
Theses

2008

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

Christine M. Michel
University of Notre Dame Australia

Follow this and additional works at: <http://researchonline.nd.edu.au/theses>



COMMONWEALTH OF AUSTRALIA
Copyright Regulations 1969

WARNING

The material in this communication may be subject to copyright under the Act. Any further copying or communication of this material by you may be the subject of copyright protection under the Act.
Do not remove this notice.

Publication Details

Michel, C. M. (2008). Implementing a Forensic Educational Package for Registered Nurses in Two Emergency Departments in Western Australia (Doctor of Philosophy (PhD)). University of Notre Dame Australia. <http://researchonline.nd.edu.au/theses/28>

This dissertation/thesis is brought to you by ResearchOnline@ND. It has been accepted for inclusion in Theses by an authorized administrator of ResearchOnline@ND. For more information, please contact researchonline@nd.edu.au.



CHAPTER 7

IMPLICATIONS OF FINDINGS

Daniel was released from the hospital after two days without incident, which to Thomas, seemed so unfair. The police had described the attack as a “simple assault”. To Thomas, it had been anything but simple. But now there was nothing the Police could do as Daniel had fled across State lines. To Thomas, justice had not prevailed. Thomas was left shaken and unsure. He decided that he had one choice. Accept what had happened and move forward.

Introduction

New forensic nursing concepts and practice ideas explored during this study in conjunction with the lack of published research and resources resulted in the emergence of numerous issues that require future exploration. The results of this study suggested that the introduction of regular forensic nursing education sessions would benefit nurses working within the Western Australia healthcare setting. In addition, the data clearly demonstrated that a nurse focused approach could be used as a strategy to address some of the complex issues forensic patients bring into our healthcare system. Furthermore, the study data revealed that participants increased their forensic knowledge and changed their nursing practice when a potential forensic patient was identified. With such encouraging results, the researcher has recognised several avenues in which this study could be elaborated upon in the future. The details of such ideas will be highlighted in the discussion below.

Recommendations for the Future

The actuality of all nurses in Western Australia possessing the skills required to identify and provide treatment specific care to all types of forensic patients is the researcher’s ultimate objective. However, to achieve this goal, the findings of this study need to be expanded upon and further activities implemented throughout the Western Australia healthcare setting. The focus of such future activities firstly need to concentrate on current perceptions and nursing practices Western Australia nurses have regarding types of forensic patients and the care they require. Therefore, the researcher has proposed several recommendations for the future that target three different areas. The three areas of focus outlined below include education, practice

and research. Specific suggestions that relate to each area will be discussed under separate headings.

Education

1. The first recommendation involves the development of an endorsed forensic educational training package that could be accessed by all Western Australia nurses. The lack of any existing clinical forensic nursing resources was one issue of concern that surfaced during stakeholder interviews, workshop evaluations and focus group interviews with participant nurses. The development of a standardised forensic resource package could be made available to all healthcare professionals throughout Western Australia. Such a resource would increase the exposure healthcare professionals have to clinical forensic nursing information and encourage the concept of interagency and interdisciplinary collaboration.
2. As recognised from the study, there is a need to develop forensic specific educational information sheets that patients could be given at the time of discharge. According to Lynch (1997, p. 3), it is the responsibility of healthcare professionals to “provide the necessary leadership in routinely identifying, treating, and properly referring victims of violence to the appropriate authorities”. Forensic specific information sheets provided to patients at the time of discharge may help clarify, improve, and standardise forensic patient care. Hospital A, B and C already provide patients with information sheets on topics such as; use of crutches, care of sutures, and head injury advice. Forensic specific sheets could provide patients with information about injuries, any required follow-up care, and contact details for organisations or specialty agencies that may be helpful during a patient’s recovery. Information may enable nurses to be more comfortable and familiar with talking to patients about forensic discharge issues while providing them with written instructions that can be referred to at a later date and time.
3. The creation of a video/DVD which discusses forensic nursing issues and demonstrates basic evidence collection skills could be a valuable tool. The development of such a tool could provide a beneficial learning option for rural and remote Australian nurses. The availability of such a tool within the clinical setting or institutional library could provide continued reinforcement for all healthcare staff.

