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Forensic Nursing Domains, Core Competencies, and Content Identified Using the Delphi Method

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Abstract

Background: In 1995, the American Nurses Association designated forensic nursing (FN) a nursing specialty, guided by Lynch's thesis. Schools of nursing subsequently adopted Lynch's theoretical practice framework. Sub-specialty-focused graduate education emerged, creating complex and difficult-to-compare early programs of study. *Objective*: The research aimed to update FN domains, descriptions of and context for FN practices, core competencies, and sub-competencies with content for graduate curricula, aligning FN with the American Association of Colleges of Nursing *Essentials*, and creating a foundation for certification. *Methods:* Methods included the *mini-Delphi* design *Estimate-Talk-Estimate*, with Nominal Group Techniques methods, Cognitive Task Analysis in face-to-face participant conversations, and qualitative analysis using NVivo™ of virtual recordings of experts. The FN sample (N=126) included educators and/or clinicians, who gathered four times face-to-face (2002–04, 2014) and four times virtually (2020–22). *Results*: The 2014 face-to-face meeting used the 2002–04 results, and validated proof-of-concept with three pillars (legal foundations, forensic science, and forensic nursing science). Analysis of 2020–2022 data named key domains, descriptions of and context for practice, core competencies, sub-competencies, concepts, and content in FN science and practice. The research included qualitative analysis of participant conversations, naming key content for each pillar, contributing to the alignment of pedagogy across programs, guiding current scientific research. *Conclusions*: Conducted over 20 years, the complex *mini-Delphi* design transformed knowledge integration into competent generalist and advanced FN education and practice. The research confirmed Lynch's theoretical proof-of-concept of three pillars of knowledge and aligned FN core competencies with *Essentials* and national nursing publications, identifying a common foundation, essential for all FNs. The study's derivation of scientific content, important for certifications, arose from qualitative analysis of expert clinician conversations, implying that as FN science evolves, the diverse FN practices evolve with a basic core foundation for educational application in all FN practices today and in the future.

Keywords: Forensic Nursing Certification Board (FNCB), Delphi method, Qualitative analysis (NVivo™), Forensic Nursing Domains of Practice, Forensic Nursing Core Competencies and Content

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The American Nurses Association's (ANA) Congress of Nursing Practice accorded forensic nursing (FN) specialty status in 1995 (Lynch & Williams, 2022). While a relatively recent specialty designation, nurse roles and practices in medical forensic environments is ancient. Archaeological recordings of forensic findings are in medical records from China and Mesopotamia from six thousand years ago, and recordings with testimony by nurses are in Persian papyri two thousand years ago (Payne-James, 2003, 2016). By the 13th and 14th centuries, midwives, also known as deaconesses, appeared in court records opining confirmation

of virginity, sexual assault examinations, pregnancy examinations, and psychiatric care (Cumston, 1913; Payne-James, 2003, 2016; Shahar, 1983), all considered FN practices today.

Contemporary Historical Recollections

In the 1970s similar role proposals emerged in the literature (Frazier et al., 1978; Hayman & Lanza, 1971; Moynihan & Coughlin, 1978). In the early 1980s, Virginia Lynch, a registered nurse, worked in the United States as a coroner and in an emergency rape response center. In 1986, Lynch conceptualized the FN role as her master's thesis, creating a theoretical framework for practice (Lynch, 1990). In the late 1980s, she successfully petitioned the American Academy of Forensic Sciences (AAFS) for recognition of FN as a unique discipline among forensic scientists, and many FNs joined the General Section (Lynch & Williams, 2022). In 1992, a cadre of nurses caring for patients bisected in legal systems gathered in Minnesota to find commonalities in their practices. They listened to the Lynch thesis presentation identifying the alignment of nursing and nursing ethics with the main three pillars in forensic nurse practices: legal foundations, forensic science, and forensic nursing science. Attendees adopted the name Forensic Nurse to describe their many nursing practices and developed graduate educational programs to teach Lynch's theoretical framework as it applied to their practices.

Reflecting the focus of this champion educator, the early FN graduate education developed without consensus and reflected the variability in the FNs' practices, often revealing the subspecialty focus of the faculty, e.g., domestic violence, victimology, law, or forensic science. There was little agreement or understanding about the common or core elements of all FN practices; consequently, educational programs were as diverse as the FN subspecialties (Speck & Mitchell, 2022). For instance, one early curriculum emphasized psych-mental health and the branch of criminology, called victimology (Boston College 1970s), family violence (Johns Hopkins 1980s), nursing science and public health (the University of Tennessee Health Science Center early 2000s), legal aspects (Duquesne early 2000s), and forensic science (the University of Central Oklahoma late 2000s). Many FNs began their journey in the sexual assault subspecialty, adopting the Memphis' *Scope and Standards for the Sexual Assault Nurse Clinician* (Speck & Aiken, 1989) presented in Minneapolis in 1992, modified and adopted by International Association of Forensic Nurses (IAFN) Sexual Assault Nurse Examiner special interest group in 1996. FN practices expanded over the years to additional populations in programs supported by governments, community agencies, and healthcare organizations. Entrepreneurial expansions were frequent in states without restrictions on advanced nursing practices (e.g., California and Nevada). During the 1990s, FNs were caring for patients across the lifespan, from conception through and including death. The tagline was, "Forensic nursing … defined …[is] the point where law and nursing intersect" (Speck & Peters, 1999).

