Forensic Nursing:
Scope and Standards of Practice

International Association of Forensic Nurses
American Nurses Association
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*Forensic Nursing: Scope and Standards of Practice, Second Edition* is the product of time, energy, and effort spent reviewing the literature on forensic nursing practice and its governing documents; revising content to reflect current forensic nursing practice; reorganizing content to enhance readability and meet ANA standards; and ongoing collaboration by a highly motivated and dedicated volunteer taskforce. The Scope and Standards Task Force hosted telephone conferences, used various means of electronic communications to move the document forward, consulted with ANA and IAFN staff members, and benefited from the valuable insights of former Scope and Standards of Practice Committee members. Once completed, the draft was reviewed by the IAFN Board of Directors, underwent a public comment period, and was revised accordingly; was submitted to and evaluated by the ANA Committee on Nursing Practice Standards and Guidelines; was reviewed and recommended for approval by the ANA’s Congress on Nursing Practice and Economics; and lastly, was submitted for approval by the ANA Board of Directors.

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About the American Nurses Association

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses association and organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

About Nursesbooks.org: The Publishing Program of the ANA

Nursebooks.org publishes book on ANA core issues and programs including ethics, leadership, quality, specialty practice, advanced practice, and the profession’s enduring legacy. Best known for the foundational documents of the profession on nursing ethics, scope and standards of practice, and social policy, Nursebooks.org is the publisher for the professional, career-oriented nurse, reaching and serving nurse educators, administrators, managers, and researchers, as well as staff nurses in the course of their professional development.
1 Scope and Standards of Forensic Nursing Practice

1.1 Introduction

*Forensic Nursing: Scope and Standards of Practice* identifies the expectations for the role and practice of the forensic nurse. It builds on the second version of this material, published in 2009 by the ANA and the International Association of Forensic Nurses (IAFN). The updated document is meant to define and direct forensic nursing practice in all settings and across all roles. This complex and comprehensive consensus document has been developed with input from the IAFN membership, among others, and uses the ANA framework and guide for scope and standards documents approved by the Congress on Nursing Practice and Economics (ANA, 2010).

The scope of practice statement *(pages aa–bb)* describes the who, what, where, when, why, and how of forensic nursing practice. Each of these questions must be sufficiently answered to provide a complete picture of the practice and its boundaries and membership. The depth and breadth in which individual forensic nurses engage in the total scope of forensic nursing practice depends upon the nurse’s education, experience, role, setting, and the population served.

The Standards of Forensic Nursing Practice, which are comprised of the standards of practice *(pages cc–dd)* and the standards of professional performance *(pages ee–ff)*, are authoritative statements of the duties that all forensic nurses—regardless of role, population, or subspecialty—are expected to perform competently. The standards published herein may be used as evidence of the standard of care governing forensic nursing practice, with the understanding that application of the standards is context-dependent. The standards are subject to change with the dynamics of the forensic nursing profession and as the specialty and the public develop and accept new patterns of professional practice. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time (e.g., during a natural disaster). The standards are subject to formal periodic review and revision.

The competencies appearing below each standard are not all-inclusive and do not establish the legal standard of care. Rather, the competencies are specific, measurable elements that forensic nursing professionals may use to measure professional performance. Whether a particular standard or competency applies depends upon the circumstances. Nurses practicing within this particular role, population, and specialty can identify opportunities for development and improvement by evaluating performance based on these elements.
2 Scope of Forensic Nursing Practice

2.1 Evolution of Forensic Nursing

These key events highlight the critical steps in the development and formalization of forensic nursing:

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1948</td>
<td>Article V in the Universal Declaration of Human Rights declares: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (United Nations, 1948).</td>
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<td>1975</td>
<td>John Butt, MD, Chief Medical Examiner in Alberta, Canada, recognizes the registered nurse as a valuable resource to the field of death investigation (Lynch &amp; Duval, 2011).</td>
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<tr>
<td>1984</td>
<td>The United States Surgeon General identifies violence as a public health issue and healthcare providers as key agents in ameliorating the effects of violence in our communities (Koop, 1986).</td>
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<tr>
<td>1990</td>
<td>Virginia Lynch, RN, conceptualizes and operationalizes the role of the “forensic nurse examiner” (Lynch, 1990).</td>
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<tr>
<td>1991</td>
<td>The ANA publishes a position paper, asserting that violence against women is a nursing practice issue (ANA, 1991).</td>
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<tr>
<td>1992</td>
<td>The IAFN is established as the first professional nursing organization for forensic nurses (IAFN, 2015a).</td>
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<tr>
<td>1995</td>
<td>The ANA’s Congress of Nursing Practice recognizes forensic nursing as a specialty (ANA &amp; IAFN, 1997).</td>
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<tr>
<td>1997</td>
<td>The ANA and IAFN jointly publish the first edition of the Scope and Standards of Forensic Nursing Practice (ANA &amp; IAFN, 1997).</td>
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These milestones underscore the importance of forensic nursing practice in identifying, managing, and preventing intentional and unintentional injuries in a global community. In addition, forensic nursing practice has traditionally claimed a role in assessing and providing care for suspects and perpetrators of crime, trauma, and intentional harm, particularly those who have a mental or emotional disorder that is related to the commission of a crime.
Forensic nurses continue to create and disseminate new and existing evidence-based and research-informed knowledge, encourage collaboration among nurses and specialty practices, and promote multidisciplinary and interprofessional collaboration. The IAFN, the professional organization for forensic nurses, serves an integral role in the continued development of forensic nursing practice across settings, roles, and populations. The IAFN supports the forensic nurse:

- In the development of international professional networks
- Through the recognition and expansion of the unique aspects of forensic nursing practice
- Through the provision of innovative, evidence-based forensic nursing education
- In the establishment of the scope and standards of forensic nursing practice
- In the creation of credentialing processes for forensic nurses
2.2 Definition of Forensic Nursing

Forensic nursing practice is grounded in the rich bio-psycho-social-spiritual education of registered nurses and uses the nursing process to diagnose and treat individuals, families, and communities affected by violence and trauma, and the systems that respond to them. Forensic nursing targets the identification, management, and prevention of intentional and unintentional injuries in a global community. The forensic nurse collaborates with agents in the healthcare, social, and legal systems to investigate and interpret clinical presentations and pathologies by evaluating intentional or unintentional physical and psychological injury; describing the scientific relationships between injury and evidence; and interpreting the associated or influencing factors.

The forensic nurse integrates forensic and nursing sciences in the assessment and care of populations affected by physical, psychological, or social violence or trauma. Privacy, respect, and dignity characterize the services that the forensic nurse provides to those affected by crime, trauma, and intentional harm. In addition, the forensic nurse strongly advocates for minimum standards of assessment, collection of specimens for forensic analysis, and reporting of crime. The IAFN has adopted this definition of the specialty: Forensic nursing is the practice of nursing globally when health and legal systems intersect (ANA & IAFN, 2009, p. 3).
2.3 Overview of Forensic Nursing

Forensic nursing is a multifaceted and complex specialty practice. Its responsibilities, functions, roles, and skills derive from general nursing practice, yet the specialty of forensic nursing has developed in accordance with its distinctive practice environments and populations. Forensic nursing practice, concerned primarily with individuals and populations affected by violence and trauma, their families, communities, and the systems that respond to them, may include but is not limited to:

- Assessment, diagnosis, planning, implementation, evaluation of, and scientific inquiry about human, program, and system responses to injury and interventions following injury to individuals, families, communities, cultures, and environments.
- Identification of the pathology of intentional or unintentional injury in persons who are living or deceased.
- Episodic care for populations affected by trauma, including those legally defined as victims, suspects, and perpetrators.
- Collection, preservation, transfer, and analysis of specimens/samples holding potential evidentiary value within the legal system.
- Participation in the generation, dissemination, and use of evidence-based research in forensic nursing practice delivered to patients, communities, and systems.
- Utilization of formative and summative evaluation processes in forensic nursing roles and environments internationally.
- Administration, organization, and coordination of the forensic nursing role in programs, systems, and environments where forensic nurses practice.
- Involvement and influence in both internal and external systems where professional and societal regulation of forensic nursing practice impacts public health and safety.
- Development and support of local, regional, and global policy and public health as it relates to injury and the prevention of injury in a variety of cultures and communities.
- Promotion of and accountability to the ethical paradigms within forensic nursing.
- Development and implementation of professional and community education programs of interest to forensic nurses that address prevention and interventions in primary, secondary, and tertiary settings.
- Development and promotion of the multidisciplinary collaboration between the forensic nurse and others in all roles and practice environments, such as community and system advocates, forensic scientists, and legal professionals.
2.3.1 Prevalence of Forensic Nurses

The National Sample Survey of Registered Nurses (NSSRN), which the U.S. Department of Health and Human Resources’ (DHHS) Health Resources and Services Administration conducts approximately every four years, does not report the number of nurses who work within the forensic nursing specialty (DHHS, 2010). The survey focuses on educational background, primary/secondary employment setting, primary/secondary position, job satisfaction, salaries, and additional demographic characteristics. Because forensic nurses serve populations affected by trauma or violence—which are not limited to one setting and are not represented by a specific patient demographic—forensic nurses remain one of the most diverse groups of clinicians in the nursing profession (e.g., patient populations served, practice settings, and forensic and healthcare services provided). This unique dynamic confounds the ability of a survey such as the NSSRN to capture accurate practice data specific to forensic nursing. In addition, as the NSSRN reveals, many registered nurses hold both a part-time and a full-time position (>12%) or multiple part-time positions (another 14%), further compounding the difficulty of identifying unique specialty practices (DHHS, 2010). Although more than 3,000 members currently comprise the IAFN (2014), this number cannot be extrapolated as representative of the total number of nurses who work full-time, part-time, or intermittently as forensic nurses.

2.3.2 Population Served by Forensic Nurses

Forensic nurses care for and treat individuals, families, communities, and populations in systems where intentional and unintentional injuries occur. These include but are not limited to patients who have been:

- Victims, suspects, or perpetrators of interpersonal violence (e.g., child abuse, elder abuse, intimate partner abuse and assault, sexual abuse/assault, gang violence),
- Victims, suspects, or perpetrators of man-made catastrophes (e.g., motor vehicle collisions, acts of terrorism), and
- Victims of natural causes of trauma and population evacuation (e.g., seismic or weather-related disasters).

