

BRIDGING THEORY & PRACTICE: ENHANCING CLINICAL SKILLS IN FORENSIC NURSING FOR EFFECTIVE RESPONSE TO INTERPERSONAL VIOLENCE IN CANADA

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SANE-A, SANE-P

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Objectives

- ✓ Identify a market niche where simulation plays a beneficial and impactful role in provider development and, ultimately, patient care
- ✓ Understand where simulation elevates clinical practice through contextualization, cognitive loading and interactionism.
- ✓ Apply the use of experiential learning to forensic healthcare curriculum to standardize practice for patients and society.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water and not get wet”



CURRENT STATE OF PRACTICE

- **1) Mandate for response**
 - *BC Ministry of Health (Acute)*
- **2) National standards and guidelines**
 - *Canadian Forensic Nurses Association*
- **3) Advanced practice designation**
 - *Canadian Nurses Association (CNA)*
 - *Accreditation for educational entities*



Simulation-based education

Patient
Provider
System



Background

Who, what, when, where and how of
Forensic Nursing Practice



Forensic Healthcare Practice

- **Who:** Patients who are affected by interpersonal violence (IPV)
- **What:** Forensic healthcare clinicians (physician, nurse practitioner or registered nurse) provide a medical-forensic examination (MFE)
- **When:** Within seven days of the incident
- **Where:** Acute or community healthcare milieus (this work will focus on the response based out of Emergency Departments in the acute care healthcare system across Canada)
- **Why:** A comprehensive response with overlap among health, forensic, and legal needs for people affected by IPV to optimize positive health outcomes.
- **How:** The process requires **specialized education** involving knowledge of forensic science, judicial proceedings, as well as the unique health needs patients experience in the context of IPV

Background

Who, what, when, where, and how of
Healthcare Education in Canada



Forensic Healthcare Education

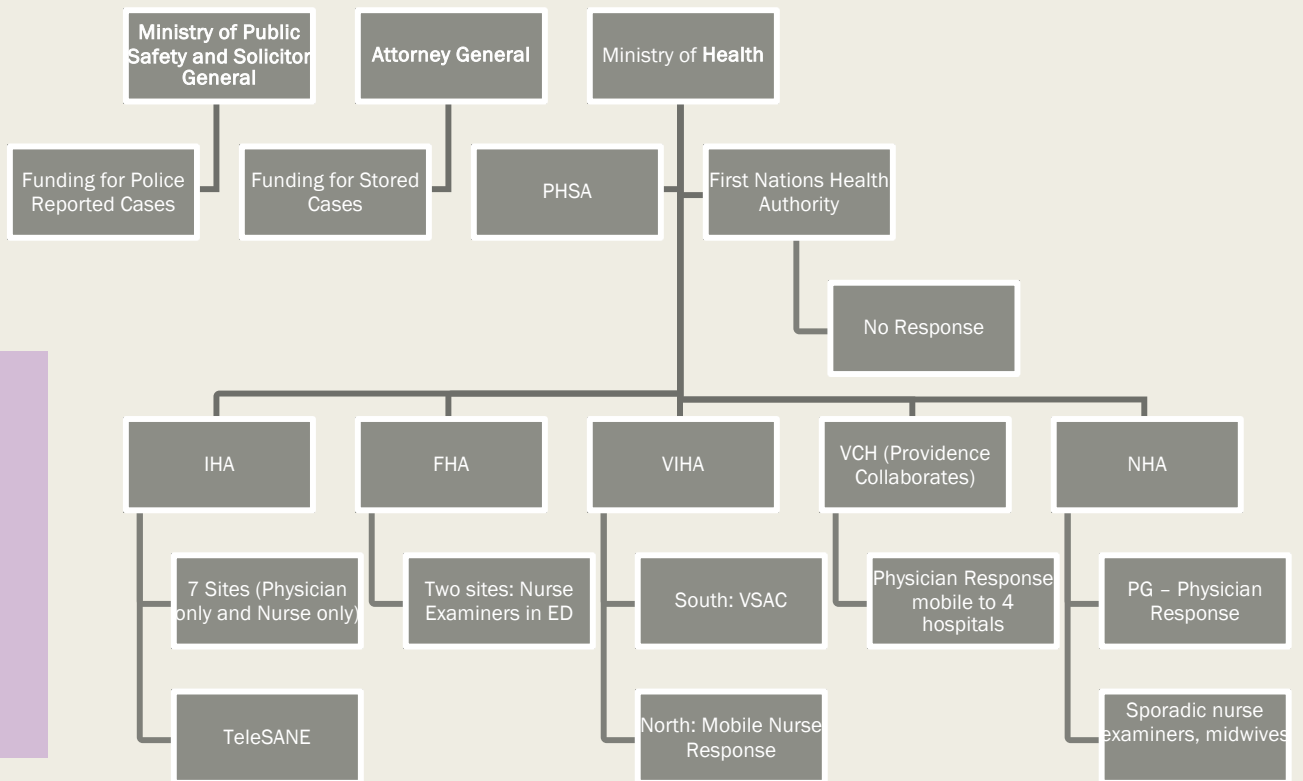
- **Who:** Serves providers who respond to patients who are affected by interpersonal violence (IPV)
- **What:** Entry-level theory education
- **Where:** CFHC (Entities in Canada accredited by the IAFN to provide >40 hours of blended theory education)
- **Why:** Not part of foundational medical/nursing training
- **How:** Online theory education