Nurses practice in environments where violence and subsequent trauma exist. Society expects nurses to provide care to vulnerable persons intersecting with legal systems who are *never-served* by the larger healthcare systems (Hallman et al., 2021; Speck et al., 2008; Speck et al., 2024). FN subspecialty practices expanded rapidly beyond sexual assault in the early 2000s to include death investigation, child physical abuse and neglect, domestic violence and strangulation, stalking, elder abuse, refugees, human trafficking, incarceration, gangs, military, bullying, technology, and many other methods and vulnerable populations (Faugno et al., 2022).

FNs have long identified information inconsistencies in continuing education offerings, undergraduate electives, and graduate education curricula for forensic nurses. FN subject matter

experts knew that understanding the connection between violence and the intersection with legal systems, management of specimens with the potential to serve as medical forensic evidence, trauma reactions, and negative medical and mental health outcomes, were common threads in all FN practices. Early studies concentrated on descriptions of the FN practice—what forensic nurses did and how forensic nurses did it. The early publications were descriptively necessary for the initial alignment of the FN specialty and subspecialty roles within nursing. Initial FN dissertations focused on constructivist methods to identify early thematic education elements in FN practices and, with multiple perspectives existing, all were valuable for the sustainability of the specialty (Kent-Wilkinson, 2008). Tool development, either validating evaluation tools related to characteristics in organizations employing forensic nurses (Speck, 2005) or standardizing language (Carter-Snell, 2011; Ekroos et al., 2024) emerged, identifying gaps in research and education. *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), *The Essentials of Master's Education in Nursing* (2011), *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006), all used for accreditation of nursing programs of study, supplied guidance in the early development of curriculum in FN education. The curricula remained unique to each school, reflecting the practices and competencies of the individual FN educator. In the historical environment, leaders steered educators and clinicians (e.g., a generic term, used to cover all providers of FN care), whether BSN or graduate-prepared providers. A recent analysis of FN chronicles the struggles among FN 1965–2005 (Liu, 2024).

Throughout the first and second decades of the millennium, studies continued to affirm Lynch's theoretical framework, guiding research about FN practices and roles. One analysis commented on the original Lynch suppositions and recommended additional considerations when studying forensic nurse practices (Valentine et al., 2020). Others collected and highlighted different known FN practice content from experts and published inconsistent integrative anthologies. A cursory literature search in 2018 identified continuing gaps in the complex FN role, and one identified a variety of differing attitudes about practice components in FN sub-specialty roles (Liu, 2024). An undercurrent of researcher discussions was the impetus to bridge the gap. One discussion about methods recommended resurrecting the Delphi from previous meetings to complete the identification of core competencies and content. The structured process activity and qualitative research were essential because the desired certification for all FN was impossible without collective expert input, agreement, and public exposure.

Recognizing that FN science and practice were growing unleashed, the current pressing need was to build a foundation that identifies common domains of all FN practices, descriptions of the practices, and context for the practices while identifying the content and evidence necessary for generalist and advanced FN education. The purpose was to build the foundation that identified current and specific content topics essential in all FN practices, grouped with one or more of the three pillars of knowledge necessary for certification. Simultaneously, the American Association of Colleges of Nursing (AACN) was guiding nursing education by embarking on a multi-year analysis to combine and replace previous documents for Baccalaureate, Masters, and Doctor of Nursing Practice (DNP) *Essentials* with one comprehensive AACN *Essentials* document for all nursing education. AACN volunteers identified common domains, descriptions, context, core competencies, concepts, and content essential for **all** undergraduate and graduate nursing education, called *The Essentials: Core Competencies for Professional Nursing Education* (AACN *Essentials*, 2021). Next, the Forensic Nursing Certification Board (FNCB) Chair/ Principal Investigator (PI) gathered historical documents of the FN educator's initial work from 2002–2004, and 2014 from attending FNCB Board of Directors (BOD). Of note, many of the

FNCB BOD served in IAFN leadership roles 2000–2015, e.g., President, Board of Directors, Chair of Education Committee, initiation and completion of SANE certification development, the formation of the *Journal of Forensic Nursing*, and other committee and leadership roles to establish the IAFN foundational processes, products, and activities supporting the member organization, including both SANE sub-specialties enjoyed today.

The challenge was to take Virginia Lynch's proof of concept and theoretical practice framework to future graduates of forensic nursing programs of study. In all accredited nursing programs, the expectation is that curriculum socializes to attitudes-aptitudes of the role, with significant new knowledge with a heavy dose of professionalism, creativity, and evaluation (Wilson, 2016). The pedagogical components of future curricula define the expected outcome from teaching methods—"What do we want the forensic nurse to know (knowledge, critical thinking)?" "What are the practice elements for the socialization of a forensic nurse (attitude, application, and evaluation)?" and, "How do the future forensic nurses incorporate domains, core competencies, and emerging forensic nursing science into their practices (creativity and evaluation)?" (Speck & Mitchell, 2022). The background chronicled above was the early evidence necessary to lead the 2018 founding FNCB BOD to formulate the strategy leading to a defensible process establishing the foundation necessary to support the development and sustainability of the Generalist and Advanced FN specialty certifications and subsequent micro-certifications.

