

West Virginia Sexual Assault Nurse Examiner (SANE) Program Adult/Adolescent Clinical Training Log

Name	
Address	
City/State/Zip Code	
Telephone Number	
Email Address	
Date Adult/Adolescent SANE Didactic Training Completed	
Name of Primary Preceptor	
Preceptor Contact Information	

This West Virginia SANE Program Clinical Log is the documentation tool and clinical requirements guide for the West Virginia Adult/Adolescent SANE Program. The goal of the Adult/Adolescent Clinical SANE Training is for the clinician to become proficient and demonstrate competency in caring for the adult/adolescent sexual assault/abuse patient.

Competency represents minimal, novice skill development for comprehensive care of adult and adolescent patients reporting sexual assault. Upon completion of the SANE didactic course, the licensed registered nurse in collaborating institutions must demonstrate an understanding of the didactic materials and psychomotor skills that implement principles for comprehensive and efficient care of adult and adolescent patients reporting sexual assault.

To independently perform medical forensic examinations on adult/adolescent (defined as the onset of menses in females, the advent of secondary sex characteristics in males, postmenopausal females, and other older adults) sexual assault patients, the registered nurse must complete and maintain certificates for both:

- Adult/Adolescent 40-hour didactic SANE training (Approved by the SAFE Commission)
- Adult/Adolescent clinical SANE training consistent with West Virginia SANE Program clinical training guidelines (West Virginia Adult/Adolescent SANE Clinical Skills Day and West Virginia Adult/Adolescent SANE Practicum Skills Day)

The outlined requirements are the **minimum** clinical training standards for the adult/adolescent SANE in West Virginia and are consistent with the guidelines established by the International Association of Forensic Nurses (IAFN).

Clinical training includes the following mandatory requirements	Date Completed
1. Genital Exams and Competency Validation Tool	
2. Specialized Equipment Proficiency Training	
3. Criminal Trial Proceeding	
4. SAMFE Virtual Practicum	
5. Three Additional Training Opportunities	
6. Medical Forensic Exams and Competency Validation Tool	
7. Completion of the West Virginia Clinical Skills Day*	
8. Completion of the West Virginia SANE Practicum Skills Day*	

*If the facility where the SANE candidate works has an established SANE skills training that can be used as a substitute for the 2-day West Virginia Clinical Skills training (Clinical Skills Day and the SANE Practicum Skills Day), they may attend their facility training once the agenda and outline descriptions have been discussed and approved by the WV SANE Project Coordinator.

The clinical log must be completed within 12 months of the completion of an Adult/Adolescent didactic SANE course. If this timeline is not possible, you must contact the West Virginia SANE Coordinator to request an extension.

Mandatory Requirements

1. Genital Exams

Primary Goal: To provide training and practice techniques required for the physical examination of the external and internal structures of the female genitalia and external structures of the male genitalia. This practice must include 15 or more successful speculum placements for female patients. The genital examinations are to be completed until proficiency is achieved. The Clinical Competency Validation Tool (see next page) outlines the competency criteria and must be validated, signed, and dated by the preceptor once competency is achieved.

Keep in mind that this is not a pelvic exam. SANE nurses use additional techniques (including labial separation, labial traction, Foley catheters, and/or Fox swabs) to improve visualization of areas prone to injury/trauma. Be sure that your preceptor is knowledgeable about these techniques before beginning.

	Date	Facility/Location	Techniques Used	Preceptor Name (print legibly)	Preceptor Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Additional Genital Examinations (if needed to gain competency **OR** for male patient exams):

	Date	Facility/Location	Techniques Used	Preceptor Name (print legibly)	Preceptor Signature
16.					
17.					
18.					
19.					
20.					

Clinical Competency Validation Tool Genital Exams Including Speculum Placement

Primary Goal: To validate the competency of anatomy knowledge and techniques required during the physical examination of the external and internal structures of the female genitalia and external structures of the male genitalia.