Forensic nurses address the forensic healthcare needs of some of society’s most vulnerable, marginalized and often disadvantaged populations, both living and deceased (e.g., children, individuals with congenital and developmental disabilities, transgendered individuals, residents of nursing homes, patients with mental illness, and individuals who are substance users, homeless, or incarcerated). Forensic nurses also respond to community forensic healthcare needs by concentrating on programmatic and systems change in the event of threats to public health and safety (e.g., responding to environmental hazards with death and mass-casualty incident investigations, providing forensic nursing programs and education, and participating in policy and program development and legislation).

Forensic nurses possess both fundamental and specialized nursing knowledge and skills, including an understanding of the healthcare, social, and legal systems, and knowledge about forensic and public health sciences. Forensic nurses collaborate with professionals in health,
social, governmental, and legal systems to investigate and interpret clinical presentations and pathologies. Forensic nurses accomplish this by evaluating physical and psychological injury, whether intentional or unintentional, describing the scientific relationships of the injury and potential evidentiary items, and interpreting the factors that influence them. Forensic nurses are experts across practice settings.

2.3.3 Settings for Forensic Nursing Practice

Forensic nurses provide care throughout the domains of nursing practice, administration, education, research, and consultation (ANA & IAFN, 1997, 2009; IAFN, 2004). Furthermore, forensic nurses practice independently and collaboratively as needed in various settings whenever and wherever health and legal issues intersect. Forensic nurses also interact with other systems in healthcare, community, and legal environments, including:

- Hospital and pre-hospital settings and clinics
- Legal or investigative arenas
- Commercial, not-for-profit, and non-profit organizations
- Governmental organizations and programs
- Educational and industrial settings
- Residential and correctional institutions

The systems in which forensic nurses practice vary, depending on location, funding sources, community standards, and legal influences, and include:

- Healthcare (e.g., hospitals, surgery centers, community clinics)
- Investigative (e.g., medical examiner, coroner, law enforcement agencies)
- Criminal justice (e.g., district attorney, public defender offices)
- Correctional (e.g., jails, prisons, and detention centers)
- Public sector (e.g., military, local, state, provincial, and federal agencies)
- Social services (e.g., child/adult protective services, advocacy centers)
- Educational (e.g., K-12 schools, colleges, universities)
- Private sector (e.g., industries, agencies, firms)
- International organizations (e.g., World Health Organization)

In addition, forensic nurse entrepreneurs establish businesses that center around their forensic nursing practice and consultation expertise. Forensic nurses also serve local, regional, national, and international advisory boards and working groups to establish best practices, build consensus, and enact change to better serve populations affected by violence and trauma.

The core of forensic nursing specifies the definitions, roles, behaviors, and processes inherent in forensic nursing practice. The boundaries of forensic nursing are both internal and external, with sufficient resilience to adapt to changing societal needs and demands. The intersections
reflect where the boundaries of the forensic nurse overlap with those of other professional groups by virtue of nursing’s unique application of a common body of knowledge, environment, and focus. Specialization in forensic nursing incorporates a multitude of sub-specialty areas specific to the forensic health needs of patients in communities and across settings, populations, and systems. Regardless of the practice setting, the forensic nurse integrates knowledge of nursing science, criminal justice, public health, forensic science, and the phenomena related to violence and trauma across the lifespan in providing forensic health care to patients, families, communities, and populations.
2.4 Roles and Practices of the Forensic Nurse

Forensic nursing roles and practices vary across setting (as discussed above), populations served (e.g., pediatric, adult, older adult), and the type of violence or trauma experienced (e.g., sexual abuse, intimate partner violence, medicolegal death investigation). Thus, forensic nursing practices may be described based on setting, population, type of violence, or a combination thereof, in addition to the specific role of the nurse (e.g., clinician, researcher, educator). For example, forensic nursing roles may include clinical practice, education, administration, research, and consultation in any one or more of the following focal areas of violence or injury:

- Sexual violence
- Intimate partner violence
- Physical abuse, maltreatment, and neglect
- Interpersonal violence
- Violence resulting in death
- Intentional and unintentional injury
- Mass disaster (manmade and natural)

Violence is a global healthcare issue affecting individuals, families, groups, communities, and systems. Forensic nursing specifically responds to the specialized needs of populations affected by violence and trauma as can be seen in the following three examples.

**Forensic Nursing and Sexual Assault**

One well-known domain in forensic nursing practice is that of responding to the trauma of sexual assault and abuse, and intervening through actions in systems to mitigate the impact of sexual violence on individuals, families, communities, and society. Forensic nurses provide care for patients reporting sexual assault in a variety of settings, including emergency departments or clinics.

In 2013, the IAFN published its updated guidelines for the education of the sexual assault nurse examiner (SANE) (IAFN, 2013b). The forensic nurse who has completed this specialized education is an expert in history-taking, assessment, treatment of trauma response and injury, documentation (written and photographic) and collection of evidence and its management, emotional and social support required during a post-trauma evaluation and examination, and the documentation of injury and testimony required to bring such cases through the legal system (IAFN, 2013b; Speck & Peters, 1999).

As outlined in the SANE Education Guidelines, another distinct aspect of the SANE role is the use of a humane and legally objective approach that integrates patient advocacy and observation; specimen collection for forensic analysis; mitigation of and protection against adverse health outcomes, including vicarious trauma; and identification of community resources to support the patient reporting sexual assault (IAFN, 2013b). Accordingly, a nurse who holds certification as a SANE will have education that reflects specialized knowledge about legal systems, chain of custody, ethics, pathophysiology, injury and potential for injury, reproductive health, epidemiology, technology and psychology associated with sexual assault, along with targeted training about the unique patient population served.
The SANE will also be responsible for representing the forensic nurse’s encounter to the courts and society. This may include the evaluation and treatment of the forensic patient’s health status and bio-psycho-social-spiritual responses; the health and forensic assessment, including history-taking, specimen collection, and evidentiary outcomes; as well as the systems response to the sexual assault in the courts and the community at-large.

**Forensic Nursing and Medicolegal Death Investigation**

Forensic nurses involved in death investigation bring nursing skills of observation, data collection, and analysis to the determination of manner and cause of death. One objective of the forensic nurse in this setting is to advocate for the forensic patient (the deceased) through the application of nursing skills and knowledge. Forensic nurses have an obligation to consider health promotion beyond the present investigation, using the outcomes of death. The forensic nurse investigating death promotes health among colleagues, families, and communities of the deceased through the manner and tone of investigation. The forensic nursing role includes the preservation of dignity, caring, and protection of human rights even after death.

Forensic nurse death investigators meet the unique forensic needs of individuals served by the medical examiner/coroner system. These nurses have additional education and clinical preparation in conducting a death investigation and forensic evaluation. The FNDI strives to ensure that a competent forensic evaluation and death scene investigation is conducted in all situations. To achieve this goal, the FNDI applies nursing knowledge and the nursing process in all aspects of death investigation, including assessment of the scene, collection/evaluation of specimens, and care of survivors.

In 2013, IAFN published guidelines for the education of the forensic nurse death investigator (FNDI) (IAFN, 2013a). As described in the *FNDI Education Guidelines* (IAFN, 2013a), the nursing process (assessment, planning, implementation, and evaluation) applies to forensic investigation in three separate stages: 1) investigation of the death; 2) care of the decedent’s family and/or survivors; and 3) effects on the community (Wooten, 2003). These components are interrelated and dynamic, much like the human DNA strand. The four steps of the nursing process are interwoven in the different elements of the FNDI role. They include actions such as assessing the scene at a death, planning for additional evidence collection, implementing referrals when caring for survivors, and evaluating all actions taken during an investigation (IAFN, 2013a). The FNDI also uses the nursing process to assess the needs of the community and implement a plan to support and educate community members as needed (Vessier-Batchen, 2007).

**Forensic Nursing and Psychiatric–Mental Health/Correctional Settings**

Forensic nursing includes the psychiatric–mental health nurse who applies knowledge of psychiatric principles and nursing theory to the care of persons in acute care, community-based, or correctional settings who have psychological or mental disorders (Shives, 2011). The psychiatric nurse may encounter patients who, by virtue of their emotional or mental disorder, commit or are likely to commit crimes or trauma against themselves or others. The forensic nurse in a psychiatric–mental health setting possesses particularized knowledge and competencies in the assessment, care, and evaluation of individuals with mental disorders as they relate to criminal behavior. The forensic nurse applies principles of forensic psychiatry and nursing to clinically assess, evaluate, and treat individuals or populations with crime-related
mental disorders. In addition, the forensic nurse possesses expertise in providing care for patients with mental disorders in secure settings and refining that care to minimize the patient’s risk of victimization, self-injury, or injury to others (Mason & Mercer, 1996). The forensic nurse in this role has formal graduate nursing education with an emphasis on forensic nursing care and interpersonal skills in responding to psychological trauma and abuse, neuropathology and criminology, and role transitions in victims and aggressors.
2.5 Tenets of Forensic Nursing

Forensic nurses provide direct services to individuals, families, communities, and populations; they affect the systems in which they function. In addition, forensic nurses provide consultative services to nursing, medical, social, and other healthcare and legal professionals and entities. Moreover, forensic nurses provide factual and expert court testimony regarding both intentional and unintentional injury of the living or the deceased.

The forensic nurse develops and evaluates programs of care related to intentional and unintentional injury, crime, victimization, violence, abuse, and exploitation at the individual, community, state, provincial, district, regional, national, and international levels. For example, the registered nurse practicing in a risk management department in a hospital setting develops protocols for the collection of data and responses to indicators of patient or staff risk in the healthcare setting, including injuries and other issues related to safety. In contrast, the forensic nurse working in a healthcare setting uses forensic nursing expertise (e.g., knowledge of medical and scientific investigation, specimen collection/preservation, and intentional and unintentional injury) in the investigation of injury and trauma and criminality as related to specific populations, such as older adults, persons with disabilities (Humphreys & Campbell, 2011), or those who die unexpectedly.