Literature Review

Developed by the RAND Corporation in the 1950s, the Delphi method forecasts future events based on expert opinions on specific subjects and is used in many industries. Delphi is a systematic and qualitative method of forecasting by collecting opinions from a group of experts through several rounds of questions. Common characteristics of Delphi include:

> Delphi may be characterized as a method for structuring a group communication process so that the process is effective in allowing a group of individuals to deal with a complex problem. To accomplish this 'structured communication' there is provided: some feedback of individual contributions of information and knowledge; some assessment of the group judgment or view; some opportunity for individuals to revise views; and some degree of anonymity for the individual responses. (Linstone & Turoff, 1975, p. 3 Introduction)

Controlled interaction is an opportunity for independent thought of the experts gathered for the complex problem. Delphi is a common method used by nurses for the identification of nursing specialty core competencies, practice competencies, identifying consensus on difficult topics, process mapping, expert-based judgments about practice and research priorities, integrated care pathways, and many others (Varndell et al., 2021). Additionally, differing iterations of Delphi methods are modifiable for small groups, face-to-face (Pan et al., 1996), and virtual meetings. The modifiable methods allow for structured groups of experts to forecast in face-to-face meetings, using Cognitive Task Analysis (CTA) to identify critical elements needed for skilled FN performance, and identifying FN decision-making involved in every step of the practices. In nursing, Bloom's taxonomy serves as an accelerant to assemble discussions using CTA. Facilitating the extraction of data from experts, researchers employ groups of experts to think creatively using CTA to arrive at meta-cognitive innovations to identify elements of any nursing practice (Speck, Dowdell, & Mitchell, 2022). Multiple opinions about the FN specialty

role exist; however, the research defining the current understanding of the FN specialty science and practice is absent.

Purpose

To fill the gap identified in the background and literature review, the challenge was three-fold. The purpose uses the *mini-Delphi*, Estimate-Talk-Estimate (ETE), with Nominal Group Techniques (NGT) methods, and CTA, as well as qualitative analysis of conversations to:

(1) Identify FN core competencies, concepts, descriptions, context, concepts, and content necessary for FN education at the undergraduate and graduate levels.

(2) Align essential content in forensic nursing education at undergraduate and graduate levels through the consensus process.

(3) Establish an evidence-based foundation in all FN practices for use in the first certification examination for the Generalist Forensic Nurse and Advanced Forensic Nurse.

Design

Building from the Phase I (2002, 2003, 2004), and Phase II (2014) meetings, the research design continued to employ *mini-Delphi, ETE* and *NGT* methods. In Phase III (2020-2022), planners employed the *CTA* for FNCB BOD members and sample participants who were unfamiliar with previous design iterations and methods. The use of NVivo™ assisted the data analysis from recorded conversations, identifying thematic nodes of content for each FN pillar.

Participants

Phase I and II meetings included FN from accredited graduate programs. Phase III invited Phase I and II participants, and current graduate-prepared clinicians and educators, which included grant recipients teaching graduate courses in FN. After the study was complete in 2022, a general email and announcements to organizations solicited public comment where all community stakeholder participants were welcome to review and provide feedback in the generated document of study results.

Methods

A total of four meetings occurred; three in Phase I: 2002, 2003, 2004, and one in Phase II: 2014. The sample, which included previous educators and clinicians attending Phase I and II meetings, contributed to the activities with a compilation of historical documents and independent recollection and memory, which aided in understanding the early evolution of FN practice development and early education pedagogy expectations. Institutional review board (IRB) consultation resulted in exempt status for all study phases.

Phase I: 2002, 2003, 2004

Phase I methods were *mini-Delphi* with ETE and NGT, specific for face-to-face meetings in 2002, 2003, and 2004. The participants were organizational attendees at the 2002 annual meeting, and invitations to universities in 2003 and 2004 followed. Using a *mini-Delphi* design, organizers divided participants into small groups using NGT, specifically to minimize participant influence over three large face-to-face meetings (Humphrey-Murto et al., 2017). Educators and clinicians volunteered to participate in the open-ended consensus building. Participants received

generic *Post-it*® notes and a singular concept—*forensic nurse practice*, followed by a review of Lynch's theoretical framework and the notions therein. Adopting other research methods (Fowler, 2015), the primary lead challenged participants to integrate the nursing metaparadigms (nurse, patient, environment, and health), nursing ethics, and collective understanding of the nurse's social contract with society. Working with the smaller groups of educators and clinicians, the participants wrote their thoughts down and posted them on the walls, generating individual reports, and ensuring the anonymity of small group discussions until their report. A smaller group of participants worked to organize the notes into the early concepts and core competencies, presenting their findings in the afternoon of the third 2004 meeting.

Phase II: 2014

Phase II occurred in 2014 and built upon the historical collaborations among forensic nurse educators and clinicians from the 2002–2004 meetings. Additionally, each participant invited other well-known FN educators and clinical providers. The University of Alabama at Birmingham School of Nursing hosted the consensus meeting, again using the *mini-Delphi*, ETE, and NGT methods. Twenty of fifty known FN educators and clinicians convened to review the currency of the 2004 core competencies and embarked on a second *mini-Delphi*, ETE, and NGT design using CTA methods for the face-to-face experience. The steps, while face-to-face, initially included anonymity of thought with *Post-it*® notes, followed by discussions and thematic categorization of participant thinking to confirm and bring consensus about the three pillars of content. The two-day meeting concluded more work was necessary to identify core competencies, given the evolutionary changes to FN science and practice over the past decade. Participants affirmed to revisit the domains and descriptions of practices at a future structured meeting of educators and clinicians.

