# A Scoping Review of Organisational Barriers and Facilitators to the Implementation of Best Practice within Forensic Radiographic Practice

Fiona MacGregor,[a,b] Dr Matthew Breckons,[b] Dr Katherine Swainston[c]

[a] School of Health and Life Sciences, Teesside University, Middlesbrough, England, UK

[b] Population Health Sciences Institute, Newcastle University, England, UK

[c] School of Psychology, Newcastle University, England, UK

## Introduction

Forensic radiography as a subspeciality of diagnostic radiography focuses on the medico-legal role of radiographic evidence collection. This review defines best practice as practice comprising of relevant meaningful procedures, interventions, and techniques premised on high quality evidence.[1] Currently there are few definitely agreed national and international guidelines implemented with forensic radiography. Where they are in situ, these are not consistently applied.

## Aim

To identify and evaluate organisational factors that may facilitate and or prevent the full implementation of best practice guidelines within forensic radiographic practice.

## Methods

A scoping review following the JBI updated guidelines,[2] using the PCC mnemonic was undertaken (Table 1) and application of the PRISMA-ScR extension.[2]

| PCC | | Inclusion Criteria |
|---|---|---|
| Population | → | Professionals involved in forensic radiography process, i.e., radiologists, diagnostic/forensic radiographers, consultants, pathologists |
| Concept | → | Guidelines, protocols |
| | → | Knowledge and awareness |
| | → | Workplace culture |
| | → | Multi-disciplinary team working |
| Context | → | All UK & International geographic settings, rural, urban, hospital, airport, mortuary, makeshift sites on location |
| | → | Fatalities |

Table 1: PCC Mnemonic and Inclusion Criteria

CINAHL, Embase-Ovid, Medline, PsychINFO, Scopus, Mednar, Web of Science, OpenGrey, Medscape and WorldWideScience databases were systematically searched. Search terms used reflected specific forensic imaging practices, paediatrics; post-mortem imaging, narcotics; and person identification—living and deceased.

Data analysis was undertaken using Inductive Content Analysis

## Results

1058 papers were identified through database and handsearching from which 15 were selected.
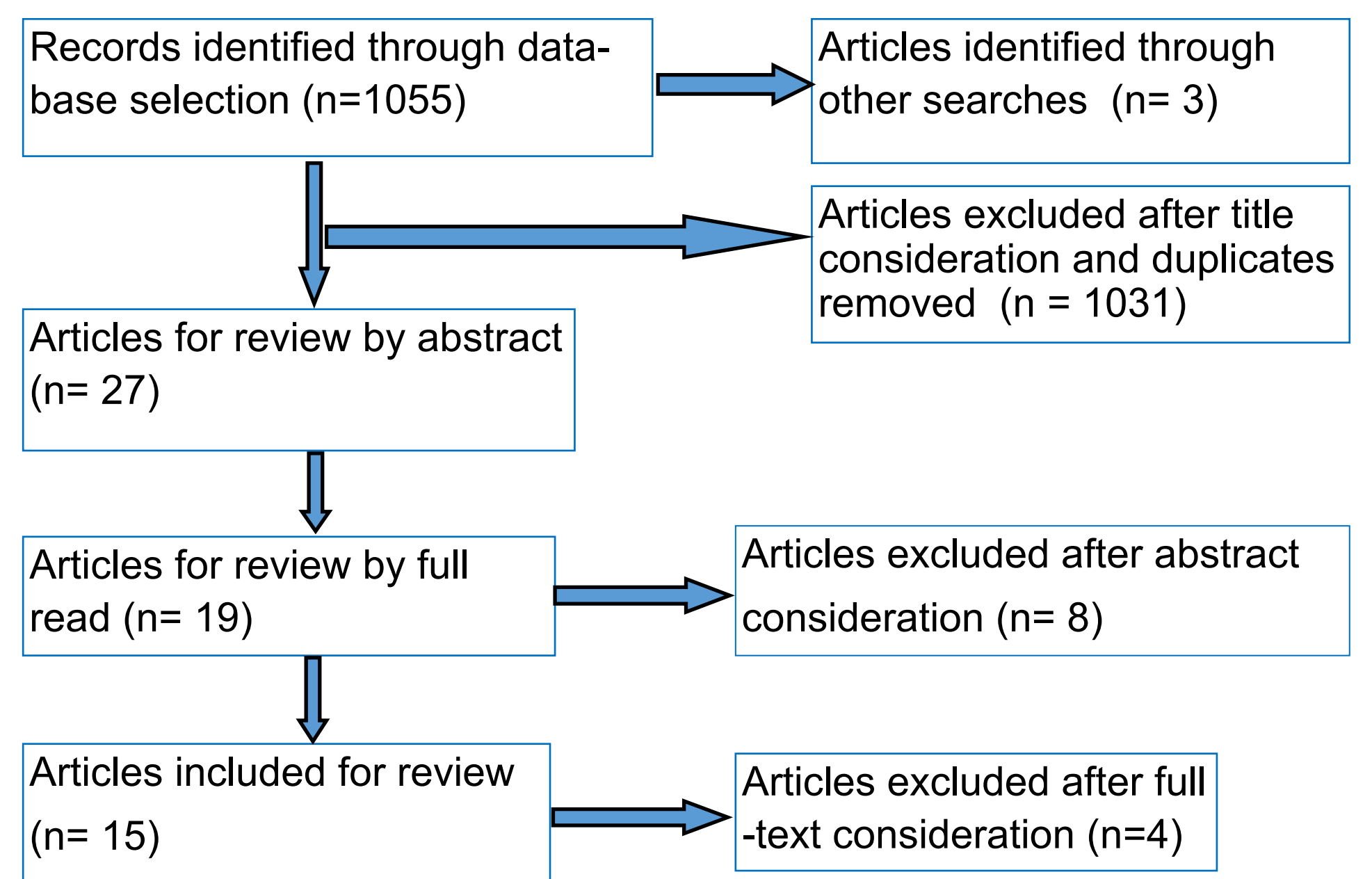