WHY should forensic healthcare occur?

- Stats Canada: Police Reported Statistics 2022
- BC: 1514 age 16 and under per law age of consent
- FHA: 165 Sexual violations against children in the region
- BC:
 - Level 1: 28, 816
 - Level 2: 10, 882 (assault with a weapon/bodily harm)
 - Level 3: 352 (aggravated/potential to cause death)
- FHA:
 - Level 1: 7795
 - Level 2: 3459 (assault with a weapon/bodily harm)
 - Level 3: 90 (aggravated/potential to cause death)
 - *total SA in FHA = 30% in BC



CURRENT STATE OF Forensic Healthcare Response in BC



Problem

Limited access to forensic nurse examiners

- 9% of patients who present to an ED for sexual violence receive an MFE
- 95% of conviction to take to trial
- 2.5% Conviction rate

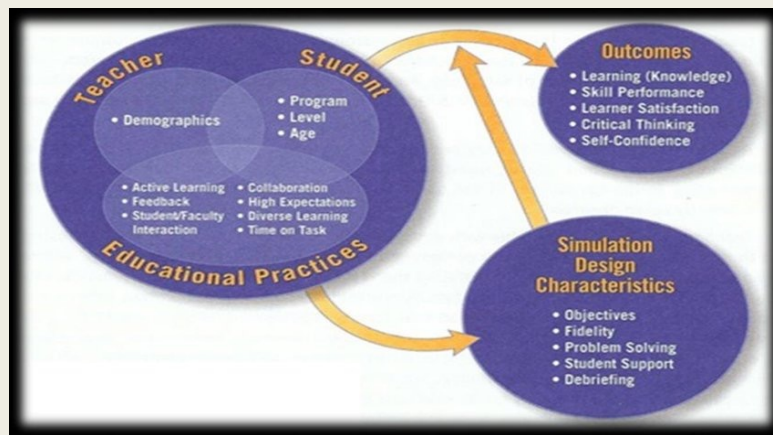
High attrition in FNEs due to:

- Service delivery model
- No regularized positions
- FNEs work other full-time positions and do FNE work outside of regular work hours
- Limited availability to work as an FNE, despite turning away patients
- Infrequent clinical practice stunts clinical practice development and maintenance

■ BC to increase forensic nursing services:

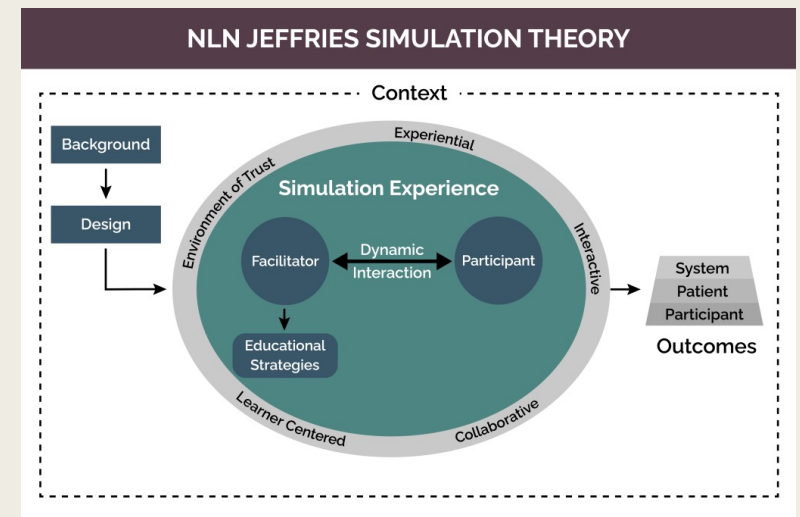
- *Need for staff recruitment and retention*
- *Nurses need comprehensive education to become practice-ready in a shorter amount of time*
- *In the absence of senior mentorship*
- *Need to bridge theory to practice*

