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Practice Improvement: Intimate Partner Violence Screening Implementation

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MS, Walden University, 2016

BS, The George Washington University, 2012

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Intimate partner violence (IPV) is a significant public health problem in the United States and worldwide. A recent U.S. crime report indicated that close to half of all homicides involve women victims of current or former intimate partners. The purpose of this doctoral project was to develop a training program to educate clinicians in the primary care setting on IPV screening. Participants received education on the Hurt, Insult, Threaten, Scream (HITS) screening tool to identify IPV survivors with available referral resources. The practice-focused question involved clinicians' level of knowledge regarding using the HITS tool kit to screen for IPV in a primary care setting. Bandura's self-efficacy and social learning theory guided the development and implementation of the project. A team of 5 experts rated the relevance of the educational material, content, and learning objectives using Lynn's model. Five clinical staff participated in the project. Their knowledge of IPV screening and referral was assessed before and after education. The findings indicated that the training program was effective. The results showed that clinicians gained increased knowledge of IPV screening and increased knowledge of the use of the HITS tool, and that referral of survivors to resources increased by 16%. Recommendations included regular training of both clinical and nonclinical staff on IPV screening. Improved knowledge of IPV screening among healthcare providers may result in improvement in the identification of IPV survivors and referral of survivors to available resources.

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Dedication

I dedicate this project to my deceased mother, Susana Ololade Anike Idowu. I would have never embarked on this journey without her unending love and encouragement. May you continue to rest in peace, Mom.

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I want to thank Dr. Robert Anders, my committee chair, and Dr. Rachel Pitman, my committee member, for your time, mentoring, and guidance throughout my DNP journey. During this program, you have both helped me to complete this project successfully. A special thanks to my husband, Niyi, for being patient and putting up with me during stressful periods in this doctoral program. Your love, acceptance, and support made my doctoral dream a reality. My son, Anthony, and my daughter, Veronica, both supported me through this journey, and I appreciate each of you.

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Section 1: Nature of the Project

Intimate partner violence (IPV), also known as *domestic violence* (DV) or *family violence*, is any aggressive behavior in a relationship resulting in physical, psychological, or sexual harm (Agency for Healthcare Research and Quality [AHRQ], 2015). IPV involves sexual, physical, and/or mental assault, such as sexual coercion, physical aggression, and controlling behaviors, by an individual in an intimate relationship. Sexual violence may include sexual pressure and/or the use of force to obtain sex. Physical abuse may entail beating, kicking, hitting, and/or slapping (Hamberger, Rhodes, & Brown, 2015; Maskin, Iverson, Vogt, & Smith, 2019). Emotional or psychological abuse may involve threats, intimidation, humiliation, belittling, and/or insults, whereas controlling behaviors can include forcefully isolating an individual from family and friends or monitoring a partner (DeHart, 2017; Hamberger et al., 2015)

IPV is a significant public health concern in the community, with approximately 2-18% of men and 3-14% of women affected by the epidemic worldwide (Hamberger et al., 2015). According to estimates for the United States, the lifetime prevalence of physical violence is about 28% among men and 35% among women (Grossman & Walfish, 2014).

Nearly 48.8% of men and 48.4% of women experience an act of psychological abuse by an intimate partner during their lifetime (Hamberger et al., 2015). IPV is associated with long-term implications for survivors and their families, including lifelong disability and a wide range of injuries such as traumatic brain injury (DeHart, 2017; Natan, Khater, Ighbariyea, & Herbet, 2016). This form of violence negatively affects

various aspects of the survivor's life, including health, education, and economics. The prevalence of IPV survivors in emergency departments and primary care ranges from 12% to 45% (DeHart, 2017). Women who are IPV survivors have a lower quality of health than nonassaulted women and increased rates of depression, posttraumatic stress disorder, and anxiety (Overstreet, Willie, & Sullivan, 2019). Survivors often develop eating and sleeping disorders, panic disorders, feelings of shame and guilt, reduced physical activity, psychosomatic disorders, and poor self-esteem. Survivors are also more likely to be alcoholics and substance abusers and experience increased risk of suicide attempts and unsafe sexual conduct (Maskin et al., 2019). The number of IPV-related homicides of American women is about 1,200 every year (Hamberger et al., 2015). According to the American Congress of Obstetricians and Gynecologists, the U.S. Department of Health and Human Services, and the Institute of Medicine, screening for IPV and counseling survivors plays a crucial role in identifying, preventing, and reducing IPV incidence According (Natan et al., 2016).

For this DNP project, I explored the importance of educating nurse practitioners (NPs) and other clinicians regarding IPV screening. In particular, the project focuses on educating NPs and other clinical staff regarding the Hurt, Insult, Threaten, Scream (HITS) screening tool, in order to increase their ability to identify IPV-related problems effectively and refer patients to appropriate resources when needed. My aim in this project was to develop an educational program to educate NPs and other clinical staff on using the HITS screening tool. While the goal of the project is to provide education on how to use the HITS screening tool adequately, the training may lead to proper

intervention and referral. In this section, I discuss the problem statement, the purpose of the project, the nature of the doctoral project, and the project's significance, concluding with a summary.

Problem Statement

The local nursing practice problem that is the focus of this doctoral project is IPV. IPV is a common public health problem characterized by verbal, physical, psychological, and sexual violence against individuals by their spouses or partners (Hamberger et al., 2015; McAndrew, Pierre, & Kojanis, 2014). *Intimate partners* are individuals who identify as a couple because of a shared emotional connection (Hamberger et al., 2015). IPV is associated with adverse implications such as injuries, lifelong disabilities, increased healthcare expenditures, and STIs among both men and women (Centers for Disease Control and Prevention [CDC], 2019). Approximately 1.5 million to 4 million women aged 18 and older experience domestic IPV each year (Natan et al., 2016). IPV mostly affects women of reproductive age. IPV can lead to unintended pregnancy, pregnancy difficulties, gynecological disorders, and sexually transmitted infections (STIs), with nearly 324,000 pregnant women affected each year (McCloskey, 2016). Medical and mental health services for IPV-affected individuals cost $5.8 billion annually (Stockman, Hayashi, & Campbell, 2015). Estimates indicate that women survivors of domestic violence lose nearly 8 million days of paid work (32,000 full-time jobs) annually. IPV survivors may also engage in harmful behaviors such as drug abuse to cope with their experiences (Natan et al., 2016; Simpson Rowe & Jouriles, 2019).

IPV is a concerning issue for the Maryland government and its citizens (Violence Policy Center, 2018). In 2016, Maryland placed 10th among states in the United States for homicidal deaths of women caused by men (Violence Policy Center, 2018). Maryland recorded 15,301 domestic violence-related crimes, leading to 46 deaths, and 25 of the 46 deaths were IPV related (Violence Policy Center, 2018). In the above statistics, it is apparent that Maryland has no immunity to the prevalence of IPV and IPV-related deaths. Such data reveal a need for intervention to decrease IPV cases in Maryland.

Given the implications of IPV for the lives of survivors, it is essential to address the issue to prevent more cases. Primary care settings are commonly used avenues for addressing this phenomenon because most NPs are likely to meet with IPV survivors during routine screening (Simpson Rowe & Jouriles, 2019). These settings are convenient because they provide an opportunity for survivors to communicate with their healthcare givers privately. In these settings, providers can equip survivors with coping and management strategies and comfort measures, including emotional support, guidance, and useful information, and can link them with community-based social service agencies. IPV screening is a significant strategy for the prevention of abuse against survivors. However, barriers including ineffective policies, fear of offending the patient or partner, and time constraints can hinder providers from effective screening (Hamberger et al., 2015; Kalra, Di Tanna, & García Moreno, 2017). Moreover, lack of skills to conduct screening, discomfort with the topic, the need for privacy, misconceptions regarding survivors' risk of IPV, and feeling powerless to change the problem are additional barriers to IPV screening (Hamberger et al., 2015).

Providers may lack the skills and expertise needed to identify individuals in violent relationships and the appropriate measures to take when there is a report of abuse (Hamberger et al., 2015). Providers may also be unable to approach survivors and convince them of their intent to help. A healthcare provider's attitude and cultural views toward IPV may also represent significant barriers to screening. For instance, healthcare providers who believe that violence against survivors results from survivors' behavior are unlikely to understand IPV. Similarly, providers who believe that intimate affairs are complicated may not provide necessary assistance when presented with cases (Hamberger et al., 2015).

