

Fall 2016

Segregation or Integration: Exploring the Interprofessional Collaboration of the Sexual Assault Response Team-A Pilot Study

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Segregation or Integration: Exploring the Interprofessional Collaboration of the Sexual
Assault Response Team – A Pilot Study

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A Doctor of Nursing Practice Project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Nursing Practice

Department of Nursing

December 2016

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Table of Contents

List of Tables	iii
List of Figures	iv
Abstract	v
Background	1
Review of Literature.....	2
Conflict	
Communication	
Confidentiality	
Criminal Justice System	
Summary	
Problem Statement	6
Theoretical Models.....	6
Objectives and Aims	7
Project Design	8
Setting and Resources	
Study Population	
Instrument	
Time Frame	
Evaluation.....	11
Data Analysis	
Findings	11
Discussion	
Limitation of Study	
Implications	14
Conclusion.....	15
References	17
Appendixes.....	22
KTA Model	
Perception of Interprofessional Collaboration Model	
PINCOM Questionnaire	
Mean Scores-Descriptive Results	

List of Tables

Table E 1 Descriptive Results of PINCOM-Q© Means/ <i>Standard Deviations</i>	28
Table E2 Demographic Summary of Participants	28
Table E3 Themed Challenges and Strengths with the SART	29

List of Figures

Figure 1 Mean Score on <u>Group Level</u> Results of PINCOM-Q ©	25
Figure 2 Mean Score on <u>Organizational Level</u> Results of PINCOM-Q ©	26
Figure 3 Mean Score on <u>Individual Level</u> Results of PINCOM-Q ©	27

Abstract

The Sexual Assault Response Team (SART) has been functioning since the early 1970's with little research on the dynamics of the members' interprofessional collaboration practice. A current gap in the literature is research specific to the assimilation of the disciplines within the SART and the collaborative practice of the SART. The purpose of this project study is to clarify the 12 subscales of Interprofessional Collaborative Practice (motivation, role expectations, personality style, professional power, group leadership, communication, coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment) and explore how each profession perceives these subscales. The sample participants were members of the SARTs in the Shenandoah Valley of Virginia. Exploring the Interprofessional Collaborative Practice (IPCP) subscales within these SARTs may enhance each professional discipline's understanding of the integral importance of roles and responsibilities, ethics and values, communication skills, and team dynamics to deliver efficient, effective, comprehensive, and coordinated care during a sexual assault response.

Keywords: Sexual Assault Response Team (SART), Sexual Assault Nurse Examiner (SANE), collaboration, multidisciplinary, interprofessional

Background and Significance

Please be aware that the literature uses various terms interchangeably such as “multidisciplinary” or “interdisciplinary”. To be true to the citations, those terms will be highlighted with quotation marks. The rest of the document will refer to interprofessional instead of the above terms.

The White House Council on Women and Girls (2014) issued a report “Rape and Sexual Assault: A Renewed Call to Action” describing the impact of sexual assault on the economy, college campus life, and the criminal justice system. With the reauthorization of the Violence Against Women Act, more federal funding is available to increase resources for sexual assault, which includes “multidisciplinary” sexual assault teams and sexual assault nurse examiners programs (White House Council, 2014). The current social and cultural climate is receptive to acknowledging the multilevel, complex issue of sexual assault and the ramifications of it in society.

Sexual Assault Response Teams (SART) were developed in the 1970’s to facilitate a coordinated response to sexual assault victims (Greeson & Campbell, 2013). A comprehensive, intermeshed, “multidisciplinary” approach allows the survivors to be linked to resources and help according to their needs and choices (Greeson & Campbell, 2013). The SART’s core members are the Sexual Assault Nurse Examiners (SANEs), law enforcement (LE), prosecutors, and rape victim advocates. Being a member of this collaborative “interdisciplinary” team that shares a common goal is not enough to be successful (Blackmore & Persaud, 2012). The ability to achieve goals may be hindered by attitudes and dissatisfaction of team members (Blackmore & Persaud, 2012).

SEGREGATION OR INTEGRATION

Review of Literature

Understanding the perspectives of others is vital among interprofessional teams, such as the SART. Communication barriers can cause fragmented care resulting from poor teamwork. Various studies related to SART collaboration and partnership may enlighten the individual members and their relationship within an interprofessional team. Four themes – conflict – communication – confidentiality – criminal justice system - resonated from the review of the literature and are further discussed (Adams & Hulton, 2016).

Conflict

Within the SART, conflict can be evitable for progression and obtainment of team goals. Stirring the pot can be perceived as a positive movement, if presented in a knowledgeable fashion. A variety of dynamic relationships have been observed among the SART. Engagement between the different disciplines affects the team's collaboration. Conflict can arise from the members negotiating their power using authority, credibility, and expertise (Moylan, Lindhorst & Tajima, 2015a). The association between SANE and Advocates has been examined in various research studies. Since both of the professions are present at most of the sexual assault case examinations, this relationship is imperative. Cole and Logan (2008) surveyed SANE coordinators and found that 76.6 % had an excellent working relationship with the rape crisis center. Conflict concerning role expectancy or identification occurs between these two professions. Autonomy, control and turf issues seem to be at the forefront of the conflicts, with different objectives and values occurring (Cole & Logan, 2008). The members of the SART have conflict regarding authority or power in the process of caring for the sexually assaulted

SEGREGATION OR INTEGRATION

victim (Moylan, Lindhorst & Tajima, 2015a). There are three categories of conflict within a team; they are relationships, tasks, and processes (Moylan & Lindhorst, 2014).

