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Featured Article

Simulation as a Training Tool for Intimate Partner Violence Screenings

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KEYWORDS
intimate partner violence;
simulation;
IPV screening;
nursing education;
perceived confidence;
perceived competence;
simulation-based training program

Abstract

Background: This project developed an intimate partner violence (IPV) training program that included a simulation experience for a Midwestern nursing school's undergraduate curriculum. The IPV training program incorporated both traditional teaching modalities and experiential learning through simulation.

Methods: The study examined the effect of the IPV training program on three domains: (a) perceived preparation, (b) perceived knowledge, and (c) actual knowledge. The survey instrument was an adapted version of the Physician Readiness to Manage Intimate Partner Violence Survey modified with language that focused on students in the health care arena. The survey was administered to participants at three points during the training program: (a) before the training program; (b) after the didactic lecture, but before the simulation; and (c) after the simulation experience with a standardized patient.

Results: Results indicated that IPV training had significant effect on the perceived preparation, perceived knowledge, and actual knowledge. Results in all three domains also revealed a significant positive change between traditional lecture and simulation ($p < .05$).

Conclusions: The results of this study showed comprehensive IPV training program is effective in increasing nursing student's confidence and competence in addressing IPV. In addition, this study found simulation as a teaching modality is a more powerful tool than lecture alone.

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Intimate partner violence (IPV) is a prevalent health care issue that many health care providers will encounter during their career. Unfortunately, most providers, including nurses, lack the appropriate training to feel confident and competent in screening patients for IPV (O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011). This has generated a need for the creation of IPV training programs for health care professionals (Connor, Nouer, Mackey, Tipton, & Lloyd, 2011). Implementing IPV training programs during academic education is an effective method for overcoming the barriers that prevent IPV screenings from occurring.

Major health care organizations and academic institutions recognize this problem and the importance of a nurse's

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role in providing care to victims of IPV. There is now a strong push for IPV training to be included in nursing curricula (American Association of Colleges of Nursing [AACN], 2013; United States Preventative Task Force Service [USPTFS; Moyer, 2013]). The goal of IPV training is to increase the number of new nurses entering the workforce who are skilled to screen for IPV.

Key Points

- The integration of simulation in an intimate partner violence (IPV) training program positively affects perceptions of preparation and knowledge, as well as actual knowledge.
- Results of the study showed that simulation is more effective than didactic lecture alone.
- An effective IPV training program should include a simulation experience conducting an IPV screening.

The objective of this project was to develop an IPV training program that would advance entry-into-practice nurse assessment skills, thereby increasing the number of nurses executing the IPV screening recommendations in place by the USPTFS (Moyer, 2013) and American College of Obstetrics and Gynecologists [ACOG] (2012). This project complied with the recommendations of American Association of Colleges of Nursing (2013) for nursing curricula to include IPV content and clinical experience in the education process. This study aimed to note the effect of a comprehensive IPV training program with a simulation experience on nursing students' perceptions and knowledge of IPV.

Background and Significance

IPV is a pattern of assault and coercive behaviors that occurs in relationships where the perpetrator and the victim are currently or previously have been intimate (Sims et al., 2011; Spangaro, Zwi, & Poulos, 2009; Waalen, Goodwin, Spitz, Petersen, & Saltzman, 2000). IPV encounters include assault, battery, rape, stalking, and emotional abuse (Black, 2011). One of every four women and one of every seven men will experience domestic violence in their lifetime (Black, 2011; MacMillan et al., 2009; Spangaro et al., 2009).

Nearly every health care worker will encounter a victim of IPV during their career, whether signs are evident (Sims et al., 2011). Primary care providers are in a unique position to identify and assess potential IPV and offer referral services (Colarossi, Breitbart, & Betancourt, 2010). Unfortunately, experts estimate that <25% of IPV cases are recognized by health care providers (Sims et al., 2011).

The Joint Commission requires health care facilities to screen all patients for physical assault, sexual assault, and domestic abuse; however, <12% of patients are questioned by their health care providers (Waalen et al., 2000). The most likely justification for the low percentage of screenings can be attributed to the absence of universal guidelines. Sims et al. (2011) recommend mandatory screenings to increase health care providers' opportunity to intervene. Barriers associated with lack of guidelines that prevent providers from performing IPV screenings include limited training regarding IPV screenings, lack of knowledge in regards to referral resources, and confusion about appropriate screening questions (Colarossi et al., 2010). The nursing profession is no exception; most practicing nurses believe that their education did not prepare them to effectively screen or manage IPV (Connor, Nouer, Speck, Mackey, & Tipton, 2013; Woodtli, 2000). A study by Hinderliter, Doughty, Delaney, Pitula, and Campbell (2003) found that 70% of nursing programs only dedicate 1-4 hours of the entire program to IPV content.

Although the general consensus of the health care organizations is to screen for domestic violence, the prevalence of IPV screenings among health care professionals remains low, despite the awareness of their importance (D'Avolio, 2011). This may be explained by the limited information in the existing guidelines on how to perform the screenings. Educating health care clinicians in how to detect IPV may help to reduce this problem (Freysteinson, 2011). Several IPV screening tools exist; each tool consists of standardized questions to be used at set times during patient care (Gerlock, Grimesey, Pisciotta, & Harel, 2011). Successful training protocols give providers guidelines about the correct questions to ask during a screening and how to appropriately follow up with responses (O'Campo et al., 2011).

Review of Literature

This review of literature will focus on three categories that are pertinent to the development and implementation of an IPV training program: (a) current IPV guidelines for health care providers, (b) IPV training programs for health care providers, and (c) simulation use for education.

Guidelines

The recommendation among health care organizations is to routinely screen patients for IPV (Klevens, Sadowski, Kee, Trick, & Garcia, 2012). Despite this recommendation, there is general lack of consensus about what settings, frequencies, and screening tools are appropriate for an IPV screening (Basile, Hertz, & Back, 2007; Colarossi et al., 2010; Sillman, 2012). The absence of a gold standard is a major barrier that prevents providers from routinely screening for IPV. In the literature search performed, no