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Research

Facilitating intimate partner violence education among pharmacy students: What do future pharmacists want to know? ☆

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Abstract

Objectives: This paper describes the first step toward creating training tools to improve pharmacy students' and pharmacists' ability to identify intimate partner violence (IPV) among patients and facilitate referrals. The objectives were to evaluate an IPV didactic session adapted for pharmacy students and describe student quantitative and qualitative feedback on the session.

Methods: 237 students participated in a 1.5-hour evidence-based IPV lecture and completed an anonymous, nine question follow-up questionnaire. The first seven questions provided the quantitative data and the last two open-ended questions provided data for the qualitative analysis; for these, grounded theory was used to see what themes emerged.

Results: Almost 90% of students believed IPV was relevant to their pharmacy careers and that the session improved their ability to recognize IPV. Twenty one percent believed they had encountered a patient they suspected was a victim of IPV. Legal and liability issues, course logistics, skill development, greater specificity and student engagement were themes that emerged.

Conclusions: Greater specificity toward pharmacy was recommended to understand the intricacies of legal and professional responsibilities, patient and personal safety risks, and maintaining strong provider/patient relationships. To overcome barriers to screening, assessment and referral, students need opportunities to engage in role-playing and practical application of the knowledge gained.

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Background

Intimate partner violence (IPV) is a global public health issue. Both the World Health Organization and United States (US) Healthy People 2020 have made IPV and

violence reduction initiatives a priority.¹ IPV is defined as physical, psychological, economic, or sexual abuse between intimate partners, either married or dating or formerly married or dating.² Almost a decade ago, a national telephone survey reported the prevalence of IPV as 22% among women and 7% among men during their lifetimes.³ In a recent survey, 35.6% of women and 28.5% of men reported experiencing victimization through rape, physical assault, or stalking in their lifetime.² Because roughly one in three individuals reports experiencing such violence, it could be useful to determine how widespread the problem actually is and the costs to our community. However, the

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economic cost estimates for IPV are difficult to calculate, given the underreporting of IPV to health care providers, criminal justice professionals, and social service agencies. In the United States, the estimates of the direct costs of IPV range from five to eight billion dollars per year, although that is an underestimate.^{4–6}

The “costs” go beyond economics as victims and survivors of IPV experience a host of physical and mental health consequences. Physical and sexual abuse result in internal and external injuries, such as broken bones, lost teeth, bruising, and obstetrical and gynecological complications. In many situations, abuse goes beyond physical damage. Increased stress can exacerbate conditions such as fibromyalgia⁷ or gastrointestinal disorders.⁸ The mental health ramifications, which often go undetected and untreated, include depression,^{9–11} posttraumatic anxiety,^{12,13} suicidal ideation and attempts,¹⁴ or sleep disturbances including nightmares and insomnia.¹⁵ These physical and mental health consequences, which last long after the violence ceases,^{16–19} result in victims utilizing health care resources more than non-IPV-involved individuals, with increased rates of emergency department use² and primary care visits.²⁰ This increased contact frequently results in victims being provided prescription medications for treatment of the presenting condition, such as mental health²¹ and pain medications.^{7,22–24}

To date, limited attention has been paid to pharmacists as potential members of the health care community to address IPV in their practices. An earlier survey of 121 chain community pharmacists documented that 61% believed they had encountered IPV victims,²⁵ yet most felt ill prepared to address IPV in their practice. Given that IPV-involved individuals have increased health care utilization and prescription medication use, it seems important to educate pharmacists in order to enhance their ability to intervene with appropriate identification and referral practices. Although IPV is not specifically addressed in the desired national pharmacy education curricular outcomes,²⁶ they do address preparing students for patient-centered care and public health roles. As pharmacists continue to assume these roles, the issue of IPV is likely to emerge during the establishment of the therapeutic pharmacist–patient relationship. Given a lack of data in the area, the question remains as to pharmacists’ degree of preparation to take on this role.

At present, no literature exists on how to provide pharmacists and student pharmacists with the knowledge and skills needed to aid IPV victims encountered in practice. Researchers from the University of Rochester Medical Center partnered with faculty from Albany College of Pharmacy and Health Sciences to discuss methods to prepare pharmacists who encounter IPV victims in their practice environment. The team’s long-term goal was to create a training program and tools that could be used to provide pharmacy students with the knowledge and skills needed to identify and refer IPV victims. This mixed-method project is the first step toward addressing a pressing

issue: how best to prepare future pharmacists to face this public health concern. The objective of this project was to evaluate the quantitative and qualitative survey data about class experiences and curricular content, which was provided by students following a single classroom lecture.

Methods

The 1.5-hour large classroom didactic session was an evidence-based lecture adapted for pharmacy students from an IPV training created for interdisciplinary audiences, which included dental, medical, and psychology graduate students, psychiatric residents, and social work students. The curriculum was modified specifically for pharmacy students by adding a module about the importance of pharmacists understanding the basic fundamentals of IPV. The core content areas included the prevalence of IPV reported from health and criminal justice perspectives, risk factors for IPV, recognition of IPV, the effects on children, cultural issues, medical considerations, and how to ask and refer someone when IPV is suspected. The curriculum content was selected after an interdisciplinary team reviewed the IPV literature related to education of health care professionals and selected best practices for screening, assessment, and referral. The educational objectives of the lecture indicated that at the conclusion of the lecture, student pharmacists should be able to define IPV, identify the risk factors for IPV, understand factors associated with varied prevalence rates of IPV, identify physical and mental health consequences, and describe the pharmacist’s potential role in identifying and referring IPV victims.

An attorney with a Doctor of Philosophy (PhD) in Criminal Justice and extensive experience in the IPV field presented the lecture at Albany College of Pharmacy and Health Sciences utilizing a PowerPoint presentation and an outline handout. The IPV session was provided in the spring of the first professional year in the required three-credit self-care course, which provides students with the knowledge and skills to conduct patient assessment and provide recommendations in areas of self-care, including cough and cold, pain, herbal therapies, dermatologic conditions, gastrointestinal disorders, women’s health, and nutritional therapies. The self-care course was chosen because IPV patients often self-treat the physical injuries incurred. In addition, the course coincides with a one-credit laboratory course, which reviews community pharmacy prescription preparation, dispensing, and counseling. Together, these courses prepare students for their first summer of licensed internship and introductory pharmacy practice experiences (IPPEs).

Following the lecture, students engaged in an anonymous questionnaire to assess their opinions regarding the course objectives, suggestions for expanding the training, and their experiences with the material presented. Using the Blackboard learning management system (LMS), students were asked to respond to nine survey questions (Table 1).

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