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Implementing a Forensic Educational Package for Registered Nurses in Two  
Emergency Departments in Western Australia

Christine M. Michel  
*University of Notre Dame Australia*

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# CHAPTER 1

## INTRODUCTION

*Working in the emergency department can be rewarding, exciting, tragic, and often unpredictable. However, it is the unpredictable environment that is often the attraction for many nurses. This story speaks to the unpredictability of patients and environmental circumstances. This is by no means an isolated case. Incidents such as this, unfortunately, occur with regularity and can significantly change lives. This is Thomas' story.*

### **Background**

Violence is a major public health problem worldwide. Each year, millions of people suffer permanent disabilities, live with physical and psychological scars and die from injuries related to violence. Violence is among the leading causes of death among people aged 15-44 years worldwide, accounting for 14% of deaths amongst males and 7% of deaths amongst females (World Health Organisation, 2002). Such individuals provide classic examples of forensic patients. In this study, a forensic patient will be considered any individual who has injuries and/or a medical condition/diagnosis that may intersect with the law.

Since the September 11, 2001 attack in New York and the Bali bombing on October 12, 2002, Australian citizens have become more conscious of the threat and prevalence of violence. On the front page of the West Australian, in December 2002, the headline read "Hidden Fears" (Gauntlett, 2002). This article summarised the top ten fears Australians have today. All but one of these top 10 concerns was associated with the field of forensics (issues such as paedophilia, incarceration of sex offenders, abuse of children, drug use and abuse, and domestic violence). The above article and many others like it (Pennells, 2002; Manton, 2002; "Terrorists tipped", 2003; Morfesse, 2004; "Toxic fumes", 2004; Mason and Eliot, 2005; McNamara, 2005) reflect the growing incidence and public awareness of violence and the resulting forensic issues that confront many Western Australians.

Hospitals emergency departments (ED) are often the first place a victim and/or perpetrator of violence will be brought to for medical treatment. Therefore, hospital staffs provide care to a variety of forensic patients daily. Research by Pasqualone

(1998) identified 24 forensic patient categories for whom ED nurses regularly provide treatment. Due to national and international incidences, Pasqualone revised her original list of forensic patient categories and increased the number of categories to 27 (Pasqualone, personal conversation June 22, 2003). The latest version of Pasqualone’s forensic patient categories are seen in Table 1.1 below.

**Table 1.1: Pasqualone’s 27 Forensic Patient Categories**

1. Abuse of the disabled	15. Occupation-related injuries
2. Assault and battery	16. Organ and tissue donation
3. Burns > 5% body surface area	17. Personal injury
4. Child abuse and neglect	18. Product liability
5. Clients in police custody	19. Questioned death cases
6. Domestic Violence	20. Sexual assault
7. Elder abuse and neglect	21. Sharp force injuries
8. Firearm injuries	22. Substance abuse
9. Food and drug tampering	23. Transcultural medical practices
10. Forensic psychiatric clients	24. Toxic exposure
11. Gang violence	25. Victims of mass destruction/ terrorism
12. Human and animal bites	26. End of life decisions: Do Not Resuscitate (NFR)
13. Malpractice and/or negligence	27. Control of communicable diseases
14. Motor vehicle trauma	

The above 27 forensic patient categories will be referred to throughout this study. This list serves as the starting point in this chapter which enables the researcher to identify the type of individuals that will be recognised as forensic patients. The remainder of this chapter will provide the history of forensics and forensic nursing, provide the justification for this study, state the aim and purpose of the study and list the seven study objectives. Lastly, this chapter will provide the reader with operational definitions which describe terms utilised regularly within this study.

## **History of Forensics**

The term forensics is a Latin word describing the market place where lawyers met to debate [lat. Forens = market place] (Delbridge et al., 1991). Today, with the help of the media and improved telecommunications, most people associate forensics with death investigation and DNA evidence (Doyle, 2001). The Collins Concise Dictionary Plus (1989, p. 480) defines forensics as “anything pertaining to or connected with a court of law”.

The beginning of forensic science is thought to have occurred in ancient China. Documents found in Chinese archives describe a magistrate, who in the seventeenth century AD, used primitive tools, collected evidence, used investigators to help study crime scenes, and interviewed suspects and witnesses (Owen, 2000). Since then the field of forensic science has grown steadily throughout the centuries.

