

Evaluation of the impact of a pharmacist CE on intimate partner violence

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INTRODUCTION

- Intimate partner violence (IPV) is a public health crisis involving multiple abuse behaviors including threats, physical and sexual violence, economic restriction, emotional abuse, and other controlling habits.¹
- Long-term exposure to these behaviors is detrimental to the individual's health, often causing physical injuries, exacerbation of chronic medical conditions, and a variety of mental health conditions and complications.
- IPV carries a significant financial burden for the victims and society, with lifetime cost estimates of \$23,414 or \$103,767 for men and women respectively and has a lifetime economic cost of \$3.6 trillion.²
- Unfortunately, while many pharmacists are interested in providing resources and acting as an intervention point, they lack knowledge and feel their current level of training is inadequate.³

OBJECTIVE

- Examine the effectiveness of a continuing education (CE) on pharmacists' ability to identify risk factors and warning signs of IPV.
- Examine the effectiveness of a CE on pharmacists' ability to understand IPV and potential barriers their patients may face in leaving an abusive partner.
- Determine whether certain demographics play a relevant role in pharmacists' Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS)⁴ domain scores.

METHODS

- Pre/post surveys, derived from PREMIS, were administered to participants of an IPV CE module offered through Arizona Pharmacy Association (AzPA) from March 20th through April 24th, 2023.
- Responses were collected and analyzed. Scaled scores were calculated for the domains in the PREMIS survey and analyzed using paired t-tests to compare perceptions of pharmacists before and after taking the CE.
- Data analysis was performed using SPSS v.28.0.0.
- Project was exempt from University of Arizona Institutional Review Board (IRB) monitoring.

RESULTS

- A total of 12 survey responses were analyzed to determine a change in participants' PREMIS domains before and after completing an IPV CE.
- The average participant was a female in their 30's-50's with no previous IPV training and over 15 years of pharmacy experience. (See Table 1)
- The pre/post survey found statistically significant changes in individuals' preparedness, perceived role, and opinion on intimate partner violence. (See Figures 2-4)
- While small improvements were seen in pharmacists' knowledge and behavior scaled scores after completing the CE, they were not statistically significant. (See Figure 1)

Table 1: Demographics

Demographics		
Total n= 12		
Gender	Female	10
	Male	1
	Prefer not to say	1
Age	30-40	5
	41-50	5
	51-60	1
	Over 60	1
Years Since Graduating	Over 15 Years	7
	Under 15 years	5
Previous Training	Yes	4
	No	8

