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BC Healthy Connections Project

PROCESS EVALUATION

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Nurse-Family Partnership Intimate Partner Violence Public Health Nurse & Supervisor Education

1. Background to the Nurse-Family Partnership (NFP) Intimate Partner Violence (IPV) Education & Intervention

The NFP IPV intervention consists of five components: 1) public health nurse (PHN) & supervisor IPV education; 2) a manualized intervention including a clinical pathway, home visit facilitators, & nurse instructions for each facilitator; 3) supervisor guidelines for reflective supervision; 4) a site readiness checklist; and 4) clinical coaching & consultation. The NFP IPV intervention was specifically developed for delivery by nurses within the context of the NFP home visitation program. The intervention follows the nursing process and the clinical pathway guides nurse decision making related to IPV identification and assessment, diagnosis, risk assessment, planning, and delivery of an intervention tailored to meet the client's specific needs related to safety, increasing awareness of the impact of IPV, self-efficacy & social support.

All NFP PHNs and supervisors complete the NFP IPV Education within their first year in the program. The objectives of the NFP IPV Education are to: 1) increase general knowledge about IPV –including IPV typologies, risk indicators, maternal and child outcomes related to IPV exposure, the trajectory of leaving or resolving abusive relationships, and therapeutic strategies for identifying and responding to IPV in home visits; 2) develop skills to identify and assess for IPV, conduct risk assessments, respond empathically to IPV disclosures, and provide nursing interventions tailored to the client's level of danger and her readiness to address safety; and 3) increase confidence in using and applying the NFP IPV Intervention in their home visiting practice.

NFP IPV Education Components

Education Component	Content	Format
1. Introductory Modules	1. Defining IPV 2. Identifying & responding to IPV in a home visit 3. Assessing a client's level of risk associated with IPV 4. Process of leaving (or resolving) an abusive relationship	Independent study (reading, interactive online modules, review of clinical videos); team-based discussion, practice & role-playing; certification to administer Danger Assessment
2. IPV Workshop (PHN & Supervisors)	Review, consolidation & application of the NFP IPV Intervention	Large group lecture & small-group discussion (in-person attendance)
3. Supervisor IPV Orientation	1. Intervention overview 2. Site readiness checklist	In-person workshop
3. Post-Workshop Module	1. System navigation	Presentations (community partners), field trips to community agencies
4. Quarterly Q & A Sessions	Questions related to clinical implementation of IPV intervention; case review	Teleconferences facilitated by IPV clinical expert & educator
5. Team Meeting Education Module	Danger Assessment	Piloted & facilitated by expert IPV educator (3 HAs) & by supervisors (2 HAs)

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1. Supervisors' and PHNs' Experiences of Completing the IPV Education

Overall, PHNs and Supervisors reported high levels of satisfaction with the NFP IPV education. The educational process and materials were described as comprehensive, evidence-based, well-organized, and well integrated into the overall NFP program.

For the vast majority of PHNs and supervisors, the IPV education either advanced and updated existing knowledge or provided new knowledge that addressed a significant gap in their existing nursing education and practice. PHNs commented that the focus of any previous IPV education had been related mostly to IPV screening and assessment procedures. In comparison, it was highlighted that the NFP IPV education increased their confidence in raising and addressing the issue of IPV in a home visit.

> *"I wouldn't have tried to investigate IPV before I had that training. So I gained the confidence to even approach the subject, to feel comfortable speaking about IPV and to feel like I could actually provide information and support to somebody. So, I basically would have not wanted to address it at all before [the IPV education]." NFP PHN*

Completion of the education provided PHNs with practical tools and skills to identify and assess for IPV, but more importantly advanced their practice by learning strategies on how to respond to a disclosure and intervene with women exposed to abuse.

> *"[As PHNs] we had been identifying it [IPV] and trying to respond, but we had no plan of action. So the IPV training really gave us a framework for [knowing what to do] once we did identify IPV, then how to respond and what to do next. It gave us the next steps." NFP Supervisor*

PHNs noted that the IPV education provided an opportunity to develop or enhance skills related to: motivational interviewing, using a case finding approach to identify IPV exposure, and to provide tailored safety planning.

A very small number of PHNs (<5) chose to share that the IPV education did not provide any new information given their past professional experiences working with families exposed to violence. The only benefit of the education identified by this group was the knowledge gained related to how to apply the NFP IPV clinical pathway and associated tools in practice.

2. Delivery and Format of IPV Education

Delivery of education through a mix of teaching and learning strategies that utilized principles of adult-learning was highly valued. In the table below, results are categorized according to varied delivery and format methods used in the NFP IPV education. Recommendations are noted with a "❖"

Education Component	Findings
Timing of IPV Education	❖ Prior to commencing IPV education, supervisors require a more accurate estimate of the completion time for all education modules. • Provision of IPV in-person workshop immediately following Unit 2 education was overwhelming and exhausting for many participants –although most participants recognized the costs & resources required to bring all learners to a central location. ❖ Recommendation to provide introduction to the IPV education as part of Unit 1. • A limitation of only offering IPV education at "set" times is that new PHNs or PHNs on leave may not get the IPV education.
Education Materials	• Education & intervention material provided were comprehensive, user-friendly, comprehensive and well-organized. ❖ Some learners requested the inclusion of more detailed instructions to guide the team-based activities. • Checklists assisted learners in managing time & ensuring all components were completed. • Learners valued receiving all education materials at once so that they can engage in the content as time permits.