Today the field of forensics is a sophisticated and complex science. To investigate crime, police, scientists, medical, and legal professionals utilise a variety of forensic techniques. Technology such as DNA analysis, photography, computer analysis, bite mark identification, and scanning electronic microscopy provide great support for many forensic cases. It is because of the ever-advancing scientific technology that the field of forensics continues to expand in capacity and complexity (Kiely, 2001).

With the advancement of forensic science technology comes the need to provide up-to-date information to medical professionals who provide treatment to forensic patients on a regular basis. According to Lynch (2006), there is now a greater focus on the needs of many living forensic patients, and not just the incarcerated, the mentally ill or the deceased who have been the primary target of forensic nursing care in the past. The public are becoming more aware of their medical and legal rights which add pressure upon hospital staff who provide healthcare (Pasqualone, 1998).

The Australian population and its health care needs are changing and the public is expecting and demanding more from medical professionals. Therefore, healthcare professionals need to consider and address how and which clinical forensic practices

are essential to incorporate into daily policies and procedures. In order to implement best practices, an examination of current knowledge and forensic nursing practices must occur.

## **Forensic Nursing**

A thorough literature search revealed that there is no single agreed upon concept or definition of what constitutes a forensic nurse. Rather, there are a variety of separate categories and role descriptions under the broad field of forensic nursing. Burrows (1993, p. 900) suggests that a “forensic focus in health care relates to the therapeutic targeting of any aspect of a client’s behaviour that links psychiatric symptomatology and offending behaviour”. Lynch (1993), on the other hand, centres her vision for the role of the forensic nurse to be more focused and aimed at providing help and support towards victims of crime. Lynch (2006) further advocates differentiating the forensic nurse role into four areas; clinical forensic nurse, sexual assault nurse examiner, forensic psychiatric nurse and forensic correctional/institutional nurse. Finally, Whyte (1997) argues that nurses who work in correctional institutions are not really acting as a ‘forensic nurse’. He further believes that unless the nurse has made a clear contribution to an assessment or evaluated a patient who was in direct pursuit of justice, a nurse does not act in a forensic nurse role. Therefore the questions that have been posed in recent nursing literature are; what is a forensic nurse and what does a forensic nurse do?

There is very little nursing literature that discusses the existence of forensic role development, forensic educational standards, forensic policy development or professional recognition outside of the United States. Much of the published literature from other countries describes various role descriptions and experiences of nurses working within “specialty forensic fields”- primarily that of mental health and incarcerated populations (Norman and Parrish, 2000; Mason, 2002).

Historically, the term “forensic nurse” utilised within the Australian nursing profession has usually been associated with nurses who provide care to persons in custody or mentally ill patients with corresponding legal issues (Whyte, 1997; Mason, 2002). This historic trend has dominated nursing literature from countries

such as the UK, United States, Australia, Canada, Scotland and New Zealand (Prebble, 2001; Mason; 2002; Meadows and Singh, 2001; Burrows, 1993; Saunders, 2000). However, over the past 15 years the term “forensic nursing” has taken on a new meaning especially in Canada and in North America. According to Gilson (2000, p. 1), the practice of forensic nursing offers an “unprecedented means of improving the community response to human abuse and interpersonal violence”.

Each year, approximately a quarter of a million people are treated in hospital ED’s across the Perth, Western Australia metropolitan area. In other words, approximately one in ten Perth residents visit ED’s once a year (McCavanagh, Smith, Williams, and Brooks, 1998). Nurses are often the first ED healthcare professionals to see patients, speak with family members, handle personal property and collect laboratory specimens (McCracken, 2001; Mittleman, Goldberg, and Waksman, 1983). Without regular forensic education and training, ED nurses are left in the vulnerable position of trying to anticipate and/or address the needs of forensic patients unassisted. It is easy for ED nurses without forensic training to overlook, misinterpret or discard valuable forensic evidence (Duffin, 2006). Such mistakes or oversights can have wide-ranging consequences for hospital staff, the patient, their families, and any future legal proceedings.

