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## **AFN-C**

### **Advanced Forensic Nurse Certified**



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# Latest Version: 6.0

## Question: 1

Federal Daubert hearing forensic nurse proposes 3D photogrammetry injury pattern matching boot tread suspect exclusion probability  $1/10^6$ . Defense challenges validation. Nurse demonstrates.

- A. Novel proprietary algorithm
- B. Peer review AFTE standards met
- C. Photographic 2D measurement
- D. Subjective visual comparison only

**Answer: B**

Explanation:

3D superimposition AFTE validated distinguishing novel (Daubert rejected), subjective (error prone), 2D (distortion); NIST 2026 pattern evidence standards.

## Question: 2

A patient with HIV discloses status during exam but requests nondisclosure to law enforcement. The nurse knows partner notification laws apply. The correct approach is to:

- A. Require patient to notify partners
- B. Maintain confidentiality unless mandated
- C. Disclose status to authorities
- D. Report as public health hazard

**Answer: B**

Explanation:

Confidentiality prevails unless specific mandatory disclosure statutes apply; beneficence includes counseling on notification.

## Question: 3

Knowledge translation stalled for 2026 guideline recommending nuchal swabs in 82% strangulation cases (DNA yield 14%). ED compliance 41%. Forensic nurse KT lead implements audit-feedback cycle. What enhances translation effect size?

- A. Provider-selected swab cases only
- B. Benchmarking against top-quartile performers publicly
- C. Monthly didactic presentations on swab technique

D. One-time laminated posters at workstations

**Answer: B**

Explanation:

Benchmarking against top-quartile performers publicly leverages social comparison and accountability, boosting compliance >20% in KT trials per 2026 forensic guideline dissemination frameworks. Didactics transient, posters passive, selection undermines standardization.

### **Question: 4**

Hair trace (45 shafts, 12 anagen) package?

- A. Paper sack loose
- B. Petri slide mounted
- C. Folded bond paper bindle in coin envelope, no adhesive
- D. Plastic tube taped

**Answer: C**

Explanation:

Bindle secures without loss/stick, coin rigid, no adhesive preserves roots. Tape contaminates. Sack loss. Mount alters.

### **Question: 5**

In a case involving alleged elder abuse, an 82-year-old patient has multiple full-thickness burns with leathery eschar on the dorsum of hands and lower legs in a symmetrical stocking-glove distribution with sharp mid-thigh demarcation. Creatine kinase is 3200 U/L with myoglobinuria

a. Advanced forensic assessment interprets this as:

- A. Accidental flame contact
- B. Chemical alkali splash
- C. Forced immersion scald with restraint
- D. Contact burn from self-neglect

**Answer: C**

Explanation:

Symmetrical sharp-bordered immersion burns with restraint patterns (stocking-glove) are hallmark of inflicted scalding, often in abuse. Elevated CK/myoglobinuria indicates rhabdomyolysis from prolonged muscle compression during restraint, necessitating correlation with caregiver history and anatomical mapping for abuse determination.

### **Question: 6**

Smartwatch accelerometer data logs 47g deceleration in assault. 2026 classifies as?

- A. Digital adjunct corroborating injury mechanism
- B. Biological stress biomarker
- C. Trace wearable particulate
- D. Pattern acceleration map

**Answer: A**

Explanation:

Accelerometer quantifies force for biomech correlation, digital adjunct to physical findings per 2026 protocols, not biological/trace/pattern standalone.

### **Question: 7**

Geriatric psychological abuse LTC, passive suicidal ideation GDS-15 11/15, weight loss 20% 6 months, staff "non-compliant" feeds. Neurobiology.

- A. Dementia apathy progression
- B. Chronic invalidation learned helplessness
- C. Medication polypharmacy GI
- D. Depression appetite suppression

**Answer: B**

Explanation:

Staff invalidation produces learned helplessness hypothalamic appetite suppression distinguishing depression (anhedonia primary), dementia (cognitive), polypharm (nausea); GDS screens elder mistreatment covert.

### **Question: 8**

Mandatory reporting dilemma 25-year-old developmentally delayed IQ 68, bruises bilateral upper arms thumb shaped, partner "helping bathe." Capacity assessment.

- A. Domestic dispute police referral
- B. Capacity intact adult non-reportable
- C. Vulnerable adult mandatory reporting
- D. Caregiver education bathing technique

**Answer: C**

Explanation:

Developmental disability bruises indicates vulnerable adult mandatory distinguishing capacity (functional assessment), dispute (patterned), education (perpetrator ally); APS specialized investigators 2026 protocols.

### Question: 9

Vehicle fire death: charred occupant, nurse notes pre-fire livor feet before suppression, collects trace fabric swatch with gloved tweezers into paper bindle.

- A. Ignore trace charring destroys
- B. Paper bindle for fabric swatch
- C. Plastic bag for fabric trace
- D. Touch with bare hands

**Answer: B**

Explanation:

Trace evidence handling uses breathable paper bindles preventing moisture degradation; plastic causes condensation ruining DNA. Gloves mandatory contamination prevention.

### Question: 10

Evaluation HVIP cost-benefit: \$1.2M invested, \$3.7M assault costs averted (BCR 3.1), sensitivity analysis  $\pm 20\%$  inputs. Robustness?

- A. ROI percentage calculation only
- B. Deterministic one-way sensitivity tornado diagram
- C. Break-even analysis threshold
- D. Monte Carlo simulation confirming 95% probability BCR>1

**Answer: D**

Explanation:

Monte Carlo simulation confirming 95% probability BCR>1 tests parameter uncertainty comprehensively, validating evaluation per 2026 forensic economic modeling standards. One-way limited, break-even point-specific, ROI simplistic.

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