Although the forensic nurse and the risk management nurse collaborate across legal, social, and healthcare systems to provide evidence-based data that support solutions to risk, the forensic nurse has particular expertise in cases relevant to a legal action, such as but not limited to murder, rape, or abuse. Unlike the risk management nurse, the forensic nurse has specialized knowledge to identify indicators of criminal activity and risk for injury, and is educated to distinguish intentional from unintentional trauma or injury. Although a risk management nurse would focus on the epidemiological trail of a virus or bacterium in an open system, the forensic nurse would focus on the evidence of intentional harm by individuals or groups that contribute to the spread of infection or epidemic (i.e., terrorist contamination). These nurses may work in collaboration or the forensic nurse may be the designated investigator in the healthcare system when intentional harm is suspected; additionally, the forensic nurse can serve in a consultative role to the institution when intentional harm is suspected (e.g., unexpected death). The forensic nurse is able to recommend measures to mitigate the opportunity for intentional harm in systems that are willing to implement changes to reduce risk.

Individual forensic nursing practice clearly differs according to both the nurse’s experience and educational preparation, and the characteristics of the patient population being served. Other major factors include the cultural, social, and legal systems in the forensic nursing practice setting.

The following list conveys an example of the significant diversity of skills of the forensic nurse:

- Application of public health and forensic principles to the registered nursing practice, including bio-psycho-social-spiritual aspects of forensic nursing care in the scientific investigation/evaluation, diagnosis, treatment, and prevention of trauma and/or death of victims, suspects, and perpetrators, including the measurement of outcomes and outputs of the practice.
• Development and implementation of systems relevant to forensic nursing, including the development of systems that care for individuals, families, and communities in relation to injury, both intentional and unintentional; to the care of individuals, families, communities, or populations involved with criminal justice systems; and to the measure the quality and safety of outcomes

• Development of quality forensic nursing care strategies through evidence-based practice and inquiry that target prevention of injury, both intentional and unintentional

• Development, analysis, and implementation of health policy relevant to forensic nurses and patient populations in forensic settings

• Development and implementation of ethically sound, evidence-based, and culturally relevant processes within forensic nursing settings and systems

• Development, analysis, reporting, and dissemination of relevant forensic data, evidence-based outcomes, and outputs

• Identification, collection, and organization of data that is relevant to forensic nurses

• Provision of testimony, both fact and expert, in judicial settings, competency hearings, and other venues

• Design, evaluation, reporting, implementation, and dissemination of evidence-based and peer-reviewed research that is relevant to forensic nurses

• Analysis of outcomes and influence in justice systems and on legislation that pertains to forensic nursing practice and healthcare quality, safety, outcomes, and outputs

• Consultation with nursing practice communities and the multidisciplinary communities of medicine, legal systems, advocacy agencies, governments, and their agents

• Multidisciplinary and interprofessional collaboration with justice, political, and social systems, and the individuals who work within those systems

• Quality education of various disciplines regarding forensic nursing practice

• Leadership, administration, and management within forensic and healthcare settings

• Evidence-based investigative and forensic interviewing

• Forensic medical histories for the purpose of diagnosis, treatment, and/or referral

• Evaluation of crime scenes and trauma within settings that are relevant to the forensic nurse

• Analysis of forensic healthcare quality through continuous review processes

• Provision of safe, evidence-based, direct patient care related to injury, crime, victimization, violence, abuse, and exploitation

• Provision of safe, evidence-based forensic mental health care

• Collection and preservation of specimens and items for forensic analysis

• Integration of evidence-based and evidence-informed forensic nursing practice to improve care of the forensic patient

• Creation and implementation in forensic nursing systems and environments to improve the quality of forensic patient care, safety, and outcomes.
2.6 Principles and Ethics that Guide Forensic Nursing Practice

Despite the diversity of patient populations served, practice settings, and forensic and healthcare services provided, all forensic nurses share skills and a body of knowledge related to the identification, assessment, and analysis of forensic patient data. Forensic nurses apply a unique combination of processes rooted in nursing science, forensic science, and public health to care for patients, families, communities, and populations. Based on the belief that human worth is the philosophical foundation on which forensic nursing is based, the practice of forensic nursing is consistent with the Vision of Ethical Practice (IAFN, 2008), the International Council of Nurses (ICN) Code of Ethics for Nurses (ICN, 2012), and the Code of Ethics for Nurses with Interpretative Statements (ANA, 2015).

Forensic nurses demonstrate an awareness of and adherence to regional and international laws governing their practice. Forensic nurses uphold ethical principles promoted by the nursing profession that protect the rights of, and advocate for, individuals, families, and communities in the systems that respond to them. The forensic nurse seeks evidence-based and evidence-informed resources related to the health, safety, legal, and ethical issues for the forensic patient. Forensic nurses deliver services in a non-judgmental and non-discriminatory manner that is sensitive to the diversity of the patient and the community. The forensic nurse practices with compassion and respect for the uniqueness of patients, including the moral and legal rights associated with self-determination within forensic settings and systems. Forensic nurses collaborate to address the forensic health needs of the patient. When conflicting situations arise (i.e., from previous bias and victimization, addiction, vicarious trauma, or multidisciplinary situations), forensic nurses will examine the conflicts between personal and professional values, strive to preserve the patient’s best interest, and preserve their professional integrity by establishing and respecting boundaries.

Nurses have a lifelong commitment to learning, and maintaining professional competence. This includes self-evaluation, coupled with peer review, to ensure that the nurse’s forensic nursing practice meets the highest standard. Forensic nurses are required to have knowledge of matters that are relevant to the current forensic nursing scope and standards of practice, including topical issues related to forensic nursing, and nursing ethics, concerns, and controversies. Forensic nurses participate in the advancement of practice through administration, education, and knowledge development as well as development of healthcare policy and professional standards and dissemination of knowledge germane to forensic nursing practice. This may come from shared domains in nursing (such as public health, genetics, and genomics) or other professions (such as medicine, public health, and forensic science). Most importantly, the forensic nurse has responsibilities to the public to respond appropriately to improve access to forensic nursing care and bring about social change that creates a world without violence (ANA, 1991, 2015; Canadian Nurses Association, 2008b; IAFN, 2008; ICN, 2012).
2.7 Levels of Forensic Nursing Practice

Basic Forensic Nursing Practice

Basic forensic nursing is practiced by registered nurses who have knowledge and skills necessary for a specific role in forensic nursing, such as a sexual assault nurse examiner (SANE). Basic forensic nursing practice is considered generalist and is guided by forensic nursing protocols for specific forensic patient populations. Basic forensic nurses achieve specialized competencies through training programs, continuing education, and certification programs. Most generalists who practice basic forensic nursing are prepared for their nursing career at the diploma, associate degree, or bachelor’s degree level.

For instance, a generalist forensic nurse specializing as a SANE is licensed as an RN. After completing a SANE program and supervised patient encounters, and accruing the designated years of work experience as an RN and the requisite hours of practice as a SANE, the nurse will be eligible to sit for a certification examination offered by the Commission for Forensic Nursing Certification. The board-certified SANE will care for patients who have experienced sexual assault and will practice in a setting (e.g., emergency department or clinic) that is commensurate with the nurse’s education and experience, within the scope of practice defined by professional organizations, regulatory agencies (e.g., state board of nursing), and his or her institution.

Graduate-level Prepared Forensic Nurse and the Forensic Advanced Practice Registered Nurse (APRN)

Advanced forensic nursing incorporates expanded and specialized knowledge and skills. It is characterized by the integration and application of a range of theoretical and evidence-based knowledge acquired as a part of graduate-level nursing education. Graduate-prepared forensic nurses may apply for and achieve Advanced Forensic Nursing Board Certification (AFN-BC) through the American Nurses Credentialing Center. The graduate-level prepared nurse who has achieved the AFN-BC, however, does not have the same credential or scope of practice as a nurse with an advanced practice registered nurse credential (e.g., APRN-BC). Forensic advanced practice registered nurses (APRNs) hold master’s or doctorate degrees and are licensed, certified, and approved to practice in their roles as a clinical nurse specialist, nurse practitioner, or certified nurse-midwife.

Example of an advanced practice forensic nursing role: The advanced practice forensic nurse who is prepared as a SANE would hold a graduate degree at a minimum, or teach in a graduate curriculum in nursing with formal coursework in forensic sciences and public health or related theory and forensic nursing applications. The graduate forensic nurse will be able to meet the competencies identified in Forensic Nursing: Scope and Standards of Practice as well as the domains set forth in the Core Competencies for Advanced Practice Forensic Nursing (IAFN, 2004). The practice of the graduate level-prepared forensic nurse who is a SANE will encompass a depth and breadth of knowledge of nursing practice and scope of role expectations that exceeds that of the SANE who does not hold a graduate degree. The graduate- or doctoral-prepared SANE would develop, promote, and implement evidence-based practice for individuals and families within systems. In addition, the graduate- or doctoral-
prepared SANE would engage in research and formative and summative program evaluation in systems of care for victims, suspects, and perpetrators of sexual assault and the complex health problems associated with sexual assault for individuals, families, and communities. Health promotion activities provided by the graduate- or doctoral-prepared SANE emphasize the identification and prevention of sexual assault and the resulting trauma and injury, as well as the systems changes necessary to respond to this complex patient phenomenon in all types of communities.

**Example of a forensic advanced practice registered nurse (APRN) role:** The forensic advanced practice registered nurse collaborates with criminal justice and healthcare professionals to care for, diagnose, treat, and provide follow-up care for patients impacted by injury. The forensic advanced practice registered nurse must obtain a minimum of a graduate degree in nursing with emphasis in an acknowledged specialty area (e.g., family nurse practitioner) for the prevention of trauma and the diagnosis and treatment of illnesses and responses to trauma, violence, and injury. The forensic advanced practice registered nurse diagnoses, treats, and manages acute illness and chronic responses to injury in individuals, groups, and communities in the context of the medicolegal system. The assessment process includes obtaining health and forensic histories and conducting health and medical assessments for diagnostic purposes that include evidence collection and treatment of health outcomes. The forensic advanced practice registered nurse prescribes medications and develops healthcare interventions within the scope of practice defined by professional organizations, regulatory agencies (e.g., state board of nursing), and institutions. Health promotion activities of the advanced practice forensic nurse emphasize the identification and prevention of risks associated with violence, trauma, and injury in systems that respond to the care of patients.

