In the six years since we have been conducting research and presenting national and international educational sessions, we have also incorporated our findings and those of others into the BSN curriculum at MUSC\textsuperscript{1,2}. In addition, for over a year we have included information about the concept of vertical violence\textsuperscript{3,4}. Further, most of our clinical experiences for undergraduate students are hosted by three facilities, and the nursing leadership of those facilities is conversant with lateral violence.

To facilitate open discussion of this important topic, I (Dr. Martin) have provided an online forum for students to share their experience with lateral violence. I then contact them individually and ask for permission to report the experience to our undergraduate director for further action. Here is the message I send:

Class,

Would you mind sharing with me any personal experience you may have had with lateral violence in your clinicals? If you do, then you and I will discuss what (if anything) could happen next. For example, we could ensure that after the class ends, our undergraduate director gets the information confidentially and can talk to the appropriate persons at the facility.

Regards,

Mary

Thus far, students have always given their permission. Our director has a very effective working relationship with the leadership at the facilities, and the resulting collaborations are helpful in prompting staff to re-think their own behavior.

The method of instruction has evolved over the years. In the beginning, the material was integrated into the introductory course on roles and issues in nursing as part of the concept of professionalism. A traditional approach was used with descriptive lectures supported by examples. Over the last two years, we have allotted a two-hour block of time for this topic in the Professional Issues curriculum during which Karen Stanley and Tom Hubbard, a nursing director, jointly provide education about lateral and vertical violence in nursing and discuss their impact in academic and clinical settings. They provide examples and facilitate group activities that enable students to practice interventions to help them when or if they are exposed to negative behaviors in their academic or clinical experiences. These accelerated students often have work experience outside of nursing and are familiar with the negative behaviors many coworkers direct toward one another. Students
are frequently surprised to learn that lateral violence is a problem within the nursing profession. Others who have worked as nursing assistants in clinical areas have reported that they have been the target of negative behaviors from coworkers.

The topic of lateral and vertical violence is also included in the course content of the leadership course for senior nursing students where the focus is on the role of the nurse leader in preventing and intervening in these negative behaviors. Karen Stanley provides a two-hour class that includes a brief review of the topic followed by class discussion. The students are asked to write short descriptions of lateral or vertical violence that they witnessed or that was directed toward them by fellow students, faculty, or clinical nurses. These examples are submitted anonymously to Karen, and she uses them to generate discussion about how an individual might handle each situation. Students often feel comfortable in acknowledging that they submitted the situation being discussed, and they talk about what they did, as well as what they might have done differently. Included in this discussion is the role of nurse leaders in both clinical and academic settings in managing and eliminating negative behaviors directed toward nurses and students. These senior students with nearly two years of experience in their clinical rotations are anxious to explore effective ways of responding to negative behaviors in preparation for working as a new graduate nurse.

In summary, educating the students, monitoring the occurrence of lateral and vertical violence, and collaborating with leaders in both settings can help to mitigate the problem. Further, students can be debriefed to prevent having them assume the role of victim or perpetrator simply because they have not been exposed to appropriate information and interventions. Reporting back to course faculty and the BSN Director should be done so that action can be taken between the college and clinical facilities.