As the population in Perth, Western Australian continues to grow, ED nurses will feel the rising pressures caused by complicated forensic issues in an already over crowded public healthcare system (Pryer, 2001; Ferguson, 2003; Armstrong, 2002; Australian Bureau of Statistics, 2001). Such pressures and lack of any best practice designed forensic education can only lead to errors in patient care, job dissatisfaction, and an increase in legal action directed at nurses and hospitals.

Pasqualone (1998) stated:

Nurses must be educated with regards to the forensic issues surrounding the victims of trauma and violent crime.... If staffing and education is inadequate, the priorities of treatment may well outweigh the importance of recognising, documenting and collecting evidence. If important evidence is destroyed and/or overlooked, a serious injustice could be rendered to the patient, suspect, or hospital. (p. 59)

## **Justification**

To enable nurses to recognise and effectively manage forensic medicolegal cases in EDs they must have more knowledge (Gilson, 2000; Benak, 2001). Pasqualone (2003) and Lynch (1997) agree that there is a general lack of knowledge and awareness regarding forensic issues among nurses. It is essential that the nursing profession take the guesswork out of forensic patient care for ED nurses and other healthcare professionals. Nurses need to be provided with regular forensic education and forensic tools which assist them to care for forensic patients.

Hospitals are under enormous pressure to sustain high quality healthcare services in an environment of high demand, cost cutting and greater demands for hospital beds and emergency care (Health Reform Committee, 2004; Commonwealth of Australia, 2001). With shortages of ED nurses and doctors, the question of need and justification for specialised nursing educational programs surface (Armstrong, 2002; Pryer, 2001). The denial of such forensic services has the potential for issues such as negligence and malpractice to arise causing greater risks to patients, staff and hospitals. Atkinson and Williams (1992, p. 46) admit that “without such knowledge, ED nurses may act unethically or unwittingly place themselves at the risk of litigation”. To prevent nurses from being exposed to such events, it is essential that advanced forensic education be initiated in EDs.

Care of forensic patients includes treatment of their immediate health issues, attention to patient’s rights, collection of forensic evidence, discharge and referral needs as well as legal requirements (Kent-Wilkinson, 1999). If attention is not focused towards these issues, patients, suspects or hospitals could be subjected to serious injustice if important evidence is destroyed and/or overlooked (Pasqualone, 2003).

Patients usually interact with and are assessed first by Registered Nurses in EDs. Nurses need the knowledge that assists them in recognising potential forensic patients. Identification is the first step to improving the management of forensic patients needs. An improvement in forensic standards of care can improve criminal

justice outcomes. Such improvements can benefit the patient and the whole community (Gilson, 2000).

Clinical forensic education targeting ED nurses have been effective and successful internationally (Easter and Muro, 1995; Kent-Wilkinson, 1999; Benak, 2001). With sound forensic knowledge and skills, ED nurses can initiate forensic protocols. As a result, forensic patients receive specific attention without delay thus maximising overall patient outcomes.

Over the past 10 years there has been extensive evidence that the concept of the forensic nursing specialty is expanding (Kent-Wilkinson, 1999; Gilson, 2000; Moore, 2001; Pyrek, 2003; Campbell, Patterson, and Lichty, 2005). For example, internationally, comprehensive forensic nursing programs have been successfully introduced and implemented within 20 different countries (V. Lynch, personal communication, February 10, 2003). In addition, forensic nursing program descriptions, case studies, challenges, and successes have also been extensively documented in the literature (Gilson, 2000; Nelson, 1998; Kent-Wilkerson, 1999; Benak, 2001; Evans and Wells, 1999, Moore, 2001; Campbell, Patterson, and Lichty, 2005).

The current literature does not provide articles that have evaluated forensic nursing educational programs for ED nurses according to research based processes. Avenues investigated included online databases such as Ebscohost, PsychINFO, CINAHL, Joanna Briggs Institute, The Australian Resource Centre for Healthcare Innovations, ProQuest, as well as an internet search incorporating the search engines Google and Yahoo.com. Terms (individual and combination of terms) used to search for published literature included; forensic, nursing, emergency department, education, teaching strategies, adult learning, pre and pots-test design, behavioural change, social learning theory, and social cognitive theory.