SANEs feel that Advocates overstep their boundaries and interrupt the SANE during the exams (Maier, 2012). Yet, overall when SANEs are interviewed they perceive their relationships with Patient Advocates as positive (Maier, 2012). Besides conflict between disciplines, some SART members have internal conflicts. For example, SANEs have a dual role as nurses and forensic evidence collectors, which can cause some internal role confusion. Also, SANEs expressed conflict with their role as patient advocate which is a natural role for nurses (Downing & Mackin, 2012). Conflict and concerns are addressed differently between members, therefore conflict management is important to obtain open feedback and move towards problem resolution (Patterson, 2014).

Communication

Communication styles and approaches will vary between disciplines. The lack of familiarity of each other's styles can cause conflict. Communication is not only related to language (descriptive) but also demonstrated through performance (Moylan, Lindhorst & Tajima, 2015b). SANEs are direct and to the point and will address an issue in the moment. Patient Advocates voice issues through a supervisor, who then approaches the SANE personally or through the SANE's supervisor (Patterson, 2014). Thus, SANEs use direct communication versus the indirect communication of the Patient Advocate (Patterson, 2014).

Communication, debriefing meetings, feedback, conflict resolution, value and appreciation for professions, joint training, respect and shared goals are ingredients for an effective and successful SART (Cole & Logan, 2008; Greeson & Campbell, 2013; Maier, 2012, Moylan & Lindhorst, 2014; Patterson, 2014). SART effectiveness filters down to the ultimate

SEGREGATION OR INTEGRATION

goal – “improve victims’ help-seeking experience” with excellent coordination and “increase offender accountability” (Greeson, 2015, p.6). Clarity, respect, and confidence in each member’s role will influence the team’s interaction and engagement (Interprofessional Education Collaborative Expert Panel, 2011).

Confidentiality

In this relationship, confidentiality poses a challenge to the SART. In a study by Cole (2011), none of the SART members had concerns about SART breach of confidentiality, but there are professional differences in understanding confidentiality and statutory obligations. Advocates agreed that there was a challenge with confidentiality, whereas the medical and criminal justice members disagreed (Cole, 2011). The challenges of confidentiality with information sharing can cause a rift between disciplines.

Criminal Justice System

The team’s goals are to improve the victim’s experience, provide prevention education, and strengthen legal outcomes (Greeson & Campbell, 2014). Law Enforcement (LE) is the entry level into the criminal justice system. The relationship between SANE and LE involves role boundaries and some power struggles with LE depending on how LE treats the victim (Campbell, Greeson & Patterson, 2011; Maier, 2012). If LE did not treat the victim with respect, the power struggle was initiated (Maier, 2012). There may be some power or boundary issues among these SART members, depending on the situation.

The SANE expressed a positive commitment with the prosecutors; if the prosecutors spent the time preparing SANEs for testify in court (Maier, 2012). Other members, such as the Patient Advocate or Rape Crisis Advocate, focus on giving the victim the authority and empowerment since their professional norms recognize the emotional aspects of the situation.

SEGREGATION OR INTEGRATION

This approach can conflict with the authority of LE, who is trained to focus on facts (Moylan, Lindhorst & Tajima, 2015a). Moylan et al., (2015a) explain that advocates and SANEs lack confidence in the LE's expertise with rape-specific knowledge. These issues can create tension and poor team building within the SART.

Summary

The SARTs have a variety of structures and coordination, which can affect the collaboration among the members (Greeson & Campbell, 2014). Some SARTs focus on the priorities and choices of the victim (victim-center approach), and others focus on legal outcomes. Greeson and Campbell (2013; 2014) discussed the framework constituents of the SART, which included memberships, challenges and barriers, goals, structure, leadership, collaboration and coordination of services. The effectiveness and sustainability of the SART depends on the relationship and collaboration of the members. Greeson and Campbell (2014) noted most SART's goals are to improve the victim's experience, provide prevention education, and strengthen legal outcomes, yet the goals can be muddled by the attitudes and behavior and lack of Interprofessional Collaborative Practice (IPCP) between the members.

In the literature, there are knowledge gaps in the relationships between the members of the SART and the collaborative atmosphere of this interprofessional team, including the member's perceptions and behavior. SARTs nation-wide vary in the type of memberships, organizational culture, and collaborative practice (Greeson, 2015). Having found insufficient knowledge within the literature, this Doctor of Nursing Practice (DNP) project study helped explore IPCP within the SART, and described the SART member's perception and behavior. This information may provide the SART with valuable knowledge towards an IPCP. The

SEGREGATION OR INTEGRATION

purpose of this project study was to clarify the 12 subscales of IPCP (motivation, role expectations, personality style, professional power, group leadership, communication, coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment) and explore how each profession perceives these subscales.

Problem Statement

How does the Shenandoah Valley SARTs clarify the 12 subscales of IPCP: motivation, role expectations, personality style, professional power, group leadership, communication, coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment? How does each profession view these subscales within the SART?

Theoretical Model

There were two models used in this project study. A theoretical model Knowledge to Action (KTA) was used to structure the project's inception from the planning process through the evaluation process. The conceptual framework, the Perception of Interprofessional Collaboration Model (PINCOM) composed by Dr. Atle Ødegård, provided a directional blueprint for the actual project study implementation and evaluation.

Knowledge to Action

The theoretical KTA model merges knowledge creation and knowledge application for action and not for practice (White & Dudley-Brown, 2012). This model focused on the process of the translation of evidence into action (see Appendix A for visual diagram). The KTA model seemed to fit with the goal of the DNP project study – behavior and system changes. The best way to demonstrate this model for the DNP project study was to illustrate the various components of the process such as identify problem, adopt knowledge to local content, assess

SEGREGATION OR INTEGRATION

barriers to knowledge use, select, tailor implement interaction, monitor knowledge use, evaluate outcome, and sustain knowledge (White & Dudley-Brown, 2012).