Cadre of Forensic Nurses: 2018

In the intervening time at several professional meetings, educators and clinicians discussed the need for updated FN core competencies and content to guide and align graduate FN education. End Violence Against Women International (EVAWI; in Chicago, 2018) was one meeting attended by a cadre of nurse educators and clinicians, who discussed concerns about the limitations and stagnation of the general or advanced FN role. The decision was to form the Academy of Forensic Nursing (AFN, c. 2018) and resurrect the Forensic Nursing Certification Board (FNCB, c. 2018), specifically to educate (AFN) and offer certifications (FNCB) that reflected the foundation necessary for **all** forensic nurses. The charge of AFN was to fill the gap and develop education for **all** FN. To FNCB, the charge was to develop certifications for the Generalist and Advanced FN. The first step for FNCB BOD was to gather the leaders from the previous FN meetings (now called Phase I and II), to resurrect the historical core competency development efforts, and to use Lynch's theoretical framework with the guiding AACN *Essentials* in nursing education and organizational documents to reflect current FN practice. The information available included the confirmed three pillars of knowledge (Lynch, 1990) and published competencies and content (IAFN, 2004). However, after review, the authors determined the documents were insufficient to guide future FN education, and absent was the evidence supporting the foundation for a certification examination.

The FN community of practice is small, remote, and hard to reach. As such, all known educators, clinicians, HRSA SANE-ANE grant recipients, as well as all former Phase I and II participants, received invitations to join the Phase III research. A purposive sampling method

facilitated email invitations to the potential participant sample. Sent twice, a request was sent to others who were not on the initial list of invitees, if known. Asking invitees to invite others is a qualitative method called *snowball*, with the goal to increase identification of new participants, unknown to researchers but are self-identified FN educators and expert clinicians. The invitation letter was distributed widely among FNs (Appendix A).

Phase III: 2020–2022

Phase III officially began with the FNCB founding committee members, whose first action was to create and expand the BOD, specifically to assist in establishing certifications for all FNs. Trained as facilitators, all BOD members received CTA leadership training to create the fidelity (e.g., adherence to the process) without variation from the previous methods and goal implementation of the mini-Delphi design of the study. Phase III required finding any supporting documents from previous meetings—publications, notes, and discussions. The design included recorded conversations among experts amenable to qualitative analysis. NVivo™ software was utilized to analyze conversations identifying thematic nodes (i.e., groups) to qualify underlying concepts describing practice, examples of context for practice, and core competencies guiding forensic nurse practices. The AACN *Essentials* (AACN, 2021) framed the CTA in conversations with expert educators and clinicians in each planning meeting. Extracted from NVivo™ was content supporting the evidence for the three FN core pillars.

The co-occurrence of the Covid-19 pandemic challenged the process, and modifications to the design included virtual meetings. Again, the FNCB extended a broad invitation to begin discussions among experts in 2020. Using an invitation list of the previous participants, using the snowball method again (e.g., word of mouth referrals), the list expanded to include HRSA Advanced Nursing Education - Sexual Assault Nurse Examiner (HRSA-21-016 ANE-SANE) program grant recipients, and known educators who did not participate in the first four meetings. Phase III included three virtual meetings (September 2020, October 2020, and January 2021) and a 30-day public comment period (March–April 2021). The pre-planning required FNCB BOD CTA preparations before the implementation of the methods. The planning included the development of structured questions for participants, derived from the 2014 meeting and leaders' memories, maintaining fidelity to NGT methods, and with encouragement to bring associated FN science and practice to the discussion in the CTA. Sample participants received CTA queries to ponder before the virtual meeting, which included:

- How do you define forensic nurse practice?
- What are essential elements in forensic nurse practice?
- How do we identify themes for forensic nurse practice?
- What domains guide forensic nurse practices?
- What are the descriptors of forensic nurse practices?
- In what context does the forensic nurse practice?
- What are the core competencies?
- What are the sub-competencies?
- How do you measure the activities of a forensic nurse?
- What is the essential information under each pillar for all forensic nurses?

Pillars (legal foundations, forensic science, and forensic nursing science) were used to organize groups and NGT recommended 6–8 participants, plus FNCB BOD facilitators. Technology created the opportunity for anonymous comments, virtual meeting rooms with small

groups, and recordings of conversations. Discussions used the AACN *Essentials* as a guide to the discussions of the pillars, introduced in pre-meeting questions. Important attitudes were to listen to the expertise and ideas of the educators and clinicians without criticism in full transparency. To mitigate bias, facilitators received education from the PI/primary author who did not participate in the group activities. The debriefing of the facilitators allowed them to contribute their expertise during the review. Researchers presented the analysis to participants and FNCB BOD members for feedback and contribution. When feedback integration was complete, the final document was made available for 30-days public comment. The review of public comments by the authors resulted in either accept or reject-as-non-responsive or insufficient-to-warrant-change.

Results

Over 20 years, a total of 126 FN educators and clinicians participated in a *mini-Delphi*, ETE, and NGT, using CTA to facilitate contributions to the FN domains, descriptors, contextual statements, competencies, and sub-competencies, validating Lynch's FN theoretical framework and three knowledge pillars necessary for a complete and competent FN practice (identified content topics used in FNCB Study Outlines as summarized online).