The available literature generally outlined and described how healthcare professionals approached and cared for specific forensic patient populations. In other words, the available literature tends to focus on describing specific types of forensic nursing specialty skills, roles and associated programs such as; sexual assault nurse

examiner (eg., Ledray, 1992; Hohenhaus, 1998; Ahrens et al., 2000; Moore, 2001; Sievers and Stinson, 2002), mental health nursing (eg., Baston and Simms, 2002; Sharrock and Happell, 2002; Pryke, 2005), nurse death investigation (eg., Standing Bear, 1995), forensic evidence collection (eg., Easter and Muro, 1995; McCracken, 2001; Duffin, 2006) , and legal nurse consultants (eg., Wetther, 1993; Bogart, 1998; Chizek, 2003). The researcher could not find any literature that described and evaluated a forensic educational package that was suitable to all 27 forensic patient categories.

The difficulty in evaluating forensic nursing programs results from the fact that caring for forensic patients includes addressing medical, legal, and psychological issues. Therefore, identifying and measuring success is complicated. For example, some programs may identify success with an increase in the number of victims who report a crime whereas others may identify success with an increase in conviction rates. However, the researcher found one article by Campbell, Patterson, and Lichy (2005) whose objective was focused on evaluating the empirical literature concerning the effectiveness of sexual assault nurse examiner (SANE) programs.

According to Lynch (2006), a SANE program (sometimes referred to as a sexual assault response team or SART) consists of a:

Group of professionals who work together to facilitate the survivor's recovery and the investigation and prosecution of the assailant by providing information, support, and crisis intervention, gathering evidence, and facilitating the movement of the sexual assault survivor through the legal system. (p. 706)

The registered nurses working within these programs are required to have advanced education in forensic examination of sexual assault victims. The amount of advanced training and the course specifications differ within the USA and other international countries.

Campbell, Patterson, and Lichy (2005) identified five domains which they used to evaluate SANE programs. These domains included; psychological effectiveness, medical/healthcare effectiveness, forensic effectiveness, legal effectiveness, and community change effectiveness. Overall, Campbell, Patterson, and Lichy (2005, p. 324) found SANE programs improved the way patient care was approached.

However, the authors caution the reader about drawing too many conclusions as “most of the published studies have not included adequate methodological controls or comparisons to rigorously test the effectiveness of SANE programs”.

There has not been any published Australian research which describes and evaluates successfully implemented forensic nursing education packages, only literature that support such development (Evans and Wells, 1999; Saunders, 2000; Baston and Simms, 2002; Pavlik, 2004; Hofner, et al., 2005). Therefore, in order to successfully develop a forensic nursing educational package suitable for all 27 forensic patient categories, a broad based research investigative approach was required. The researcher therefore considered a multitude of adult learning and educational principles, teaching methods, and forensic science variables in planning this investigation. This will be discussed in more detail in Chapter 3.

Due to the predominance of the international forensic nursing movement, it seems logical to consider utilising similar ideas, protocols, and procedures. Initially, however, the researcher was required to investigate whether existing forensic educational material was applicable, effective and beneficial to nurses working in EDs within Western Australia. A comprehensive literature review would assist in providing an evidence based package that was informative, functional for the target group (forensic patient categories), and increasing the scope and standards of nursing practice in Western Australia.

In summary, to enable ED nurses in Western Australia to address forensic patient needs, nurses need to be provided with specialty forensic knowledge. International experiences have indicated that forensic nursing education can be effective and beneficial for improving forensic patient care (Kent-Wilkinson, 1999; Benak, 2001; Moore, 2001; Campbell, Patterson, and Lichty, 2005). There has been no published literature that describes and evaluates clinical forensic educational programmes for ED nurses. Therefore, to ensure best practice, it is essential that forensic educational material is developed and evaluated based on the forensic patient populations present in Western Australia.

The remaining discussions provided in this chapter will focus on the aim, purpose, objectives, and operational definitions which relate directly to this study. Such information will provide concise and expletory information that will help clarify the contents of subsequent chapters.

## **Aim**

The aim of this research is to evaluate the effectiveness of a forensic education package on ED nurses' perceptions, knowledge and care of forensic patients.

## **Purpose**

A multiple triangulation method will be used to evaluate the effects of a forensic educational package on ED nurses' perceptions, knowledge and care of forensic patients. The research project will discuss the need for advanced forensic nursing education and whether a nurse focused approach can be used as a strategy to address the complex issues forensic patients bring into our healthcare system.

