Outcomes of an Emancipatory Practice Development Process on the transformation of Forensic Care

**Introduction**

In an emergency department:
- Every trauma patient is a forensic patient until otherwise proven.
- Victims of violence and crime seek medical attention.
- Healthcare providers have been identified as custodians of human rights, but their forensic roles and responsibilities are vague.
- Nurses (and healthcare providers) are so busy with their everyday practice that they can become desensitised to the changes that are required.

**Methodology**

Practice development was the methodology used for the study and targets direct service delivery - following systematic approaches and learning in and from practice. Practice development can enable practitioners to change their practice while learning the processes involved. The core principles of practice development are Collaboration, Inclusion and Participation (CIP).

**Findings**

The findings revealed that the outcomes of the emancipatory practice development process were experienced on a practice and personal level as supported by direct quotes.

**Practice**

- "...change is a necessary process that sometimes needs an instigator..."
- "...raising awareness is an on-going process until the change becomes part of practice..."
- "...the need for training could be based on the collaborative identified needs..."
- "...all stakeholders must be identified, included and participate when change is needed..."
- "...when nurses practice forensic care other healthcare providers will follow..."

**Personal**

- "...research is not something out there..."
- "...including everyone and giving them a voice increase ownership..."
- "...celebrate the small things..."
- "...planning a programme is important..."
- "...to change use high frequency low intensity..."
- "...knowledge was gained on how to handle forensic evidence..."

**Method of Evaluation**

Over a period of 18 months, eight practice development facilitators acted as change agents to transform forensic care in the Emergency Departments. Following the implementation phase a focus group was conducted with the practice development facilitators evaluating the outcomes of the emancipatory practice development process. Data was collected following the structure of reflection as set out by Rolfe, Freshwater and Jasper (2001) namely: What?, So what? and Now what? Artworks were used to support innovative and creative thinking.

**Conclusion**

The practice development facilitators were aware that changes in practice were necessary, but required assistance to start the process. The emancipatory practice development process assisted the practice development facilitators to raise awareness regarding forensic care in their emergency departments and encouraged them to imagine that caring for the victims of violence and crime will become part of everyday practice.

**Acknowledgements**

For their integral part as collaborators and participants in our journey towards transforming forensic care in level-one emergency departments we would like to acknowledge the practice development facilitators: Heather Burgonye, Kate Holliday, Katlego Tabana, Lriel van der Veen, Mabel Omorogile, Maraisa Human, Rika Boersema, Shanelle Le Ray. Without you it would not have been possible!

**References**