Results from Phase I: 2002, 2003, 2004

Phase I meetings produced the Core Competencies for Advanced Practice Forensic Nursing and represented a consensus document (IAFN, 2004). Concepts identified included systems, research, policy, populations, education, ethics, and justice. A list of common content achieved pedagogy in four conceptual areas unique to the FN practices—Response to Violence, Evidence-Based Science, Innovation in Systems, and Education Dissemination. Actualizing statements from the document include:

- The advanced forensic nurse practice will develop, promote, and implement protocols and systems responding to victims and perpetrators of trauma, injury, accidents, neglect, abuse, exploitation, and all forms of violence.
- The advanced forensic nurse practice will impact research and policy affecting human responses to violence, injury, trauma, accidents, neglect, abuse, exploitation, and all forms of victimization.
- The advanced forensic nurse practice will develop and supervise systems of care for complex health problems related to accidents, trauma, crime, victimization, abuse, neglect, exploitation, and all forms of violence.
- The advanced forensic nurse practice will educate others in the concepts and practice of forensic nursing and forensic health (p. 1–5).

Results from Phase II: 2014

Phase II meetings resulted in the validation of Lynch's three pillars of knowledge necessary for basic, generalist FN education (legal foundations, forensic science, and forensic nursing). Application of CTA implementing the *mini-Delphi*, ETE, and NGT resulted in robust conversations, with attempts to fit the current discussions and topics into an incomplete and unassigned list of competencies in practice, and without time to analyze. In retrospect, the conversations identified content without domains and therefore descriptions of concepts applicable to all practices were unrealized. However, discussions centered around how to teach FN. Participants demonstrated the method of concept-based education (Baron, 2017) with the

content discussed. Two case studies presented included a sexual assault patient and a child who was victimized by predator bullying (Appendix B). Both cases in a conceptual example exhibited elements in competencies, practice descriptions, and context for practices, identifying knowledge in all three pillars.

Results from Phase III: 2020–2022

Those who participated in the virtual event completed a survey related to their experience and qualifications (Appendix C). The results are shown in Table 1.

Table 1.
Experience of Validating Sample

Validating Sample Participants Forensic Nursing Education, Academic Experience, and Practice Expertise in 2020 (N=23)

Survey Question	Answers			
Level of Education*	MSN 3 (13%)	DNP 7 (30%)	PhD 14 (17%)	DNP/PhD 2 (0.9%)
Fellowships*	FAAN 4 (17%)		Other Organization Fellowships 12 (52%)	
Roles*	Academic Ranking/Management 18 (78%)		Clinical Management/Practice 12 (52%)	
Primary Location of Practice*	Academia 18 (78%)		Clinic 12 (22%)	
Area of Specialization (self-reported)	Child maltreatment Death investigation Disabilities abuse Elder maltreatment Epidemiology of intentional violence Family violence Legal nurse consulting & testimony Pediatric risk PREA response		Domestic violence (DV) Child sexual abuse Elder sexual abuse Forensic psychiatry Psych mental health Strangulation in DV Technology risk Title IX Trauma response and recovery Trauma informed care Vulnerable adult abuse	
Ever Faculty in Accredited School of Nursing	Yes 23 (100%)		No 0 (0%)	
Years in Academia (n=18)	<6 2 (9%)	6 to 15 7 (30%)		>15 9 (39%)
Developed curriculum in accredited SON	Yes 17 (74%)		No 6 (26%)	
Years in Forensic Nursing (n=23)	<6 3 (13%)	6 to 15 6 (27%)		>15 14 (60%)
Developed curriculum in academic FN courses	Yes 12 (52%)		No 11 (48%)	

*some percentages do not equate to 100% as respondents provided multiple answers.

FNCB Core Competencies

Ten Core Competencies emerged as proof-of-concept from the analysis, building on the AACN *Essentials* but unique to forensic nurses. AACN *Essentials* served as the foundation for FN education at the bachelor (Level 1) and graduate/doctoral (Level II) preparation and as such, was a springboard for the development of the FN core competencies. The FN competencies comprised descriptions of practice domains, FN practice context, essential attributes, and competencies, with a focus on the concepts and subsequent principles of trauma-informed and justice. For any perceived gaps identified during the meetings, individuals referred to the AACN *Essentials* for guidance to avoid duplication and demonstrate specialty status. The expectation is that FN adhere to the AACN *Essentials* according to their level of practice, adding the FN specialty to demonstrate competence in the FN role, regardless of the practice environment. In addition to the domains and brief descriptions of FN practices, a comprehensive document addressing domains, descriptions, contextual statements, competencies, and sub-competencies emerged. Conversations about current evidence identified gaps in the science supporting the specialty practices of FN. A summary of the ten domains of FN practice alignment with AACN and brief descriptions of the FN context for core competencies in all FN practices are in Table 2.

Table 2.
Forensic Nursing Core Competencies for Generalist and Advanced Forensic Nurses – Summary

#	DOMAIN	Brief Description of Competency Summaries
1	*Knowledge of Forensic Nursing Practice*	All forensic nurses integrate, translate, and apply established and evolving forensic nursing knowledge, as well as knowledge from other disciplines, which includes a foundation in liberal arts and other sciences. The acquisition of knowledge distinguishes the levels of entry into the practice of professional forensic nursing and forms the basis for clinical judgment and innovation in forensic nursing practices.
2	*Person-Centered, Trauma-Informed Care*	All forensic nurses implement person-centered care focusing on the individual within multiple complicated contexts, including family and/or important others. Person-centered care with forensic nursing populations is trauma-informed, holistic, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.
3	*Forensic Populations*	Population health in forensic nursing spans the health care delivery continuum and describes collaborative activities among stakeholders for the improvement of equitable population health outcomes when vulnerable populations experience trauma or intersect with the legal system.
4	*Forensic Nursing Scholarship*	All forensic nurses participate in the generation, synthesis, translation, application, and dissemination of forensic nursing knowledge to improve health and transform health care for patients intersecting with the legal system.