Lack of knowledge regarding IPV can affect providers' ability to respond appropriately because IPV screening entails gaining the trust of survivors and offering supportive services (Kalra et al., 2017). Provider education assists in integrating IPV assessment into healthcare, thereby increasing the likelihood of identifying individuals at risk. With adequate education, training, and an assessment program, healthcare practitioners and facilities may develop an appropriate and successful screening process for domestic violence (Pagels et al., 2015). IPV survivors may fail to report violence-related incidents due to not being emotionally ready, fearing victimization, and experiencing continued abuse (Kalra et al., 2017). Barriers faced by healthcare providers and IPV survivors explain the reasons behind low screening rates within this population.

IPV screening tools are vital in identifying survivors, providing appropriate healthcare interventions, and aiding in referral to support services (Hamberger et al., 2015). According to AHRQ (2015), IPV screening tools are in use due to their high

specificity and sensitivity. These include HITS; Slapped, Things, and Threaten (STaT); Ongoing Violence Assessment Tool (OVAT); Modified Childhood Trauma Questionnaire–Short Form (CTQ–SF); Woman Abuse Screen Tool (WAST); and Humiliation, Afraid, Rape, Kick (HARK).

The AHRQ (2015) noted that the HITS screening tool's broad adoption and use are due to its brevity, in that it consists of a few questions and takes less time to complete than other IPV screening tools. The HITS tool includes four questions that have a basis in both physical and emotional violence. However, it is noteworthy that the screening tool only screens for physical violence and does not address other psychological issues. Similarly, the OVAT tool contains four questions that take about a minute to complete. However, the screening tool is only based on current violence and fails to address past intimate partner abuse. Regardless of this, OVAT is widely used and is among the best IPV screening tools due to its simplicity, speed, and high specificity and sensitivity (AHRQ, 2015). The HARK screening tool also contains four questions that assess past and present occurrences of IPV (AHRQ, 2015). HARK is beneficial because it contains questions on physical, emotional, sexual, and psychological abuse. The HARK screening tool is widely adopted because it has proven useful in screening for all types of current and past abuse (AHRQ, 2015).

Unlike HITS, OVAT, and HARK, WAST contains eight questions on sexual, emotional, and physical abuse (AHRQ, 2015). The screening tool was developed in 2010 and can measure all forms of violence within intimate relationships. The healthcare provider using WAST begins by asking about tension in the relationship and then

inquires about any difficulties encountered while working out arguments (AHRQ, 2015). The responses are rated on a scale from 1 to 3, with 1 indicating *often* and 3 representing *never*.

Ethnic minority women are affected by IPV, with non-Hispanic Black women disproportionately affected relative to women of other races (Stockman, Hayashi, & Campbell, 2015). Approximately 46% of Native American/Alaskan Native women and 43.7% of non-Hispanic Black women report physical and sexual abuse by an intimate partner (Stockman et al., 2015). However, only 34.6% of non-Hispanic White women report abuse. Compared to non-Hispanic White women, the rate of IPV in Hispanic women (37.1%) is slightly higher (Stockman et al., 2015).

This doctoral project holds significance for nursing practice because it emphasizes the education of NPs regarding IPV screening to identify and reduce IPV-related cases. In developing this project, I aimed to create instructional material to educate NPs and other clinicians in the primary care setting about IPV screening, with attention to the HITS screening tool. Educating NPs and other clinical staff will enable them to identify a problem and refer patients to appropriate resources effectively. Natan et al. (2016) indicated that educating providers on how to assess for IPV can build their confidence in screening and provide them with referral services.

Purpose Statement

IPV is a significant concern that can have adverse implications for survivors and their families. According to McAndrew (2014), 1 in every 4 women is likely to be a survivor of physical or emotional abuse in her lifetime. Given IPV's implications, developing strategies for identifying and assisting survivors is vital (Pagels et al., 2015).

IPV screening has proven to improve health outcomes for patients subjected to intimate partner abuse (Burjalés-Martí et al., 2018; Hamberger et al., 2015). Most physicians fail to screen their patients for IPV due to lack of knowledge and skills, insufficient time, and discomfort with asking questions based on domestic violence. Lack of education is the most significant factor leading to decreased IPV screening rates. Hamberger et al. (2015) stated that comprehensive IPV education increases healthcare providers' knowledge regarding screening and improves their confidence in handling survivors, thereby contributing to improved screening rates. This doctoral project linked a lack of knowledge to reduced IPV screening at the primary care clinic. Therefore, there may be an increase in IPV screening rates with the educational approach's adoption.

The gap identified in practice during clinical rotations at the project setting, which the doctoral project was developed to address, included lack of knowledge and training for providers regarding IPV screening. Other gaps identified were lack of time for treating presenting physical symptoms, the omission of IPV screening, healthcare providers' inexperience with IPV screening tools, and lack of knowledge on handling patients' problems when detected. The population, intervention, comparison, and outcome (PICO) elements of this project were as follows:

- Population: NPs and other clinical staff
- Intervention: Staff education on IPV screening, HITS screening tool, and available resources
- Comparison: Poor knowledge of IPV, HITS screening tool, and supportive resources for survivors
- Outcome: Staff received education on IPV, and staff attained adequate knowledge from the test results

The guiding practice-focused question for this doctoral project was the following: What is the level of knowledge regarding using the Hurt, Insult, Threaten, Scream (HITS) tool for screening for IPV among NPs in a practice setting?

The doctoral project addressed the question by using an educational intervention to address the IPV issue. Kalra et al. (2017) demonstrated that the educational approach improves healthcare providers' knowledge of IPV screening. The training offered them the knowledge and skills needed to investigate the problem while ensuring survivors' confidentiality and safety. The doctoral project intervention was aimed to enhance the healthcare providers' capacity to respond appropriately to IPV survivors. After training, the expectation was that healthcare providers gained practical response skills. These skills would enable them to validate a survivor's feelings, listen empathetically, and openly discuss violence and the survivor's willingness to change (Kalra et al., 2017). There was anticipation that providers would acquire knowledge of how and when to ask about violence and identify and report violence-related cases and refer survivors to appropriate

resources. Similarly, providers would provide first-line psychological support and encourage safety-promoting conduct (Kalra et al., 2017).

Overall, through an educational approach to screening, healthcare providers would be equipped to handle patients. They might become more confident in their ability to screen for IPV, resulting in increased screening rates (Kalra et al., 2017). Education and training improve awareness and foster an attitude that helps healthcare providers to overcome barriers to recognizing and referring an IPV survivor to resources (Kalra et al., 2017). There was a measure of provider knowledge before and after training.

Nature of the Doctoral Project

The sources of evidence included an extensive review of published empirical articles in peer-reviewed journals regarding improving the identification of IPV survivors with the provision of adequate educational intervention. Evidence collected from the databases was associated with the project's purpose to explore the implication of educating healthcare providers on using the HITS screening tool as to identify a problem and refer patients to appropriate resources. Retrieving data related to the project's purpose from relevant sources provided the most effective method based on the educational intervention for addressing the practice-focused problem.

There was a comprehensive search of information from the following databases for evidence for the literature review: the Walden Library, ProQuest Nursing, Ovid Nursing Journals Full Text, CINAHL Plus with Full Text, MEDLINE with Full Text, Cochrane Database of Systematic Reviews, and Allied Health Source. The databases were selected because they contained peer-reviewed nursing-related studies on IPV.

Official websites consulted for this research included those of the American Academy of Family Physicians, World Health Organization, U.S., Preventative Task Force, and CDC.

Search terms used included *intimate partner violence, domestic violence, effects of intimate partner violence*, *survivors of intimate partner violence, nurse practitioner roles to reduce intimate partner violence,* and *barriers to screening for intimate partner violence*. The literature review included peer-reviewed primary sources published between 2015 and 2019. For an article to pass as evidence, it needed to be a peer-reviewed study published in English between 2015 and 2019. I excluded articles not available in full text, non-English publications, and works published before 2015 from the review. Although I initially considered limiting the literature review to qualitative studies only, I included quantitative studies to gather enough information and evidence on IPV and provider training.

Significance

The stakeholders included in the project were the primary healthcare facility, NPs, and other healthcare providers. IPV training for NPs and other health providers may increase their knowledge to assist them in detecting IPV. Additionally, such training may increase providers' ability to offer survivors appropriate referrals for their social, psychological, and safety needs. Through training, healthcare providers may acquire necessary knowledge to use the HITS tool to identify and deliver care to IPV survivors.

IPV is a significant public health issue in the United States and the world. Lack of provider knowledge on how to screen for IPV has contributed to emotional problems and physical injuries for survivors (Crombie, Hooker, & Reisenhofer, 2017). Proper screening

skills play a critical role in assisting NPs and other providers in interviewing survivors by ensuring that they can retrieve as much information as possible to place them in a position to help (Crombie et al., 2017).

