

Module 4: Reproductive Coercion

Expires: December 31, 2024

Purpose

A planning committee made up of medical professionals and non-profit organizations have teamed up to create in-person and online trainings utilizing experts, peer-reviewed literature, and research findings to help remedy the fact that it has been recognized that physicians are uncomfortable with Domestic Violence screening in health care settings. Additional Modules focused on Cultural Competency and Teen Dating Violence will enhance the breadth of this topic.

- By clicking on the video link, you may view the 30-minute video
- After viewing the video, you may access the post-test link in order to earn CME Credit and receive your certificate

Target Audience

This activity was developed for MD, RN, and Social Workers in the following Specialties: ObGyn, Family Medicine, Emergency Medicine, and Pediatrics

Activity Objectives

At the conclusion of this activity, the participants should be able to:

1. Define reproductive coercion and differentiate reproductive coercion from other kinds of reproductive behaviors.
2. Describe how reproductive health can be exploited via reproductive coercion in an abusive intimate partner relationship.
3. Identify 2-3 methods of prevention and intervention for reproductive coercion and intimate partner violence that can be implemented in the clinical practice setting.
4. Develop a basic safety planning strategy for patients/clients affected by reproductive coercion and/or intimate partner violence.

Accreditation Statement

The University of California, Irvine School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

The University of California, Irvine School of Medicine designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credits*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

California Assembly Bill 1195 and 241

This activity is in compliance with California Assembly Bill 1195 and 241, which require CME activities with patient care components to include curriculum in the subjects of cultural and linguistic competency & implicit bias. It is the intent of AB 1195 and AB 241 to encourage physicians and surgeons, CME providers in the State of California, and the Accreditation Council or Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population and reduce health disparities through appropriate professional development. Please see the CME website, www.meded.uci.edu/cme, for AB 1195 and AB 241 resources.

Faculty List

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All of the presenters, authors, and planners have indicated they have no relevant financial relationships to disclose

The views and opinions expressed in this activity are those of the faculty and do not necessarily reflect the views of the University of California,

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