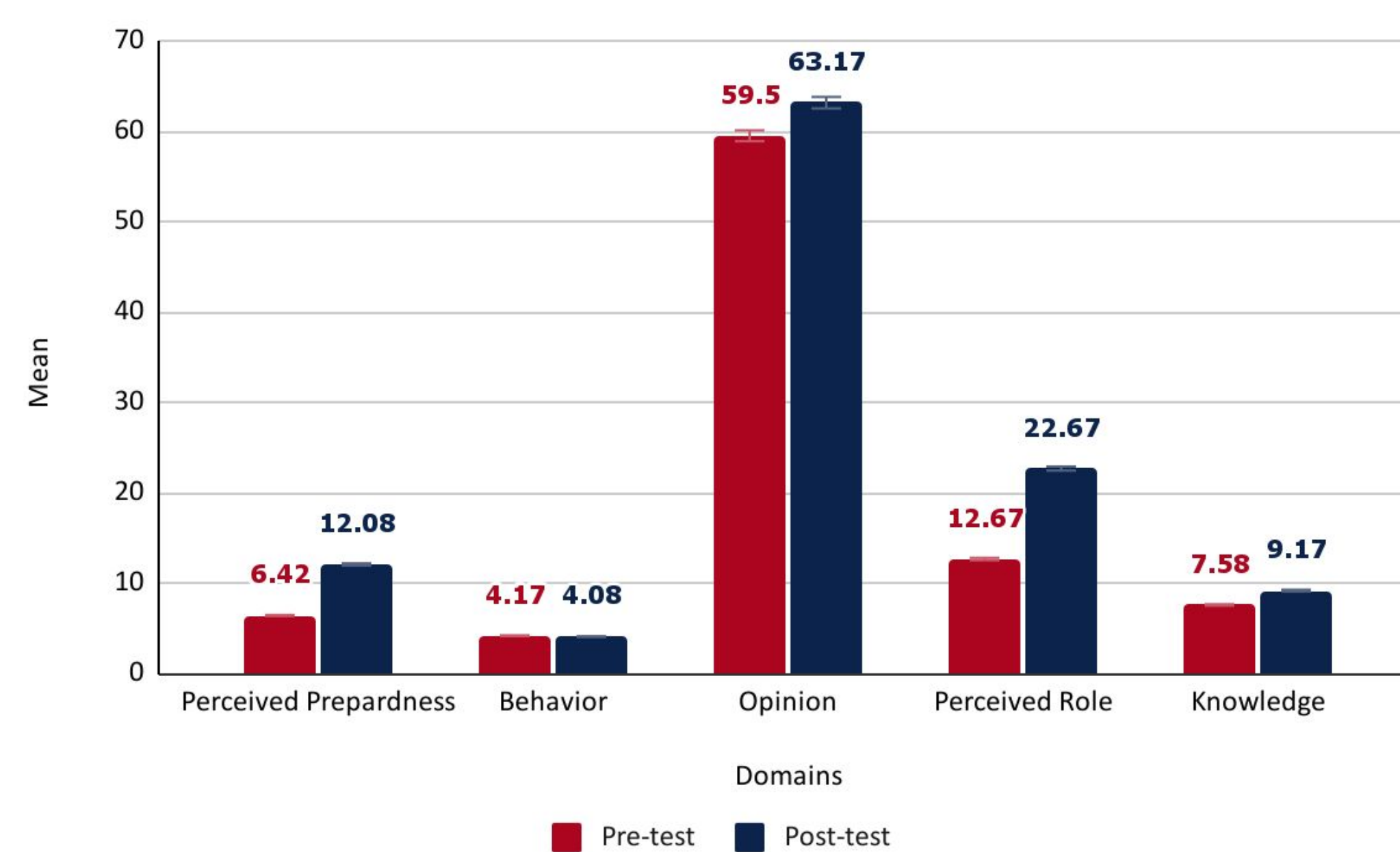


Figure 1: Change in mean based on PREMIS domains. The graph displays the mean changes and standard deviations of each domain analyzed in the pre- and post-tests. Paired t-tests demonstrated statistical significance in perceived role (<.001), opinion (.002), and perceived preparedness (<.001). Behavior (.878) and knowledge (.123) were unable to show statistical significance.

