REPORT: Assessment of Intimate Partner Violence Education at UNMC

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Research has shown that many health care professionals are not fully prepared to address Intimate Partner Violence (IPV), or “physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner”\(^1,2\).

Recent reports indicate that 27.3% of women and 11.5% of men reported experiencing victimization through rape, physical assault, or stalking in their lifetime.\(^3\) IPV is associated with increased health consequences.\(^4,5,6\)

The economic costs of IPV exceed $8.3 billion dollars per year.\(^3,7\)

Healthcare professionals play an important role in ending the cycle of violence. However, despite strong evidence to support routine screening for IPV in health care settings, studies show that regular screening remains low, with estimated percent of female patients screened as low as 10%.\(^1,2\)

Providers face barriers to routine screening such as discomfort with asking about abuse, lack of time and knowledge, helplessness, and lack of reliable tools for screening.\(^8\)

Studies evaluating training and education programs for physicians and nurses found improvement in increased detection,\(^9\) skills,\(^10,11\) knowledge,\(^11\) attitudes,\(^11\) and perceived comfort in IPV screening.\(^12\)

Student education programs have found success in improving attitudes, knowledge, and perceived comfort in screening for nursing, medicine, and pharmacy students.\(^13,14,15,16\) Despite the success of these programs, many studies report a lack of IPV material during training.\(^10,15,16,17\)
Needs Assessment

In Fall 2016, to assess current efforts to educate and train students about IPV at University of Nebraska Medical Center (UNMC), an online survey was sent to all registered UNMC students. The assessment collected demographic and enrollment information, measured student comfort, perceived knowledge, and attitudes about IPV, and collected student needs and preferences about training programs. UNMC IRB approval was obtained for the study.

The survey represented students from all over Nebraska, with 30% of respondents from campuses other than Omaha. Overall, 403 health profession students participated in the needs assessment (Figure 1). An overwhelming majority of the respondents were Caucasian and female (Figures 2,3).

While all of the colleges were represented in the sample, the greatest number of students that participated in the survey were in either College of Nursing or Allied Health (Figure 4).

The majority of respondents reported three or less hours of IPV-related coursework while at UNMC. This remained true for new students as well as those who have been at UNMC 3 to 5 years.
Students who reported a greater number of IPV training hours were more likely to report higher levels of comfort discussing the subject with patients (Figure 7), overall knowledge of IPV (Figure 8), and felt they had a role in addressing IPV (Figure 9).

Students reported self-rating scores for comfort in discussing IPV with patients along with their knowledge of IPV, community resources, and reporting requirements. Results showed that students from all colleges felt most knowledgeable on general IPV information and least knowledgeable on community resources for survivors. Overall, UNMC’s Medicine and Pharmacy students were more likely to select “poor” or “very poor” for the majority of self-rating scores (Figure 6).

Figure 6. Of those students surveyed in the Needs Assessment who identified "Poor" or "Very Poor" knowledge and comfort about IPV on a 5 point scale, most felt least knowledgeable about community resources.

Students who reported a greater number of IPV training hours were more likely to report higher levels of comfort discussing the subject with patients (Figure 7), overall knowledge of IPV (Figure 8), and felt they had a role in addressing IPV (Figure 9).
Seminar Series

In Fall 2016, EMPOWER, a UNMC student-led group, hosted a monthly, four-part seminar series for health profession students focused on prevention, detection, and treatment of IPV.

Seminars were offered in-class and online. Speakers included experts from campus and community-based organizations and addressed key topics identified in the needs assessment, such as prevention, detection, and reporting of IPV.

The seminars were held over four months and the format varied to benefit alternative learning styles.

The seminar series included several teaching modalities including: traditional lecture-style presentations, group discussions, case studies, role playing activities, and a documentary screening. Students also received reusable resource cards with screening tools for use in practice.

In-class seminars were offered over the lunch hour and lunch was provided to reduce attendance barriers. Online participants were able to access presentations and all materials at any time, and submitted a reflection and/or worksheet to mirror in-class discussion or activity.

To assess changes in knowledge and attitudes of IPV and comfort in discussing IPV with patients, students were given a pre– and post-test survey based on the Physicians Readiness to Manage Intimate Partner Violence (PREMIS) tool.18
Seminar Series Outcomes

Overall, 128 students participated in at least one seminar session, either in-class or online (Figure 10). Of those, 19 students completed all four sessions and both pre- and post-tests. Students that completed all four sessions had significant improvement in all four scales including actual knowledge ($p=0.011$), perceived knowledge ($p<.0001$), comfort ($p<.0001$), and attitudes ($p<.0001$) (Figure 12). Pre- and Post-test data was entered into RedCap$^{19}$ and analyzed using Wilcoxon signed rank test with SAS version 9.3.

Figure 10. Number of Students who participated in Seminar Series

128 students participated in the seminar series

Figure 11. Average Scores for Comfort, Attitudes, Perceived Knowledge, and Actual Knowledge Before and After Participation in Seminar Series ($n=19$)

- **Comfort** in Discussing IPV with Patients (1 to 7 point Likert scale): 3.1 → 5.6 ($p<.0001$)
- **Attitudes** about Role in Addressing IPV (1 to 7 point Likert scale): 4.3 → 5.3 ($p<.0001$)
- **Perceived Knowledge** about IPV (1 to 7 point Likert scale): 3.0 → 5.6 ($p<.0001$)
- **Actual Knowledge** about IPV (Percent score out of 100): 60% → 72% ($p = .011$)
Conclusion

Needs Assessment

- The majority of students surveyed reported having 3 or less hours of IPV-related coursework at UNMC.

- Over one-third of all students felt they were uncomfortable discussing IPV with patients, and felt they had poor knowledge about community resources and reporting requirements for IPV.

- Students who received more hours of IPV-related training were more likely to report greater comfort and knowledge, along with an increased awareness of their role in addressing IPV.

Seminar Series

- A four-part seminar series was offered monthly, and experts from the campus and community used various teaching modalities to address prevention, detection, and reporting of IPV.

- Students who participated in all four seminar sessions had statistically significant improvements in actual knowledge, perceived knowledge, comfort, and attitude regarding IPV.

Recommendations

Further research on current IPV-related curricula at UNMC

Offer information about local community resources serving IPV survivors to students and providers

Support efforts for optional campus education initiatives regarding IPV

Regularly assess students’ needs and preferences for IPV education
References


Thank you to EMPOWER for hosting seminar sessions and all UNMC students who participated in the Needs Assessment and Pre-and Post Surveys.