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Clinical forensic nursing: Realities of dual responsibility (job functions versus obligations to act)

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Inical Forensic Medicine (CFM) has been de ned as: A comprehensive clinical medico-legal investigative service, usually concerning living persons, with interaction between legal, judicial, social and law enforcement systems. e South African Nursing Council states that the Clinical Forensic Nurses (CFN) are the registered Professional nurses who are trained in forensic clinical medicine that are authorized to examine, take forensic evidence for investigation, provide counseling and testing, and testify in court. It was established that there is currently no formal nursing structure, competency, skill and pro le for the professional nurse who is rendering services at these units. According to Prof Sine Duma (Senior Lecturer in Forensi Nursing, University of Cape Town) the professional nurse who was/is working in these areas (uthuzela centres) is referred to as a SANE (Sexual Assault Forensic Nurse Examiner), however the question which must be answered is the aforementioned the only skill and competency required to be working in the clinical forensic units. An explorative investigation was conducted to provide clarity on the position of the Clinical Forensic Nurse within the practice setting. e objective was to describe and understand the scope of practice of the CFN, the complexities within the realities of the current context in which they must execute their functions. Exploring the CFN's dual roles as: (1) a professional nurse and (2) that obligations required by the criminal system. Is the work content su cient to ensure that allocation of the position of a Clinical Forensic Nurse (CFN) as a specialist nurse be established? According to South African Nursing Council (SANC) the CFN is regarded as an advance professional nurse practitioner. e di erent scopes of the CFN lend it to speci c patient assessments such as: Sexual Assault Nurse Examiner (SANE), the question arises, is it be tting that this PN be regarded as a CFN or just a PN with a speci c competency?

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