RESULTS CONTINUED

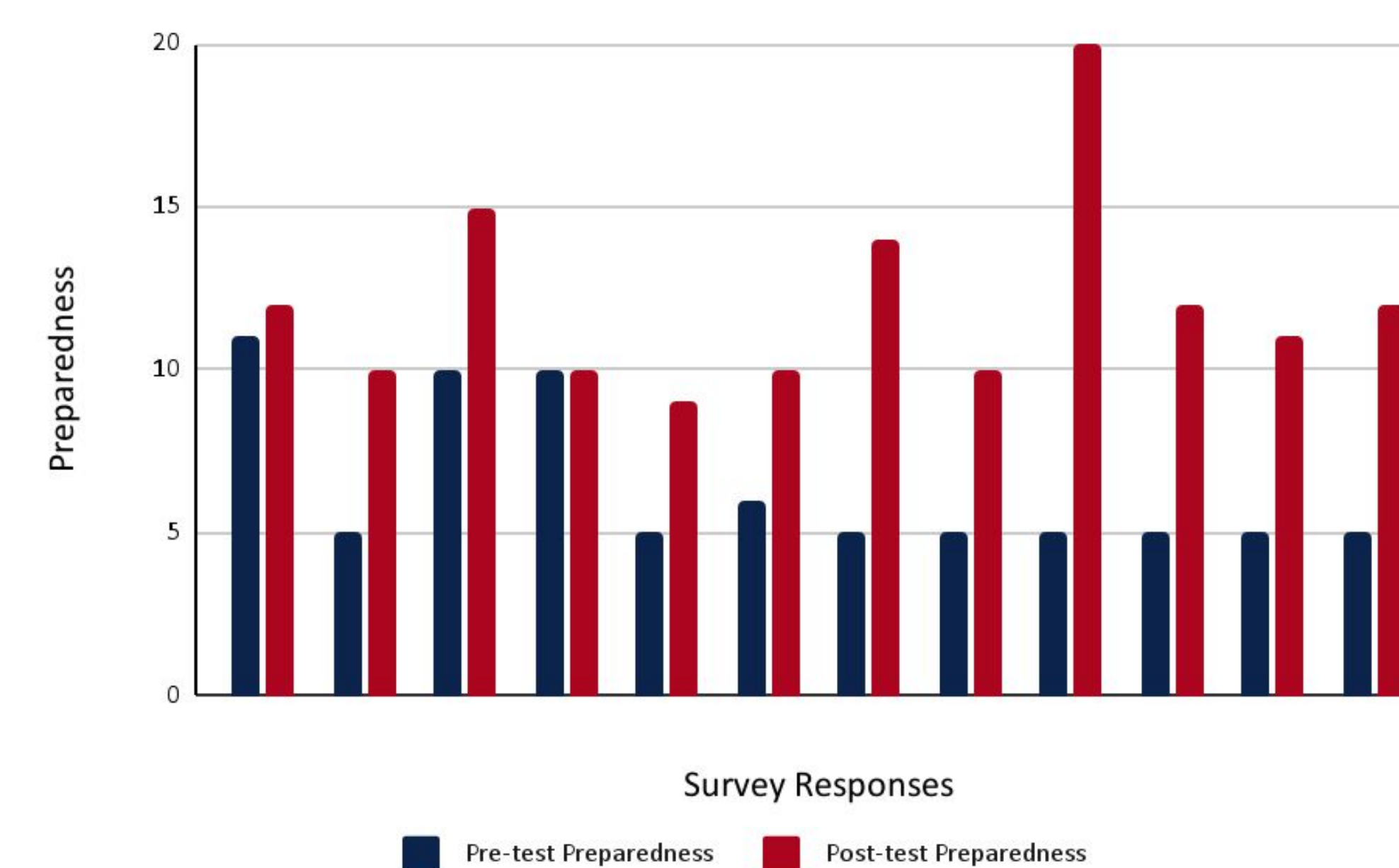


Figure 2: Perceived Preparedness. Change in individuals' scaled score related to believed preparedness for encountering a patient experiencing IPV after completing the CE.