An advanced practice registered nurse (APRN) who specializes in forensic nursing and gains advanced forensic education may also apply for and achieve Advanced Forensic Nursing Board Certification (AFN-BC) through the American Nurses Credentialing Center. The APRN-BC and the AFN-BC are two separate board certifications reflecting two different types of educational and practice achievements.
2.8 Leadership in Forensic Nursing

The ANA recognizes nurse leaders as nurses who “do more than delegate, dictate, and direct” (ANA, 2015). Forensic nurse leaders can be found in all areas of practice and contribute to advancing forensic patient care, forensic science, and healthcare policy. As researchers and educators, forensic nurse leaders advance the understanding of how violence impacts the lives of individuals, families, and communities. They also investigate new methodologies for recognizing and identifying medical-forensic evidence. As administrators, forensic nurse leaders create new, patient-centered models of care for victims of violence while meeting the legal needs of the criminal justice system. Finally, forensic nurse leaders are active at local, state, provincial, national, and international levels of government to advocate for both the needs of their patients and for policies that recognize that violence is a preventable healthcare problem.

2.9 Educational Preparation for Forensic Nursing

Historically, registered nurses have refined and developed their forensic nursing skills through clinical practice and continuing education. Today, five primary routes exist for preparation in forensic nursing (Burgess, Berger, & Boersma, 2004):

1. **Continuing education coursework** - Nurses can gain additional skills and knowledge about topics of interest to forensic nurses through continuing education courses.

2. **Certificate programs** - These provide content that is relevant to the forensic nurse, establish entrance requirements, and often include clinical internships that result in a certificate detailing the completion of coursework.

3. **Undergraduate nursing education** - Undergraduate academic programs in accredited schools of nursing offer electives, minors, or concentrations in forensic nursing that can contribute to a degree in nursing.

4. **Graduate nursing education** - The knowledge and skills acquired in baccalaureate and prelicensure nursing programs are enhanced in formal graduate study. Following matriculation and completion of the forensic core content and prescribed forensic clinical experiences, the forensic nurse receives a master’s or doctorate degree in the specialty of nursing.

5. **Post-doctoral education or fellowships** - The specific content and skills acquired in the terminal nursing degree programs are enhanced by formal forensic nursing core content and prescribed forensic clinical experiences. The programs may award diplomas.

Universities, schools of nursing, community colleges, and continuing education providers offer formal educational opportunities for the specialty of forensic nursing at all academic levels. Entry-level schools of nursing offer introductory classes as electives. Accredited academic institutions offer degrees and certificates at graduate levels. Some forensic nursing education is provided by local, state, provincial, or federal governmental agencies, as well as by entrepreneurs. The IAFN (2004) has published core domains, content, and performance measures in an outline of the curriculum for nursing educators and forensic nurses in practice.
Entry-level practice requires completion of a basic nursing program leading to licensure as a registered nurse.

The principles of forensic nursing education are rooted in nursing science and borrowed from public health and forensic science (Speck, 2000). Forensic nursing education focuses on conditions and outcomes that are specific to forensic patients who are involved with the legal system either as victims, suspects, or perpetrators. Specialized components of education include unique forensic terminology; intentional and unintentional injury; prevention; identification, diagnosis, treatment, and management of patients who include individuals, families, communities, and systems; psychology and psychopathology; victimology; specimen collection and preservation for forensic analysis; and photodocumentation. The forensic nurse brings all the expertise of the professional nurse to the practice of forensic nursing. Forensic nursing practice is summarized in the concepts of Wounding and Healing, Ethics, and Evidence, coupled with a fundamental understanding of the law and Legal processes (WHEEL); these principles are essential to the comprehensive practice of forensic nursing (Speck, 2000).

To remain current in clinical practice and knowledgeable about legal issues that bear on the practice of forensic nursing, a forensic nurse has a lifelong commitment to learning. Many state or provincial governments mandate continuing education for the forensic nurse to maintain licensure and certification. Education that is current and reflects evidence-based and evidence-informed practice is necessary to ensure safe healthcare delivery and advocacy for forensic patients and employers. Annual conferences, professional meetings held for forensic nursing interest groups, and educational programs and scientific publications serve as educational resources for practitioners at all levels of education, and document the practitioner’s experience in the forensic nursing specialty. Issues such as differences in judicial processes among local, state, provincial, regional, national, and international venues; dissemination of advances in forensic science and forensic nursing science; and the evolutionary revisions to healthcare standards pose educational challenges to the forensic nurse of the future.
2.10 Specialty Certification in Forensic Nursing

Forensic nurses demonstrate competency to the public through recognition and pursuit of excellence in practice. Certification in forensic nursing is considered a priority for the specialty and is based on the identification of practice competencies and skills reflective of evidence-based practice. The forensic nurse demonstrates expertise in a forensic nursing role through credentialing designed to recognize clinical experience, knowledge, and heuristic practice wisdom. The forensic nurse acquires and maintains the credentials made available through certifying bodies of the forensic specialty and contributes to the evidence-based/research-informed knowledge, standards, and criteria for specialty certification.

Certification offers tangible recognition of professional achievement in a defined functional or clinical area of nursing, such as advanced forensic nursing (e.g., AFN-BC), sexual assault nursing (e.g., SANE-A® or SANE-P®), or medicolegal death investigation (e.g., D-AMDBI). Through credentialing processes, forensic nurses earn credentials that are recognized by the profession and the public at-large. These processes include board certification by examination or by portfolio. The portfolio process for credentialing includes education, clinical hours of practice, peer evaluation of clinical competency, and demonstration of theoretical knowledge.
2.11 International Context of Forensic Nursing

During the past decade, health care and the profession of nursing have undergone dramatic change worldwide. Various nursing organizations have developed ethical codes to guide all nurses in their nursing practice setting (ANA, 2015; CNA, 2008b; IAFN, 2008; ICN, 2012). Evolving professional and societal needs and expectations necessitate further clarity regarding the scope of practice for the nurse. Similarly, the demand for the credentialing of nurses in specialty practice mandates consistent and standardized processes for defining the focus and competencies of specialty practice (ANA, 2010a, 2010c).

The ANA has responded with updated versions of the three documents that provide the foundation of practice in the United States: the Code of Ethics for Nurses with Interpretive Statements (2015), Nursing: Scope and Standards of Practice (2010a), and Nursing’s Social Policy Statement: The Essence of the Profession (2010b). The Canadian Nurses Association has affirmed similar changes with its adoption of the Joint Position Statement: Scopes of Practice (2003) and Advanced Nursing Practice: A National Framework (2008a). These and other documents, such as the Canadian Nurses Association’s Framework for the Practice of Registered Nurses in Canada (2007), Australia’s National Nursing and Nursing Education Taskforce’s National Specialisation Framework for Nursing and Midwifery (2006), and the International Council of Nurses’ Position statement: Scope of Nursing Practice (2013), delineate the boundaries of professional nursing practice and provide a framework within which nursing specialties globally can establish role expectations across all settings, including practice, education, administration, and research. The organization and content of these documents, as well as the expansion and evolution of the nursing specialty internationally (Schober & Affara, 2006), have necessarily altered the format and content of the scope and standards of forensic nursing practice.

Forensic Nursing: Scope and Standards of Practice defines and comprehensively describes forensic nursing as a specialty and provides direction for further progress and recognition internationally. Designated as a nursing specialty in 1995 by the ANA, forensic nursing represents the response of nurses to the rapidly changing healthcare environment and to the global challenges of caring for victims, suspects, and perpetrators of intentional and unintentional injury.

The scope of forensic nursing practice exists within flexible boundaries across diverse settings and populations. Forensic nurses care for individuals, families, and communities whose status or care is, in part, determined by legal or forensic issues. These patients present in a variety of settings, including in healthcare, educational, legal, legislative, and scientific systems. The practice of all professional nurses now includes many of the concepts previously deemed unique to the forensic nursing specialty, including violence, prevention of injury, victimization, abuse, and exploitation. As the body of knowledge and the skill sets identified as unique to forensic nursing expand, so does the practice of forensic nursing. The statement of the specialty’s scope and standards of practice is intended to serve as a foundation for legislation and regulation of forensic nursing, and for development of institutional policies and procedures for settings in which forensic nurses practice. Given rapid changes in healthcare trends and technologies, the standards in this document are intended to be dynamic and futuristic, allowing flexibility in response to emerging issues and practices of forensic nursing both nationally and internationally.
2.12 Trends and Issues in Forensic Nursing

Technology and Forensic Health Care

Technology affects forensic nursing across all domains of practice, patient care, coordination of care, and services. Technology may be used in the abuse, control, and harassment of the patient/victim. It can affect the timing of forensic nursing services (e.g., extending the time frame for sexual assault examinations). Technology—such as telehealth, telemedicine, wireless transmission of secured data, and digital transmission of patient data across tablets or mobile phones—has forever changed the delivery and coordination of healthcare services. These same technologies that affect all nursing practice and patient care also affect forensic nursing. Forensic nurses will be expected to evaluate and integrate new technologies for delivering forensic healthcare services. At times, this evaluation may be a critical appraisal of whether a new technology enhances or impedes patient/victim-centered care. Forensic nurses must remain diligent in reviewing and critically assessing the literature related to new technologies (or new applications for existing technologies) so as to understand the limitations of use or interpretation of results.

Advances in forensic science technology (e.g., Y-STR, next generation sequencing) will directly affect the forensic nurse with regard to specimen collection, preservation, and time frames for providing medical-forensic examinations. In addition, forensic nurses must be aware how perpetrators may use technology to induce harm. For example, technology may be used to identify, locate, track, access, control, or intimidate patients/victims. Lastly, technology will bring additional options for victims of violence, such as mobile applications for documenting injury, reporting crimes, and locating services. Forensic nurses will be expected to incorporate the needs and expectations of an ever-evolving, technologically savvy society.

