



Evaluation of an Intimate Partner Violence Screening Competency Skills Check-off for Maternity Nurses

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Learner objectives:

1. Examine the components of an intimate partner violence (IPV) Computer-Based Learning (CBL) Module and IPV training session.
2. Describe the process for conducting the screening competency assessment skills check-off.
3. Summarize study results.



Background

Intimate partner violence (IPV) is a global health issue

- Effects 324,000 pregnant women each year

Screenings recommendations from:

- CDC
- USPSTF
- ACOG

Barriers:

- Time
- Knowledge
- Lack of training



Purpose of the study was to investigate the effectiveness of an:

1. Intimate partner violence computer-based learning (CBL) module.
2. Intimate partner violence screening competency skills training and check-off.



Research Questions

1. Does **knowledge and comfort level** increase for maternity nurses who complete a CBL module, attend an IPV training session, and complete an IPV competency skills check-off?
2. What **barriers** do maternity nurses identify when conducting IPV screening?



Methods

Design: Quasi-experimental study using a pre-post test design .

Setting: Large hospital in the United States on a Mother-Baby Unit and the Labor and Delivery Unit.

Sample: Maternity nurses, male or female, 19 years of age and older, and all ethnicities.



Measures

1. Demographics
 - Pre-assessment of IPV screening knowledge and comfort level.
2. Evaluation of Computer-Based Learning Module
3. Evaluation of an IPV Screening Competency Skills Check-off
 - Post-assessment of IPV screening knowledge and comfort level.
4. IPV Screening log



Procedure

Recruitment



**Complete the
Computer-Based
Learning
Module**

Computer-Based Learning Module

- defined IPV
- identified the nurse's role for identifying and assessing for IPV
- identified the nurse's role in referring a patient when a disclosure is made.
- scenarios with questions for reflection



Procedure

Attend IPV Training

IPV Training Session

- discussed screening situations in a hospital setting
- discussed creating a safe screening environment
- demonstrated the use of the Abuse Assessment Screen (AAS) tool
- discussed referral services



Procedure

**Successful
Completion of
IPV Competency
Skills Check-off**

**Conduct 20
IPV screenings**



Procedure

IPV Screening Competency Skills Check-Off

Intimate Partner Violence (IPV) Screening Competency Assessment

Competency

Intimate Partner Violence Screening (IPV):

- The responsible team member ensures the patient does not have any family members or friends in the room during the screening.
- Begins IPV screening by setting up the environment with an introduction asking about abuse with a current or former partner.
- Proceed by asking the 5 questions on the Abuse Assessment Screen form.
- Each response by the patient is entered on the form.
- If the patient responds “no” to abuse document responses on the form. If abuse is suspected even when the patient answers “no” to abuse record patient responses and make a referral to social services.
- If the patient responds “yes” and discloses abuse begin a physical assessment.
 - Use the body map on the Abuse Assessment Screen form to mark body injuries.
 - Record all verbal statements made by the patient and record subjective signs.
 - Proceed to making a referral to social services.
- If there was no opportunity to screen for IPV using the Abuse Assessment form document no opportunity to screen for IPV and document the reason why IPV screening was not conducted.

Population Specific	Method of Validation	Performance ratings		Competence/ Recommendation Statements
		Expectation	Signature/Date	
___ Adolescent	___ Observed	___ Needs		
___ Adult	___ Simulation	___ Met		
___ Senior		___ Exceeds		



Screening Log

	“yes” response	“no” response	"no" response but suspect"	Action taken for "suspect"	“no opportunity” response	Reason for “no opportunity”
1						
2						
3						
4						
5						
6						
7						
8						
9+						



Results

Demographics (n=16)

Age range: 24-61 years, mean age of 41.56 years

Hospital units represented:

- 12.5% from labor/delivery
- 56.3% from mother/baby
- 6.3% from antepartum.

Education: majority have completed a bachelor's degree

IPV training at hospital: 68.8% had no training in the hospital

Witnessed IPV in the clinical setting:

- 50% have witnessed IPV
- 50% have not witnessed IPV



Results

Paired *t* Test: pre-assessment and after completing the CBL

- There was a statistically significant difference in IPV screening **KNOWLEDGE LEVEL** from the pre-assessment, ($M=2.33$, $SD .617$) to completion of the CBL module ($M=4.20$, $SD .676$), $t (-7.897) = p < .000$ (two-tailed).
- There was a statistically significant difference in IPV screening **COMFORT LEVEL** in performing IPV screening from the pre-assessment ($M=2.87$, $SD 1.060$) to completion of the CBL module ($M=3.39$, $SD .884$), $t (-4.675) = p < .000$ (two-tailed).



Results

Paired *t* Test: pre-assessment to post-assessment.

- There was a statistically significant difference in **IPV screening KNOWLEDGE LEVEL** from the pre-assessment ($M=2.38$, $SD .619$) to the post-assessment ($M=4.00$, $SD .816$), $t (-6.343) = p = .000$.
- There was a statistically significant difference in **COMFORT LEVEL** in performing IPV screening from the pre-assessment ($M 2.88$, $SD . 1.025$) to the post-assessment ($M 3.68$ $SD .793$, $t (-2.657) = p = .018$).



Barriers to IPV Screening

Time Constraints

Patient not alone

Language barrier



Discussion

- A well developed IPV screening program and competency skills check-off may increase maternity nurse's knowledge and comfort level when screening patients for IPV.
- Barriers identified were consistent with current literature showing lack of time, patient not alone, no translator available, and patient sleeping.



Conclusion

Implementing an IPV screening training program and IPV screening competency skills check-off is one solution to improve the health outcomes of women who experience IPV.



Questions