IPV is costly, leading to the loss of approximately 8 million workdays annually (Natan et al., 2016). Early detection and intervention may decrease the loss of income incurred by survivors due to missed workdays resulting from physical injuries. Enhanced understanding by healthcare providers of IPV may support improved patient health outcomes. The doctoral project has transferability potential by addressing the local problem. Leaders in other healthcare facilities may want to train their healthcare providers to identify and manage IPV survivors (Miller, McCaw, Humphreys, & Mitchell, 2015).

The doctoral project may contribute to nursing by increasing NPs' knowledge of IPV screening. NPs and other healthcare providers may gain practical IPV screening skills. Additionally, NPs and other healthcare providers may be able to identify and provide resources to survivors, thereby assisting them in sustaining their wellbeing. This doctoral project may contribute to practice changes by increasing the knowledge of NPs on how to carry out appropriate screening, detection, and referral for IPV survivors.

Summary

IPV is a significant public health concern, affecting both men and women globally. The gap in practice that the doctoral project was developed to address was lack of provider knowledge regarding how to screen for IPV. Other deficiencies identified at the study site were lack of time, a focus on treating presenting physical symptoms, and

the omission of IPV screening. Healthcare providers lacked awareness of IPV screening tools and knowledge of how to handle survivors' problems when detected. Section 2 presents a detailed discussion of concepts, models, theories, the relevance of the project to nursing practice, the local background and context of the project, my role as the DNP student, and the project team's role.

Section 2: Background and Context

Introduction

The doctoral project's practice problem was IPV, which is associated with adverse health outcomes, including lifelong disabilities, injuries, increased healthcare expenditures, and sexually transmitted infections (STIs; AHRQ, 2015). The adverse healthcare implications of IPV are often a result of physical, verbal, psychological, and sexual violence against an individual by a spouse or partner. Approximately 1.5 million to 4 million women aged 18 years and older experience domestic IPV each year (Natan et al., 2016). There is a belief that women of reproductive age are more susceptible to IPV, which results in unplanned pregnancies, pregnancy complications, and gynecologic disorders. Nearly $5.8 billion goes to IPV survivors' medical and mental health services annually (Natan et al., 2016). Women affected by IPV in the United States lose about 8 million days of paid work (32,000 full-time jobs) annually (Natan et al., 2016).

The project's purpose was to develop training to educate NPs and other clinicians in the primary care setting on IPV screening. Through the project, I specifically sought to explore the significance of educating NPs and other clinical staff regarding the HITS screening tool to effectively identify problems and refer patients to appropriate resources (AHRQ, 2015). The practice-focused question that guided the doctoral project was the following: What is the level of knowledge regarding using the HITS tool for screening for IPV among NPs in a practice setting? I sought to address the guiding practice-focused question using an educational intervention. I then evaluated the informative response on IPV screening utilizing the HITS tool with Lynn's (1986) evaluation model. This section

addresses the concepts, models, and theories used in the project, the project's relevance to nursing practice, and my role as a DNP student. I present a discussion of the section's content, and at the end of the chapter, I provide an introduction to Section 3.

Concepts, Models, and Theories

The theoretical frameworks underpinning this project included Bandura's (2018) social learning theory (SLT) and self-efficacy. SLT posits that individuals learn from each other through the observation of attitudes and behaviors, imitation, and modeling (Bandura, 2018). Based on the project, self-efficacy is likely to influence behavioral change among NPs ensuring increased rates of screening. The use of SLT and self-efficacy can result in behavioral change, thereby ultimately leading to the achievement of the desired change in a clinical setting (Horsburgh & Ippolito, 2018).

According to Bandura (1977), most human learning involves behavior observation and cognitive processes. Individuals perform, display, and use learned knowledge as a guide on later occasions by observing role models perform new techniques. Based on the general principles of the SLT framework, learning may occur without behavioral change. Behaviorists imply that a permanent behavioral change must represent learning. In contrast, social learning theorists indicate that because individuals can learn just through observation, their knowledge may not necessarily show in their performance (Bandura, 2018). Overall, Bandura (2018) suggested that learning may or may not lead to behavioral change. Bandura's SLT, which focuses on self-efficacy theory, was developed to be used by educators (Kilinç, Yildiz, & Harmanci, 2018). The model supports the concept of self-empowerment and the acquisition of knowledge and

skills by nurses as to ensure that they can critically evaluate established practices, examine their efficacy, and disseminate the findings (Kilinç et al., 2018).

Primary care settings are the avenues where most NPs are likely to meet with survivors during routine screening. Thus, NPs can facilitate change in primary care settings by creating an environment that supports evidence-based practices such as IPV screening (Walton, Aerts, Burkhart, & Terry, 2015).

Bandura argued that learning is a four-component process that involves attention, retention, reproduction, and motivation (Kilinç et al., 2018). The attention component includes actions demonstrated, frequency, complication, affective valence, individuality, and observer qualities (Kilinç et al., 2018). Retention includes cognitive organization, symbolic coding, motor rehearsal, and symbolic rehearsal. In contrast, the motor reproduction aspect entails the accuracy of feedback, self-observation of reproduction, and physical capabilities. The motivation element comprises external, vicarious, and self-reinforcement (Kilinç et al., 2018). The theory indicates that individuals learn through deliberate observation of other people's actions and are likely to adopt behaviors that they believe will result in desired outcomes. Thus, an educational intervention can help nurses learn and acquire behaviors such as self-efficacy that are crucial in caring for IPV survivors (Kilinç et al., 2018).

Self-efficacy entails individuals' belief in their ability to produce desired levels of performance that may, in turn, influence events that affect their lives (Bandura, 2018). People with high self-efficacy may perform complicated tasks instead of avoiding them because they consider the duties challenging. Unlike individuals with high confidence,

people with low self-efficacy tend to avoid tasks they view as challenging due to lack of adequate skills and knowledge (Kilinç et al., 2018).

Increasing the knowledge and skills of NPs through education and training may ensure that they can effectively handle IPV survivors by enabling them to feel confident in their abilities. Performance accomplishments are the most effective sources of efficacy information. Therefore, through an educational intervention, nurses may acquire enough knowledge regarding IPV screening, resulting in self-efficacy (Bandura, 2018).

During training, the staff received instruction regarding utilizing the screening protocol using a validated instruction plan (Miller et al., 2015). The educational training included the definition, rates, and implications of IPV; the HITS screening technique; and the procedural steps to take on a positive screen. The evaluation of the training material included using Lynn's (1986) evaluation model used by expert nurse leaders to assess content validity index (CVI) and content validity (CV).

During training, the staff received instructions regarding IPV screening (Miller et al., 2015). The training also incorporated strategies for effectively screening IPV using the HITS screening tool and available local referral agencies. Therefore, there was a need for increased access to continuing education by NPs because the current IPV training was insufficient to prepare the healthcare providers for practice (Crombie et al., 2017). Among the recommendations that may improve practice include the introduction of clinical tools that support recording and evaluation.

Definition of Terms

Harm, Insult, Threaten, and Scream (HITS) screening tool: A tool with four questions used in this context as an ideal instrument for identifying IPV survivors (AHRQ, 2015).

Intervention: A strategy used for the treatment and management of an illness.

Screening: Entails an examination of individuals for detecting problems or health risks (Miller et al., 2015).

Intimate partner violence (IPV): Any aggressive behavior in a relationship that causes physical, psychological, or sexual harm (AHRQ, 2015).

Primary care setting: A setting that focuses on disease prevention, health promotion, patient education, health maintenance, counseling, and diagnosis and treatment of various conditions (Barnes, 2015).

Survivors: Individuals who have been previously imperiled by violence and are still alive.

Relevance to Nursing Practice

According to Simpson and Jouriles (2019), nearly $5.8 billion are spent on IPV survivors' medical and mental health services annually. IPV survivors, particularly women, lose roughly 8 million days of paid work (32,000 full-time jobs) annually (Natan et al., 2016). Using the HITS screening tool is an effective strategy that may result in the referral and use of effective interventions. This project involved developing an educational program to educate NPs and other clinical staff regarding the HITS screening tool. Educating NPs and members of the multidisciplinary team regarding techniques for

IPV screening may enhance their confidence to perform the procedure (Crombie et al., 2017).

