

Strategies for Effective Nursing Education

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Description

Various types of patients visit the Emergency Department (ED). Among them, patients with a traumatic injury can be classified into those experiencing unintentional trauma caused by accidents, such as traffic accidents and falls, and those experiencing intentional trauma, such as sexual assault violence, child/elder abuse, intimate partner violence, and suicide. As the number of victims of violence has increased worldwide, so too has the number of patients with intentional trauma visiting medical institutions. In South Korea, the number of cases of sexual violence, child abuse, and elder abuse is increasing, resulting in a rising number of injured patients receiving treatment at EDs.

Patients with Traumatic Injury

Among patients with traumatic injury, forensic patients not only need care for their injuries but also protection of their legal rights regarding the abuse, violence, or accidents that caused them to seek care. In this sense, a forensic patient is a victim or perpetrator needing 1) medical treatment for injuries resulting from a crime or accident and 2) forensic nursing support owing to the possibility of legal issues, such as criminal proceedings. To protect the legal rights of forensic patients, ED healthcare professionals should be able to recognize such trauma as a potential crime and collect evidence. Any evidence obtained increases the prosecution and conviction rates for crimes, which causes perpetrators to receive longer sentences. Nurses are usually the first healthcare professionals to interact with patients in EDs. As such, they are in a position to promptly collect visible evidence of a crime. Therefore, ED nurses must screen forensic patients, such as victims of sexual violence, child abuse, and domestic violence, from among all patients by conducting forensic nursing interviews and identifying and collecting meaningful evidence through head-to-toe assessment. In the ED, not only physical evidence but also patients' verbal and non-verbal responses can be used as evidence; therefore, these responses should be documented in nursing records. For such forensic nursing care, in 2018, the Emergency Nurses Association (ENA) issued a statement that ED nurses are responsible for collecting evidence to be used in court from forensic patients. In addition, the ENA and International Association of Forensic Nurses issued a statement that ED nurses

should receive continuous forensic nursing education so that they can collect sufficient evidence, and multidisciplinary support should be offered to minimize physical and psychological trauma to patients.

In the United States, Canada, Australia, and Ireland, medical institutions either employ forensic nurses directly or provide forensic nursing training to nurses to deliver forensic nursing care. However, forensic nursing has not been established in the South Korean healthcare system. Only one master's program in South Korea offers forensic nursing education; it is a one-unit course at only one of the 198 nursing colleges in the country. As a result, few ED nurses have received this training. Forensic nursing education programs developed overseas include education on the treatment of gunshot victims and conscious victims of sexual violence, who are not often encountered in EDs in South Korea. Therefore, it is necessary to develop an education program for ED nurses that reflect the frequency of forensic cases in South Korea.

To this end, we conducted a survey to confirm the forensic nursing competency of ED nurses in South Korea and assess their education requirements. Specifically, the aim of this study was to confirm ED nurses' awareness of forensic nursing, the frequency and type of forensic cases they encounter, and their education needs. We intend for this study to serve as a basis for the development of a forensic nursing education program suitable for the South Korean context.

In 2022, nursing faculty reflect on the transition without global or national benchmarks or blueprints of a South African Nursing Education Institution to online education during the Covid-19 pandemic. Objective: To provide policy makers a resource in preparation for future crises in education. A theoretical-reflective study supported by a SWOT analysis aimed to understand the transition to online teaching and learning and assessments for the nursing discipline of a select South African university. It revealed four key lessons learned. Firstly, whether change is planned or unplanned, policy frameworks should guide it. Secondly, resources exist within faculty, and at times, change agents might not be necessary as strengths can be drawn from within. Thirdly, through managing a crisis, faculty-service partnership can be strengthened. Lastly, a need exists for continual surveillance as the inequality gap in Higher Education students has become increasingly visible and amplified further marginalisation. Our reflections have highlighted that

opportunities and strengths abound as the pandemic has fast-tracked nursing education institutions to embrace technology for teaching and learning and assessments. Three of the key lessons learned emphasise what is known about the successful outcome of working together.

In 2022 as we reflect on the initial events surrounding the 2020 declaration of a state of disaster, including lockdowns in attempts to flatten the curve of the expected COVID-19 trajectory, we are left in awe of how much was achieved in such a short period. It allows us to rephrase Winston Churchill's statement to read: 'Never was so much owed in higher education by so many to so few.' Higher Education Institutions responded by closing campuses and moving to emergency online teaching and learning. Risk level-5 lockdown curtailed human interaction and limited South African faculty and

students' movement, confined to their homes, away from the university. While recess was moved forward and students had time to re-acclimatise to living at home, faculty were given no break and plunged into a world of darkness, expected to craft a new era of online education. Neither global nor national benchmarks nor blueprints existed. Hence it is relevant that we as faculty members reflect on and share our Nursing Education Institution's (NEI) transitioning to online education during the pandemic. In this reflection, we highlight the threats, challenges, strengths, and opportunities we faced, with the resultant four key lessons learned. Thereby through our sharing, we offer a resource for policymakers as responsive, relevant benchmarks are developed in preparation and readiness for future crises in education. It is to be noted that the reflective nature of this paper does not require ethical clearance.