Summary of Jeffries Simulation Theory



(Jeffries, 2006)

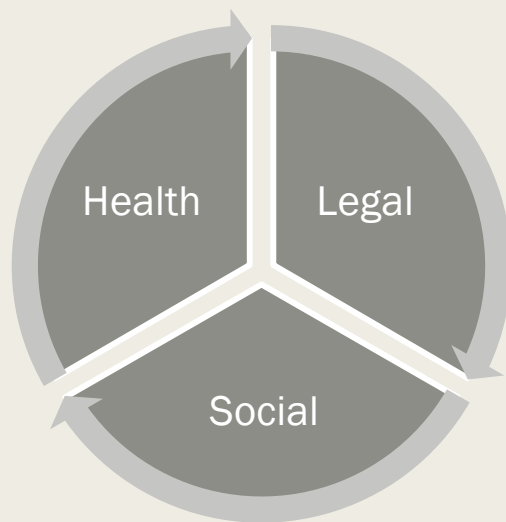
Need to improve Comfort, Confidence and Competence



(Jeffries et al., 2015)

Expected Outcomes

Impact on Patient care



- The focus of this project is to implement simulation-based-education forensic healthcare examiners to enhance competency and improve patient care in reflection of new national guidelines for practice to create equitable and standardized access to medical-forensic examinations.
- Workforce: Increased comfort, confidence, critical thinking, and competency in autonomous practice
- Accessibility: Increase in the number of patients who receive a medical-forensic examination
- Health:
 - *Increased frequency of pregnancy prevention and sexually transmitted infection prophylaxis offered to patients*
 - *Consistent screening for head injury, strangulation, and anal penetration in all FNE exams in the post-intervention period*
- Increase in the number of cases reported to the police
- Increase in charges put forward for cases who completed an MFE and reported to police
- Increased number of patients who attend follow-up services due to forensic nursing referrals

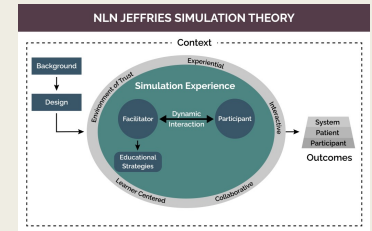
How Structure Promotes Change

Two tiers of implementation

- *Knowledge creation process*

- Product

- *Clinical Simulation Education* (Jeffries et al., 2015)



- *Implementation process*

- Situating in practice

- Monitoring for effect

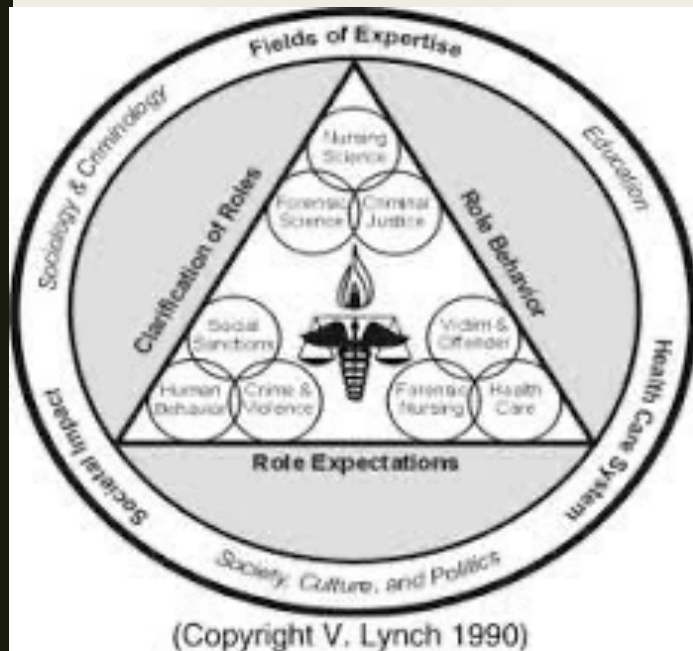
- Continuous evaluation



(Valentine et al., 2020)



