

New kid on the block

By Sheila Early, RN, BScN, SANE-A, Section Editor

There is a new special nursing interest group in Canada! In July 2007, the Canadian Nurses Association formally recognized the emerging group of forensic nurses in Canada. The Forensic Nurses Society of Canada (FNSC) is accepting its first paid members this year. The group's website is <http://www.forensicnurse.ca>. Please have a look at the website and, if you are working in or interested in areas of forensic nursing, please join the group.

The acting executive for the group is:

President: Cathy Carter-Snell (Calgary, Alberta)

Secretary-Treasurer: Kathleen Soltys (Edmonton, Alberta)

Membership: Sheila MacDonald (Toronto, Ontario)

Bylaws and IAFN global representative: Sheila Early (Surrey, British Columbia)

FNSC has established its first bylaws, and the group held its first annual general meeting online March 6, 2008.

Since this editor was working as an ER nurse when NENA first formed, it is a bit like déjà vu to be going through the same process with forensic nursing. (Trust me, it is a whole lot easier with e-mail!) For many years, emergency nurses were the odd duck of nursing. Many departments were called "Outpatients" and, frequently, the majority of patients were booked appointments for orthopedics or plastic clinics that were held within the departments. Gradually, the specialized body of knowledge and specialized skills of the ER nurse were recognized and today, the ER departments of Canada and the nurses working in those departments are the cornerstones of most acute care facilities.

Forensic nursing, through its emerging specialty status, is now on the radar of the health care system in Canada. The first

forensic nurses in Canada were nurses hired to work in death investigation in the Medical Examiners' Office in Calgary, Alberta, in 1974 by Dr. John Butt to assist in the investigation of deaths in that jurisdiction. In the mid-1990s, sexual assault nurse examiner programs were established in Winnipeg, Manitoba, and Surrey, British Columbia. They quickly became the most identifiable "face" of forensic nursing in Canada, following their American counterparts who had established SANE programs in the late 1970s. Many of the first SANEs were ER nurses, and that trend continues today. Forensic nurses have long worked in forensic psychiatric and correctional institutions and other fields of nursing where the law and health care intersect.

Emergency departments could well be called the clinical practice setting for forensic nursing, as the patients seen in the ER departments are frequently victims of crime, violence and trauma. All of these patients have the potential to be a forensic patient as well. The elder who has been abused by a caregiver, the teen involved in a late night, high-speed crash, the male involved in interpersonal violence, the female who has been sexually assaulted or is a victim of domestic violence, the patient who has been given the wrong drug, treatment or surgery.

Please welcome the newest emerging specialty of nursing: the Forensic Nurses Society of Canada. 

Respectfully submitted, Sheila Early

Please send comments/feedback/questions to:

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See you in Banff!

Calling all instructors

If your students have put their work into a presentation, a case study, a disease process, research, etc., encourage them to write it up into a brief article to be published in Outlook. Our section editors will work closely with them to help in the process, and they can see their hard work in print, help to educate emergency nurses across the country and add a publication to their resume—a win/win situation!

Articles can be submitted to the Communication Officer, Colleen Brayman, 337 Providence Avenue, Kelowna, BC V1W 5A5
e-mail: communicationofficer@nena.ca