Perception of Interprofessional Collaboration Model

The PINCOM represented the conceptual framework that guided the research concepts for IPCP. This theoretical conceptual framework model was introduced by Dr. Atle Ødegård for interprofessional collaboration (see Appendix B for visual). This model took in the considerations of the latest research of organizational psychology (Ødegård, 2006). The model depicted the perceptions of interprofessional collaboration as three levels: organizational – group and- individual. Each level corresponded to 4 specific subscales. The organizational subscales covered organizational domain, goals, environment and culture. Subscales within the group level consisted of communication, social support, leadership, and coping. The individual level encompassed motivation, role expectancy, personality style and professional power. Each of the levels impacted the Interprofessional collaboration process and progress (Ødegård, 2006).

These theories had dual impact on this DNP project study. The KTA guided the initiation and process that would take knowledge and translate it into practice. The PINCOM was related to the implementation of the study and was relevant for the participants understanding. The PINCOM focused on the integral aspect of the study.

Objectives and Aims

- To describe SART member's perceptions and behavior between professionals in the IPCP.
- To explore the presence of the items on the IPCP subscales (motivation, role expectations, personality style, professional power, group leadership, communication,

SEGREGATION OR INTEGRATION

coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment) within the SART.

Project Design

The pilot was a cross-sectional descriptive study. This project study was accomplished through the interaction with the Shenandoah Valley SARTs in the Commonwealth of Virginia. The participants of the SART were the Sexual Assault Nurse Examiners (SANEs), patient advocates (rape victim advocates), law enforcement, and prosecutors. Other participants varied according to the structure and membership of the individual SART such as, victim witness advocates, school or university representatives, public health departments, and other community representatives. The number of participating SARTs was determined by the access to key SART gatekeepers.

Institutional Review Board (IRB) approval was granted therefore, the voluntary participation began in November 2015 and ended in June 2016. After consent, the participants completed a written questionnaire during a scheduled SART meeting. A paper and pen questionnaire – **Perception of INterprofessional COllaboration Model Questionnaire (PINCOM-Q)** © with demographics and one open ended question was distributed to participants after informed consent (Appendix C). This PINCOM-Q was piloted for content feedback and expertise prior to implementation of project study. The participants were able to withdraw at any time during the project study.

Setting and Resources

This project study was accomplished through the interaction with the Commonwealth of Virginia Shenandoah Valley SARTs. The research was conducted off James Madison University campus in various Shenandoah Valley counties of the Commonwealth of Virginia, where Sexual

SEGREGATION OR INTEGRATION

Assault Response Teams (SARTs) held their meetings. A letter of permission was obtained by the designated key informant within the SART.

The number of participating SARTs was determined by the access to key SART gatekeepers, and the establishment of SART within the Shenandoah Valley counties. The contact information for the particular SARTs was researched through the Virginia Chapter of the International Association of Forensic Nurses, local SARTs, and the Virginia Department of Criminal Justice Services.

Study Population

The participants were individual members, over the age of eighteen and involved with the SART team. The SARTs consisted of many personalities, disciplines, and personal life experiences which may impact their perception answers. They were recruited from the SARTs in Shenandoah Valley area, which was defined geographically and culturally, therefore it consisted of the following counties: Frederick, Clarke, Warren, Shenandoah, Page, Rockingham, Augusta, Rockbridge, Bath, Highland, Allegheny, Botetourt, and Roanoke. All SART members that attend the various county SART meetings were asked to participate in this project study. There were six SARTs within the convenience sampling area. There were only four SARTs that participated in the study. One SART did not participate because they felt with their new membership that their participation would be premature, and the second SART contact person could not be reached to schedule.

Instrument

Perception of **IN**terprofessional **CO**llaboration **M**odel **Q**uestionnaire (PINCOM-Q) © with demographics and one open ended question, was distributed to participants. Demographics including current profession were included within the questionnaire. The demographics helped

SEGREGATION OR INTEGRATION

categorize age, gender, SART role, years serving on SART, work experience, and specific SART related questions such as coverage.

The **Perception of INterprofessional COllaboration Model Q**uestionnaire (PINCOM-Q ©), a 48-item tool with a 7-point Likert scale was developed by Dr. Atle Ødegård, thus permission was attained (Ødegård, 2013). The tool had 12 subscales which were motivation, role expectations, personality style, professional power, group leadership, communication, coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment (Ødegård, 2006). These composite scores relate to specific subscales in the PINCOM-Q ©. There are 12 subscales within three overarching categories within the Perception of Interprofessional Collaboration Model:

- Individual (SART member): motivation-role expectation-personality style-professional power.
- Group (SART): group leadership,-coping-communication-social support.
- Organization (discipline/represented organization): organizational culture-organizational goal aims- organizational domain- organizational environment (Ødegård, 2006).

The Internal Consistency of this tool related by Cronbach's α : Total scale=.91, Individual level=.77, Group level=.88, Organizational level=.75(Ødegård, 2013). Three additions were made to the questionnaire: demographics, two open ended questions and one additional question to adapt the information to the population studied. The demographics categorized age, gender, SART role, years serving on SART, work experience, and specific SART related questions such as coverage. This PINCOM-Q © was piloted for content and expertise by a Sexual Assault Coalition leader prior to implementation of project study.

SEGREGATION OR INTEGRATION

Timeframes

The project study data collection was collected over an eight month period.

Evaluation

Data Analysis

Completed questionnaires were entered electronically into SPSS program for analysis. Designated questions were recoded to reflect the appropriate data scale (personal communication with Dr. Ødegård, August 4, 2016). The results of the mean scores on the PINCOM-Q © were tabulated. The Analysis of Variance (ANOVA) was analyzed. The two opened questions were coded or categorized into thematic content.