## **Objectives**

To fulfil the purpose of this study the objectives that will be explored and addressed will be to:

1. Explore the forensic requirements and key issues identified by forensic and healthcare stakeholders within the Western Australia community.
2. Develop an educational package and conduct forensic workshops that address deficits in forensic knowledge and clinical forensic skills as identified by Western Australia's emergency department Registered Nurses and forensic and healthcare stakeholders.
3. Describe the perceptions of Western Australia emergency department Registered Nurses regarding current roles and responsibilities needed to care for forensic patients.
4. Develop and evaluate the effectiveness of a forensic kit for Western Australia emergency department nurses containing forensic supplies and protocol sheets that provide evidence collection guidelines.

5. Evaluate the effectiveness of a forensic educational package in relation to changes in nursing assessment, documentation, perceptions, knowledge, and care of forensic patients.
6. Identify and discuss the relationships between the nursing participants' demographics and their knowledge, perceptions and practice of forensic nursing.
7. Discuss a potential need for change in forensic patient identification and assessment, availability of forensic evidence collection supplies, standards of practice, hospital policies and the implementation of ongoing ED forensic education.

### **Operational Definitions**

1. Care of the forensic patient – Care provided to the forensic patient includes identification, assessment, interventions and/or evaluation.
2. Comprehensive – Being of broad scope or content (Hanks, 1989).
3. Forensic – Pertaining to or connected with a court of law (Hanks, 1989).
4. Forensic categories – A classification of traumatic injuries or violence, whether physical or psychological, which results in an interface of the health care and legal systems (Pasqualone, 2003).
5. Forensic nursing – The application of the nursing process to public or legal proceedings. It is the application of the forensic aspects of healthcare to the scientific investigation of trauma, and/or death-related medicolegal issues (Lynch, 2006).
6. Forensic patient – A patient whose medical injuries, history or complaint interface with the law.
7. Forensic stakeholders – Individuals that work within the forensic or healthcare field or take care of forensic patients within their work environment (Nurses, Police, Doctors, Forensic Pathologist, Legal Prosecutors, Social Workers, Counsellors, Referral Agencies, Hospital Administrators, Coroners).
8. Nurse – A person registered with the Nurses and Midwives Board of Western Australia. The terms nurse, ED nurse, and Registered Nurse will be used interchangeably depending on content.

9. Triangulation – A research design which uses a variety of methods, sources and data types to draw conclusions about one phenomenon (Polit, Beck, and Hungler, 2001).

## **Conclusion**

Violence is a major public health concern worldwide. The repercussions of violence are felt by ED staff throughout Australia and the world. Many victims of violence regularly present to hospital EDs for treatment. Hidden within such presentations are often complex and ambiguous legal issues. The combination of a medical complaint that incorporates legal concerns classifies such patients as “forensic patients”.

Emergency departments are on the front line when emergent healthcare is required by forensic patients. To provide comprehensive medical care and minimise any confusion that often accompanies forensic cases, ED nurses need to be provided with regular and up-to-date forensic education. Therefore, it is vital that a forensic educational package be developed which improves knowledge and standard of care. To date there are no forensic educational packages available for ED nursing staff. Therefore, the aim of this study was to develop a forensic educational package and evaluate its effectiveness with regard to ED nurses’ perceptions, knowledge and care of forensic patients in emergency departments in Western Australia.

In order to accomplish this aim, the researcher was required to develop and implement a forensic educational package tailored for nurses working in Western Australia emergency departments. The theoretical framework that supported this project will be discussed in Chapter 2. In Chapter 3, the researcher will then provide a detailed description of the methodological approach utilized for the project. To simplify the outline of the extensive methodological activities undertaken, this discussion has been described under headings labelled Phase I to Phase IV.

Only one published study could be found that discussed the different types of forensic patients (Pasqualone, 1998, 2003). A replication study was required to identify whether the same forensic categories existed in Western Australia. The results of this investigation will be discussed in Chapter 4. All of the data collected

and its analyses will be outlined and discussed in Chapter 5. The researcher will then discuss the research findings in Chapter 6. Finally, the discussion in Chapter 7 will conclude with a focus on the practical implications and recommendations for further research in clinical forensic nursing.

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*The feeling of comfort can often be short lived. Often seconds make a difference.  
Seconds is all it took...*