Forensic Nursing Care for All Victims of Violence

Forensic nurses are continuing to serve a more diverse population of patients affected by violence. Due to the recognized need for forensic health care for populations that have experienced specific forms of violence involving unique dynamics, forensic nurses are providing care to special populations, such as older adults, persons who are victims of human trafficking, persons who have been tortured in their country of origin and are seeking political asylum, persons affected by gang-related violence, persons who are stalked, persons who are affected by systematic violence, or children who have been victimized through the use of technology (e.g., child pornography). These nurses are serving as change agents and engaging in specialized education and cross-sector training to meet the unique needs of these specific forensic patients. Unfortunately, access to forensic nursing services and payment for services is not uniform or equal across populations affected by different forms of violence. For example, all states have a payment system for sexual assault medical-forensic examinations; however, the same is not true for forensic nursing services related to intimate partner violence or abuse of older adults. Forensic nurses are critical to effecting change and increasing access to services for all persons affected by violence.
Forensic Nursing – A Global Population Focus

Forensic nursing and public health nursing are inextricably linked, particularly in the primary, secondary, and tertiary care regarding intentional and unintentional injury involving individuals, families, communities, and populations. Future master’s and doctoral curricula internationally will use the graduate public health nursing competencies (QUAD Council, 2011) as a basis for forensic care of populations by nurses, an essential requirement in master’s and doctoral education competencies (AACN, 2006). In addition, the population emphasis on prevention, health promotion, formative and summative program evaluation, and sustainability will help meet pressing needs in patient populations at risk for injury from violence and trauma. The forensic nursing specialist will influence policy, practice, and trends when addressing issues of population-focused care related to intentional and unintentional injury prevention and intervention. As a well-educated and respected professional, the graduate forensic nurse will link public health principles and forensic science to forensic nursing practice to create a foundation for the evaluation and treatment of injury in populations worldwide.

Collaboration

Collaborating individuals, communities, organizations, and governments that support the development of the forensic nursing role will bring the forensic nurse specialist international recognition. The specialty knowledge, with acceptance and understanding of the scope and standards of practice, will continue to improve the response to patients across the globe who require forensic health care in multidisciplinary systems.

Research

Forming the foundation for evidence-based practice, research supports the forensic nurse’s role. Forensic nursing research is expected to accelerate; clinical, educational, and administrative Forensic Advanced Practice Registered Nurses will require and produce scientific evidence in support of their growing practices. Informatics will provide the conduit for the rapid dissemination of forensic nursing research (O’Carroll & Public Health Informatics Competencies Working Group, 2002). Forensic nursing research will influence government policy, legislation, and action as the scientific base increases and the forensic nursing community expands its graduate education, experience, and credentialing processes. It is also projected that the international multidisciplinary community will increasingly acknowledge the forensic nurse as a valuable multidisciplinary team member where healthcare and legal systems intersect.

Education

Forensic nursing educational programs will continue to grow as an increasing number of accredited universities and colleges worldwide develop master’s and doctoral curricula in the specialty of forensic nursing (AACN, 2006, 2008). The master’s and doctoral education will reflect the expansion of the scientific evidence base of forensic nursing. Forensic nursing education will follow the trends for specialties using distance learning based on advanced technology, electronically supported simulations, and telemmedicine. This trend will support access to education for and by forensic nursing graduate students in remote locations worldwide and will improve access to quality forensic nursing care to the patient populations residing in remote communities. Future forensic nurses will assume leadership positions and create new venues for forensic nurse practice, such as entrepreneurial endeavors and
legislative representation. Future forensic nurses will widely influence nursing practice; elements of forensic nursing content will continue to be woven throughout nursing coursework at all levels of nursing education.
2.13 Summary of the Scope of Forensic Nursing Practice

Forensic nurses remain one of the most diverse groups of clinicians in the nursing profession with respect to patient populations served, practice settings, and forensic and healthcare services provided. The forensic nurse continually seeks educational opportunities that enhance his or her ability to better serve the ever-growing forensic healthcare needs of patients and populations. In addition, the forensic nurse must maintain and foster strong multidisciplinary and interprofessional relationships to meet the comprehensive forensic healthcare needs of patients and to ensure patient/victim-centered care is provided throughout the continuum of care. Acts of violence, trauma, and disaster do not occur in a vacuum. Forensic nurses are acutely aware of how these acts affect patients, families, communities, systems, and all of society. Forensic nurses will continue to respond to the public health issue of violence across the lifespan through evidence-based and research-informed primary, secondary, and tertiary forensic-medical interventions.
2.14 Additional Content

To provide historical and professional context, Appendix A (starting on page xx) contains the content of the immediate predecessor to this new edition. The content of the previous edition, *Forensic Nursing: Scope and Standards of Practice* (ANA & IAFN, 2009), is indexed and included solely for historical interest and significance.
3 Standards of Forensic Nursing Practice

3.1 Significance of Standards

The Standards of Forensic Nursing Practice, which articulate both the standards of practice (pages zz–aa) and the standards of professional performance (pages bb–cc), are authoritative statements of the duties all forensic nurses, regardless of role, population, or specialty, are expected to competently perform. The standards published herein may be used as evidence of the standard of care governing forensic nursing practice, with the understanding that application of the standards is context-dependent. The standards are subject to change with the dynamics of the forensic nursing profession and as new patterns of professional practice are developed and accepted by the forensic nursing profession and the public. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time (e.g., during a natural disaster). The Standards are subject to formal, periodic review and revision.

The competencies that appear below each standard are not all-inclusive and do not establish the legal standard of care. Rather, the competencies are specific, measurable elements that forensic nursing professionals may use to measure professional performance. Whether a particular standard or competency applies depends upon the circumstances. Nurses practicing within this particular role, population, and specialty may identify opportunities for development and improvement by evaluating their performance on these elements.
3.2 Standards of Practice

Standard 1. Assessment

The forensic registered nurse collects comprehensive data pertinent to the patient's health or the situation.

COMPETENCIES

The forensic registered nurse:

- Recognizes the patient has autonomy and honors the patient's healthcare preferences.
- Involves the patient, family, community, nurses and other healthcare providers, and multidisciplinary personnel, as appropriate, in collaborative holistic data collection.
- Collects data of physical and behavioral findings in a systematic and ongoing process with a focus on providing nursing care to patients and for identifying the medical-legal implications of those findings.
- Prioritizes data collection activities based on the patient's immediate condition, anticipated needs of the patient or situation, and preservation of legal evidence.
- Uses appropriate evidence-based assessment techniques and instruments in collecting pertinent data.
- Documents relevant data in a retrievable format.
- Uses analytical models and problem-solving tools in forensic nursing practice.
- Synthesizes and analyzes available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Identifies barriers to effective communication and makes appropriate adaptations.
- Recognizes the impact of personal attitudes, values, and beliefs.
- Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Initiates and interprets diagnostic tests and procedures relevant to the specific area of forensic nursing practice.
- Assesses the effect of interactions among individuals, family, community, and social systems on health, illness, safety, and violence and trauma across the lifespan.
Standard 2. Diagnosis

The forensic registered nurse analyzes the assessment data to determine the diagnoses or issues.

COMPETENCIES

The forensic registered nurse:

- Derives the diagnoses or issues based on assessment data.
- Validates the diagnoses or issues with the patient, family, and other healthcare providers when possible and appropriate.
- Identifies actual or potential risks to the patient’s health and safety or barriers to health, which may include but are not limited to interpersonal, systematic, or environmental circumstances.
- Documents diagnoses or issues in a manner that facilitates the determination of the expected outcomes and plan.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.
- Utilizes complex data and information obtained during interview, examination, diagnostic procedures, and review of medicolegal evidentiary documents in identifying diagnoses.
- Assists staff in developing and maintaining competency in the diagnostic process.
Standard 3. Outcomes Identification

The forensic registered nurse identifies expected outcomes for a plan that is individualized to the patient or the situation.

COMPETENCIES

The forensic registered nurse:

- Involves the patient, family, other healthcare providers, and other collaborating professionals in formulating expected outcomes when possible and appropriate.
- Derives culturally appropriate expected outcomes from the diagnoses.
- Defines expected outcomes in terms of the patient, patient’s values, ethical considerations, environment, or situation with such considerations as those associated with risks, benefits and costs, medicolegal factors, clinical expertise, and current scientific evidence.
- Includes a time estimate for attainment of expected outcomes when appropriate.
- Develops expected outcomes that facilitate continuity of care.
- Modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.
- Documents expected outcomes as measurable goals.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
- Identifies expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, community safety, and continuity and consistency among providers.
- Differentiates outcomes that require care process interventions from those that require system-level interventions.
Standard 4. Planning

The forensic registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

COMPETENCIES

The forensic registered nurse:

- Develops an individualized plan in partnership with the patient, family, and others.
- Develops a plan that takes into consideration the patient’s characteristics or the situation, including but not limited to: values, beliefs, spiritual and health practices, preferences, choices, developmental level, coping style, culture and environment, and available technology.
- Establishes the plan priorities with the patient, family, and others as appropriate.
- Includes strategies in the plan that address each of the identified diagnoses or issues, which may include strategies for promotion and restoration of health; prevention of illness, injury, and disease; the alleviation of suffering; and applicable supportive care.
- Provides for continuity in the plan.
- Incorporates an implementation pathway or timeline in the plan.
- Utilizes the plan to provide direction to other members of the healthcare and multidisciplinary team.
- Defines the plan to reflect current statutes, rules, regulations, and standards.
- Integrates current scientific evidence, trends, and research affecting care in planning.
- Considers the potential short- and long-term effects of violence and trauma across the lifespan for the patient, family, and community.
- Considers the economic impact of the plan on the patient, family caregivers, and other affected parties.
- Uses standardized language or recognized terminology to document the plan.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Identifies assessment and diagnostic strategies and therapeutic interventions in the plan that reflect current evidence, including data, research, literature, and expert clinical knowledge.
- Selects or designs strategies to meet the multifaceted needs of complex patients and situations.
- Includes the synthesis of the patient’s values and beliefs regarding nursing and medical therapies in the plan.
- Actively participates in the design and development of multidisciplinary and multi/interdisciplinary processes to address the forensic situation or issue.
• Contributes to the development, evaluation, and continuous improvement of organizational systems that support the planning process.
Standard 5. Implementation

The forensic registered nurse implements the identified plan.