Performance Measures/Criteria	Meets Criteria	
	Yes	No
<p>1. Identification of normal genital anatomy, including:</p> <p><input type="checkbox"/> Female: mons pubis, labia majora, labia minora, clitoral hood, clitoris, vestibule, urethral meatus, periurethral area, fossa navicularis, posterior fourchette, hymen, vaginal orifice, posterior fornix, cervix, cervical os, perineum, anus</p> <p><input type="checkbox"/> Male: urethral meatus, glans penis, the corona of the glans penis, frenulum, prepuce (foreskin) penile shaft, scrotum, testes, perineum, anus</p> <p>Competency criteria: Clinician must properly identify each of the above structures/areas (must include both female and male examinations)</p>		
<p>2. Speculum placement with identification of posterior fornix and cervical os</p> <p>Competency Criteria: Clinician must place speculum with successful cervical os visualization and verbalization of posterior fornix location</p>		
<p>3. Other visualization techniques to improve visualization and injury identification</p> <p><input type="checkbox"/> Labial separation</p> <p><input type="checkbox"/> Labial traction</p> <p><input type="checkbox"/> Foley catheter technique to visualize hymen</p> <p><input type="checkbox"/> Fox swab technique to visualize hymen</p> <p>Competency criteria: Clinician must perform three of the above-mentioned techniques for improved visualization (please indicate which were completed by checking the box to the left)</p>		
<p>I have supervised the genital exams performed by the clinician, and I find that the clinician is proficient and competent to perform genital exams and speculum placement independently.</p>	Y	N
Date of Competency Validation:		
Preceptor Name, Title, and Signature (Physician, APRN, PA-C, SANE-A or AA SANE):		
Preceptor Contact (phone or email):		

2. Specialized Equipment Proficiency Training

Primary Goal: To gain knowledge in the use of a colposcope, digital camera, alternative light source, foley catheter or Fox swabs, or other specialized equipment utilized during anogenital assessments.

Training is required for each piece of equipment that a facility utilizes. This skills training practice should not be conducted on a patient reporting sexual assault.

Date: _____ Equipment Type: Alternative Light Source
Preceptor Name, Title, and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Digital Camera or Colposcope
Preceptor Name, Title, and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Foley Cath
Preceptor Name, Title, and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Fox Swab
Preceptor Name, Title, and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: _____
Preceptor Name, Title, and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

5. At Least Three Additional Training Opportunities

The clinician must complete **at least 3** of the following activities:

a. **Meeting with your rape crisis center advocate(s)**

Primary Goal: To establish a collaborative relationship with advocates and learn services provided. **This is strongly recommended.**

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title, and Signature of the Individual who witnessed your attendance:

Contact Phone or Email: _____

b. **Meeting with the WV SANE Project Coordinator or hospital-based SANE Project Coordinator**

Primary Goal: To establish a relationship and obtain input on collecting forensic samples

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title, and Signature of the Individual who witnessed your attendance:

Contact Phone or Email: _____

c. **Entry Level Adolescent and Adult Assessment Workbook**

The clinician should purchase and work through the Entry Level Adolescent and Adult Sexual Assault Assessment book. Upon completing, write a 2-3 paragraph summary about what they learned, what they found most helpful, and any outstanding questions or concerns that were identified when completing the material. Please attach the write-up of the workbook to this packet with your submission.

d. **Law Enforcement Agency**

Primary Goal: To establish a collaborative relationship with local law enforcement agency/sex crimes unit. To observe sex crime detectives in the field.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title, and Signature of the Individual who witnessed your attendance:

Contact Phone or Email: _____

e. **Additional Relevant Experiences**

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title, and Signature of the Individual who witnessed your attendance:

Contact Phone or Email: _____

f. **Additional Relevant Experiences**

Primary Goal: To gain clinical knowledge through additional relevant experiences.

Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title, and Signature of the Individual who witnessed your attendance: _____

Contact Phone or Email: _____

6. **Medical Forensic Examinations**

Primary Goal: To gain competency in conducting a medical forensic examination, including the use of informed consent, medical forensic history taking, head-to-toe assessments, detailed anogenital exams, evidence collection using the West Virginia Sexual Assault Evidence Collection Kit (WV SAECK), providing discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, safety planning and the use of specialized examination techniques including forensic photography.