4. Lastly, to increase the awareness regarding forensic patient issues, educational interventions in the form of structured forensic courses at the University level may prove beneficial. For example, the availability of postgraduate forensic courses and providing undergraduate nurses with introductory forensic nursing concepts. The implementation of such programmes may increase the awareness and interest about forensic nursing. Providing early exposure to forensic nursing practices may facilitate nurses viewing forensic patient issues as the norm rather than as an unknown, uncommon or inconvenient after thought.

Any further development of forensic educational material could only benefit and assist Western Australia nurses with their every day clinical forensic practice issues. Some specific recommendations pertaining to clinical nursing practice are outlined in the discussion below.

Practice

1. This study was undertaken from the perspective of nurses' knowledge and their practice. It would be important to investigate the effects of the forensic educational package on forensic patients. Information from such a study could provide insight as to the kinds of issues that forensic patients deemed most important and beneficial, what areas were being addressed well and identify areas for improvement. Data from such a study could only enhance the quality of content contained within the forensic educational package thus improve forensic patient care standards.
2. To initiate nursing practice change, forensic patients need to be accurately identified during their initial nursing assessment (triage process). Development of an EDIS coding system could assist nursing staff by identifying forensic patients during the triage process. The inclusion of such a coding system could help to increase the rate at which forensic patients are identified. Results from this study indicated that forensic patient identification significantly improved after HospC participants attended all the forensic workshops. Therefore, if a computerized prompt could be included into the existing EDIS system, forensic patients could be identified early during triage. This could alert all ED employees (nurses, doctors, clerical staff, and managers) that forensic protocols may need to be implemented. With such heightened awareness, all healthcare professionals could

work together to ensure forensic patients receive a high standard of care specific to their needs. Similar EDIS prompts have been established in the past in connection with other research projects. Such information would provide important quality improvement data that could assist with forensic policy development at hospitals.

3. Lastly, to provide nurses and other healthcare staff with on-site clinical and educational support, the development of a forensic liaison nurse position within major Western Australia teaching hospitals would be important to consider. A clinical forensic liaison nurse could be responsible for the development of forensic policies and procedures, providing hospital staff with regular updated forensic workshops, and serve as a mentor. In addition, a clinical forensic liaison nurse could promote interagency communication among hospital staff and forensic stakeholders in the community. Such communication could increase the amount of feedback healthcare professionals received about forensic cases thus creating the opportunity for improvement in patient care standards. The lack of feedback was a prominent theme identified during the healthcare stakeholder interviews. Therefore providing an opportunity to increase the level of feedback could only prove beneficial to ED staff and forensic patient care.

To enable changes to occur in the practical setting, standards must be incorporated through the assessment of best practices standards. However, the body of knowledge in forensic nursing can only be increased through the availability of published research. Therefore, the discussion below highlights some of the recommendations that need to occur within the research domain to support and encourage this change.

Research

1. Any future replications of this study would need to explore methods that might increase the return rate of the post-test questionnaires from the control group participants. The low return rate of 26% prevented the researcher from fully exploring the pre and post-test questionnaire data in this study. For example, the first questionnaire was successfully completed and returned by participants when the option for participation was presented at a designated educational workshop. Perhaps, a second workshop designated to distribute and collect the post-test questionnaire may increase the return rate and reduce (1) the chance of

participants losing the questionnaire during their shift by setting it down on an ED work bench, (2) being unable to take time out of their shift to complete the questionnaire and thus being required to complete the questionnaire in their own time, and (3) feeling pressed for time thus providing quick responses that may not reflect their true beliefs and knowledge.

2. In this study, the researcher was unable to completely assess the extent of injury description during all of the chart check audits (item eight). The only documentation collected by the researcher was a “yes” or “no” response which reflected whether participants documented the presence of an injury. This type of recording method limited the amount and type of analysis that could be made regarding any improvement in injury documentation. In future research, more robust data upon which to base program evaluations could occur if a more extensive assessment guide was utilised during the evaluation of this question. For example, injury documentation could be based on a three point assessment tool. To obtain three marks, a participant’s injury description would need to include; the type of injury (ie. bruise, cut, abrasion), colour of the injury, and location on the patient’s body (James and Nordby, 2003; Lynch, 2006; Hammer, Moynihan, and Pagliaro, 2006).
3. There is a need to investigate the needs of rural and remote healthcare professionals. Due to practical and financial restrictions, this study was conducted within the metropolitan area. Western Australia has the largest land area of any Australian state or territory comprising a land area of about 2,529,880 square kilometres. However, Western Australia is home to just less than 10% of Australia's 20,808,064 population (Australian Bureau of Statistics, 2006). Because of the great land mass that Western Australia occupies, many nurses practice in rural and isolated environments. Therefore, it would be important for future research in this area to include rural and remote communities. It is unknown whether nurses working in these diverse environments face forensic issues not identified during this study.
4. Lastly, there has been no research that investigates the type of attitudes nurses hold about forensic nursing issues. Such research could provide great insight about how to improve the image of forensics to the general nursing population. Important insight may also be gained as to how best to structure educational material to increase interest and compliance with forensic nursing practices.

