(Heffernan et al., 2010). Implications for emergency nurses are to have care and attention to the unique challenges with elderly patients. Customizing the care plan can influence the response in a positive manner despite the odds of a less than optimal outcome.

The key to successful resuscitation in this vulnerable population is early aggressive care (Labib et al., 2011). Other considerations for emergency nurses includes injury prevention strategies in daily assessments (falls prevention), assessing elderly trauma patients for maltreatment during the trauma assessment, and including goals of care or advanced directives, as appropriate.

About the author

Margaret Dymond, RN, BSN, ENC(C), Clinical Nurse Educator, Emergency Department, University of Alberta Hospital, 8440 112 Street NW, Edmonton, AB T6G 2B7

Email: ***margaret.dymond@albertahealthservices.ca***

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FORENSIC NURSING

Interview with Colleen Varcoe

Introduction

Dr. Colleen Varcoe, PhD, RN, is a Professor at the School of Nursing, University of British Columbia. She has received numerous awards for her extensive research in violence against women and ethics. She was the recipient of the 2006 National Emergency Nurses Affiliation Award of Excellence in Nursing Research. Dr. Varcoe recently was a keynote speaker at the International Association of Forensic Nurses (IAFN) conference in October, 2014 in Phoenix, Arizona. Her UBC profile has a list of her publications and can be found at **http://www.nursing.ubc.ca/faculty/biopage.aspx?c=15.3297097167559**

1. What are your current professional roles?

I am a professor in the School of Nursing at the University of British Columbia. As a professor, I teach nursing students from undergraduates to doctoral students, and conduct my program of research focused on structural and interpersonal violence and all forms of inequity.

2. You have a varied nursing background; can you tell us how you came to be doing what you are doing?

I became a nurse, in part, because my mother was a nurse, and I both respected her and had a sense of the role through her. Initially I saw nursing as a way to gain employment to support me through medical school. However, encountering the wide scope and diversity of nursing, I quickly discovered that I would far rather be a nurse than a physician any day! I do research in the area of violence

and inequity for a range of personal and professional reasons. First, as a child, I experienced and witnessed considerable violence in my home, perpetrated by my stepfather. This fuelled my passion for contributing to a more effective social

response to violence against women and children. It also fuelled my passion for understanding how interpersonal violence is perpetuated and linked to structural violence. For example, my stepfather was raised in an orphanage, was homeless in the 1930s and spent four years as a prisoner of war, as a Canadian soldier during World War II. Second, as an emergency nurse, I was troubled by the many contradictions between the kind of care nurses want to provide, and what is possible—how our practice is constrained by stereotypical thinking, medical priorities and "business" priorities that create policies that are counter to good nursing practice and the well-being of our patients. This led me to want to help nursing practice be more effective, specifically in relation to all forms of interpersonal and structural violence, and generally.

3. Tell us about your latest project *i*CAN?

Icanplan4safety is an internet-based resource for women who experience violence. Less than 20% of women in Canada who experience violence access violence-related services. Some women don't identify themselves as abused, some don't know what services are available, some do not think the services are appropriate for them, some fear being stigmatized or judged, some women can't access resources (for example, because of transportation, child care, or because they live in rural settings); for some women it is too dangerous to access services. ***i*CAN** provides a safe, confidential resource that helps women to assess their risks, evaluate their own priorities and decisions, develop an action plan, and connect to services. The woman logs on using a confidential email and safe browsing practices, and works through a series of activities, including strategies to support her health and safety and that of her children. A personalized, tailored action plan is created using the information she provides about her situation and preferences. The action plan offers her strategies she can use herself, and helps her to connect to a range of resources. The woman can modify her information and plan as often as she likes. We are testing whether ***i*CAN** will improve the health and safety of diverse women.

4. You work with vulnerable populations. What inspires you to do so?

Vulnerability is not located 'in' people; it is created by situations—that is people are not "at risk people", they are people in situations that put them at risk. I am deeply concerned with unfair situations that put people at risk and make them vulnerable. I am deeply concerned about the social injustices done to people through their life circumstances, and I want to help nurses reduce risks for people. Common ideas encourage us to think that people are responsible for their own health and lead us to place considerable blame and judgement on individuals and to overlook how poverty, racism, gender-inequity, ableism, and other influences beyond individual control, are the greatest determinants of health. I am committed to developing knowledge that will shift focus onto changing unfair social arrangements, and to supporting nursing's contribution to such shifts.

5. Nursing today faces many challenges. What would you change in nursing education to prepare nurses for those challenges?

I would like to ensure that nurses have a solid understanding of how politics and economics shape health and health care. Nurses need to understand that the health, well-being and choices of the patients they see are mostly influenced by their social and economic circumstances. Such understanding is essential for nurses, so they don't practise uncritically based on the naïve idea that people are "responsible" for their health and health behaviour. Such understanding also allows nurses to see how their own practice is shaped by political and economic influences, and provides a basis for taking actions within their organizations and the wider social context. The greatest potential for nurses to influence health is at these broader levels.

6. What do you like most about being a nurse?

First, the diversity of opportunities for nurses is infinite. And through this diversity there is endless potential for learning and developing as a person. In my career I have worked clinically in emergency and a range of critical care areas. I have taught in diverse clinical areas and at all levels from first year to doctoral studies. I have engaged with people in research in many settings including emergency units, primary care clinics, and rural and Indigenous communities. And through these experiences I have learned something new every day. Second, nurses have a tremendous potential for making meaningful contributions in the world—for "doing good". Whether I am connecting with and supporting an individual patient or family member, working with nurses to enhance their practice or learn to do research, or partnering with policy makers or administrators, as a nurse I always feel I am making a worthwhile contribution.

7. What is your favourite "down time" activity.

My husband and I have a paragliding school "FlyBC"—I love flying myself and taking others on tandem flights, then landing at my farm for some gardening!

Thank you so much for doing this.

Sheila Early
Immediate Past President
International Association of Forensic Nurses 2015