COMPETENCIES

The forensic registered nurse:

- Partners with the patient, family, significant others, and caregivers as appropriate to implement the plan in a safe, realistic, and timely manner.
- Promotes the patient’s capacity for the optimal level of participation and problem-solving.
- Documents implementation and any modifications, including changes or omissions, of the identified plan.
- Utilizes evidence-based/research-informed interventions and treatments that are specific to the diagnosis or problem.
- Utilizes technology to measure, record, and retrieve patient data, implement the nursing process, and enhance nursing practice.
- Utilizes community resources and systems to implement the plan.
- Collaborates with healthcare providers and interdisciplinary professionals to implement the plan.
- Demonstrates caring behaviors toward patients, significant others, and populations receiving care.
- Promotes health care that is sensitive to the needs of patients, with particular emphasis on the needs of diverse populations.
- Accommodates for different styles of communication used by patients, families, and healthcare providers.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Facilitates modification and utilization of systems and community resources to implement the plan.
- Supports collaboration with nursing colleagues and other disciplines and professionals to implement the plan.
- Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved.
- Assumes responsibility for the safe and efficient implementation of the plan.
- Uses advanced communication skills to promote relationships between nurses and patients, provide a context for open discussion of the patient’s experiences, and improve patient outcomes.
- Actively participates in the development and continuous improvement of systems that support the implementation of the plan.
Standard 5A. Coordination of Care

The forensic registered nurse coordinates care delivery.

COMPETENCIES

The forensic registered nurse:

- Coordinates implementation of the plan.
- Assists the patient in identifying options for alternative care.
- Communicates with the patient, family, and system during transitions in care.
- Promotes delivery of dignified and humane care by the multidisciplinary team.
- Documents the coordination of the care and the plan of care.
- Collaborates with other medical providers to ensure that a cohesive, comprehensive plan of care is implemented based on the individual needs of the patient.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Provides leadership in the administration and coordination of multidisciplinary health care for integrated delivery of patient care services.
- Synthesizes data and information to prescribe necessary system and community support measures, including environmental modifications.
- Coordinates system and community resources that enhance delivery of care across continuums.

Standard 5B. Health Teaching and Health Promotion

The forensic nurse employs strategies to promote health and a safe environment.

COMPETENCIES

The forensic registered nurse:

- Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.
- Uses health promotion and health teaching methods that are appropriate to the situation and the patient's developmental level, learning needs, readiness, ability to learn, language preference, and culture.
- Provides health teaching and health promotion activities to reduce the prevalence and effects of violence and trauma across the lifespan.
- Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.
Uses information technologies, including telehealth and telemedicine, to communicate health promotion and disease prevention information to the patient in a variety of settings.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Synthesizes empirical evidence on risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, and other related theories and frameworks when designing health information and patient education.
- Designs health information and patient education that is appropriate to the patient’s developmental level, learning needs, readiness to learn, and cultural values and beliefs.
- Evaluates health information resources, such as the Internet, in the area of practice for accuracy, readability, and comprehensibility to help patients in accessing quality health information.
- Conducts personalized health teaching and counseling considering comparative effectiveness research recommendations.
- Provides anticipatory guidance to individuals, families, groups, and communities to promote health and prevent or reduce the risk of health problems, violence, and trauma across the lifespan.

Standard 5C. Consultation

The graduate level-prepared forensic nurse or the advanced practice registered nurse provide consultation to influence the identified plan, enhance the abilities of others, and effect change.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.
- Facilitates the effectiveness of a consultation by involving the patient in making decisions and negotiating role responsibilities.
- Communicates consultation recommendations that facilitate change.
Standard 5D. Prescriptive Authority and Treatment

The graduate level-prepared forensic nurse or the advanced practice registered nurse use prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state/provincial and federal laws and regulations.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Prescribes evidence-based treatments, therapies, and procedures considering the patient’s comprehensive healthcare needs.
- Prescribes pharmacologic agents based on a current knowledge of pharmacology and physiology.
- Prescribes specific pharmacological agents or treatments based on clinical indicators, the patient’s status and needs, and the results of diagnostic and laboratory tests.
- Evaluates therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
- Provides patients with information about intended effects and potential adverse effects of proposed prescriptive therapies.
- Provides information about costs and alternative treatments and procedures, as appropriate.
Standard 6. Evaluation

The forensic nurse evaluates progress towards attainment of outcomes.

COMPETENCIES

The forensic registered nurse:

- Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan and the indicated timeline.
- Includes the patient and others involved in the care or situation in the evaluation process.
- Evaluates, in partnership with the patient, the effectiveness of the planned strategies in relation to patient’s responses and the attainment of the expected outcomes.
- Documents the results of the evaluation.
- Uses ongoing assessment data to revise the diagnoses, outcomes, the plan, and the implementation as needed.
- Disseminates the results to the patient and others involved in the care or situation, as appropriate, in accordance with state and federal laws and regulations.
- Participates in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Evaluates the accuracy of the diagnosis and the effectiveness of the interventions and other variables in relation to the patient’s attainment of expected outcomes.
- Synthesizes the results of the evaluation analyses to determine the impact of the plan on the affected patient’s, families, groups, communities, and institutions.
- Uses the results of the evaluation analyses to make or recommend process or structural changes including policy, procedure, or protocol documentation, as appropriate.
3.3 Standards of Professional Performance

Standard 7. Ethics

The forensic registered nurse integrates ethical provisions in all areas of practice.

COMPETENCIES

The forensic registered nurse:

- Uses Code of Ethics for Nurses with Interpretive Statements (ANA, 2015), IAFN’s Vision of Ethical Practice (IAFN, 2008), and other comparable documents to guide practice.
- Delivers care in a manner that preserves and protects patient autonomy, dignity, rights, values, and beliefs.
- Advocates for equitable forensic patient care.
- Maintains patient confidentiality within legal and regulatory parameters.
- Assists patients in developing skills for self-advocacy and empowerment.
- Assists patients in self-determination and informed decision-making.
- Maintains a therapeutic and professional patient–nurse relationship within appropriate professional role boundaries.
- Contributes to resolving ethical issues of patients, colleagues, or systems as evidenced in such activities as participating on ethics committees.
- Reports illegal, incompetent, or impaired practices in accordance with laws and regulations.
- Reports abuse, maltreatment and neglect of persons to responsible agencies in accordance with local/national statutes, rules, and regulations.
- Speaks up or takes other action when appropriate to question healthcare practice when necessary for safety and quality improvement.
- Acknowledges that healthcare resources are limited and avoids the unnecessary use of resources that do not provide benefit to the patient.
- Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Provides information on the risks, benefits, and outcomes of healthcare regimens to allow informed decision-making by the patient, including informed consent and informed refusal for forensic medical services.
- Participates in multidisciplinary and nursing teams that address ethical risks, benefits, and outcomes for patients.
Standard 8. Education
The forensic registered nurse attains knowledge and competence that reflect current nursing practice.

COMPETENCIES
The forensic registered nurse:

- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry to identify and address learning needs.
- Seeks experiences that reflect current practice to maintain knowledge, skills, abilities, judgment, and competence in clinical practice or role performance.
- Acquires knowledge and skills appropriate to the specialty area, sub-specialty area, population, practice setting, role, or situation.
- Maintains professional records that provide evidence of competency and lifelong learning.
- Seeks formal and independent learning activities to maintain and develop clinical and professional skills and knowledge.
- Identifies learning needs based on nursing knowledge, the various roles the forensic nurse may assume, and the changing needs of the population.
- Participates in formal or informal consultations to address issues in forensic nursing practice as an application of education and his or her knowledge base.
- Shares educational findings, experiences, and ideas with peers.
- Contributes to a work environment that is conducive to the education of healthcare professionals.
- Maintains professional records that provide evidence of competence and lifelong learning, such as certificates of completion and professional certifications.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN
The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Uses current healthcare research findings and other evidence to expand clinical knowledge, skills, abilities, and judgment to enhance role performance and increase knowledge of professional issues.
Standard 9. Evidence-based Practice and Research

The forensic registered nurse integrates evidence and research findings into practice.

COMPETENCIES

The forensic registered nurse:

- Utilizes the current evidence-based and evidence-informed nursing knowledge, including research findings, to guide practice.
- Incorporates evidence and research findings when initiating changes in forensic nursing practices.
- Actively participates, as appropriate to education level and position, in the formulation of evidence-based and evidence-informed practice through research.
- Shares personal or third-party research findings with colleagues, peers, and community partners.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Contributes to nursing knowledge by conducting or synthesizing research and other evidence that discovers, examines, and evaluates current practice, knowledge, theories, criteria, and creative approaches to improve forensic healthcare outcomes.
- Formally disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.
- Educates peers and professional colleagues on the meaning of research findings, including limitations of the findings and implications for forensic nursing practice.
- Promotes a climate of research and clinical inquiry.
Standard 10. Quality of Practice

The forensic registered nurse contributes to the quality and effectiveness of forensic nursing practice.

