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LEARNING NETWORK

# LearningNetwork Brief 23

## **Domestic Violence Training for Physicians: Current promising practices.**

*Facilitate. Educate. Collaborate.*

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**Zaher, E; Keogh, K; Ratnapalan, S. (2014). Effect of domestic violence training: Systematic review of randomized controlled trials. Canadian Family Physician, 60, 618-624.**

A systematic review of literature was conducted to identify education and training initiatives for postgraduate and practising physicians on identifying and managing domestic violence. The programs had to be evaluated using a randomized control trial to be included in the review. This review focused on articles published between January 1, 2000 and November 1, 2012. Outcome measures used to evaluate the programs included learner satisfaction, change in knowledge or attitudes, change in behavior, and effect at the patient level (increased identification on domestic violence and referral to intervention programs). A total of nine studies met the inclusionary criteria for this review.

Domestic violence training interventions included online programs recognized for Continuing Medical Education credits, focus group discussions, video and role play intervention, interactive workshops, and system-based interventions.

### **Key Findings**

Although this review is limited to nine studies, a number of positive findings were found.

- Workshops and brief seminar sessions that incorporated role play and video improved knowledge of domestic violence but had no impact on physicians' attitudes or behaviors towards domestic violence.
- System-based interventions which involved multidisciplinary training and various system support activities (newsletters, checklists, information on accessing services and support, etc.) showed substantial and sustained improvements in knowledge, attitudes and beliefs about domestic violence. Two studies reported significantly increased identification of domestic violence cases compared to control groups.
- Online CME courses led to significant improvement in physicians' knowledge and self-efficacy to diagnose and deal with domestic violence cases, however, long-term behaviours were not assessed.

### **Implications for future domestic violence training programs**

This review concluded that multifaceted and institutional or systemic education programs were effective in improving physicians' behaviour toward domestic violence reporting and referrals, increased patient satisfaction, and were found to be cost-effective and cost-saving. Multidisciplinary training with reinforcement sessions were considered to be most effective. Online CME courses were also considered to be effective in the short term, but effective marketing and promotion of the programs must be considered when developing the programs in order to ensure uptake by physicians.

Full text of this article is available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096259/>