The aim of the project is to provide education on evidence-based utilization of the HITS screening tool, resulting in screening and referral. The DNP project has its basis in implementing systems change, including the provider education strategy, which is essential in promoting routine IPV screening (Hamberger et al., 2015). However, a significant barrier is the length of time involved in implementation. Initial strategies entailed meeting various system decision makers and ensuring approval (Hamberger et al., 2015). The process required educating stakeholders on IPV's health implications and the potential costs of human resources and time to implement and sustain IPV screening and intervention. The process also involved regular communication with key stakeholders to ensure active feedback exchange and amendment of educational materials and IPV training (Hamberger et al., 2015).

There is insufficient evidence to support system change interventions aimed at increasing screening rates and assisting IPV survivors. Research has concluded that IPV training strategies can increase provider screening rates and enhance IPV identification within healthcare settings (Hamberger et al., 2015; Miller et al., 2015). A systematic review of the impact of education on IPV interventions indicated that education improved attitude, knowledge, and behavior among health providers (Sawyer, Coles, Williams, & Williams, 2016). Studies have revealed that system change strategies are likely to increase rates of referral of identified IPV survivors to appropriate programs (Ghandour, Campbell, & Lloyd, 2015; Hamberger et al., 2015; Miller et al., 2015). Among the

factors limiting the performance of extensive research regarding the effectiveness of system change strategies are the inability of health systems to ensure routine screening. However, computer-based IPV screening can be performed with technological advancements during patient waiting times or online before primary care visits. Completing the HITS questions online on a computer has been proven safe and effective. IPV screening should be in use during routine physical examinations (Hamberger et al., 2015).

Local Background and Context

The practice-focused question involved establishing the level of knowledge regarding using the HITS tool to screen for IPV among NPs in a practice setting (Kalra et al., 2017). Based on the practice problem, it is essential to address the IPV issue through education to prevent associated implications better. IPV has significant effects on survivors' lives, including lifelong disability and a wide range of traumatic brain injury (DeHart, 2017; Natan et al., 2016).

A Maryland county was the location of the project setting. The population of the county is approximately 65% African American, 19% Hispanic, and 12% White. The effects of IPV include mental, physical, sexual, and economic consequences of abusive behaviors against a partner or spouse, such as depression, physical injuries, STIs, and employment instability (Maskin et al., 2019). Barriers to screening for IPV include the factors hindering the assessment of individuals likely to be IPV survivors. An estimated 43.7% of non-Hispanic Black women and 34.6% of non-Hispanic White women have

experienced IPV (Stockman et al., 2015). Healthcare providers need to screen for IPV due to the increased prevalence of violence against survivors (Stockman et al., 2015).

Role of the DNP Student

I have been an NP student in the primary care setting, working with patients from diverse backgrounds and various health issues. My role is to promote quality change in practice in a primary care setting. As the project developer, I reviewed the literature to obtain evidence regarding the significance of using an educational intervention to address the IPV issue.

I played a critical role in developing the training material used by the NPs working in a primary care facility within the identified county. Similarly, it was my responsibility to ensure that NPs received training on using evidence-based practice for the identification and guidance of IPV survivors. I was confident that the NPs and other clinical staff were determined to help IPV survivors. They were willing to support this project by enhancing their knowledge and skills related to IPV screening. As a DNP student and project developer, I did not possess any potential biases toward the doctoral project.

Role of the Project Team

A project team consisting of professional nurse educators or experts with knowledge on IPV was involved in the development of the project as mentors. A panel of nurse leaders used Lynn's (1986) evaluation model to assess the educational program for the content validity index (CVI) and content validity (CV). The panel of nurse leaders completed the evaluation and assessment of the educational program within 2 weeks. In

my role as a DNP student, I provided education to improve knowledge on how to properly screen for IPV using the HITS screening tool. I also provided pre- and posttests to evaluate the knowledge of participants, and I performed data collection. The office manager had the project coordinator role and assisted in coordinating staff schedules, setting up training dates, and sending reminders to participants.

Summary

In this section, I discussed the background and context of the project. The selected theory was Bandura's (2018) self-efficacy and SLT. The gap in practice that the project was developed to address was providers' lack of knowledge regarding IPV screening.

This section also presented a discussion on the relevance of the project to nursing practice. By educating and training NPs on IPV screening, it is possible to enhance their skills, knowledge, and confidence to screen, thereby ensuring increased screening and appropriate referral rates. My role as the DNP student and the role of the project team were discussed in detail. I reviewed the literature to obtain evidence on the significance of using an educational intervention to address the IPV issue. I was also engaged in developing the educational program used by NPs in the identified county's practice setting. The project team included me, the project coordinator, and experts on IPV and nurse leaders from within and outside the project site. Team members' participation ensured the achievement of project goals. Section 3 includes a discussion of how data were collected as well as the analysis of evidence.

Section 3: Collection and Analysis of Evidence

Introduction

According to AHRQ (2015), IPV is a crucial health concern because it results in psychological, physical, or sexual injuries. The types of violence encompassed within IPV include physical aggression, emotional or mental abuse, sexual coercion, and controlling behaviors between individuals in an intimate relationship. The prevalence of IPV is estimated at 2-18% in men and 3-14% in women (Hamberger et al., 2015). IPV involves adverse events, including physical injuries, morbidity, increased healthcare expenditures, and STI transmission. Therefore, there is a need to establish suitable interventions for improving IPV prevention and the management of affected people. This project involved evaluating the efficacy of using an educational program to teach NPs to use the HITS screening tool to diagnose and manage IPV in survivors. The information in this chapter includes the following: (a) the practice-focused question, (b) sources of evidence, (c) analysis and synthesis, and (d) a summary.

Practice-Focused Question

Despite research revealing that IPV screening improves patient outcomes, it is often not completed, resulting in low screening rates (Pagels et al., 2015). According to Wadsworth, Kothari, Lubwama, Brown, and Benton (2018), clinicians mentioned not having enough time, lack of knowledge, and feeling uncomfortable asking patients questions about domestic violence as reasons for not screening for IPV. The gap identified during clinical rotations at the project setting, which indicated the need for this project, was the omission of patient screening for IPV. The reasons for not screening for

IPV were lack of time and the provider's focus on treating the patient's presenting physical symptoms. The staff were also not familiar with IPV screening tools and did not know their role if a problem was detected. The DNP project addressed the lack of knowledge by providers regarding how to screen for IPV. The practice-focused question for this project was as follows: What is the level of knowledge regarding the use of the Hurt, Insult, Threaten, Scream (HITS) tool kit for screening for IPV among nurse practitioners in a practice setting? Participants completed a knowledge test before and after training.

Alignment

According to Hamberger et al. (2015), IPV is a significant national health concern that affects women (2.7%-13.9 %) and men (2.0%-18.1%). The primary care setting is a key place to assist IPV survivors. However, lack of health provider knowledge of IPV screening has been a major barrier. Implementing systems change, such as provider education, is a strategy needed to promote routine IPV screening (Hamberger et al., 2015). Therefore, through this DNP project, I aimed to develop educational instruction to educate NPs and other clinical staff in a primary care setting on properly using the HITS screening tool, potentially leading to proper intervention and referral. A study by Lee et al. (2019) found that provider education improved screening readiness. Kalra et al. (2017) established that educating care providers improved their attitudes and beliefs toward IPV and increased their readiness to manage IPV. Subsequently, the number of referrals to support agencies increased. The training evaluation included the use of Lynn's (1986) evaluation model by a panel of nurse leaders for CV and the CVI.

Sources of Evidence

The evidence supporting this project's concepts came from a literature search and evaluation of quality indicators for establishing the efficacy of the proposed intervention. The literature search involved scientific databases such as the Walden Library, CINAHL Plus with Full Text, Cochrane Database of Systematic Reviews, Ovid Nursing Journals Full Text, MEDLINE with Full Text, ProQuest Nursing, and Allied Health Source. Official websites used included those of the World Health Organization, CDC, U.S. Preventative Task Force, and American Academy of Family Physicians. The search keywords included *intimate partner violence, domestic violence, effects of intimate partner violence, survivors of intimate partner violence, nurse practitioner roles to reduce intimate partner violence*, and *barriers to screening for intimate partner violence*.