COMPETENCIES

The forensic registered nurse:

- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner.
- Uses the results of quality improvement activities to initiate changes in forensic nursing practice and in the healthcare delivery system.
- Uses creativity and innovation in forensic nursing practice to improve care delivery.
- Incorporates evidence-based knowledge to initiate changes in forensic nursing practice if desired outcomes are not achieved.
- Obtains and maintains professional certification if available in the area of expertise.
- Participates in quality improvement activities such as:
  - Identifying aspects of forensic nursing practice important for quality monitoring.
  - Using indicators developed to monitor quality and effectiveness of forensic nursing practice.
  - Collecting data to monitor quality and effectiveness of forensic nursing practice.
  - Analyzing quality data to identify opportunities for improving forensic nursing practice.
  - Formulating recommendations to improve forensic nursing practice or outcomes.
  - Taking action to enhance the quality of forensic nursing practice.
  - Developing, implementing, and evaluating policies, procedures, and/or guidelines to improve the quality of forensic nursing practice.
  - Participating in multidisciplinary/interprofessional teams to evaluate clinical care or health services.
  - Participating in efforts to minimize costs and unnecessary duplication.
  - Analyzing factors related to safety, satisfaction, effectiveness, and cost–benefit options.
  - Analyzing organizational systems for barriers.
  - Implementing processes to remove or decrease barriers in organizational systems.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Obtains and maintains professional certification if available in the area of expertise.
• Designs quality improvement initiatives.
• Implements initiatives to evaluate the need for change.
• Identifies opportunities for the generation and use of research and evidence through evaluation of the practice environment and the quality of forensic nursing care provided in relation to existing evidence.
Standard 11. Communication

The forensic registered nurse communicates effectively in a variety of formats in all areas of practice.

COMPETENCIES

- Assesses communication format preferences of patients, families, and colleagues.
- Assesses her or his own communication skills in encounters with patients, families, and colleagues.
- Seeks continuous improvement of communication and conflict resolution skills.
- Conveys information to patients, families, the multidisciplinary team, and others in communication formats that promote accuracy.
- Questions the rationale supporting care processes, services, and decisions when they do not appear to be in the best interest of the patient.
- Discloses observations or concerns related to hazards and errors in care or the practice environment to the appropriate level.
- Maintains communication with other providers and multidisciplinary/interprofessional team members.
- Contributes her or his own professional perspective in discussions with the multidisciplinary/interprofessional team.
Standard 12. Leadership

The forensic registered nurse demonstrates leadership in the professional practice setting and the profession.

COMPETENCIES

The forensic registered nurse:

- Treats colleagues with respect, trust, and dignity.
- Works to create and maintain healthy work environments in local, regional, provincial, national, or international communities.
- Mentors colleagues for the advancement of forensic nursing practice, the profession, and the quality of forensic health care.
- Displays the ability to define a clear vision, the associated goals, and a plan to implement and measure progress.
- Demonstrates a commitment to continuous, lifelong learning for self and others.
- Exhibits creativity and flexibility through times of change.
- Demonstrates energy, excitement, and a passion for quality work.
- Willingly accepts mistakes by self and others, thereby creating a culture in which risk-taking is not only safe, but expected.
- Seeks ways to advance forensic nursing autonomy and accountability.
- Directs the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
- Serves in key roles in the work setting by assuming leadership positions on committees, councils, and administrative teams.
- Promotes advancement of the profession through active participation in professional organizations.
- Participates in efforts to influence healthcare policy involving patients and the profession.
- Develops communication and conflict resolution skills.
- Communicates effectively with the patient and colleagues.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:
• Promotes communication of information and advancement of the profession through writing, publishing, and delivering presentations for multidisciplinary/interprofessional or patient/consumer audiences.

• Influences decision-making bodies and public policy to improve the professional practice environment, patient outcomes, and healthcare quality.

• Provides direction to enhance the effectiveness of the multidisciplinary/interprofessional team.

• Promotes advanced practice nursing and role development by interpreting the role for patients, families, and others.

• Models expert practice to patients and multidisciplinary/interprofessional team members.

• Mentors colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment.

• Designs innovations to effect change in practice and improve health outcomes.

• Participates in policy development or changes that promote health and reduce risks for violence and trauma across the lifespan.
Standard 13. Collaboration

The forensic registered nurse collaborates with the patient, family, and others in the conduct of nursing practice.

COMPETENCIES

The forensic registered nurse:

- Communicates with the patient, family, and healthcare providers regarding patient care and the forensic nurse’s role in the provision of that care.
- Collaborates in creating a documented plan focused on outcomes and decisions related to care and delivery of services that indicates communication with patients, families, and others.
- Partners with others to effect change and generate positive outcomes through knowledge of the patient or situation.
- Documents referrals, including provisions for continuity of care.
- Promotes conflict management and engagement.
- Applies group process and negotiation techniques with patients and multidisciplinary/interprofessional colleagues.
- Adheres to standard and applicable codes of conduct governing behavior among peers and colleagues to create a work environment that promotes cooperation, respect, and trust.
- Engages in teamwork and intra- and interdisciplinary team-building processes.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Partners with other disciplines to enhance patient outcomes through multidisciplinary/interprofessional activities, such as education, consultation, management, technological development, or research opportunities.
- Facilitates multidisciplinary/interprofessional processes with other members of the healthcare team.
- Documents plan-of-care communications, rationales for plan-of-care changes, and collaborative discussions to improve patient outcomes.
- Leads in establishing, improving, and sustaining collaborative relationships to achieve safe, quality forensic patient care.
- Invites the contribution of the patient, family, and team members to achieve optimal outcomes.
Standard 14. Professional Practice Evaluation

The forensic registered nurse evaluates his or her forensic nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

COMPETENCIES

The forensic registered nurse:

- Provides age-appropriate and developmentally appropriate care in a culturally and ethnically sensitive manner.
- Engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial.
- Obtains informal feedback regarding his or her practice from patients, peers, professional colleagues, and others.
- Participates in systematic peer review as appropriate.
- Takes action to achieve goals identified during the evaluation process.
- Provides rationales for practice beliefs, decisions, and actions as part of the informal and formal evaluation processes.
- Interacts with peers and colleagues to enhance his or her professional forensic nursing practice or role performance.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Engages in a formal process seeking feedback regarding his or her practice from patients, peers, professional colleagues, and others.
- Actively participates in local/national professional nursing and multidisciplinary/interprofessional organizations.
Standard 15. Resource Utilization

The forensic nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

COMPETENCIES

The forensic registered nurse:

- Assesses individual patient care needs and resources available to achieve desired outcomes.
- Identifies patient care needs, potential for harm, complexity of the task, and desired outcome when considering resource allocation.
- Delegates elements of care to appropriate healthcare workers in accordance with any applicable legal or policy parameters or principles.
- Identifies the evidence when evaluating resources.
- Advocates for resources, including technology, that enhance nursing practice.
- Modifies practice when necessary to promote positive interaction between patients, care providers, and technology.
- Assists the patient and family in identifying and securing appropriate services to address needs across the healthcare continuum.
- Assists the patient and family in factoring costs, risks, and benefits in decisions about treatment and care.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or the advanced practice registered nurse:

- Utilizes organizational and community resources to formulate multidisciplinary/interprofessional plans of care.
- Develops innovative solutions for patient care problems that utilize resources effectively and maintain quality.
- Develops strategies to evaluate cost-effectiveness and efficiency factors associated with forensic nursing practice.
- Appropriately formulates and implements a plan of care that is congruent with available resources in low-resource environments.
Standard 16. Environmental Health

The forensic registered nurse practices in an environmentally safe and healthy manner.

“Environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments . . . .” (WHO, 2015).

COMPETENCIES

The forensic registered nurse:

- Attains knowledge of environmental health concepts, with implementation of environmental health strategies.
- Promotes a practice environment that reduces health risks for workers, patients, and others in the forensic nursing setting.
- Assesses the practice environment for factors such as sound, odor, noise, and light that may jeopardize health.
- Advocates for the judicious and appropriate use, storage, and disposal of products in health care.
- Communicates environmental health risks and exposure reduction strategies to patients, families, colleagues, and communities.
- Utilizes scientific evidence to determine if a product or treatment poses an environmental risk.
- Participates in strategies to promote healthy communities.

ADDITIONAL COMPETENCIES FOR THE GRADUATE LEVEL-PREPARED FORENSIC NURSE AND THE FORENSIC APRN

The graduate level-prepared forensic nurse or advanced practice registered nurse:

- Creates partnerships that promote sustainable environmental health policies and conditions.
- Analyzes the impact of social, political, and economic influences on the environment and human health exposures.
- Critically evaluates the manner in which the popular media presents environmental health issues.
- Advocates for implementation of environmental principles for forensic nursing practice.
- Supports nurses in advocating for and implementing environmental principles for forensic nursing practice.
4 Glossary

Advanced practice registered nurses (APRN). “A nurse who has completed an accredited graduate-level education program preparing her or him for the role of certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist; has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN (Adapted from APRN JDG, 2008)” (ANA, 2010a, p. 63).

Assessment. “A systematic, dynamic process by which the registered nurse, through interaction with the patient, family, groups, communities, populations, and healthcare providers, collects and analyzes data. Assessment may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle” (ANA, 2010a, p. 63).

Autonomy (nurse). “The capacity of a nurse to determine her or his own actions through independent choice, including demonstration of competence, within the full scope of nursing practice” (ANA, 2010a, p. 63).

Autonomy (patient). The right of the patient to make choices about what is done to his or her body.

Caregiver. “A person who provides direct care for another, such as a child, dependent adult, the disabled, or the chronically ill” (ANA, 2010a, p. 63).

Certification. “[T]he formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes” (ABNS, 2005, p. 1).

Competence. An individual who demonstrates competence is performing successfully at an expected level.

Competency. “An expected and measureable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice” (ANA, 2010a, p. 64).

Code of ethics (nursing). “A list of provisions that makes explicit the primary goals, values, and obligations of the nursing profession and expresses its values, duties, and commitments to the society of which it is a part. In the United States, nurses abide by and adhere to the Code of Ethics for Nurses” (ANA, 2010a, p. 64).

Collaboration. “A professional healthcare partnership grounded in a reciprocal and respectful recognition and acceptance of: each partner’s unique expertise, power, and sphere of influence and responsibilities; the commonality of goals; the mutual safeguarding of the legitimate interest of each party; and the advantages of such a relationship” (ANA, 2010a, p. 64).

Community. A social unit of any size that shares common values.
Continuity of care. A process that involves patients, families, significant others, and multidisciplinary team members in the determination of a coordinated plan of care. This process facilitates the patient’s transition between settings, healthcare providers, and multidisciplinary agencies, and is based on changing needs and available resources in the community.