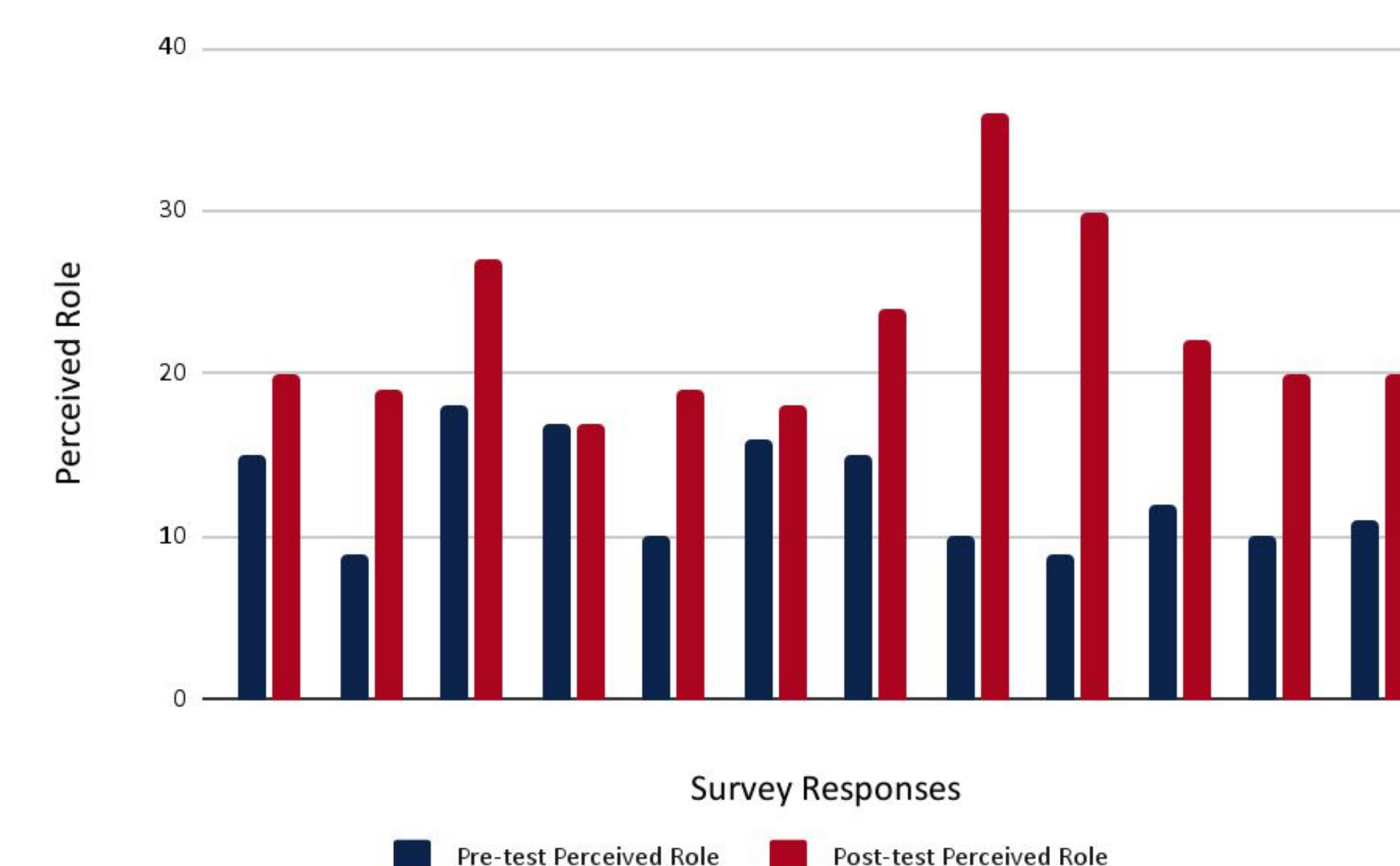


Figure 3: Perceived Role. Change in individuals' scaled score related to perceived role of pharmacists as it pertains to IPV after completing the CE.