Why Simulation is needed in Forensic Healthcare- interactionism



- **Interactionism**
 - *Patterns of Knowing Theory (Chinn & Kraemer)*
 - *Leninger's Culture Care Theory*
 - *Humanistic Nursing Theory*
- How forensic nurses provide specialized responses to individuals & society
 - *Culture care*
 - *Dimensions of law*
 - *Role behavior*
 - *Expectations*
 - *Problematic and reciprocal social situation*
- Trauma-informed Care
- Evidence Collection for medical and legal response
- Forensic Science
- Multidisciplinary Collaboration
- Social Support
- Education & Training
- Ethical Considerations

Simulation tools

GOALS

- Portable
- Low Fidelity
- Learner centred
- Skill development
 - Genital exam
 - Photography
- Cognitive
 - Trauma-informed
 - Patient centred

CHALLENGES

- Carter-Snell, 2024:
Traumatized
Standardized Patient
- Size of Cohorts
- Access to simulation
equipment
- Accredited educators
and program

CURRENT TOOLS

- RCMP Sexual Assault Kit
- Video
- Case Study Photographs
- Manikin & photos
- Strangulation Assessment
- Standardized patients f
or pelvic exams

FUTURE DEVELOPMENT

- TeleSANE
- Application to ED teams
- AI 2D Interactions for
consent & history taking

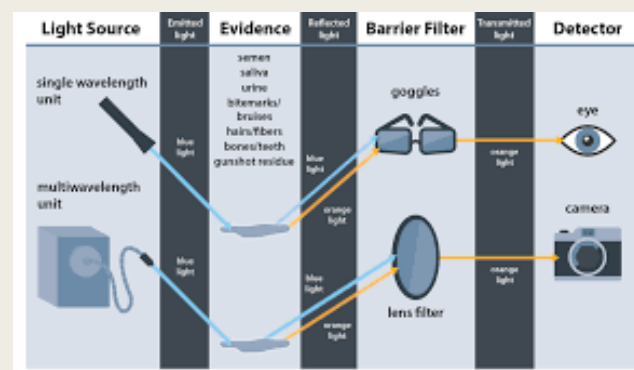
Adjunct tools

Laundered clothing

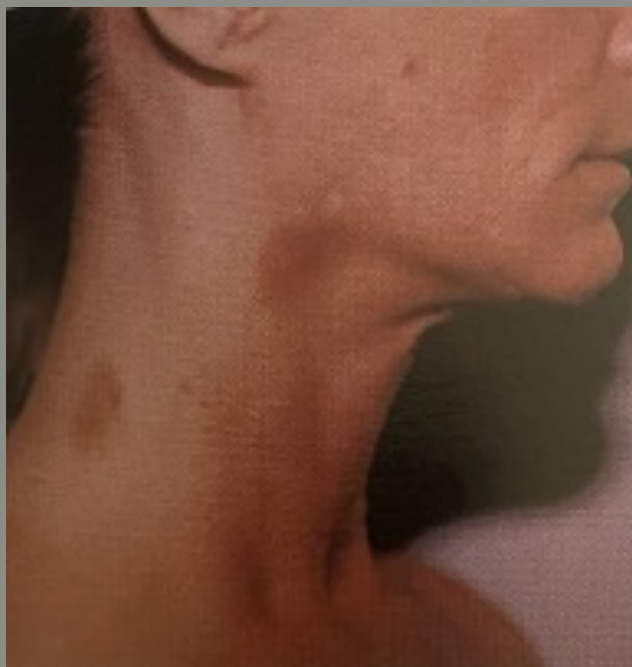
Patient wants to keep clothing

Alternate Light Source

What is the substance?



Medical-Forensic History Taking



The right side of the neck, at the jaw line, 3cm down from ear lobe, 8 cm from the front center of the chin, 8 cm up from the shoulder

Bruise

Oval, brown, non-tender

3 cm in diameter

Patient states “ I don’t know where that came from”

Neck swabbed x 4

*Patient asks to use the washroom at this point... can they?

- Cross-contamination, chain of custody, PHLM

Injury

tion

Measur

Notes

Goal: Informs MOI

Goal: Replicability

Goal: Our documentation should look the same.

Conclusion

- Integration of new Canadian Standards and Guidelines of Practice will be implemented raising patient response
- Forensic healthcare providers will develop competency sooner and be able to renew their competencies on an annual basis
- Patient access to receive this evidence-based practice response which meets Canadian standards of care consistently across all regions regardless of deliver model (on-site, mobile, off-site, teleSANE)
- Learners will reflect on scope of their work, authority, specialization and responsibilities and how to apply this in their practice
- Provides a novice-expert process

Questions?



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