Findings

The results of the mean scores on the PINCOM-Q © at the Group Level are depicted in Figure 1, the Organizational Level Figure 2, and the Individual level Figure 3(Appendix D: Figures 1,2,3). The mean and standard deviation of all the subscales are depicted (Appendix E: Table E1). The lower scores were the desirable direction. There was no statistically significant difference between the groups using ANOVA.

Highlighted demographics of the core member sample are summarized (Appendix E: Table E2). The two opened questions responses were categorized under the four relational issues of conflict, communication, confidentiality, and criminal justice system. Appendix E: Table E3 highlights the challenges and strengths identified by participants.

SEGREGATION OR INTEGRATION

Discussion

The interesting observation was the LE and SANEs (this acronym will be used to include Forensic Nurse Examiners (FNEs) to save the use of double acronyms) each considered themselves at the top of the hierarchy of power, and yet the SANEs were the least represented profession in this project study. Low representation could be explained as not enough trained SANEs, or unable to attend due to personal or professional obligations. As noted in the literature review, there was a blurred boundary between the LE, SANEs and Advocates. There was a disparity between LE, Advocates and SANEs as seen in prior studies. This pilot study showed there was little IPCP within the SART from the members' perception. As reflected in SART studies, there are some dynamic relationships among the team, such as advocates and physicians (Cole & Logan, 2008; Maier, 2012), but no study has addressed the interprofessional collaboration within the SART team, notably the members' perception focusing on the IPCP. Each profession may do their job well yet through this study some may work in silos within the SART. The turf wars and conflicts may be related to a lack of IPCP. The subscales within the Group Level of the PINCOM-Q © showed all the core members have some difficulties with coping within the SART. This subscale was the highest within each individual professional group. Coping questions were related to solving problems together, collaborating on the problems, agreeing on priorities, and voicing frustration with other professions. The crux of a team's lack of IPCP revolved around the inability to define, prioritize, collaborate and solve problems. LE showed a slightly higher lack of social support than the other professions. This lack of social support may be related to the professional philosophies or values or may be related to a predominant male profession.

SEGREGATION OR INTEGRATION

Communication was the highest among the Legal/Attorney profession. This observation was interesting since there are minimal studies on the interaction of Legal/Attorneys within the SART. Again, this higher subscale result may be due to the fact that Attorneys dictate the cases which proceed forward into the Criminal Justice System. The Advocate social support subscale was the best among these members yet in many studies the Advocate had been portrayed as the lowest within the hierarchy of SART, and the most vulnerable for conflict within the SART.

The professional organizations represented on the SART are hospitals/medical centers, police departments, criminal justice system, and advocacy-crisis centers. It was noted at the organizational level the SART members did not perceive support within the organizational environment and organization goals. The organizational environment was defined as forces or influential factors that surround the specific organization. External pressures may make IPCP difficult due to the various professionals' interests and missions (Moylan, Lindhorst & Tajima, 2015; Strype & Ødegård, 2009). The statements in the questionnaire were related to how and why IPCP was implemented and evaluated within the organization. The organizational environment is influenced by the client and the preponderance of outside authorities. A majority of the organizations depend on outside funding and regulatory agencies which can affect the perception of the SART member of their organizational environment. Organization goals pertaining to IPCP were considered vague, unclear and unimportant according to the SART member's responses. Assessing the organization's knowledge of IPCP may answer why the SART members perception of the organization goals are uncertain.

The perception of IPCP at the individual level showed challenges with personality styles and professional power. Professional power included profession dominance in meeting, with point of views and control of conversation. This control prohibits other professions to feel safe

SEGREGATION OR INTEGRATION

voicing their opinions or concerns therefore limiting collaboration (Ødegård, 2006). A study found that the advocate was devalued due to power disparity, thus placing them at the bottom of the hierarchy with the SART (Cole, 2016). Yet this pilot study found all four SART roles at the individual level experienced power disparity. SART member's personality styles made IPCP problematic. Understanding behaviors would facilitate collaboration along with openness and participation (Ødegård, 2006). As there was not a myriad of findings, this pilot study did generate the need for SARTs to be aware of IPCP.

Limitations of Study

Some limitations of this study were identified, including a coding error that may have affected the outcomes of one of the subscales (group leadership and communication). After consultation, it was determined to continue summarized descriptive statistics with the realization that the subscale would not be comparable to previous studies. The sample size of this pilot study was small and geographically limited. Therefore, the results could not be generalized outside this population. This study was the first time the PINCOM-Q © was applied to the SART. The validity of the questionnaire among this study population could be a limitation along with the participant's response bias. Despite the limitations, the research knowledge could be translated into practice within the SART by creating opportunities, growth, while reflecting on their strengths and deficiencies, therefore pioneering the competencies of IPCP.

Implications

There is a need to educate the SART on Interprofessional Collaboration according to the subscales of the PINCOM-Q. Professional Developments, team trainings, and workshops relating to IPCP practice may enhance the SART members' knowledge and understanding. Training such as the Team STEPPS program may be utilized for this purpose. There can be the

SEGREGATION OR INTEGRATION

development of workshops or webinars based on the Core Competencies for IPCP. Offering continuing education credits may increase participation within the SART. Forensic nurses have an opportunity to initiate IPCP since this concept originated in the healthcare field. As leaders, the other professions can become vested in this complex yet transforming practice.

The PINCOM-Q © was demonstrated as a viable tool for the SART. It would be advantageous to offer this questionnaire tool to a larger SART population. Besides assessing the Perception of IPCP on the Group Level, the SART, this tool offered insight into individual and organizational level perceptions. Therefore, this questionnaire is a versatile tool that could bring a wealth of information starting from the organization to the individual. Another use of this tool may be used as a Pre- and Post-questionnaire in order to achieve a baseline assessment of the perception of IPCP within the SART.

