and knowledge.

## Introduction
In the United States, its is estimated that 1 in 4 women and 1 in 9 men are current victims of IPV. These numbers are believed to be higher since IPV victims are likely to underreport. Physicians are in a unique setting to help identify IPV and provide critical assistance to victims but lack knowledge and preparation.

McLaren Macomb has an overall goal of improving intimate partner violence (IPV) screening and recognition through IPV resident education.

The objective of this retrospective cohort medical education study is to determine PGY1 residents’ scores on legal requirements and self-efficacy opinions on intimate partner violence before, immediately after, and one year after completing an IPV educational program.

## Materials & Methods
- PGY1 residents completed 5 hours of training.
- The curriculum, created by Futures Without Violence, was delivered and adapted for our community by Carmen E. Wargel, LMSW, Turning Point, our county domestic and sexual violence provider.
- Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS), a validate tool, was used to assess changes.
- This survey was administered Pre, Immediate Post, and 1 Year Post training.
- Matched, de-identified Pre- and Post- legal requirements awareness and self-efficacy opinions responses from the PREMIS tool of 20 participating residents who completed IPV training between 2015 and 2017 were analyzed.
- A 7-point scale with 7=highest score was used. Repeated measures ANOVA was performed. Bonferroni post hoc test was performed as a mean separation test. Statistical significance was set at p ≤ 0.05. SPSS v25 statistical program was used to analyze the data. A significant increase in in post-test scores for both indicated success.

## Results and Discussion
### Legal
- Immediate Post and 1 Year Post mean scores (Figure 1) for the total and individual legal requirements statements statistically significantly increased compared to pre-training scores (p=0.01).
- The Immediate Post training scores however were not statistically significantly different from the 1 Year Post training scores (p=0.815).

### Self Efficacy
- Immediate Post and 1 Year Post mean scores (Figure 2) for the total and individual self-efficacy statements statistically significantly increased compared to pre-training scores (p<0.0001).
- The Immediate Post training scores however were not statistically significantly different from the 1 Year Post training scores (p=0.768).

### Overall Interpretation
- The results of this study demonstrate the overall effectiveness of the intimate partner violence educational program.
- Immediate Post and 1 Year Post test mean scores were statistically significantly higher than the pre-training test scores in all categories.
- Although the scores were not statistically significantly different from Immediate Post to 1 Year Post, there was a slight decrease in the scores. We do recognize that to sustain this change, there has to be ongoing training.

### Conclusion and Recommendation
- This educational program achieved our goal of improving domestic violence scores for legal requirements and self-efficacy and has better equipped our PGY-1’s with the necessary skills they can apply to their residency practices and beyond.
- We anticipate this will result in increased recognition of victims in our community and the ability to provide outreach and helpful resources for those in need.
- Future research could expand this training to include other health care providers and analyze the benefits of this training with longer intervals for post-training questionnaires.

## References