Introduction

The DNP Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) lens and the objectives met by analyzing a Computer Intimate Violence Screening Tool (CIPVSQ) (Chang et al., 2012).

- Essential I: Scientific Underpinnings for Practice
- Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes the Nation’s Health
- Essential VIII: Advanced Nursing Practice

Intimate Partner Violence Psychometric Tools Background

- 44% of IPV victims sought treatment in the ED within 2 years prior to their death (de Boinville, 2013). The role of the DNP is crucial in implementing changes to screening for intimate partner violence.
- This research investigated seven commonly used psychometric tools which revealed inconsistent questions; some focused on emotional and physical abuse only. Others screening tools included sexual abuse but left out emotional abuse, etc. The number of questionnaire items varied from 5-78 items. The dates of the screenings ranged from 1981-1986. None of the seven screening tools were tested for reliability and validity when used on a computer.
- The CIPVSQ (Chang et al., 2012) is a current reliable and valid, computerized intimate partner violence screening questionnaire that effectively identifies past and current intimate partner violence in the 3 domains: emotional, physical, and sexual (CDC, 2003).

Purpose

To complete a Doctorate of Nursing Practice dissertation project examining the Computer Intimate Partner Violence Screening Tool (Chang, 2012) using the DNP Essentials (AANC, 2006) as a guide.

Method

- IRB Approval
- Participants were: male and female, 18 years of age and older, faculty, staff, students, computer literate, and able to read & write in English.
- Introductory statement describing purpose of survey and a disclosure to participant about risks and benefits of taking the survey.
- Passive consent obtained describing the purpose for the dissertation project and resources to the National Institute of Health.
- Participants entered demographic information, last 4 digits of cell phone to track responses from first survey to second survey (retest) sent 4 weeks later.
- Literature review of other screening tools strengths and weaknesses.
- Cross-sectional descriptive design.
- A total of 1874 faculty, students, and staff were sent an email with a SurveyMonkey link.
- The participants (n=58) came from a convenience sample from a Northern NJ university. More than half were between 18-29, single, female, Caucasian, and identified themselves as undergraduate.
- Validity of the CIPVSQ was confirmed by a licensed social worker with 15 years of experience as a domestic violence specialist.

Results

- Reliability of the CIPVSQ (Chang et al., 2012) revealed that the Cronbach’s alpha was r=.874, indicating strong internal consistency.
- Paired sample t-test analysis revealed no statistically significant difference in test and retest total scores. The null hypothesis is retained.
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Evaluation

- The USPSTF (US Preventative Services Task Force), IOM (Institute of Medicine) report, American Medical Association, and American Nurses Association have come together to support consistent, universal screening for all childbearing women (de Boinville, 2013).
- Health care institutions play a pivotal role in prevention and screening for victims of IPV because victims commonly seek treatment in a healthcare setting many times due to injuries (de Boinville, 2013).
- The priority of the DNP must be to continue to make research relevant to clinical practice by using the DNP Essentials put forth by the AANC to improve the quality of patient care.

References