

Domestic Violence and Health Care Partnerships: Cross-Training Models: FAQs

Ongoing, quality staff training is vital to sustaining partnerships between domestic violence and health care service providers. Training is fundamental in implementing new tools and practices, initiating and standardizing policy change, and maintaining quality assurance in existing practices and response interventions. Design an optimal training regimen for your organization and your partnership that will commence following the close of the grant cycle. For some, this may mean continuing your staff training model from the grant cycle, and for others, this may mean redesigning a modified, more sustainable staff training regimen beyond the grant cycle that is more feasible given available staff time and resources.

An optimal plan for staff training includes:

- orientation and onboarding for new hires;
- routine booster training with updates on field advancements, expanded content and skills-based education;
- bidirectional training opportunities for partner staff.

An optimal plan for staff training uses a team-based approach inclusive of all staff. Staff turnover is an inevitable and perpetual challenge for any organization and partnership. Devising, and then embedding, a formalized structure for staff is crucial to an organization's resilience as members enter and exit. Through the continuation of training opportunities, and the longevity and overlap of new and tenured staff members, a cohesive adherence to partnership practices, policies, and procedures can materialize.

Aim to train smarter, not harder, and conserve your resources. Rather than re-invent the wheel expending limited time and funds, optimize your existing relationships with fellow grantees, the Learning Network, community partners, and local/national supports. Identify the full scope of your support systems, and network for ideas, best practices, useful training tools and modules that you can adopt and adapt. Futures Without Violence is always an available resource for ongoing access to training, webinars, materials and toolkits.

What is the optimal plan for bi-directional training?

Cross-trainings are collaborative staff trainings with your partner organization. The health team facilitates training for members of the DV program, and the DV program team provides training for members of the health care team. This model creates an effective platform and inner-organization learning exchange where the experts provide the training. This is a way to integrate no-cost staff development, and it is a powerful way to facilitate and nurture personal connections with the individuals involved in the partnership. *This has been one of the most significant gems to come out of the DVHCPs.* Your partner is no longer just a name and phone number on a referral list, but a team of actual human beings, with whom you have spent time and connected. Cross training facilitates a deeper understanding of your partner's mission, values, culture, services, locations, eligibility, history, accomplishments, practices and procedures. It also provides an opportunity for the partnership to come together to think creatively, brainstorm new ideas, troubleshoot, acknowledge and celebrate.

There are a variety of ways in which cross-trainings can be done:

Most optimal: Host your partner organization at your site for a morning or afternoon training session (2-4 hours), and include breakfast, lunch or simple refreshments, if the budget permits.

Less optimal: Host specific members of your partner organization to train at your next regularly scheduled staff meeting

Least optimal: Host a team conference call or webinar with your partner organization

The more face time allotted to spend with your partner site, the more valuable the training will be and the deeper the live connection will be. Identify what is most feasible for your partnership at this time. Remember that any amount of cross training is better than no cross training. Also, keep in mind that this is an evolving process, and what is possible and realistic right now may change overtime.

Who should receive ongoing training?

- Health care providers (physicians, nurses, nurse practitioners, midwives, physician assistants)
- Clinic support staff (medical and nursing assistants, LVNs, clinic health workers)
- Public health professionals
- Health educators and community liaisons
- DV service providers and advocates
- Co-located advocates, health coaches and care coordinators
- DVHCP champions
- Social workers
- Mental health professionals (counselors, therapists and psychologists)
- Interns, volunteers, and per educators
- Clerical, front desk and hotline staff
- Back office staff and billers
- Administrative staff
- Executive staff

Consider extending training opportunities to other support staff such as security guards, parking lot attendants, and housekeepers who may observe abusive and/or threatening behaviors and have safety concerns for patients/clients.

What is the optimal training schedule and format?

Staff training is most effective when scheduled on an ongoing basis—at minimum, plan for once annually, at max, once per quarter. When new services, policies, practices and interventions are scheduled for implementation, additional trainings must be scheduled.

Trainings can be facilitated by guest speakers or by the staff members most comfortable with the content and delivery of the training. The most effective trainings tend to be facilitated by a dynamic duo or small team to create variety and bring in different areas of expertise. They should be interactive and spark as many of senses as possible to maintain stimulated learning, and include movement around the room. Trainings should also utilize diverse teaching methods such as:

- Visual aids—posters, PowerPoint, charts, graphs, handouts, flip charts
- Experiential activities and games
- Small and large group discussions
- Multi-media and video clips
- Self-tests
- Teaching demos or models

Depending on the phase of your partnership, ongoing training topics might include:

- Review of partnership—goals, key roles, practices, progress
- Review of each partner organization’s services, values, programs, history, eligibility and policies
- Trauma and the health impacts of violence and abuse
- Fundamentals of IPV, including the Power and Control Wheel
- Universal education strategies on safe and healthy relationships
- Reproductive coercion and assessment strategies
- Family planning basics, including emergency contraception
- Women’s health and sexual health
- Clinical training on DV assessment, reporting and intervention (and what to expect after a report is made)
- Shelter/DV program-based health assessment and intervention
- Trauma-informed care
- Cultural humility
- Safety planning and integrating health into safety planning
- Mandatory reporting requirements as applicable, and strategies for trauma informed reporting
- Alternatives to justice
- Introduction/review of newly integrated strategies, policies, procedures, protocols, services and forms
- Review/update of streamlined reciprocal referral system

Lastly, always integrate pre and post training evaluations measure impact and learning, and inform future quality improvement.

Where can the staff-training requirement and regimen live to ensure sustainability?

Given that staff turnover is a universal and inevitable challenge for all organizations and partnerships, reflect on where the staff-training regimen can live. Peer leaders suggest a variety of strategies to embed training requirements into organizational and partnership programming to ensure sustainability and resiliency:

- Embedding staff training and cross training regimen into policy and written protocol
 - Create a system for internal cross-training across departments to ensure back up in someone’s absence
 - Implement a buddy system or process for shadowing key players and DVHCP champions
 - Integrate DVHCP core elements, and information about health and IPV within Human Resources processes to ensure all new hires are oriented appropriately
 - Integrate key DVHCP roles and responsibilities into organization charts and staff job descriptions
 - Schedule regular and ongoing staff meetings designated to reviewing policies and written protocols
- Building core training requirements into electronic or web-based training modules that are accessible to all staff at any time

- Integrating the connection between IPV and health and reproductive coercion into the 40-hour DV training curriculum
- Engage executive staff and board of directors in staff training plans, and invite them to attend the in-services, as well
- Utilize a corporate compliance calendar that provides monthly drills on a variety of topics, and includes training on IPV
- Schedule and rotate staff to participate in ongoing webinars, conferences and events on IPV, health and other related topics