The findings from the search results indicated that IPV is a crucial health problem in the community, with a prevalence of 2-18% in men and 3-14% in women (Hamberger et al., 2015). The estimated prevalence of IPV-related homicides among American women is around 1,200 annually (Hamberger et al., 2015). IPV links to psychological, physiological, mental, and emotional injuries. According to Kalra et al. (2017), screening is the most suitable approach for diagnosing IPV in survivors. However, factors such as ineffective policies, fear of offending the patient or partner, and time constraints hinder care providers from effectively screening patients to determine exposure to IPV (Hamberger et al., 2015; Kalra et al., 2017). In some instances, care providers are not proficient in assessing, identifying, and managing individuals exposed to IPV. Limited provider knowledge regarding the diagnosis and management of IPV in patients affects

their ability to respond appropriately (Kalra et al., 2017). Therefore, educating care providers about screening, treatment, and management of IPV survivors can improve the health of those exposed to domestic violence.

The second source of evidence to support the concepts projected in the study was data comprised of quality indicators for establishing the efficacy of the proposed intervention. The project took place in a primary care clinic in the state of Maryland. The facility was appropriate because it provided the community with services for preventing and treating acute medical conditions. The identified quality indicator for evaluating the intervention's efficacy included improved knowledge of NPs in screening and managing IPV survivors.

Evidence Generated for the Doctoral Project

Participants

The primary care setting had five clinical staff, including two NPs, two physicians, and one RN. The project aimed to educate NPs and other clinical staff on IPV screening using the HITS screening tool. All clinical staff who were involved with patient interaction in the clinic were selected to participate in the project.

Procedures

The expert panel evaluated the curriculum developed for the DNP project to ensure that the lesson objectives aligned to educate participants on how to screen for IPV using the HITS screening tool. The lesson objectives for the educational plan included the following:

1. Participants will learn about IPV

2. Participants will learn the components of the HITS screening tool
3. Participants will learn how to score the HITS screening tool
4. Participants will learn about available local resources for IPV survivors

With the expert panel's approval of the lesson objectives, the project proceeded with the educational training. Pre- and posttests evaluated the participants' knowledge, and the participants assessed the instructional content and delivery.

Evaluation Plan

The expert panel determined the alignment of lesson content with course objectives by determining the CV of the instructions provided to the clinical staff on using the HITS screening tool. The evaluation's responses were assessed and used to compute CV and CVI based on Lynn's (1986) evaluation model. The alignment of the contents of the developed learning material to the proposed objectives for staff development was determined based on the CV of the lesson plan used to educate the staff. The role of CV is to establish whether a project's findings are meaningful and representative of the population targeted (Rutherford-Hemming, 2015). The resulting figures by the number of experts who provided scores 4 and 5 was divided by the total number of participating experts. With a total of five experts, acceptable validity was 0.80 or more (see Figure 1). The items rated from the lesson plan were the PowerPoint presentation and the pre and posttests. No item scored less than 3; therefore, there was no need for revision and approval by the same expert panel. Ratings of 8 or 10 on the posttest evaluation for the educational program were considered valid without any need for improvements.

Number of experts	Number of experts endorsing item or instrument as content valid						
	2	3	4	5	6	7	8
2	1.00						
3	0.67	1.00					
4	0.50	0.75	1.00				
5	0.40	0.60	0.80	1.00			
6	0.33	0.50	0.67	0.83	1.00	1.00	
7	0.29	0.43	0.57	0.71	0.86	0.88	1.00
8	0.25	0.38	0.50	0.63	0.75	0.78	0.89

Figure 1. Lynn's model. From "Determination and Quantification of Content Validity," by M. Lynn, 1986, *Nursing Research, 35*(6), p. 384.

Protections

The Walden University Institutional Review Board (IRB) approved the project before I commenced activities (IRB Approval ##04-17-20-0558970). This project is an educational intervention focused on educating NPs and other clinical staff on the HITS screening tool. Each expert panel member completed a validation form to assess the lesson plan. There was no monetary exchange regarding this project between me as the DNP student and the expert panel or participating clinical staff. There was no collection of identifiable information from participants, and all were made aware of efforts to maintain confidentiality.

Analysis and Synthesis

Five chosen experts evaluated the contents of the developed educational material. The expert panel included two psychiatric mental health NPs, a psychiatrist, and two family NPs. According to Rutherford-Hemming (2015), the use of six or fewer experts on the panel is adequate because a higher number of experts increases the chance of

generating low scores. Upon approval from the IRB to proceed with the project, the experts assessed and rated all of the developed educational material items, customized to align with the project's staff development objectives.

In assessing the contents of the developed educational material, the team of experts completed a questionnaire containing responses assessed on a Likert scale, ranging from 1 for *not relevant* to 4 for *highly relevant*. The evaluation's purpose was for the experts to ensure that the developed educational material's goals, activities, and contents aligned with the proposed lesson objectives. It was imperative to align the goals to determine whether the project met the course objectives. Each question in the assessment form was evaluated based on relevance, clarity, comprehensiveness, and significance. The members of the expert panel offered suggestions for the improvement of the educational module.

After the experts validated the learning objectives and instructions, I scheduled an educational session with five clinical staff on using the HITS screening tool, and participants completed a pretest before training. A posttest tested staff knowledge after completing the education. The pre- and postintervention scores obtained from the responses of participants determined the knowledge acquired. There was no need for inferential statistics or a *t* test to measure the knowledge improvement's significance from the participant scores because of the low sample size. A summative evaluation with Training Evaluation tool was used by participants to assess the instructional materials and delivery of information on the HITS screening tool.

The aim of conducting summative evaluations is to determine the effectiveness of the approach used to convey the intended information (Frey, 2018). This assessment method helped to determine whether there was a satisfactory presentation of the educational session.

Summary

I developed this project to investigate the effectiveness of using an educational program to teach HITS screening tools to diagnose and manage IPV survivors. Guided by the project development concepts, the practice-focused question was the following: What is the level of knowledge regarding using the HITS tool for screening for IPV among nurse practitioners in a practice setting? I developed an educational program for use in conveying the intended information to clinical settings. The material content was evaluated for validity by a panel of experts. Once the project received IRB approval, the material clinical staff received education on diagnosing and managing IPV with the material. The expected outcome was increased knowledge and skill in utilizing the HITS screening tool to lead to proper intervention and patient referral to available resources. Section 4 includes a discussion of project findings and recommendations.

Section 4: Findings and Recommendations

Introduction

IPV is associated with adverse health outcomes, including lifelong disabilities, unwanted pregnancies, STIs, loss of employment, and expenditures for treatment costs (AHRQ, 2015). According to the CDC (2019), in every six homicide cases, the killer is the victim's intimate partner, and in almost 50% of all female homicides, the killer is a current or former intimate partner. Screening for IPV in healthcare settings where survivors access medical care has proven an effective strategy for improving health outcomes by preventing further harm that may cause severe morbidity or death (Natan et al., 2016). Despite these findings, clinicians often shy away from screening patients for IPV (Pagels et al., 2015). I found that clinicians in a primary care practice did not have adequate knowledge to address IPV topics with patients. Additionally, some providers omitted the screen, citing a lack of time and the decision to focus on treatment. The gap in practice addressed by this doctoral project was the clinicians' lack of knowledge on how to screen for IPV, handle those who screen positive, and use screening tools.

The purpose of the doctoral project was to develop a training program to educate NPs and other clinicians in the primary care setting on IPV screening. Through this doctoral project, I sought to address the significance of educating NPs and other clinicians on using the HITS screening tool to effectively identify IPV problems and refer patients for appropriate resources. I guided the doctoral project with the practice-focused question: What is the level of knowledge regarding using the HITS screening tool to screen for IPV among NPs in a practice setting?

I determined based on a PICO assessment that there was a need for provider training on how to screen for IVP. I synthesized available literature on IPV screening to develop an intervention that addressed the identified challenges and met the project setting's needs. After my literature review, I selected the HITS tool. I then created a learning objective, developed the lesson plan, taught it to the staff, and finally evaluated the staff's pre and post knowledge of using the HITS.

To obtain evidence for evaluating the doctoral project intervention, a panel of experts assessed the training program's content and learning objectives. The pre- and posttest assessments of the clinicians participating in the project helped in determining the validity and delivery efficacy. The analysis procedures included Lynn's (1986) model to assess the intervention's content validity based on the expert scores and calculation of percentage changes in clinicians' knowledge. Based on the model, an average rating of 0.80 was required for the intervention to be considered valid.

Findings and Implications

Review of Expert Panel Results

The doctoral project's goal was to improve IPV screening in a primary care setting by educating clinicians on the issue, available screening tools, and resources for survivor referrals. The intervention included an education program that I developed to identify, screen, and refer survivors of IPV to appropriate resources. The validity of the instructional content, learning objectives, and materials were evaluated by five experts (see Figure 2).