Research initiatives surrounding IPCP and SART could open the door towards improving the members' insight of each professional's roles and responsibilities and the appreciation of each other's strengths and weaknesses. IPCP competencies are an achievable goal for this unique group of professionals. Further research may shed light on methods to facilitate the breakdown of the "silo" within each profession and promote a connected fluent collaborative team.

Conclusion

There is a need for a deeper understanding of the dynamic relationships between interprofessional teams who provide aftercare for the sexually assaulted person. The collaboration between the SART participants and their disciplines needs to be evaluated to develop a well-coordinated excellent care, and to encourage positive interprofessional relationships and accountability. Evaluating collaboration within the SART may promote

SEGREGATION OR INTEGRATION

community sustainability. A formal evaluation of the SART and its members would provide valid identification of strength, weakness, opportunities and threats (Cole, 2011).

Clarifying within the SART and exploring how each profession perceives the 12 subscales of IPCP would help to identify areas of improvement. Each member may begin to understand the roles and responsibilities of each profession develop respect and shared values, communicate appropriately, and facilitate relationships as a team (Schmitt, Blue, Aschenbrener & Viggiano, 2011). Through the acknowledgement and understanding of these qualities, the SART may strengthen as a team and maintain sustainability (Schmitt, Blue, Aschenbrener & Viggiano, 2011). The various professional members of the SART are influenced by their discipline's mission and service purpose, which challenges IPCP within the team. D'Amour et al. (2005) discussed that the collaboration requires the members to know how each professional conceptualizes a problem and how they interact within the professional values of their discipline. This minor consideration may enlighten SART members to overcome various relational issues. Despite the limitations of this pilot study, it acts as a small pebble dropped into a stream – a minor contribution may create a ripple effect for stimulating more research about IPCP within the SART.

SEGREGATION OR INTEGRATION

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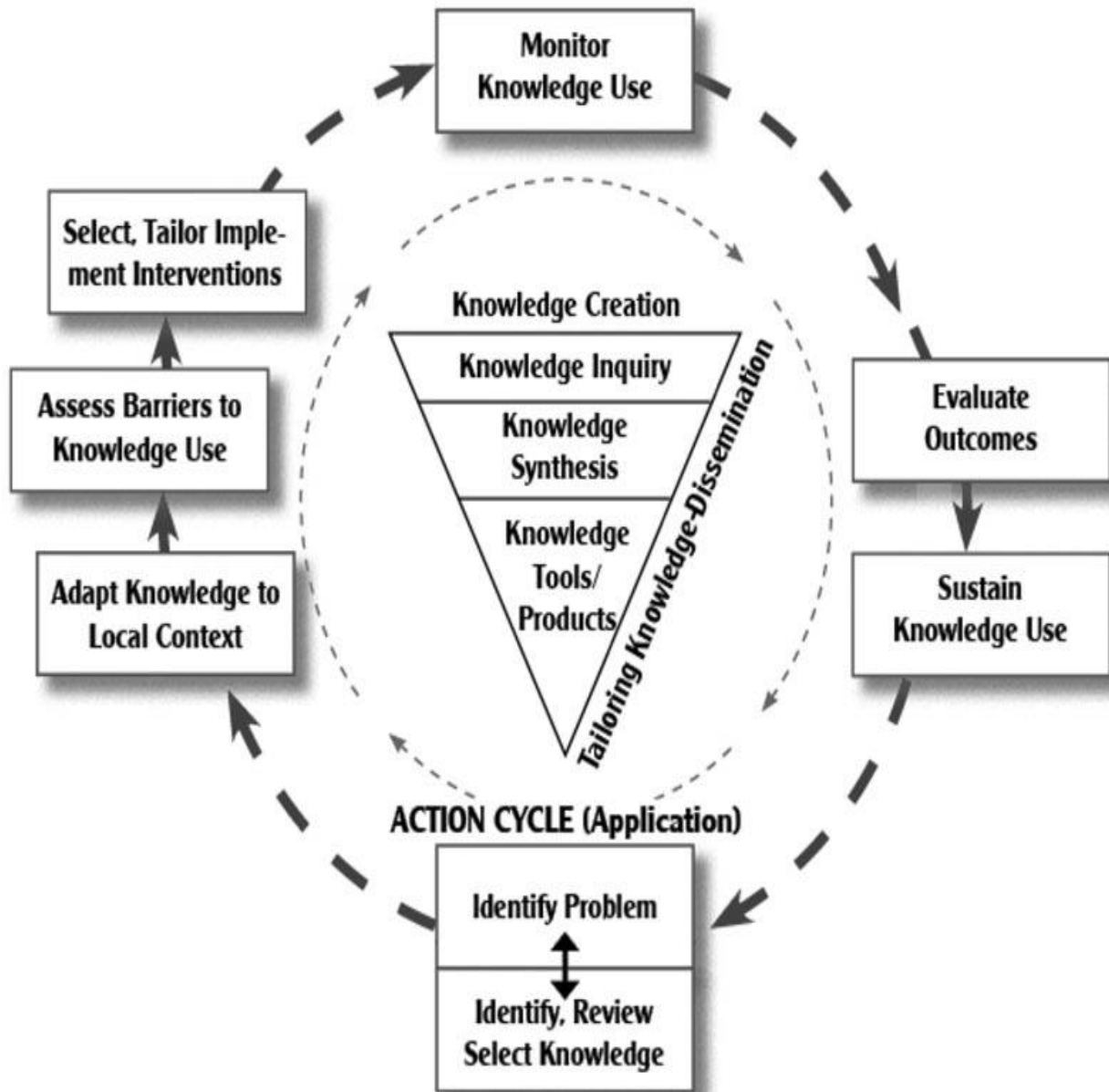
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Appendix A

