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Evaluation of a Clinical Workshop to Improve Students' Readiness to Manage Intimate Partner Violence

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Domestic violence (DV), also called intimate partner violence (IPV), is a major health issue affecting a significant portion of the population. Roughly one in three American women (24.3%) will have experienced physical violence by an intimate partner in her lifetime (De Boinville, 2013). This includes a variety of behaviors from slapping, pushing or shoving to severe acts of violence such as being beaten, raped, burned, or strangled. Recent global prevalence figures indicate that approximately one in three (35%) of women worldwide have experienced either physical and/or sexual violence in their lifetime (World Health Organization [WHO], 2016). In addition to the immediate acute injuries from an assault, violence can have devastating effects on victims' long-term health (Centers for Disease Control and Prevention [CDC], 2016). Family members and the community are also affected by the violence. Nurses are in a key position to identify victims, provide support and refer victims to appropriate resources (De Boinville, 2013).

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence. However, perpetrators of DV may use a larger system of abuse, including emotional, economic, social isolation, intimidation, coercion and threats, to maintain power and control over the victim. There are many myths about domestic violence that hinder understanding of the problem. Many believe that the DV is not a problem in their communities, that domestic violence only affects poor women of color, and that drugs and alcohol are the cause of DV. Others believe some people deserve to be hit and that if the situation were that bad, a victim would just leave (Domesticviolence.org, 2015). There is a need to replace these false ideas with the most current and accurate knowledge available.

Despite the enormity of the problem, there is little information in the literature that describes effective educational interventions related to domestic violence for nursing students. Nursing students may not be receiving the educational preparation to correctly assess, provide support and referral, and to document domestic violence interventions. Opportunities for students to engage with victims of violence in the clinical setting are rare. Confidentiality and safety are paramount and limit exposure. Many nurses feel unprepared to deal with DV and do not demonstrate best practices in the clinical setting. Students learn by observing the behaviors of clinicians in the health care setting. Often screening for violence is omitted or is done incorrectly. Many students are graduating from their programs with limited or no domestic violence education. Some students observe inadequate assessment and nursing care of victims of violence, thus reinforcing inappropriate care. The lack of experience or exposure to incorrect care can have a profound effect on students' ability to provide comprehensive assessment, support and documentation to victims of violence (Bryant & Benson, 2015).

Giving students information to increase their knowledge, experience, and skill, and promote positive attitudes toward victims of violence is essential. The purpose of this research was to determine the effect an evidence-based educational intervention had on baccalaureate nursing students' ability to care for victims of DV. The educational intervention was a six-hour clinical workshop that included an evidence-based lecture, films, video clips, games, role-play, guest speakers, and hands-on activities that simulate the nursing role related to assessment, support, referral, and documentation of nursing interventions related to DV.

Evaluation of the workshop was done using a quasi-experimental design. Students in the control group experienced traditional clinical, while students in the intervention group experienced traditional clinical with one of their clinical days spent attending the clinical workshop. Nursing students at a four-year, private university in the Northeast were evaluated at the beginning and end of the Women's Health

course using the Provider Readiness to Manage Intimate Partner Violence Survey – Revised (PREMIS-R). The survey measures three constructs, Perceived Preparation, Actual Knowledge, and Opinions. Students who experienced the workshop had improved scores for Perceived Preparation and Opinions. Actual Knowledge scores were unchanged. Students felt better prepared, more confident, and had attitudes that would empower them to provide improved care for victims of violence.

Title:

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Keywords:

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References:

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Abstract Summary:

Providing clinical experiences to teach the nursing role related to domestic violence is difficult due to confidentiality and safety concerns. A 6-hour workshop using multiple teaching strategies has been shown to be an effective tool to improving students' readiness to manage domestic violence.

Content Outline:

1. Introduction

1. Students are graduating without competency to deal with domestic violence
2. Clinical workshop was created to fill this void.

2. Body

A. DV major health concern

1. Health consequences

- a. Injuries or death
- b. Chronic conditions
- c. Associated with unhealthy lifestyle choices

1. Tobacco use
2. Substance abuse
3. Eating disorders

2. Affects large portion of population

- a. 1 in 3 women
- b. 1 in 4 men
- c. Crosses all demographics
- d. Affects, children, entire community

B. Nurses ill prepared

1. Screening not being done correctly

- a. Must be done alone
- b. Despite mandates, not done routinely

2. Barriers to screening

- a. Discomfort with topic
- b. Do not know of referral resources
- c. Don't believe it will help a victim

C. Difficult to provide clinical experiences for nursing students

1. Confidentiality and safety of clients

- a. Screening should be done alone
- b. Beyond the scope of nursing student

2. Best practices not demonstrated in clinical setting

3. Consistent experience for all students

- a. All students receive comprehensive education
- b. Taught by faculty comfortable and familiar with topic

D. Clinical workshop can fill the gap

1. Best practices demonstrated
 - a. Videos imbedded showing best practices
 - b. Opportunities to discuss issues, concerns, answer questions
2. No confidentiality or safety concerns
 - a. No real clients used, therefore no risk to clients
 - b. Students are not placed in unsafe setting
3. Consistent experiences for all students
 - a. Comprehensive program covering all aspects of screening, nursing interventions, referral and documentation

E. Clinical workshop found to be effective

1. Methodology

- a. Quasi-experimental design
- b. Non-equivalent control group
- c. Pre and Posttest
- d. ANOVA to analyze results

2. Results

- a. Perceived Preparation and Opinion scales significant
- b. Actual Knowledge – unchanged

3. Conclusion

1. DV workshop is an effective strategy to teach nursing students the skills associated with caring for individuals who are victims of DV.
2. Program can be replicated in other nursing programs.

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Professional Experience: Jane Ierubino RNC, DNP is the education coordinator of Joan's Hope, a non-

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Author Summary: Jane Ierubino RNC, DNP is the education coordinator of Joan's Hope, a non-profit organization whose mission is to bring impactful domestic violence education to nursing students, seasoned nurses and nursing instructors. She has worked as an adjunct at multiple universities in the Philadelphia area. She also volunteers at A Woman's Place, a local domestic violence agency, providing direct service and support to victims of domestic violence.