The experts rated the learning objectives, including an introduction to IPV, components of the HITS tool, how to complete the instrument, and available resources to which clinicians could refer survivors, as highly relevant. The teaching materials, introductory video, and PowerPoint presentation were also rated highly appropriate by four of the five experts. The panel member who did not rate the teaching materials as highly relevant recommended including a video demonstrating HITS screening to enhance teaching. The five experts also ranked the intervention package's content, which included a training survey, the lesson plan, and the pre and posttest questionnaire, as highly relevant.

The intervention's validity score based on Lynn's (1986) method as the calculation was the percentage of experts who gave ratings of 5 versus those who ranked relevance as 4. All five experts gave 100% validity with the highest score of 5 for the objectives and content (see Figure 2). One expert provided a rating of 4 for the teaching materials' validity, which the rest rated as 5. I calculated the validity by multiplying the number of experts who rated the content as 4 by the average rating and dividing it by the number of experts. The resulting validity score for the intervention's content was 0.96, while the overall validity based on the section averages was 0.99

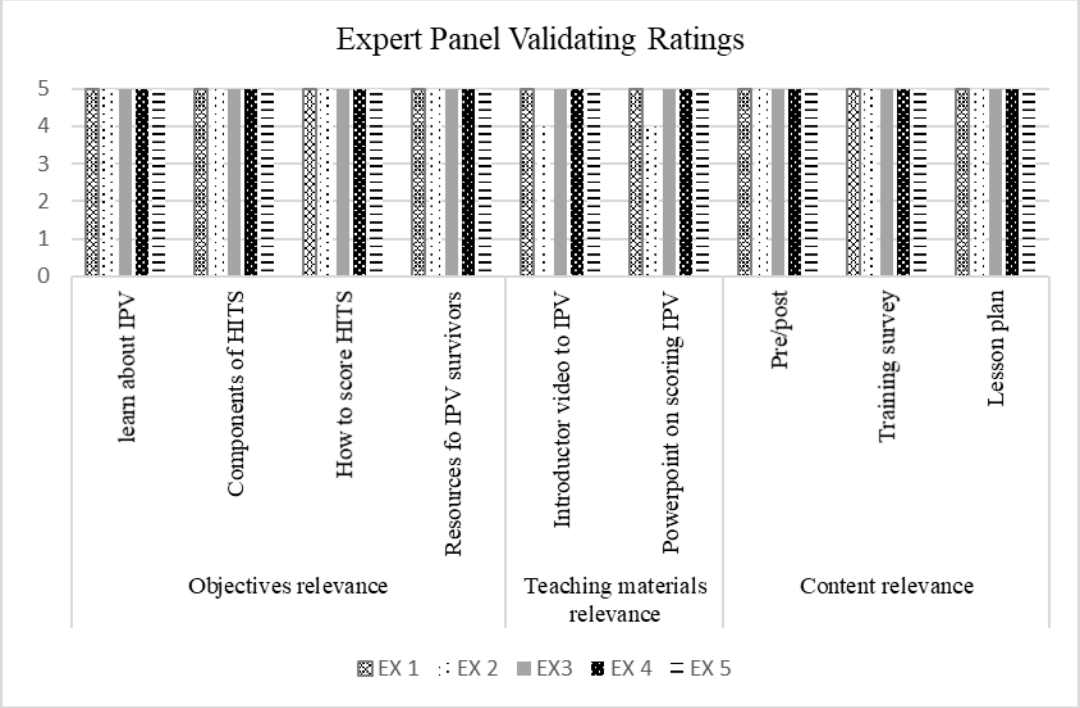

Figure 2. Expert panel validation ratings.

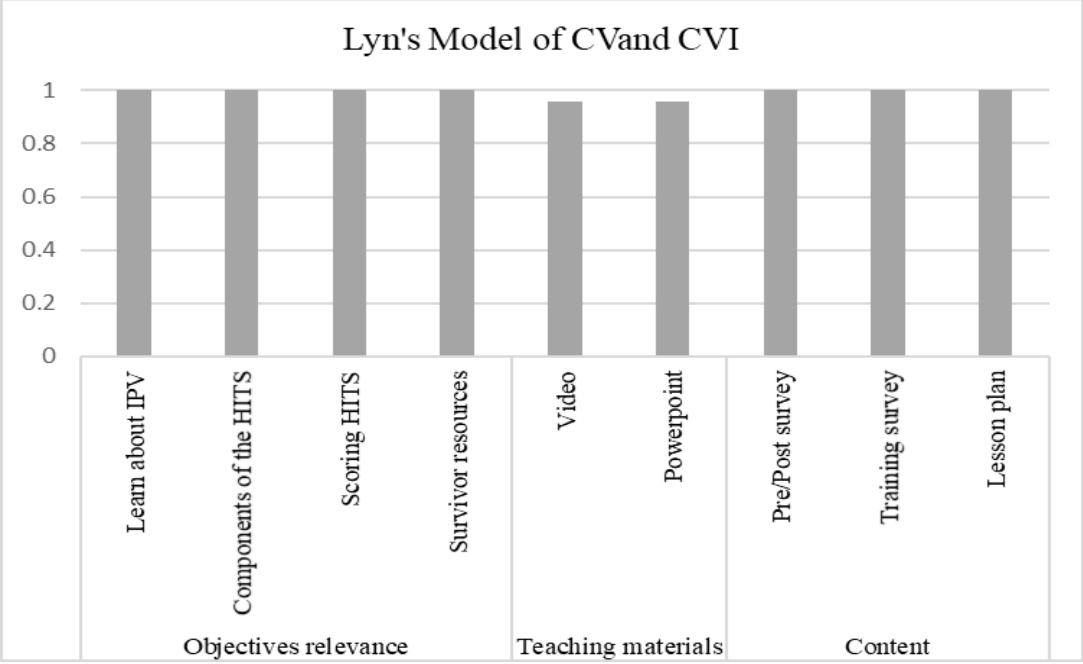

Figure 3. Lynn's model of CV and CVI revealing expert panel evaluation. To determine validity, the CV and CVI were set at 0.80.

Pre- and Posttest Results

The project intervention involved educating clinical staff on IPV screening using the HITS tool and referral of identified survivors. The clinic staff received information on the project's objectives, voluntary involvement, and evaluation procedures. After the educational materials were rated, the expert's recommendation was included by providing copy of the HITS tool and demonstrating how to score for IPV in the education program. I presented the education program to the clinicians working at the project's primary care facility. I assessed the participants' knowledge before taking part in the education session and after the session was over. Figure 4 presents the pre- and posteducation scores.

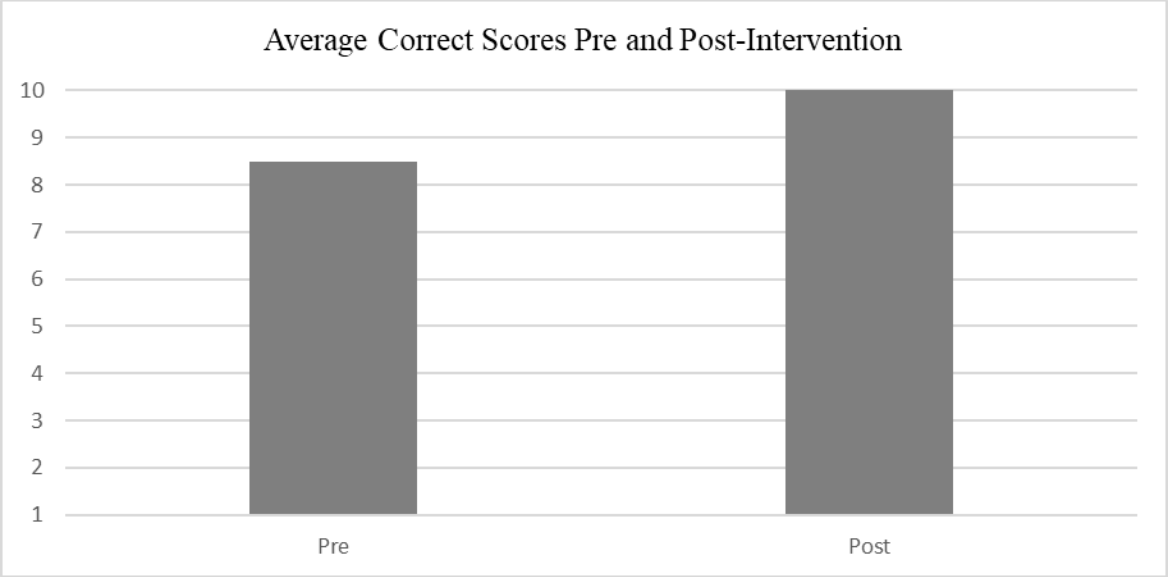

Figure 4. Average participant scores on the pre- and posteducation self-assessment of knowledge.