Introductory Modules	❖ One recommendation was provided to add more interactive and team-based learning activities to the introductory modules. • Team-based activities provided opportunity for discussion and small group work; allowed for learners to ask questions. • For NFP PHNs working alone, or who do not meet regularly with a team, they expressed feeling excluded from team discussions and did not have regular opportunities to discuss education content with peers.
Clinical videos	• Videos provided excellent and detailed examples of a clinical expert demonstrating components of the IPV intervention in a home visit. Yet some PHNs found the videos too long and the detailed clinical example would not be feasible to replicate in a home visit or that the level of expertise demonstrated in the video would be intimidating to some PHNs. ❖ Provide new strategies on how to integrate assessment tools into practice, how to introduce the topic of IPV and to how to frame the discussion. • Videos of clinical vignettes provided an introduction to assessing and responding to IPV in the home, which allowed for more in-depth discussion during the team meetings on how to use the tools in practice.
Online modules	• Online modality provides flexibility to complete on own schedule. • Valued use of modules containing Canadian content. • High level of satisfaction with the interactive nature of the modules that promoted increased knowledge on how to ask and respond to IPV. A small number of learners experienced frustration that they had to "re-do" a section each time they provided an incorrect response.
Danger Assessment video & certification	• Certification to administer Danger Assessment as part of the IPV education was highly valued. ❖ More detailed instructions for completion of certification process required.
IPV Workshop	❖ Consensus that an in-person workshop is required for consolidation of knowledge, to practice skills and to connect with peers. Learners who participated in the workshop via teleconference were disengaged and highly dissatisfied with the experience compared to those who participated in –person. • PHNs feel valued when a skilled expert is brought in to provide education. • Educator knowledgeable about nursing, home visiting and public health practices. Emphasized professional nursing role in responding to IPV. ❖ Recommendation made to expand IPV workshop to more than one day. ❖ Strong recommendation to maintain in-person workshop and to secure resources so all PHNs/supervisors can attend in person. ❖ IPV content can trigger emotional response in some PHNs. Important to acknowledge this at the beginning of any in-person education and have supports available to support PHNs who experience trauma or a triggered response.
Supervisor Education	❖ Consensus that supervisors complete IPV education alongside PHNs; ensures that supervisors have baseline knowledge of intervention, can use common language when describing assessment and intervention strategies, and when supervisors are familiar with the IPV clinical pathway they can refer to it in supervision and provide guidance to PHNs on how to use IPV tools in practice. • ½ day supervisor education provided supervisors with additional information about IPV intervention. • Participation in supervisor education helped supervisors to understand impact of working with abuse women on PHNs, issues of vicarious trauma and increased confidence in supporting PHNs. Increased supervisor awareness of importance of supporting nurses who have clients exposed to abuse. • Supervisor manual identified as a helpful resource – however, some supervisors indicated that they do not always remember to access and use it in supervision.
Post-Workshop Module (System Navigation)	• Field trips to community agencies provided new perspectives on how other agencies respond to IPV & agency-specific procedures for clients. • Valued visiting community partner buildings & networking- builds PHN capacity to provide anticipatory guidance to clients to promote uptake of referrals. • As a required component of the IPV education, PHNS had "permission" to engage in this

	learning –without the requirement, perception was that time to complete a similar activity would not have been approved.
Quarterly IPV Question & Answer (Q&A) Sessions	• Dr. Susan Jack conducts a telephone Q&A session with the BC NFP Provincial Coordinator, Supervisors and PHNs every three months • Consensus that Q&A sessions are useful for reviewing clinical pathway, having clinical questions addressed in a comprehensive manner, for ensuring that all NFP team members hear consistent messaging and for reviewing clinical cases. • Value involvement of clinical expert who can provide theoretical explanations and provide clinical suggestions that are reasonable & feasible to implement. • It is sometimes difficult for PHNs who work or are assigned part-time to NFP to participate regularly in the Q&A.

3. Additional Recommendations for Revisions to NFP IPV Education

Education Component	Findings
Educational Process	❖ Initiate a process for an annual review of the NFP IPV Clinical Pathway and associated processes and components of the Stage of Readiness to Address Safety (SASS) tailored intervention. ❖ Develop case studies (about women & children exposed to IPV) that teams can review and discuss during team meetings. Case studies to allow for advancing skill development related to assessment and clinical decision making; as well as case studies that allow PHNs to see how to better implement and integrate IPV clinical pathway with existing clients, particularly with a focus on tailoring interventions to clients' stage of readiness to address safety. ❖ For supervisors, after the core IPV education there is a need for ongoing support rather than more education. Support is required in terms of making better linkages with Ministry of Children & Family Development (MCFD), how to support PHNs experiencing compassion fatigue, and opportunities for reflection with other supervisors.
Content- Additional Topics	❖ Working with men (fathers) who are abusive ❖ Inclusion of men (fathers) in conversations about healthy relationships ❖ Adaptation of NFP IPV Clinical Pathway when men (fathers) are present ❖ Prevention or response to vicarious trauma and compassion fatigue ❖ Administration and scoring of Danger Assessment ❖ Child witnessing or exposure to IPV (impact of exposure; PHN response to exposure; reporting of exposure to MCFD; PHN legal and ethical responsibilities related to reporting) ❖ Impact of IPV exposure on child development and attachment ❖ Documentation of IPV exposure ❖ Impact of IPV exposure and maternal attachment (impact of trauma on parenting) ❖ Principles of trauma and violence-informed care ❖ Impact of IPV exposure and history of abuse on labour and delivery experience ❖ Family and intergenerational violence ❖ Differential response to varied forms of IPV (e.g. situational couple violence, violence resistance, intimate terrorism)

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