Integrating Campus Violence Knowledge into a Curriculum in a Health Care Profession

Student Population

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Methods

- Secure support from campus administration and campus police.
- Gap analysis to identify key areas for improvement.
- Creation of a Coordinated Community Response Team (CCRT).
- CCRT members helped create and implement updated policies and procedures to support campus violence victims.
- Identification of a “3R” approach for violence education that we used as the core for our curriculum:
  - Recognition
  - Resources
  - Making referrals
- Development of online curricula for students, faculty, and staff, as well as in-person presentations.
- UTHSC administration made the trainings mandatory for all UTHSC personnel.

Results

Collaboration
- Strengthened collaboration between campus and community resulted from the CCRT development.
- Updated University policies and procedures.

Education
- University faculty, staff, disciplinary councils, and appeals boards (n=770) were provided mandatory online training and face-to-face training during new employee orientation on the “3R” approach of responding to campus violence.
- Training was provided to 95% (2360/2486) of new allied health, graduated health science, medical, nursing, dental, and pharmacy students (during orientation) and current students (during various university functions).

Students trained – Fall 2010 to Fall 2012

<table>
<thead>
<tr>
<th>College</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health Sciences</td>
<td>479</td>
<td>81</td>
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<tr>
<td>Dentistry</td>
<td>258</td>
<td>100</td>
</tr>
<tr>
<td>Graduate Health Science</td>
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<td>92</td>
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<tr>
<td>Medicine</td>
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<td>100</td>
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<tr>
<td>Nursing</td>
<td>420</td>
<td>100</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>513</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>2360</td>
<td>95</td>
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Knowledge
- Our program has increased individuals’ ability to recognize signs of domestic violence, sexual assault, stalking, and dating violence, as well as provided them methods for reporting and referring individuals for assistance.

Conclusion

The comprehensive online campus violence curriculum provided our students in the health care professions with more IPV training to supplement the institutional IPV content currently offered in their coursework. Our campus violence curriculum provided our future health care professionals, and current faculty, and staff with improved 3R skillsets, supported and implemented by multiple campus entities including campus police, equity and diversity, student government and student health organizations. As next steps there are plans to expand our curriculum by adding cultural competency and bystander intervention components.