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Standard for the Medical Forensic Examination in the Clinical Setting

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410 North 21st Street
Colorado Springs, CO 80904

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Foreword

This standard provides principles that govern the care of medical forensic examinations of living persons by forensic nurses or other healthcare personnel. These principles support forensic care that is patient centered, and trauma-informed while protecting the clinician's safety and the integrity of items that might have evidentiary value.

This standard is to be utilized in conjunction with any requirement by state or federal laws, licensing boards, local regulations, and by the clinician's healthcare organization. This standard informs policies relating to the care of the medical forensic examination.

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This document was revised, prepared, and finalized as a standard by the Forensic Nursing Consensus Body of the AAFS Standards Board. The draft of this standard was developed by the Forensic Nursing Subcommittee of the Organization of Scientific Area Committees (OSAC) for Forensic Science.

Questions, comments, and suggestions for the improvement of this document can be sent to AAFS-ASB Secretariat, asb@aafs.org or 410 N 21st Street, Colorado Springs, CO 80904.

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Keywords: *medical forensic examination, trauma-informed care, scope of practice patient-centered care*

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Standard for the Medical Forensic Examination in the Clinical Setting

1 Scope

This standard provides the minimum requirements for the medical forensic examination of living persons by forensic nurses or other healthcare personnel authorized by licensure with medicolegal forensic education. This standard sets the foundation for medical forensic services provided to patients that is patient-centered, and trauma-informed while protecting the clinician's safety and the integrity of items that might have evidentiary value.

2 Normative References

There are no normative reference documents. Annex A, Bibliography, contains informative references.

3 Terms and Definitions

For purposes of this document, the following definitions apply.

3.1
autonomy
Provides the right to self-determination and adequate information to allow patients to make their own decisions based on their beliefs and values [3].

3.2
cognitive bias
A tendency for an individual's preexisting beliefs, expectations, motives, or the situational context to influence their sampling, observations, results, interpretations, or opinions, or their confidence in the aforementioned.

3.3
competent
Ability to demonstrate defined performance expectations based on observable behavior documented by an experienced supervisor or preceptor [2].

3.4
context
Spatial and temporal associations of evidence.

3.5
equity
Recognition that each person has different circumstances and that reaching equal outcomes requires the allocation of resources and opportunities according to circumstance and need[13].

3.6
evidence integrity
Ensuring the physical security, completeness, and accuracy of evidence is maintained from the time it is collected until its final disposition to prevent any claims of mishandling or tampering and guarantee its acceptance in a court of law [8].

3.7
medical forensic examination
Comprehensive healthcare examination of a living patient by a medical forensic examiner.

3.8
reliability
Extent to which an experiment, test, or measuring procedure yields the same results on repeated trials.

3.9
scope of practice
Set of activities and procedures that a healthcare professional is authorized to perform based on their education, training, and license as defined by each profession's regulatory board or licensing agency and varies by state and country [3].

3.10
trauma-informed care
Organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma[11].

3.11
transparency
Concept of disclosing as much information as possible to provide clarity and allow for reproducibility.

3.12
validity
The extent to which a measurement actually measures what a practitioner intends to measure and provides information relevant to the questions asked.

4 Requirements

4.1 Background

The medical forensic examination addresses patients' healthcare needs and collects specimens ("traces") that could have potential use within the criminal justice system[14].

Each case is unique and requires medical personnel to continuously evaluate how to proceed with conducting a medical forensic examination in a manner that is safe for both the patient and the examiner.

This standard is not a substitute for substantive guidance on how to fulfill these principles in practice.

4.2 Responsibilities of a Forensic Nurse or Healthcare Personnel

4.2.1 General

The forensic nurse or other healthcare personnel shall meet the following requirements at a minimum before, during, and after a medical forensic examination of a living person whether law enforcement is absent or present:

- trauma-informed approach to care;
- patient-centered approach to care;
- medical safety and well-being of the patient;
- equity;
- patient autonomy and privacy;
- personnel safety;
- scope of practice;
- competency and currency of practice;
- scientific reliability and validity;
- preserving context;
- maintaining evidence integrity;
- transparency; and
- managing cognitive bias.

If circumstances cause a forensic nurse or other healthcare personnel to give greater weight to one requirement over another, that decision shall be documented and explained.

4.2.2 Trauma-informed Approach to Care

The forensic nurse or other healthcare personnel shall use a trauma-informed approach to care in which the examiner "realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization"[11].

4.2.3 Patient-centered Approach to Care

The forensic nurse or other healthcare personnel conducting the medical forensic examination shall administer care using a patient-centered approach, which provides care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide each clinical decision.

4.2.4 Medical Safety and Well-being of the Patient

4.2.4.1 The medical safety of the patient shall take priority over the conduct of the forensic medical examination.

4.2.4.2 The forensic nurse or other healthcare personnel shall support the patient's mental and physical well-being during the medical forensic examination process.

4.2.4.3 The forensic nurse or other healthcare personnel should take place as expediently as possible once the patient is stable.

4.2.5 Equity

Forensic nurses or other healthcare personnel shall provide equitable access to culturally competent medical forensic examinations regardless of the patient's race, ethnicity, age, ability, sex, gender identity or expression, sexual orientation, nationality, socioeconomic status, and geographical location.

4.2.6 Patient Autonomy and Privacy

4.2.6.1 Consent or assent shall be obtained from the patient to protect the patient's rights.

4.2.6.2 In cases where the patient is unable to provide consent or assent, consent, assent, or authorization shall be obtained by a surrogate decision-maker (which could be a court of law), prior to conducting the medical forensic examination.

4.2.7 Personnel Safety

Due to the wide range of risks to personnel, including physical, biological, chemical, and situational hazards, the facility, regardless of setting, shall have policies and procedures in place to promote a safe environment.

4.2.8 Scope of Practice

Forensic nurses or other healthcare personnel shall conduct the medical forensic exam within their scope of practice established by their profession and licensing body.

4.2.9 Competency and Currency of Practice

Forensic nurses or other healthcare personnel shall maintain competency and currency of practice through initial didactic and specialized clinical training, followed by ongoing continuing education in their area of medical forensic practice.

4.2.10 Scientific Reliability and Validity

Forensic nurses or other healthcare personnel shall use scientifically reliable and valid methods and practices based on best practices, peer-reviewed studies, or validated techniques.

4.2.11 Preserving Context

Forensic nurses or other healthcare personnel shall document the medical forensic examination in such a way that it preserves all documentation, and any items collected that may have evidentiary value to ensure others can later understand what, where, how, and in what condition specimens (traces) were found and how it pertains to the patient's history.

4.2.12 Maintaining Evidence Integrity

4.2.12.1 Forensic nurses or other healthcare personnel shall take appropriate steps to maintain integrity of specimens (traces) with potential evidentiary value by preventing contamination, tampering, alteration, or loss of items.

4.2.12.2 Procedures and documents shall be utilized to account for the integrity and possession of items by tracking handling and storage from point of collection to final disposition.

4.2.13 Transparency

The forensic nurse or other healthcare personnel shall provide documentation and testimony about the medical forensic examination that clearly represents the patient's presentation, the examiner's and patient's actions during the examination, and any other information the examiner identifies as pertinent at the time of examination.

4.2.14 Managing Cognitive Bias

Forensic nurses or other healthcare personnel shall obtain education on identification and mitigation of cognitive biases in their work and incorporate bias mitigation strategies into their practice which can influence their collection, perception, interpretation of information, or their resulting judgments, decisions, or confidence[e.g., 1].

Annex A
(informative)

Bibliography

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