#	DOMAIN	Brief Description of Competency Summaries
5	*Quality and Safety in Forensic Settings*	All forensic nurses participate in the employment of established and emerging principles of safety and improvement of science to further quality forensic nursing care. As core values of forensic nursing practice, quality and safety enhance care and minimize harm to patients and providers through both system effectiveness and individual performance.
6	*Interprofessional Relationships*	All forensic nurses participate in intentional collaboration across professions and with multidisciplinary and interprofessional team members, patients, families, and communities to optimize care, enhance the medical-legal health care experience, and strengthen outcomes.
7	*Systems-Based Practice*	All forensic nurses respond to and lead within the complex interprofessional systems of health care and communities by coordinating care delivery, resources, and evaluation to provide safe, quality, equitable care to diverse populations with trauma experiences and/or intersecting with the legal system.
8	*Informatics and Technology*	All forensic nurses use information and communication technologies where informatics processes are used to support patients intersecting with legal systems.
9	*Professionalism*	The forensic nurse participates in the formation and cultivation of sustainable professional and advanced forensic nursing identities, including accountability, perspective, collaborative disposition, and comportment that reflects forensic nursing's characteristics and values.
10	*Lifelong Learning and Leadership*	All forensic nurses participate in activities and self-reflection to foster personal health, overcome barriers, build resilience and well-being, continue lifelong learning, and support the acquisition of forensic nursing expertise and assertion of leadership at professional and advanced forensic nursing roles.

(FNCB©, 2022; Speck & Mitchell, 2022; AACN *Essentials*, 2021 CC BY-NC-ND)

Qualitative Analysis of FN Expert Conversations in Phase III 2020-2022

The *mini-Delphi*, ETE method with NGT guidance recorded group conversations. The transcribed recordings were entered into the NVivo™ software and analyzed for overarching conversational expressions related to one of the three knowledge pillars, seeking thematic phrases, and keywords to identify content necessary for all FN pedagogy essential for all practices. Identified themes emerged from the participants under all three pillars.

NVivo™ was used to transcribe group recordings for analysis. The information assembly resulted in one last meeting to present the findings to participants. They were asked again, "Was the report reflective of the conversations, now combined?" Apart from word choice, there was no dissent. The NVivo™ report included the generation of a Word Cloud of terms frequently used by the participants. Qualitative analysis supplied the language necessary to identify themes in all practices and theoretical underpinnings for the science and practice of the FN, regardless of level of education. The language for content topics identified specific components and issues with which to build pedagogy in future academic curriculum. The Word Cloud in Figure 1 identifies

the main themes from NVivo™ analysis. The Word Cloud was derived from recorded conversations of volunteer participants during the mini-Delphi, ETE, and NGT of forensic nurse educators and clinical clinicians, 2020.

Figure 1.

Educator and Clinician Word Cloud

Limitations

The *first limitation* is the FN community of educators is small, and as such anonymity, required by the *mini-Delphi*, ETE, and NGT method, was not possible. By design, and with a small community of clinical experts, peripheral experiences have influence and are also a limitation. Each group was unique with a diversity of thought and experience, and while not planned, each discussed all aspects of the core competencies within the three pillars among the group members, and again with the entire group. Yet, the individual group was not influenced by the other two groups. However, the risk of subjectivity bias and internal group influence occurred during the post-discussions with all participants, influencing the participant sample charged with reaching consensus among group members.

A *second limitation* is that there is no predetermined size for Delphi studies. However, NGT created modifications for small study groups (e.g., 6–8 members) to be able to proceed with a concealed initial response between the three groups, actualized with pre-meeting questions and responses, which minimized individual influences initially.

A *third limitation* concerned attendance in virtual meetings, creating a limitation with dropouts and drop-ins (e.g., different participants). For instance, there was attrition and return to the participant sample (e.g., present in 2002 and 2004, not 2003 or 2014), and attendance in only one meeting between 2020–2022. To mitigate the impact of participation factors, the *mini-Delphi*, ETE iterative process minimized influence, subjectivity, and bias with the addition of NGT design.

A *fourth limitation* included the FNCB Board of Director (BOD) members who were facilitators who had the potential to influence group responses with individual biases and experiences while leading discussions and facilitating individual responses. To minimize

facilitator influence, the FNCB BOD facilitator input was delayed until the completion of the first discussions by the expert FN educators and provider participants.

Discussion

The study was designed to seek proof of concept to align, identify, and validate FN core competencies and content for a pedagogical derivation for the foundation for generalist and advanced forensic nursing certification examinations. Challenges included the creation of an iterative process for experts during consensus building and recording for analysis of expert conversations using the *mini-Delphi*, ETE, and NGT study methods. Researchers snowballed invitations to educators, clinicians, and stakeholders and facilitators recorded conversations. Consequently, diverse creativity and consensus resulted in proof-of-concept, and alignment with AACN *Essentials* Level 1 and Level 2 core competencies and sub-competencies for professional nursing education. Specifically, research identified and validated: (1) FN domains, descriptions, and context for FN practices, (2) FN core competencies and sub-competencies, and (3) (following qualitative analysis) content reflecting current published evidence in each of the three pillars. General acceptance and application of AACN *Essentials* foundation, layered with the unique FN foundation validated evidence for the content essential for a generalist and advanced forensic nurse certification.