The self-assessment questionnaire consisted of 10 questions that tested participants' knowledge regarding IPV screening, the HITS tool's use, and the referral of

identified IPV survivors to resources. Before the participants received educational instruction, the average knowledge score was 8.5. The scores indicated a knowledge deficit among the clinic staff on IPV screening, HITS tool use, and available resources for survivors. After providers received training, the knowledge score was 10, indicating 18% improvement in participant knowledge of IPV screening and referral resources (see Figure 4). The results indicate that knowledge increased in the area of available resources, components of the HITS screening tool, and how to score for IPV. Staff appeared to have prior awareness of IPV but lacked knowledge of approaching the subject and screening patients.

Intimate Partner Violence Training Evaluation Results

The findings of the staff evaluation indicated that staff agreed that the course met the objectives. The evaluation findings were positive and led to recommendations to improve the course for future sessions. The clinic staff strongly agreed that the course met the learning objectives and addressed the setting's current needs. The teaching aids, including the video presentation's recommendations, were rated as particularly useful by the staff in understanding the topic. The staff also rated me as knowledgeable in understanding patients and providing ideas on approaching the subject of IPV. I demonstrated to the staff how to score the HITS tool, which they rated as helpful.

The clinic staff rated the teaching materials used in educating them about IPV. The PowerPoint presentation was rated as appropriate and did not need changes for future sessions. The staff recommended that future courses involve both clinical and nonclinical staff. The recommendation to include nonclinical staff was based on their interactions

with patients, in that they might be able to identify IPV cases in patients and refer patients to appropriate resources.

The developed educational intervention consisted of a training video with an introduction to IPV, a PowerPoint presentation on screening patients using the HITS tool, and referral resources for identified survivors. The intervention was rated as valid by experts and effectively improved clinicians' knowledge based on the pre and posttest evaluation. The participants comprised all clinicians working at the primary care center, which served as the doctoral project setting. The small sample size of participating clinicians limited inferential analysis of the intervention's effectiveness and generalization of the findings. Thus, a larger population or a large-scale setting can effectively evaluate intervention.

The findings imply that clinicians can refer patients to get necessary help with improved knowledge of how to identify and screen for the problem. The educational intervention led to improved knowledge regarding the HITS use and the resources available for IPV survivors in a primary care setting. For people undergoing IPV who might not know where to seek help, improved knowledge among providers may ease their recovery process by leading them to access helpful resources. The project may also benefit survivors of IPV by improving their health outcomes and promoting the prevention of future events that might lead to severe morbidity or even death (Kalra et al., 2017).

An implication of the findings in the healthcare setting is improved trust built between the community and providers. Sawyer, Coles, Williams, and Williams (2016)

established that domestic violence survivors develop trust in healthcare providers who assist them in accessing help. Survivors who get help are more likely to refer their peers to the healthcare provider who helped them (Sawyer et al., 2016). Trust established in this manner may lead to improved health outcomes within the community. Knowledge among healthcare providers may translate to increased screening and referral rates for the healthcare system, leading to reduced IPV incidence and associated costs. Potential positive social changes arising from this project include improved access to IPV resources for survivors, reducing their exposure and risk. Reduced incidence of IPV may lead to significant improvement in survivors' physical, mental, social, and economic wellbeing. IPV survivors face various challenges in their socioeconomic status. Such challenges are typically caused by missed workdays, loss of employment, and depression; situations can reverse with screening and referral to helpful resources (Hamberger et al., 2015).

Recommendations

The identified gap in practice was lack of adequate knowledge among primary care providers regarding IPV screening. The educational program was useful for increasing providers' awareness of IPV screening using the HITS tool and available resources to refer to survivors. Future practice recommendations include mandating IPV screening for all patients accessing acute and primary healthcare services, including both men and women and those without apparent risk factors. Survivors may take some time to build rapport with providers (Wilson et al., 2016); thus, it is recommended to have multiple screenings. To achieve multiple screenings per patient, mandatory testing for

every patient accessing healthcare is necessary. Compulsory screening of every patient is also likely to address stigma and feelings of hopelessness among survivors. Having frequent IPV discussions during screening may encourage survivors to talk about their experiences and desire an alternative lifestyle free from violence.

I also recommend developing comprehensive IPV training for all primary care providers to facilitate mandatory screening. The intervention developed and validated in this doctoral project can be used for training providers in community healthcare centers and other primary healthcare institutions. Furthermore, it may be possible to hold the training sessions annually to serve as refreshers for healthcare personnel. It is recommended to train newly hired practitioners and encourage screening for IPV during every patient visit to curb this growing problem. It is an expectation that implementing mandatory IPV training for all staff will result in increased screening rates.

Finally, I recommend frequent and open discussions about IPV in healthcare settings. According to AHRQ (2015), 1 in every 4 women has and will experience IPV. Cases often go unnoticed until severe injuries, morbidities, and deaths occur. By normalizing discussions of IPV, it may be possible to gain necessary attention to the problem and encourage more survivors to access help. This doctoral project indicated a causal relationship between staff education and improved knowledge, which I expect to translate to enhanced IPV screenings. I expect normalized discussion about IPV to have similar results regarding screening and accessibility resources for survivors.

Contribution of the Doctoral Project Team

The project team aimed to guide and offer leadership. The team developed and implemented an educational intervention to improve staff knowledge of IPV screening using the HITS screening tool in a primary care setting. The process of designing, implementing, and evaluating the project intervention involved a team of healthcare professionals. As an NP, I developed the intervention. A panel of experts validated the intervention while providing recommendations on improvements. The expert panel consisted of individuals with adequate IPV knowledge and experience. The panel consisted of two psychiatric mental health NPs, a psychiatrist, and two NPs.

The manager at the primary care facility where the project occurred also helped me to facilitate the education session. The manager coordinated staff schedules, set up dates for the training session, and sent out reminders to participants to encourage attendance. The manager's involvement in the project was essential because of the coordination effort required to ensure that all of the clinical staff received training.

The healthcare providers working at the facility participated in the project by attending the education session and participating in the self-assessment exercise, which enabled an evaluation of the intervention's effectiveness in promoting knowledge improvement. The participants comprised physicians, NPs, and one RN, all of whom benefitted from the intervention through improved IPV screening knowledge. Although the nurse manager was not involved in the evaluation, the physician recommended their inclusion in future studies.

Strengths and Limitations of the Project

The doctoral project had several strengths and limitations. Supported the project's main strength by the availability of literature regarding educational interventions for improving providers' knowledge of IPV and guidance for screening. I had access to previous studies evaluating educational interventions for nurses, facilitating the synthesis and development of the current evidence-based educational program used in this project.

The project's other strength was the support afforded to me by the management and staff at the facility where the project took place. Without support from the facility, the implementation and assessment of the intervention would not have been sufficient. The clinicians had a positive attitude towards the intervention. All five primary care staff working at the facility attended the session and participated in the self-assessment. Another supported source was from the panel of experts who evaluated and validated the educational intervention at no cost, using their expertise and time. The primary care facility manager also supported me in implementing the project by coordinating and facilitating the educational session.

Some of the limitations of the project include the small sample size and duration allocated for evaluation. A sample size of 5 participants was too small for any statistical inferences. Therefore, project results' generalizability is questionable, and there is a need for replication with larger sample size. Although the focus was not to evaluate the project's statistical significance, such results would have helped present the educational program's efficacy as evidence-based.

Conducted the pre- and postassessments on the same day; thus, I could not evaluate the participants' ability to retain the intervention's knowledge. There was no evaluation of the long-term sustainability of the gained knowledge for 3, 6, or 12 months. With recommendations made for implementing the education program, annually evaluate the sustainability of the knowledge gained for up to a year.

Section 5: Dissemination Plan

The project's findings were disseminated to the manager and providers at the primary care facility via an email that contained the project objectives, a description of the educational program, and the findings. I also presented the pre- and postintervention results to the expert panel. A doctoral project manuscript will be submitted to the *Nurses in Professional Development Journal* for publication to increase access to information about evidence-based IPV screening practices. Publishing the doctoral project report is also expected to inspire nurse educators to engage their students and other clinicians in IPV screening.

Analysis of Self

The process of developing new evidence and its application to practice is time consuming. It may intimidate nursing professionals with visions for quality improvement (Wu et al., 2018). Nurses are obligated to address evidence of practice gaps by facilitating the development, evaluation, and implementation of the most effective interventions to promote patient safety and care quality (Wu et al., 2018). Developing, implementing, and evaluating this doctoral project contributed to my growth as a practitioner, scholar, and project manager.