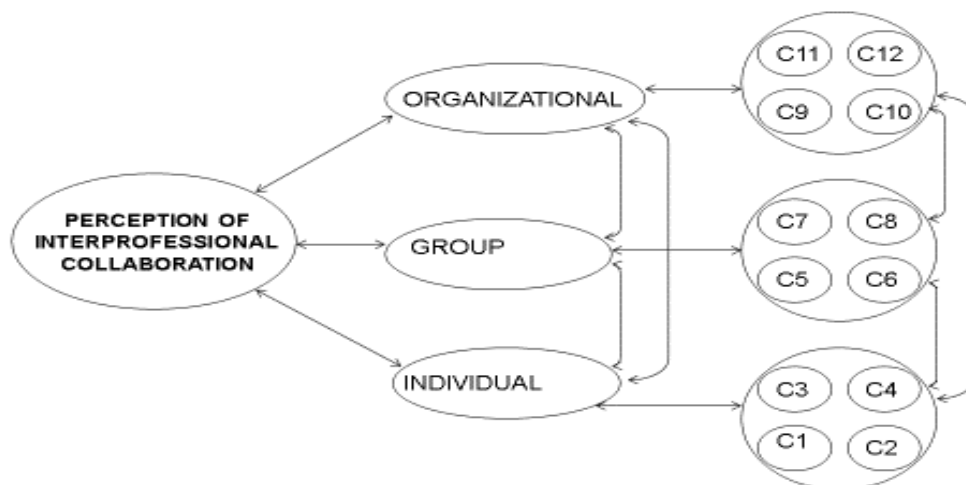
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Appendix B

Perception of Interprofessional Collaboration Model



C1=motivation, C2=role expectancy, C3=personality style, C4=professional power, C5=group leadership, C6=coping, C7=communication, C8=social support, C9=organizational culture, C10=organizational goal, C11=organizational domain and C12=organizational environment

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Appendix C**PINCOM Questionnaire****Segregation or Integration: Exploring the Interprofessional Collaboration of the Sexual Assault Response Team**

The purpose of this project is to clarify within the SART, the 12 subscales of Interprofessional Collaborative Practice (motivation, role expectations, personality style, professional power, group leadership, communication, coping, social support, organizational culture, organizational aims, organizational domain, and organizational environment) and explore how each profession perceives these subscales within the SART. Exploring the Interprofessional Collaborative Practice subscales within the SART may enhance each professional discipline's understanding of the integral importance of roles and responsibilities, ethics and values, communication skills, and team dynamics to deliver efficient, effective, comprehensive, and coordinated care during a sexual assault response.

Questionnaire has been deleted from manuscript due to copyright material.