The *mini-Delphi*, ETE, NGT, and CLT are study designs and methods, albeit modified during Covid-19, which endured from former face-to-face discussion meetings in Phases I and II and were modified for virtual meetings in Phase III. The face-to-face meetings in Phase I and Phase II were followed by three virtual meetings during Phase III when Covid-19 prevented face-to-face meetings. A 30-day public comment period (March–April 2021) followed Phase III, and the FNCB BOD met to adopt stakeholder input into the final consensus documents.

The *mini-Delphi*, ETE, and NGT methods reduced the initial influence among groups. However, group influence occurred during the post-discussions with all participants. All work groups read and discussed their CTA, preparing answers to the queries for their pillar group. Interestingly, while assigned one pillar, each group contributed to all pillars, creating robust discussions about essential and necessary concepts and content for proof-of-concept and future pedagogy. Following NGT, each group reported their findings to the remaining two blinded groups and, because they also used *mini-Delphi* and ETE, reviewed the remaining two pillars. Robust recorded discussions followed, ensuring diversity of thought and inclusion of all views from many. Reaching consensus, connected group members agreed on common FN domains, descriptions of FN practices, the context for FN specialty practices, and core- and sub-competencies, all aligning with the AACN *Essentials*.

Other evidence-based virtual modifications facilitated robust and recorded discussions among the FN educators and clinicians. The recordings were the basis for qualitative analysis of diverse expert educators and clinician conversations, which focused on building evidence for each of the three knowledge pillars in FN. The quantified and qualified new knowledge, and the three pillars, are essential and necessary in **all** forensic nurse specialty practices for decades to come. Using the *mini-Delphi*, ETE, NGT, and CTA designs and methods, FNCB's Core Consensus-based competencies are proof-of-concept, and content establishes a sustainable FN foundation for pedagogy, now a standard for analyses of and evidence for future evolution of the FN specialty.

Summary

Lynch's thesis established a theoretical practice framework, providing conceptual guidance for initial FN specialty pedagogy. Three efforts by educators and clinicians in Phase I resulted in an early understanding of FN domains and descriptions. In Phase II, another gathering of FN expert educators and clinicians validated Lynch's three pillars for scientific core content. The attendees provided examples of diverse practices using the three pillars, e.g., FN case conceptualization, and reinforced the initial proof-of-concept. However, comprehensive domains and competencies for FN remained elusive in Phase II. In Phase III, FN expert educators and clinicians attended four virtual meetings. Outcomes included identified core competencies, descriptions and context for practice, and the sub-competencies necessary to measure competent basic FN practice activities. In addition to the core competencies, the qualitative analysis identified current evidence for all FN practices, adding to the evidence for each knowledge pillar—legal foundations, forensic science, and forensic nursing. Recently released, AACN *Essentials* accelerated the alignment journey for FNCB, assisting in alignment of the roles for the first Generalist and Advanced FN certification examinations. The research design, following evidence of defined methods, with adjustments for the Covid-19 circumstance, was necessary to align with all of nursing's guiding documents. Led by the PI and FNCB BOD, FN educators and clinicians completed the 20-year effort to establish consensus about the growing common and overarching domains for all FN practices, descriptions, and context for FN practices. The research completed by the FNCB brought consensus and proof-of-concept to the FN competencies necessary for the specialty role, and qualitative research identified current evidence-based content essential to all FN pedagogy and aligned with the AACN *Essentials*. The Delphi, ETE, NGT, and CTA research methods resulted in confirmation of Lynch's original theoretical practice framework, preserving the initial conceptualization for the FN, both yesterday, today, and in the future.

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Appendix A: Invitation Letter

Dear Forensic Nurse Educator and/or Practitioner!

As a current or former educator in academia, the Board of Directors of the Forensic Nursing Certification Board (FNCB) invites you to attend the upcoming third consensus meeting to confirm core competencies, domains, and content for forensic nursing curriculum. This meeting is structured as to reference the work of forensic nursing educators participating in previous meetings held in 2002, 2003, 2004 and 2014.

FNCB is a newly formed organization affiliated with the Academy of Forensic Nursing (AFN). FNCB is a separate 501(c)3 not for profit organization whose goal is to complete one aspect toward consensus, developing and delivering a forensic nursing certification. In order to accomplish this goal, it is important to reflect upon the evolution of forensic nursing science and build upon work developed in previous consensus meetings as history and science provide the foundation for forensic nursing certification. As experts in forensic nursing science, practice and/or education, your participation is important in achieving this goal and establishing consensus.

The fifth consensus meeting will be held on September 1, 2020 at 2p ET, 1 pm CT, 12n MT, 11am PT. We anticipate the meeting lasting approximately 3 hours. The following survey helps us understand your expertise and willingness to participate. The survey should take no more than 7-10 minutes. Deadline for survey completion is August 19 at 5 pm CT. A zoom link for participation will be sent to you several days before the meeting.

Survey link: https://tamuhse.co1.qualtrics.come/jfe/form/SV_3EFxkr1WqU4z6G9

We look forward to having robust conversations in these important upcoming meetings. The final product will be posted for public comment when ready. Please be aware that work product derived from this meeting is intellectual property of FNCB and confidentiality is expected and enforced.

The FNCB Board is available to answer questions. Please email me for question at staceymitchell44@gmail.com.

