

Fostering Connectional Intelligence to Design an Evidence-based Tool to Assess Bruising as a Forensic Biomarker of Abuse



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Background

Elder abuse is a significant health problem, affecting hundreds of thousands of older adults each year. Roughly 1 out of every 10 older adults is affected but this statistic is likely an underestimate because many victims are unable or afraid to disclose or report the violence.¹

Gerontological Advance Practice Nurses are in a critical position to assess the elderly for abuse.

An evidence-based, validated instrument to assess bruising as a forensic biomarker of abuse in the elderly population is needed to identify intentional (vs. accidental) bruising.²

The tool design approach incorporates *Connectional Intelligence*, the collective harnessing of the value of relationships to produce the most innovative product.³

Here, those relationships exist between the Nurse Practitioner and Clinical Nurse Specialist, policymakers, state and federal agency personnel, adult protective services investigators, law authorities, academic experts on bruising, older adults, front-line caregivers and other individuals who routinely address elder abuse. A community response is the recommended approach to address elder abuse.⁴

Through literature review and Delphi survey process,⁵ stakeholders' expertise was collated and reflected in the final draft tool for use in educating Advance Practice Nurses and other clinicians caring for the elderly.

Method

Literature Search: Extensive literature review utilizing PubMed, Medline Ovid, and Cinahl databases was conducted with key words, yielding 399 articles for review. The application of inclusion and exclusion criteria narrowed the yield to 78.

Expert Identification: From the literature review, potential experts with respect to bruise assessment and analysis were identified within the clinical, legal, social science disciplines.

Delphi Consensus: List of 100 potential experts identified through the literature narrowed to 74 based on self and/or investigator elimination. Pool further narrowed to 68 due to poor contact information; Survey sent in one round resulting in 23 responses.

Focus Groups: Ten groups are scheduled to review the draft bruise assessment tool.

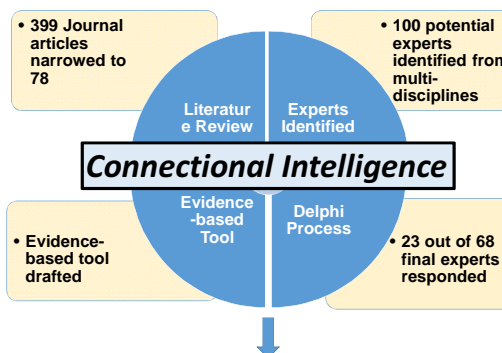
Field Testing: Testing of the resultant tool will take place at three strategically located sites in the geographic area targeted for research.

Your 72 year old patient, Mrs. Bowles presents with multiple bruises. Did the bruises occur accidentally? intentionally?
How will you recognize elder abuse when you see it?



Photographs downloaded from free stock

Results



Dissemination of Web-based Education

Conclusions

As a result of this research:

- Dissemination of the tool will educate stakeholders in multiple settings to recognize elder abuse.
- Increased recognition of abuse will improve the quality of the care of the elderly across all levels of health care.
- The bruise assessment tool can be replicated for use in every setting with respect to the elderly population, not just the long-term care setting (e.g. office setting, home health, emergency department, skilled nursing facility).
- Education about bruise assessment and the tool, along with scoring will be available as web-based education in 2017 for clinicians throughout the United States and world-wide.

References

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