Criteria. Relevant, measurable indicators of the standards of practice and professional performance.

Data. Discrete entities that are described objectively without interpretation.

Death investigation. The investigation of unlawful, unnatural and suspicious deaths.

Diagnosis. “A clinical judgment about the [patient]’s response to actual or potential health conditions or needs. The diagnosis provides the basis for determination of a plan to achieve expected outcomes. Registered nurses utilize nursing and medical diagnoses depending upon educational and clinical preparation and legal authority” (ANA, 2010a, p. 64).

Domestic violence. (See Intimate partner violence.)

Environment. “The surrounding context, milieu, conditions, or atmosphere in which a registered nurse practices” (ANA, 2010a, p. 64).

Environmental health. “Aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychological problems in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations” (ANA, 2010a, p. 65).

Evaluation. “The process of determining the progress toward [the] attainment of expected outcomes, including the effectiveness of care” (ANA, 2010a, p. 65).

Evidence-based practice. “Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences” (DHHS, AHRQ, n.d.).

Evidence-informed practice. Ensuring that health practice is guided by the best research and information available. Evidence may be qualitative or quantitative in nature and may derive from population health statistics, scientific journals and publications, evaluation reports, and locally collected data (Sawatzky-Dickson, 2010).

Expected outcomes. “End results that are measurable, desirable, and observable, and translate into observable behaviors” (ANA, 2010a, p. 65).

Family. “Family of origin or significant others as identified by the [patient]” (ANA, 2010a, p. 65).

Forensic. Pertaining to law; for the purposes of this document, relating to the use of science or technology in the investigation and establishment of facts or evidence (Merriam-Webster’s, 2008).
Forensic Advanced Practice Registered Nurse. A licensed registered nurse who has completed graduate or doctoral education with a specialization or emphasis in forensic nursing, and holds advanced practice registered nurse (APRN) credentials as a clinical nurse specialist, certified nurse-midwife, or nurse practitioner.

Forensic nurse death investigator (FNDI). A forensic nurse who assists the coroner or medical examiner in determining the cause of death, time of death, and whether foul play was involved. They can also assist police at a crime scene. In addition to their medical knowledge, they have a good understanding of specimen collection, forensic photography, and subsequent legal proceedings. A FNDI is skilled in pathology, physiology, observation, preservation, and documentation of specimens, and in understanding subsequent legal and criminal proceedings for violent crimes should the FNDI be needed to testify.


Forensic registered nurse. An individual who is registered or licensed by a state, commonwealth, province, jurisdiction, territory, government, or other regulatory body to practice as a registered nurse and who has additional specialized education in forensic nursing.

Graduate level-prepared specialty nurse. “A registered nurse prepared at the master’s or doctoral educational level who has advanced knowledge, skills, abilities, and judgment associated with one or more nursing specialties and is functioning in an advanced level as designated by elements of her or his position” (ANA, 2010a, p. 65).

Guidelines. Systematically developed statements that describe recommended actions based on available scientific evidence and expert opinion. Clinical guidelines describe a process of patient care management that has the potential of improving the quality of clinical and consumer decision-making.

Health. “An experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury” (ANA, 2010a, p. 65).

Healthcare providers. “Individuals with special expertise who provide healthcare services or assistance to patients. They may include nurses, physicians, psychologists, social workers, nutritionist/dietitians, and various therapists” (ANA, 2010a, p. 65).

Holistic. Based on an understanding that the patient is an interconnected unity and that physical, mental, social, and spiritual factors need to be included in interventions.


Implementation. “Activities such as teaching, monitoring, providing, counseling, delegating, and coordinating” (ANA, 2010a, p. 66).

Implied consent. An agreement by a patient to allow disclosure of private health information in cases in which the patient has been informed about the information to be disclosed, the purpose of the disclosure, and his or her right to object to the disclosure, but has not done so. Implied consent is indicated by the behavior of an informed individual. It is essential that people with
higher support and communication needs are given the time and assistance they need to give their consent on issues that involve them.

**Information.** “Data that are interpreted, organized, or structured” (ANA, 2010a, p. 66).

**Informed consent.** Voluntary agreement given by a person or a responsible proxy (e.g., a parent) for participation in a study, immunization program, or treatment regimen, after being informed of the purpose, methods, procedures, benefits, and risks. The essential criteria of informed consent are that the subject has both knowledge and comprehension, that consent is freely given without duress or undue influence, and that the right of withdrawal from the entity at any time is clearly communicated to the subject.

**Injury.** Any damage or harm done to or suffered by a person or thing that involves the biopsychosocial, spiritual, or financial state of an individual, family, community, or system for which legal redress may be available. (See also Trauma.)

**Interpersonal violence.** Interpersonal violence occurs when one person uses power and control over another through physical, sexual, or emotional threats or actions, economic control, isolation, or other kinds of coercive behavior.

**Interprofessional team.** Founded on engagement between professions, such as nurses, law enforcement officers, and judges, or between nurses and physicians. (See also Multidisciplinary team.)

**Intimate partner violence.** Describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

**Knowledge.** Information that is synthesized so that relationships are identified and formalized.

**Legal.** Pertaining to the law: used for the purposes of this document as a broad term to describe criminal and civil justice systems and investigative disciplines.

**Legal nurse consultant (LNC).** A registered nurse who uses expertise as a healthcare provider and specialized training to consult on medical-related legal cases; assist attorneys in reviewing medical records and understanding medical terminology and healthcare issues to achieve the best results for clients.

**Multidisciplinary team.** Reliant on the overlapping knowledge, skills, and abilities of each professional team member. This can drive synergistic effects, which may enhance outcomes, and produce a more comprehensive result than a simple aggregation of the individual efforts of the team members. (See also Interprofessional team.)

**Nursing.** “The protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2010a, p. 66).

**Nursing practice.** “The collective professional activities of nurses characterized by the interrelations of human responses, theory application, nursing actions, and outcomes” (ANA, 2010a, p. 66).
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**Nursing process.** “A critical thinking model used by nurses that comprises the integration of the singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation” (ANA, 2010a, p. 66).

**Offender.** One who commits, executes, or performs a criminal act of any kind and whose profiles and treatment modalities are integral to forensic nursing practice. (See also Perpetrator.)

**Patient.** The person, client, family, group, community, or population, which comprises the focus of attention and to whom the registered nurse provides services as authorized by the state/provincial/jurisdictional regulatory bodies (Adapted from ANA, 2010a).

**Patient centered care.** Health care that is closely congruent with and responsive to patients' wants, needs, and preferences.

**Peer review.** “A collegial, systematic, and periodic process by which registered nurses are held accountable for practice and that fosters the refinement of one's knowledge, skills, and decision-making at all levels and in all areas of practice” (ANA, 2010a, p.66).

**Perpetrator.** One who commits, executes, or performs a criminal act of any kind and whose profiles and treatment modalities are integral to forensic nursing practice. (See also Offender.)

**Plan.** “A comprehensive outline of the components that need to be addressed to attain expected outcomes” (ANA, 2010a, p. 66).

**Quality.** “The degree to which health services for patients, families, groups, communities, or populations increase the likelihood of desired outcomes and are consistent with current professional knowledge” (ANA, 2010a, p. 67).

**Registered nurse (RN).** “An individual registered or licensed by a state, commonwealth, territory, government, or other regulatory body to practice as a registered nurse” (ANA, 2010a, p. 67).

**Scope of Nursing Practice.** “The description of the who, what, where, when, why, and how of nursing practice that addresses the range of nursing practice activities common to all registered nurses. When considered in conjunction with the Standards of Professional Nursing Practice and the Code of Ethics for Nurses, comprehensively describes the competent level of nursing common to all registered nurses” (ANA, 2010a, p. 67).

**Sexual assault nurse examiner (SANE).** A qualification for forensic nurses who have received special training to conduct sexual assault evidentiary examinations for patients reporting a history of sexual assault.

**Standards.** “Authoritative statements defined and promoted by the profession by which the quality of practice, service, or education can be evaluated” (ANA, 2010a, p. 67).

**Standards of Practice.** Authoritative statements that “[d]escribe a competent level of nursing care as demonstrated by the nursing process” (ANA, 2010a, p. 67). (See also Nursing process.)

**Standards of Professional Nursing Practice.** "Authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently” (ANA, 2010a, p. 67).
Standards of Professional Performance. Authoritative statements that “[d]escribe a competent level of behavior in the professional role” (ANA, 2010a, p. 67). Registered nurses are accountable for their professional actions to themselves, their patients, their peers, and ultimately society.

Suspect. A known person suspected of committing a crime.

System. An assemblage of related elements that compose a unified whole, such as the legal and health systems, whose intersections provide the definitive context for forensic nursing, as well as the major systems in which forensic nurses practice:

- Healthcare (e.g., hospitals, surgery centers, community clinics)
- Investigative (e.g., medical examiner, law enforcement offices)
- Criminal justice (e.g., district attorney, public defender offices)
- Correctional (e.g., jails, prisons, and detention centers)
- Public sector (e.g., military, local, state, provincial, and federal agencies)
- Educational (e.g., K-12 schools, colleges, universities)
- Private sector (e.g., industries, agencies, firms)
- International organizations (e.g., World Health Organization)

Trauma. Injury which can be physical, psychological, emotional, spiritual, financial, or social; it can include loss of trust, safety, or security. Trauma is preventable and outcomes of trauma may be permanent or temporary. Trauma is amenable to independent or collaborative nursing intervention. (See also Injury.)

Victim. One who is acted upon and usually adversely affected by an outside incident. In forensic nursing, the victim may be the patient, the decedent, the perpetrator, the family, significant others, the suspect, the accused or falsely accused, the community, a population, a system, or the public in general.

Vision of Ethical Practice. An IAFN document describing the expectation that the forensic nurse will aspire to the highest standards of ethical nursing practice (IAFN, 2008).

Vulnerable population. Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.
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6 Appendix A: (historical version of S&S)
(ANA to insert historical archives here.)
7 Index

(This section to be completed by ANA.)