Respectfully,

Stacey Mitchell, President, Forensic Nursing Certification Board

FNCB Board:	
Stacey Mitchell, President	Kathleen Thimsen, Treasurer
	Michelle Patch, Secretary
Laurie Charles	Kelly Berishaj
Elizabeth Dowdell	Josie Doss
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Max Veltman	Debbie St. Germain

Appendix B: Concept-FN Care for Bullying

Forensic Nursing Curriculum 2014 UAB – E.B. Dowdell
Using Linda Caputi Model:

DRAFT #1 Concept of BULLYING:

1. Definition:

Bullying, Harassment, or Horizontal Violence (BHHV) – can be viewed as verbal acts ofaggression. Bullying differs from horizontal violence in that a real or perceived power differential between the instigator and recipient must be present in bullying, while horizontal violence occurs among peers. Individuals covertly or overtly directing their dissatisfaction inward toward each other, toward themselves, and toward those lesspowerful than themselves.

2. Categories:
    a. Lateral or Horizontal Violence
    b. Vertical Violence
    c. Chronic
    d. Time limited / developmental
    e. Single site platform (mechanism)
    f. Multi-site platform (mechanism)
    g. Environment
        i. Overt or covert levels of Violence
        ii. High stress
        iii. Unhealthy relationships
            1. Gender Differences
            2. Generational Differences
            3. Educational Differences
            4. Economic Differences
        iv. Home
            1. Gender Differences
            2. Generational Differences
            3. Educational Differences
            4. Economic Differences
        v. School
            1. Gender Differences
            2. Generational Differences
            3. Educational Differences
            4. Economic Differences
        vi. Work place
            1. Work place bullying
                a. Generational Differences
                b. Educational Differences
                c. Differences in years and type of work experience
                d. Workload and staffing patterns
        vii. Sports/ activities
    3. Risk Factors
        a. Person
            i. Age
            ii. Gender
            iii. History
                1. Peer relationship hx
                2. Social interaction hx
            iv. Location/ environment
                1. Single platform or multi-site platform
        b. Victimization
        c. Environmental
        d. Health
            i. At risk children (profile)
                1. Being different
                    a. Disabled
                        i. Physical
                        ii. Cognitive/ intellectual

iii. Developmental
ii. Physical manifestations
1. Sleeping disorders
2. Eating disorders
3. Aggression
4. Self harm behaviors
5. Increased absenteeism
a. Job instability or changeability
6. Change in social behaviors/ interactions
iii. Psychological Manifestations
1. Depression
2. Anger
3. Anxiety
4. Paranoia
5. Self-esteem/ Self worth

e. Nursing
i. As a victim
ii. As a perpetrator
iii. As a bystander
iv. As a group member

4. Pathology
a. Physical health and outcomes
b. Psychological
i. Mental health & Emotional health outcomes
ii. Developmental progress (growth & development)
iii. Professional progress (novice to expert/ Benner stages)
iv. Lying & manipulation skill set
c. Social
i. Peer group formation
ii. Gangs
iii. Isolation
iv. Bystander/ enabling
1. Potential for victim if speaks up/out
v. Spiritual
1. Lack of human dignity
vi. Culture
1. Ethnicity
2. Culture of sports world
3. Culture of school (middle vs. high school)
d. Diagnostics
i.

5. Clinical management
a. Trusting relationship
b. Justice
c. Interview/ investigation
d. Recognizes honesty as a form of care
e. Focuses on specific data & behaviors
f. Supports individual learning/change
g. Is consistent, timely, & frequent
h. Tests assumptions
i. Uses "I" messages with patient
j. Shares emotions (*concerned, worried, afraid, frustrated, disappointed…*)

6. Impact on Environment
a. Aggression
b. Avoidance
c. The "Silent Treatment"
d. Clique Forming
e. Gossip
f. Poor communication and toxic work environment cited as one of the main reasons for leaving their current position or school environment.

Appendix C: FN Educator Clinician Survey

Forensic Nursing Educator Clinician Curriculum Consensus Meeting Survey

In order to prepare for the upcoming Forensic Nursing Educator Curriculum Consensus Meeting, we ask that you complete the following survey. This survey should take approximately 10 minutes.

1. Name (Free text)
2. Credentials (Free text)
3. Employer (Free text)
4. Position (Free Text)
5. I plan on attending the virtual meeting
    a. Yes
    b. No (if checked, survey ends)
6. Confidentiality Statement: All information discussed during this meeting is considered work product of the Forensic Nursing Certification Board (FNCB). I understand that in participating, I will not divulge any discussions that occur during this meeting.
    a. I agree
    b. I disagree (if checked, survey ends)
7. How long have you been practicing as a forensic nurse?
    a. 0-5 years
    b. 6-10 years
    c. 11-15 years
    d. >16 years
8. What is your area of specialization? (Check all that apply)
    a. Sexual assault
    b. Domestic violence
    c. Elder abuse
    d. Child abuse
    e. Legal nurse consulting
    f. Forensic psychiatric nursing
    g. Corrections
    h. Death investigation
    i. Other (free text)
9. What is your practice location? (Check all that apply)
    a. Academia
    b. Hospital
    c. Clinic
    d. Self-employed
    e. Law office
    f. Medical examiner/Coroner
    g. Children's Assessment Center
    h. Other (free text)
10. How many years have you worked in academia?
    a. 0-5 years
    b. 6-10 years
    c. 11-15 years
    d. >16 years
11. Have you developed forensic nursing curriculum?
    a. Yes
    b. No
12. Do you have experience developing nursing curriculum (excluding forensic nursing courses)
    a. Yes
    b. No
13. Do you teach in forensic nursing academic courses?
    a. Yes
    b. No
14. Do you teach forensic nursing continuing education courses?
    a. Yes
    b. No
15. In what professional organizations are you a member? (Free text)