Appendix D

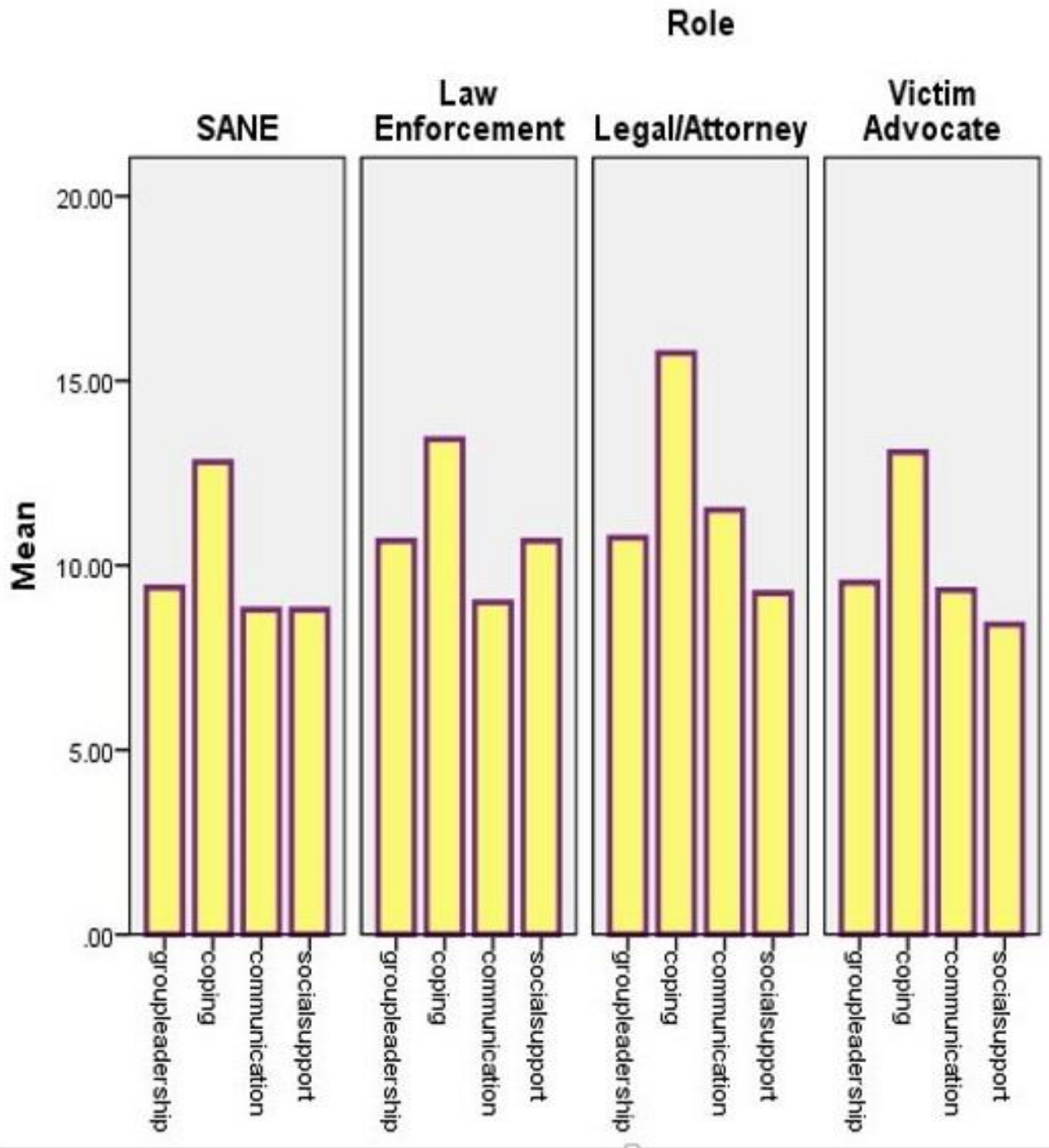


Figure 1
 Mean Score on Group Level Results of PINCOM-Q ©

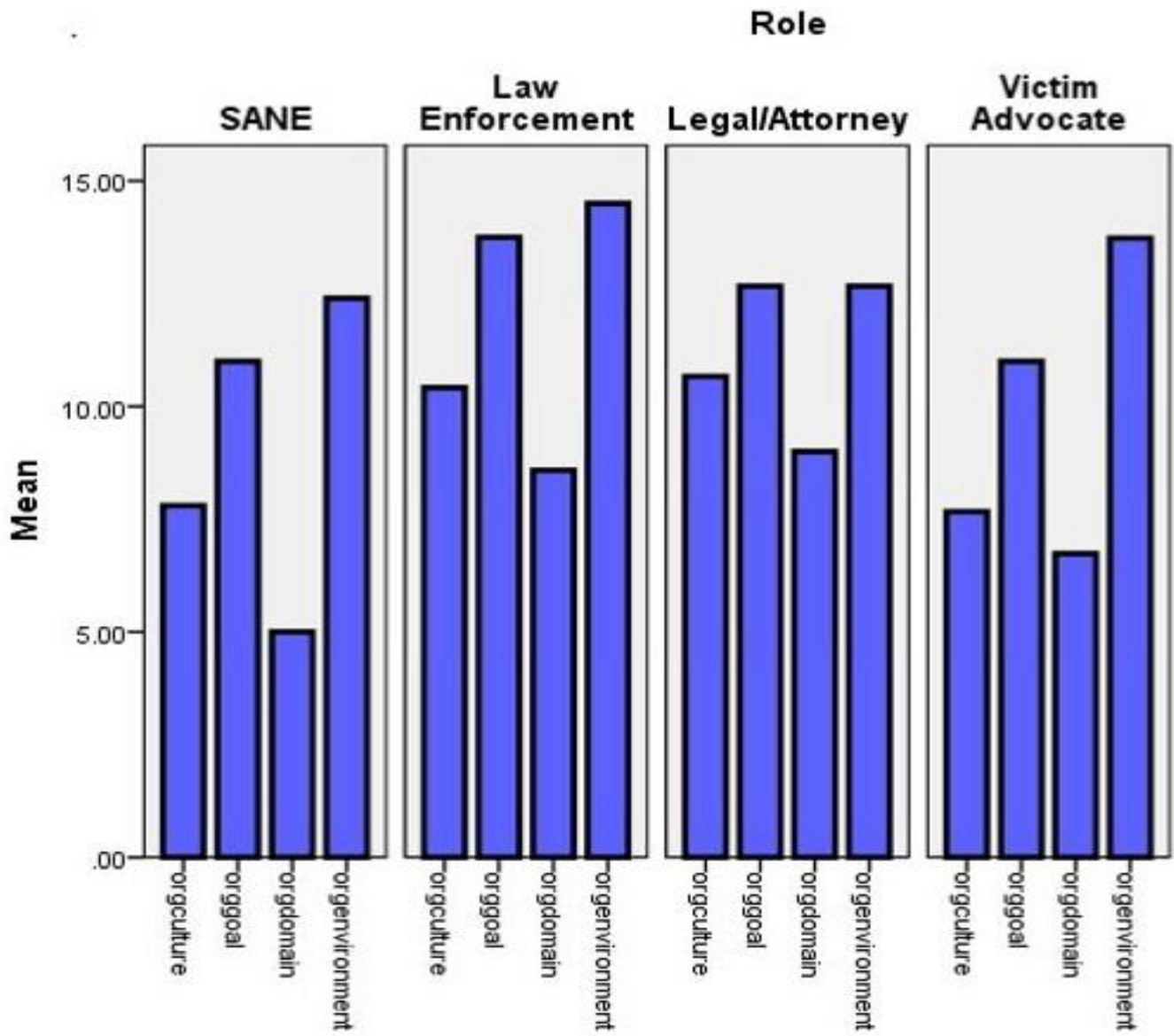


Figure 2
Mean Score on Organizational Level Results of PINCOM-Q ©

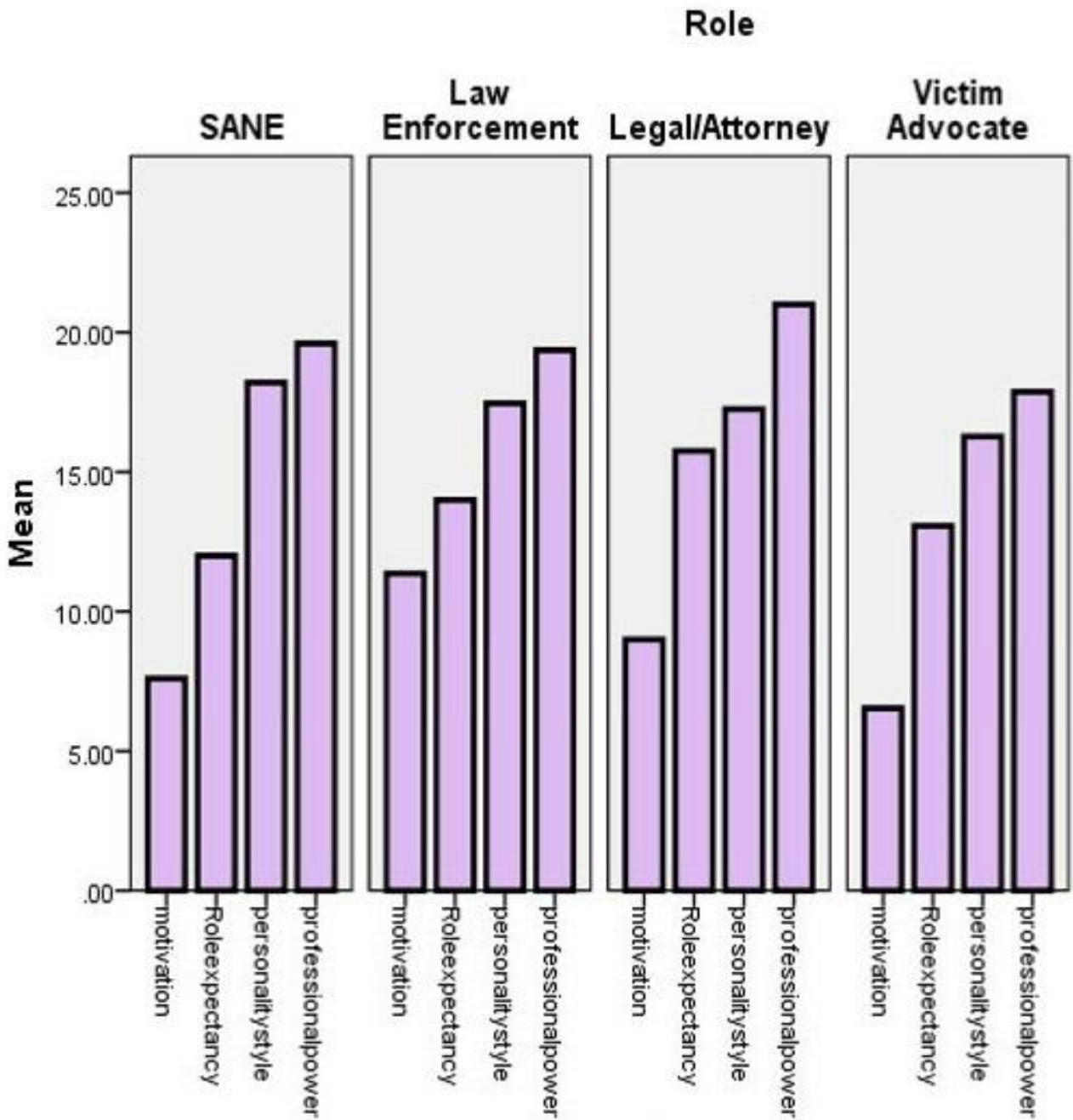


Figure 3
 Mean Score on Individual Level Results of PINCOM-Q ©

Table E1

Descriptive Results of PINCOM-Q© Means/Standard Deviations

Subscales	SANE/FNE	Law Enforcement	Legal	Advocate
Individual				
Professional Power	19.6/3.2	19.4/2.7	21.7/1.5	17.9/2.9
Motivation	7.6/2.9	11.4/6.1	9.3/2.5	6.5/1.8
Role Expectancy	12.0/2.8	14.0/3.0	15.0/7.0	13.1/3.1
Personality Style	18.2/2.9	17.5/3.3	17.3/2.3	16.3/1.2
Group				
Group Leadership	9.4/1.3	10.6/2.4	10.7/2.1	9.5/1.8
Coping	12.8/4.3	13.6/3.0	14.7/3.5	13.0/2.6
Communication	8.8/5.1	9.0/3.8	11.7/3.8	9.3/3.6
Social Support	8.8/3.7	11.3/4.4	8.0/4.0	8.4/3.7
Organization				
Org. Environment	12.4/3.2	14.7/3.9	12.7/1.1	13.7/2.3
Org. Culture	7.8/4.8	10.5/6.0	10.7/2.9	7.7/3.3
Org. Goal	11.0/8.0	13.5/5.1	12.7/5.0	11.0/3.7
Org. Domain	5.0/2.0	8.5/3.8	9.0/5.6	6.7/2.4

Table E2

Demographic Summary of Participants

69.4 % Female
 91.8% White
 83.7% Education Bachelors or higher
 67.3% Participated in SART for 0-5 years
 65.3% Rural Coverage
 73.4% Over 10 years Work Experience
 51.0% Serviced 4-6 Colleges/Universities

**Table E3
Themed Challenges and Strengths with the SART**

Challenges
<p><i>Conflict:</i></p> <ul style="list-style-type: none"> • Victim blaming by other professionals • Being seen as an equal and important member of the team • Managing strong personalities • Time constraints
<p><i>Confidentiality:</i></p> <ul style="list-style-type: none"> • Understanding different agencies responsibilities for client confidentiality • Maintaining these different rules during meetings
<p><i>Communication:</i></p> <ul style="list-style-type: none"> • Difficult to re-direct (victim-blaming attitudes) during meetings • Not understanding the college population well • Specific and targeted professional needs within the field • Getting support from other agencies to invest in the need of SART
<p><i>Criminal Justice System:</i></p> <ul style="list-style-type: none"> • Political climate has changed over the last 4 years, making things more complicated to access the judicial powers to be
Strengths
<ul style="list-style-type: none"> • Observe that our SART team is gaining clarity of purpose and those in participation are engaged and consistently in communication between meetings. • Work well together • Old and experience enough from previous career to be willing to learn and speak up