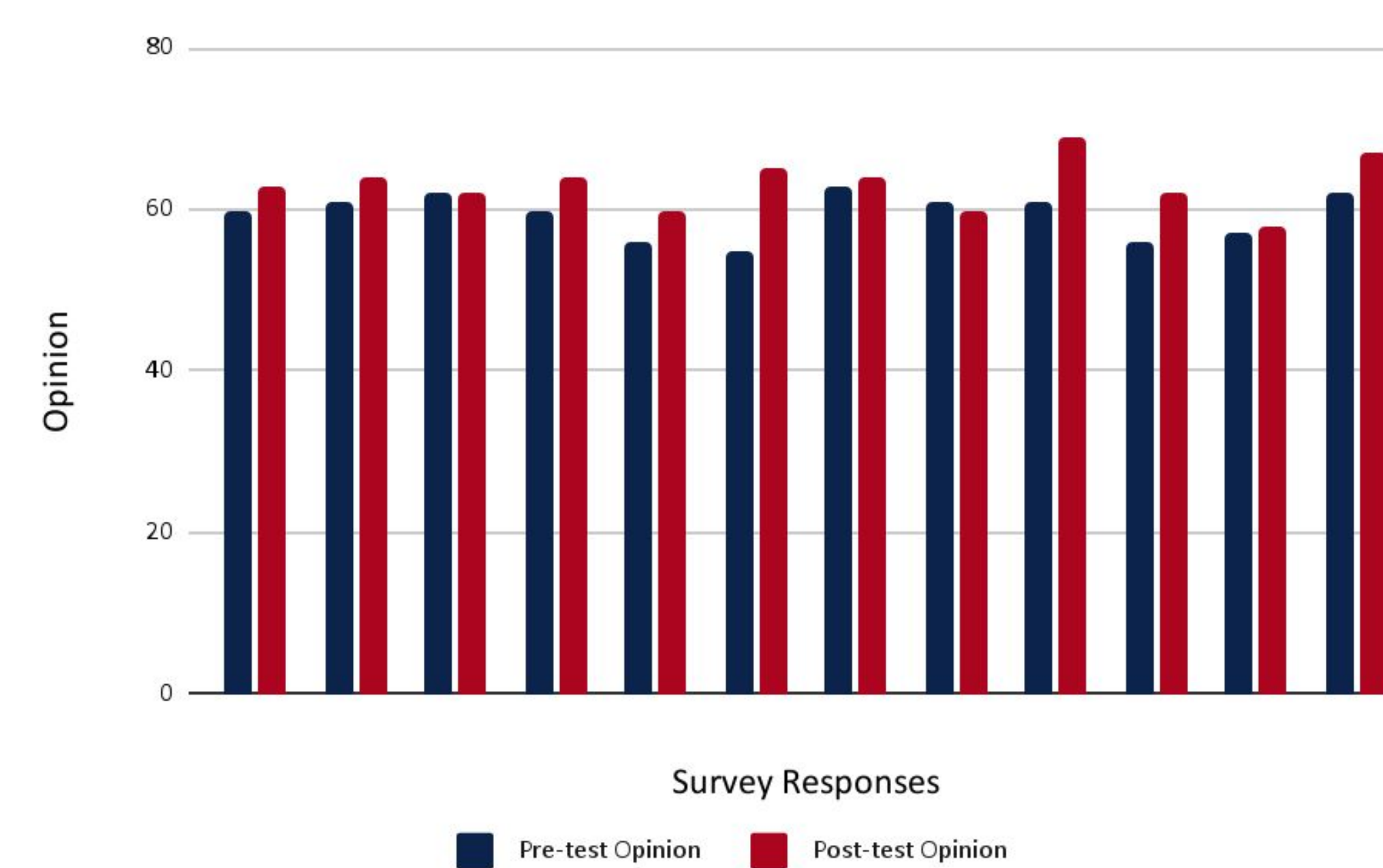


Figure 4: Opinions. Change in individuals' scaled score related to pharmacist's opinions on IPV after completing the CE. Opinions analyzed include both those surrounding common misconceptions about IPV and pharmacists' willingness to act as a resource for those experiencing IPV.

LIMITATIONS

- The CE was only active for a little over one month before data was collected for analysis, which limited the number of responses available to gauge the overall impact of the CE.
- The survey was implemented by AzPA, potentially limiting responses to those with a membership and our control of the survey.
- The niche topic of IPV may cause self-selection bias amongst potential participants and limit the participation to those with an interest in the topic.

FUTURE PROJECTS

Future projects could:

- Train pharmacists in screening for potential IPV victims allowing for the implementation of a screening and referral program in the community pharmacy setting.
- Evaluate the efficacy and outcomes of pharmacists providing local and national IPV resources in the form of a shoe card to potential victims of IPV.

CONCLUSIONS

- This CE on IPV can change pharmacists' view of their potential role in dealing with IPV along with their opinions about IPV.
- Pharmacists are willing to address IPV and feel more confident in their ability to do so after completing the CE.
- Pharmacists should continue to grow their knowledge and ability to identify IPV in order to provide better care for their patients.

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