The researcher anticipates that the findings of this study will be presented at various conferences and published in a number of professional journals. In addition, the hospitals involved in the study have requested that the researcher present the research findings. It is hoped that these findings will continue to enlighten nurses about the special needs of forensic patients whilst promoting further research and expanding education. To further promote forensic nursing education in Western Australia and fully utilise the study findings, the researcher believed that a forensic nursing self-directed learning package (SDLP) was vital. Details of such a package are provided below.

A Forensic Nursing Self-Directed Learning Package

The development of a SDLP that focuses on clinical forensic issues was a logical progression after the findings from this study were finalised. Such a package would allow nurses across Western Australia to initiate some forensic learning independently. Additionally, material from the SDLP could be included in ward specific orientation manuals and be made available through hospital education departments. An outline that provides details of the contents of the forensic nursing SDLP can be seen below in Table 7.1. In keeping with the colour scheme initiated in this study, a more detailed version of the SDLP contents can be found in Appendix 27 on light orange paper.

The detailed version of the SDLP provides introductory level forensic nursing topics. The information contained within the SDLP was targeted for nurses who have little to no background knowledge in or about forensic nursing. Furthermore, it is anticipated that the SDLP will contain three cases studies which are each accompanied by case photographs and self-evaluation quizzes. One case study will address paediatric issues, one will address adult forensic issues and one will address the forensic concerns of the elderly and/or disabled patient populations. Such information will allow nurses to apply their knowledge obtained from the SDLP to practical nursing issues, practice their injury documentation and then evaluate their understanding of their reading. Lastly, it is the researcher's plan to place the entire SDLP package on a CD-ROM. Having the educational material available to nurses

through different learning modalities may increase the appeal of the learning package and thus reach more nurses overall.

Table 7.1: Table of Contents for a Forensic Nursing Self-Directed Learning Package

<p>Forensic Nursing: Knowledge and Skills Required to Care for Forensic Patients</p> <ol style="list-style-type: none">1. Background2. Aim3. Expected Learner Outcomes4. What is Forensic Nursing?5. Who are Forensic Patients?6. Documentation – A Systematic Approach7. Legal Issues<ol style="list-style-type: none">a. Civil vs. Criminalb. Consentc. Mandate Lawsd. Other State/Country Specifice. Existing Hospital Policy and Proceduresf. Ethical Issues – Advocate or Informer8. Practical skills<ol style="list-style-type: none">a. Evidence Collectionb. Evidence Protection9. Discharge and Referral Agencies10. Journal Articles11. Practice Case Studies and Self-Evaluation Quiz12. Glossary of Terms13. References, Bibliography, Legislation Acts and Bills
--

Conclusion

The findings from this study indicate that providing forensic education to ED nurses increased knowledge and enhanced nursing practices. The effects of which could only result in better patient outcomes. Therefore, further research surrounding this topic is vital. However, it is imperative that future forensic nursing research focuses on clinical aspects of forensic patient care.

To achieve the goal of all nurses within Western Australia having regular access to forensic education, comprehensive forensic educational material must be endorsed, and supplied through multiple modalities. The use of multiple types of educational material and delivery modes will cater for the different learning preferences and styles of nurses thus providing the greatest opportunity of disseminating forensic education successfully to the greatest majority of Western Australia nurses.

POSTSCRIPT

Thomas was a she, she is me and this was my story. This experience significantly impacted my life and my nursing practice. It has intensified my desire to encourage and facilitate change. No other victim should be made to travel such a road alone. There must be procedures and education. All nurses must know what to do and be prepared. It is every nurse's job to know. Without knowledge, our care becomes compromised and our patients, their families, and the community suffer. We have the ability to make the changes. We must initiate and embrace such change.