

Report on 1st Annual Meeting: Medical Students Against Interpersonal Violence

This report includes 1) a summary and details of our SWOT Analysis and 2) feedback on our 1st Annual Meeting from attendees.

Summary of SWOT Analysis on addressing interpersonal violence as medical students and future healthcare professionals.

At the 1st Annual MSAIV Meeting on November 15th, 2020 we used a SWOT analysis framework to examine the strengths, weaknesses, opportunities and threats of addressing interpersonal violence as healthcare professionals. The current strengths of doctors in addressing interpersonal violence include evidence-based and care-driven practice, being the initial contact with patients and having time to have genuine, one-on-one conversations, and having a wide range of access to resources for patients. Weaknesses include a lack of experience and practice in approaching trauma-informed care, personal biases and beliefs, lack of knowledge and differing definitions of interpersonal violence, over-burdened and burnt-out healthcare professionals, and a patriarchal and hierarchical healthcare system. Opportunities for doctors in addressing interpersonal violence include an increase in inter-professionalism and collaboration among social service providers, integrating interpersonal violence education within the medical curriculum, new people with diverse interests entering the healthcare system and an overall culture change that promotes awareness and understanding of interpersonal violence. Finally, the threats that face doctors in addressing interpersonal violence include competing priorities, changes in government, leadership, and laws, resistance to change in the healthcare system, and existing attitudes and beliefs of healthcare professionals and society at large.

16 people participated included, 9 medical students, 2 physicians, University of Calgary staff and faculty, and members of community organizations.

Strengths, Weaknesses, Opportunities, Threats

The lists on the following pages have been transcribed directly from the SWOT analysis exercise completed at the meeting.

Strengths (as medical students and future healthcare professionals):

- Wide reach
- Care driven
- People focused
- Rooted in education
- Evidence based
- Passion
- Strong support from faculty
- Taking time with patients
- First point of contact
- Gatekeepers of community resources
- One-on-one conv with patients

Weaknesses:

- Lack of life experience
- Decreased awareness of interpersonal violence in general
- “I know best” attitudes
- Paternalism
- Wait times
- Patriarchal
- Patients have different goals than doctors
- Personal bias
- Lack of knowledge of community resources
- Limited pt interaction
- Not all students invested in topic
- Lack of exposure because not in curriculum
- Young students *
- Existing structures/hierarchy
- Definition of violence differs
- “isms” (racism, sexism, etc.)
- Decreased continuity with patients
- Medicalization
- Problem focused
- Insecurity
- Lack of exposure
- Over-burdened/ “burn out”
- Resistance to change
- Admin, resource and timing constraints
- Practical goals different than patients
- Doctors don’t know what interpersonal violence is

Opportunities

- Med students have more time with patients
- Comprehensive medical curriculum on violence already exists c.f. Medical Peace Work
- Engaging legal experts, trauma experts, military, paramedics, law enforcement, social workers, psychologists in future discussions
- Well Physician initiatives
- Equity and diversity initiatives
- Gun violence initiatives
- Mental Health Awareness
- Legislation recognizes domestic violence as a workplace hazard
- Inter-professionalism
- New people entering health care system
- Years of knowledge from other professionals
- Digital engagement (e.g. social media)
- Culture shift
- Experiment with learning/try new approaches
- Addressing masculinities in medicine
- Confidentiality of doctor/patient relationship
- Formative period

Threats

- Match pressure
- Victim blaming
- Time limit
- Lack of experience
- Competitiveness
- Outdated systems
- Vulnerability
- Need to treat “unlikeable” patients
- Attitudes and beliefs
- The government
- Changes in leadership
- Lack of exposure/practice
- Personal lens affects care
- Treating patients we may not “like”
- Imposter syndrome
- Resistance to change
- Funding competition
- Systems

Feedback from attendees:

What did you like or learn from the event?

Great to see students interested in the topic of violence.

I learned about other perspectives on interpersonal violence. I also learned that there is a community of medical students who are dedicated to making a difference in the issue.

Loved the panelists. Thought the student presentations were really cool and informative. Thanks for food. Learned about some myths, how everyone struggles with challenging privilege, and gained some insight into how perpetrators are rehabilitated.

It was great that so many perspectives were represented with a very diverse group. I think a training like this is valuable for medical students working in a specific area to see different perspectives and see how their work fits in a larger context.

What changes or improvements would you suggest for future events?

None - the organization and delivery was excellent.

Giving the panelists a list of questions to respond to in advance might allow for more in depth discussion of topics.

More interaction time! And honestly more panelist time and more question time. I feel like with five panelists, there was so much more that everyone had to say or ask, and we just didn't have the time to cover it all. If the time crunch is an issue, then perhaps few panelists? Even though more perspectives is better, I honestly feel that quality > quantity is more important.

Perhaps an icebreaker at the beginning so everyone has a chance to introduce themselves and get more comfortable. More time to mingle after the presentations.