Fig 1: PRISMA-ScR Flow Chart demonstrating article selection

5 Conceptual Categories were found from 13 Categories through Inductive Content analysis.
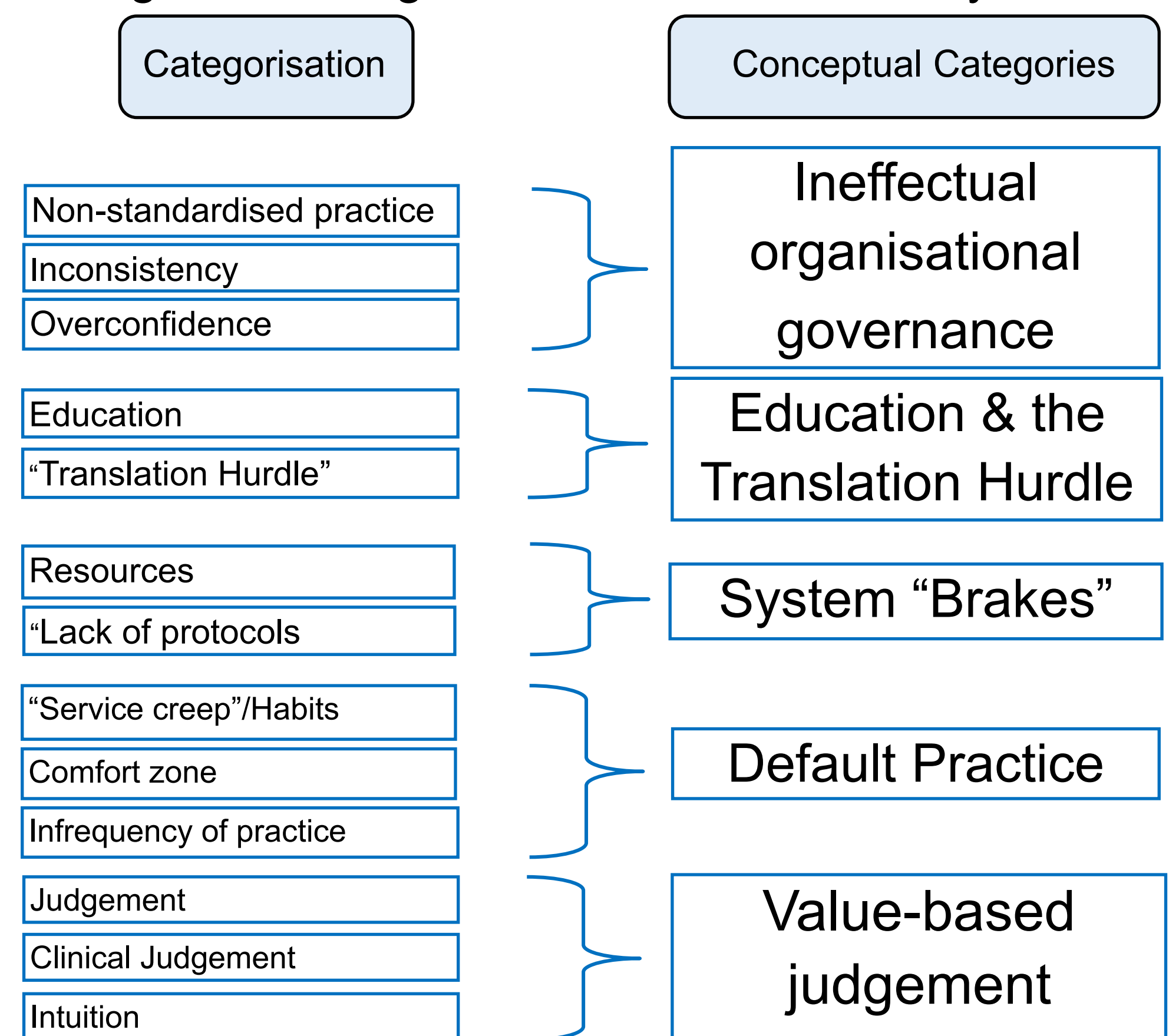


Fig 2: Demonstration of final stages of ICA categorisation process

## Conclusion

The issues underpinning ineffective implementation of best practice are multi-faceted and complex. Without addressing these implementation will not succeed.

## References

[1] Melnyk, B.M., Fineout-Overholt, E. (2022) Evidence-based practice in Nursing & Healthcare: A Guide to Best Practice. Fifth Edition

[2] Peters, Micah, D.J., et al (2020) Chapter 11: Scoping Reviews, In: Aromataris, E., Munn , Z. (Eds) JBI Manual for Evidence Synthesis, JBI 2020.