My goal has been to improve my patients' healthcare outcomes by promoting engagement, teamwork, and safety. I use my nurse training combined with my previous experiences in providing optimal care for my patients. In developing the intervention, I used my past experiences to understand the psychological state of IPV survivors and the type of interventions that they require, including how to approach the subject. By

combining my past experiences with the literature that I found on IPV screening, I synthesized and developed guidelines that could be taught to clinicians and are easy to understand and implement.

My experience as a practitioner has helped me gain an understanding of the social, mental, and physical implications of IPV, and thus the need to address the issue. Drawing from my interactions with survivors, I understood what nurses and other clinicians lack in helping such survivors. This doctoral project allowed me to solve IPV issues by raising awareness and encouraging the screening of survivors and referrals to the resources needed.

The processes of developing, implementing, and evaluating the doctoral project renewed my passion for nursing education. The process prepared me to be an active agent for health literacy among nurses and patients. In completing this DNP program, I have developed my skills for identifying healthcare problems in the community or nationwide and developing interventions that effectively address them. This project has helped me meet my goal of joining the program to learn practices for improving IPV care provided by NPs. This doctoral project contributed to that goal by facilitating the improvement of providers' understanding of IPV and practices of screening and referral for help using evidence-based practices.

As a project manager, conducting research and developing and implementing the doctoral project improved my understanding of the challenges that providers face in ensuring that they provide optimum care. For instance, I experienced scheduling problems and difficulty, ensuring that all participants prepared for the intervention. I had

to learn to work with teams to use every available resource regarding time without affecting the members' work schedules. Implementing the project helped me build interpersonal skills and understand the ethical responsibilities of evaluating interventions for evidence. As a leader, I learned the importance of maintaining a clear vision for all my undertakings, which helped me stay focused and continue with implementation plans whenever challenges arose.

The skills gained from this doctoral project will guide my future practices as a nurse, an educator, and a leader. I intend to publish this doctoral project's report. This way, I will get constructive criticism, which will advance my future roles as a practitioner and scholar. I intend to continue advocating for IPV screening by presenting the findings of this project and conducting further research on the intervention's effectiveness in influencing nurses' practice. As a practitioner, my focus will be on creating awareness of IPV among patients by normalizing conversations about negative consequences of IPV and resources for survivors. As a leader, I will continue advocating for continuous efforts to advance practitioners' knowledge through evidence-based education programs for quality improvement.

Summary

Through this project, I aimed to develop and implement an educational program to educate NPs and other clinical staff and caregivers on IPV screening using the HITS screening tool. I achieved the objectives by developing and implementing an educational program focused on IPV screening at a primary care facility. A panel of experts validated the educational program, the delivery methods, and the assessment instrument used in the

doctoral project. I presented the education program to clinicians working in a primary care facility, followed by an assessment of their knowledge regarding IPV screening. The participants were educated on IPV, screening using the HITS tool, and providing resources to survivors. The project findings indicated an 18% increase in clinicians' knowledge of IPV, screening, and referral. I have made recommendations for further evaluation of the transference of the gained knowledge into practice. The project has significantly contributed to my growth as a scholar, project manager, and NP.

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Appendix A: Instructional Plan

Instructional Plan

Lesson objectives for the educational plan:

1. Participants will learn about IPV.
2. Participants will learn the components of the HITS screening tool.
3. Participants will learn how to score the HITS screening tool.
4. Participants will learn about available local resources for IPV survivors.

Instructional Outline:

1. A pre-test will be given to participants to test fundamental knowledge of IPV and HITS screening tool.
2. Participants will watch a short video on IPV.
3. Participants will receive instruction on the HITS screening tool and how to score it using a PowerPoint presentation.
4. The PowerPoint presentation will provide instruction on available resources for patients with a positive score.
5. There will be a posttest to assess for knowledge gained from the training.

Evaluation:

1. Pre-and posttests to be given to participants to assess for knowledge gained.
2. Will give participants an instruction evaluation survey.

Appendix B: Pre- and Posttest

Self-Assessment of Knowledge Pre-Test/PostTest

1. Intimate partner violence (IPV) is

a. physical, psychological, or sexual.
b. always medical.
c. only confirmed if a physical injury occurs.
d. NOT likely to occur against a man.

2. True or False: Intimate partner violence is a public health problem that requires urgent attention from healthcare providers.

a. True
b. False

3. True or False: It is recommended to screen women of childbearing age and provide intervention services to those with a positive IPV screen.

a. True
b. False

4. True or False: One reason intimate partner violence against men goes unreported is that some feel such violence is a sign of weakness, so they keep it to themselves.

a. True
b. False

5. True or False: Even if abuse is unacknowledged, providing every patient with educational material normalizes the conversation and makes it acceptable for patients to receive information without disclosure.

a. True
b. False

6. What does the HITS screen for?

a. Depression
b. Intimate Partner Violence
c. Hypertension
d. Asthma

7. The term "HITS" means

_____, _____, _____, and _____

8. A score <10 on the HITS is a positive indication of intimate partner violence

a. True
b. False

9. Name one IPV resource program you could refer a patient with a positive IPV screen below

---

10. When screening or interviewing a patient for IPV, the clinician should

a. require the victim to respond to the screening questions because it is in the victim's best interest.
b. share the results with the victim's family to help end the violence.
c. respect the patient's right not to answer and provide available resources
d. confront the perpetrator and let him or her know that you will report the violence.

Appendix C: Expert Panel Validation Form

Expert Panel Validation Form

Please complete the form by placing a circle around the number next to your selected response.

Participants will learn about IPV.
Is the objective relevant to the staff education activity?
1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Participants will learn the components of the HITS screening tool.
Is the objective relevant to the staff education activity?
1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Participants will learn how to score the HITS screening tool.
Is the objective relevant to the staff education activity?
1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Participants will learn available local resources for IPV survivors.
Is the objective relevant to the staff education activity?

1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Participants will watch a short video on IPV.
Is the short introductory video on IPV relevant to the staff education activity
1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Will use PowerPoint for instruction on how to use the HITS screening tool.
Is the PowerPoint instruction relevant to the staff education activity?
1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Will use PowerPoint instruction for instruction on how to score the HITS screening tool.

Is the instruction on scoring the HITS screening tool relevant to the education activity?

1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Are the pre-and posttests relevant to the staff education activity?

1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Is the training evaluation survey relevant to the staff education activity?

1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments:

Is the lesson plan on IPV and HITS screening tools relevant to the staff education activity?

1 = not relevant
2 = unable to assess relevance without item revision
3 = relevant but need minor alterations
4 = very relevant and succinct
Comments

Appendix D: Intimate Partner Violence Training Evaluation Tool

IPV Training Evaluation Tool

IPV and HITS screening tool instruction

		Date:			
1 = Strongly Disagree	3= Agree				
2 = Disagree	4 = Strongly Agree	1	2	3	4
Met the following objectives: (PLEASE CHECK the appropriate box)					
1. Participants will learn about IPV					
2. Participants will learn the components of the HITS toolkit					
3. Participants will learn how to score the HITs toolkit					
4. Participants will learn available local resources for IPV survivors					
1. A. Speaker's Name: Enitan Salawu					
1. Knowledgeable					
2. Teaching aids/methods					
3. Content was relevant to the objectives					

Comments

2. What was the most helpful aspect of this staff education module?

3. If this course were to be repeated, these would be my suggestions for changes in content.

4. What should be added to future staff education instruction on these topics?

Appendix E: Permission to Use HITS Screening Tool

Re: Permission to use HITS screening tool

Kevin Sherin <sherinkmj@gmail.com>

Thu 4/9/2020 7:40 PM

To: Enitan Salawu <enitan.salawu@waldenu.edu>

Yes. Absolutely you can use it for research. Please contact me again if used for more than academia

Kevin Sherin MD

Sent from my iPhone

> On Apr 9, 2020, at 6:04 PM, Enitan Salawu <enitan.salawu@waldenu.edu> wrote:
>
> Dear Mr. Sherin,
>
> Good evening, my name is Enitan Salawu and I am a doctoral student at Walden University. I am currently working on my doctoral project. My project aims to educate nurse practitioners on intimate partner violence and how to screen using the HITS screening tool. The goal is to increase IPV screening in the primary care setting.
>
> I would like to request your permission to use the HITS screening tool for my project. Thank you in advance.
>
> Best regards,
> Enitan Salawu