A **minimum** of three examinations are required, however, sexual assault examinations should be completed with a preceptor until proficiency is achieved. The Clinical Competency Validation Tool (page 11) outlines the competency criteria that must be validated by the preceptor during each exam and completed by the preceptor one time when the final competency is determined. The recommendation is to proceed in the following order:

1. Complete the in-person clinical skills day and SANE practicum skills day.
2. Observe an exam conducted by an experienced examiner (preferably AA SANE or SANE-A).
3. Perform a mock examination with a SANE or participate in performing an exam with an experienced examiner.
4. Independently conduct exams with the experienced examiner present until competency is achieved.

Document a summary of each exam. Include what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why, and any questions you have. **All examinations must be peer-reviewed.**

If you have a preceptor, document the date and time of peer review with your preceptor. **If you do not have a preceptor, you will need to submit a copy of the medical forensic exam documentation, including forensic photography for peer review (please do not include names or other confidential patient information).** Send exams as they are completed. Do not wait until the end to submit documentation of the exams.

Clinical Competency Validation Tool Medical Forensic Examinations

Competency Statement: The performance of the SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list provided below is not all-inclusive of all requirements; however, the list includes the **minimum** criteria necessary to practice as an AA SANE. Performance of required clinical skills should be performed until competency* is demonstrated by the SANE.

*Competency is defined by the local program

Performance Measures/Criteria	Meets Criteria		Not Evaluated
	Y	N	
1. Explains/provides to the patient <ul style="list-style-type: none"> • Informed consent • Procedures and equipment/techniques utilized • Rights of privacy and confidentiality 			
2. Obtains medical and forensic history using a trauma-informed approach and documents thoroughly according to agency standards.			
3. Performs a thorough, patient-centered head-to-toe assessment, including detailed anogenital assessment using a speculum (when appropriate) and other techniques and/or equipment.			
4. Identifies, interprets, and appropriately documents findings of: <ul style="list-style-type: none"> • Injury/trauma • Normal variations • Disease process 			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents, and maintains chain of custody evidence			
6. Identifies and performs specimen collection for drug-facilitated sexual assault, sexually transmitted infection, pregnancy, and HIV testing.			
7. Using proper techniques, performs forensic photography accurately			
8. Performs psychosocial assessment that includes: <ul style="list-style-type: none"> • Crisis intervention • Suicide and safety assessment and planning • Referrals • Culturally sensitive approach 			
9. Provides appropriate medication administration, discharge instructions and other referrals based on the patient's needs			
Preceptor Name, Title, and Signature (Physician, APRN, PA-C, SANE-A or AA SANE):			
Preceptor Contact Phone or Email:			
Date of Competency Validation:			

The course clinical log must be completed and a **copy** submitted to the West Virginia SANE Coordinator within **12 months** of your Adult/Adolescent didactic SANE training. It is highly recommended that you contact the West Virginia SANE Coordinator six months after your didactic training if you are having difficulty completing any of your requirements. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** Any questions regarding these requirements should be directed to the West Virginia SANE Coordinator. These are minimum standards for West Virginia. Your institution and/or the West Virginia SANE Coordinator may require additional clinical experiences to validate your competency.

You must include the following as a component of your clinical training:

- A copy of your 2-3 paragraph summary of the SAMFE Virtual Practicum and certificate of completion.
- A copy of the certificate of completion of both the West Virginia Clinical Skills Day and West Virginia Practicum Skills Day.*

*If the local SANE program performed training, please submit the certificate of completion.

If you attended a SANE training other than that provided by WV FRIS, please submit a copy of your training certificate of completion and agenda.

After review and approval of documentation, you will be mailed a certificate of completion for clinical training requirements. Having a certificate of completion for **both** didactic and clinical training allows you to practice as an AA SANE in the State of West Virginia. If you will be practicing as an AA SANE, you may write this title below your signature as a description of your job title.

This does not mean that you are certified as an Adult/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. The clinical training certificate provides proof of Adult/Adolescent clinical SANE training, which will allow you to sit for the certification exam. Please visit the International Association of Forensic Nurses website at www.forensicnurses.org for more information. Obtaining the clinical training certificate will also assist in qualifying the Adult/Adolescent SANE as an expert witness in criminal/civil court proceedings.

Upon completion of all clinical requirements, email a copy of your clinical training log and other documentation to:

Brittany DeCrease, BSN, RN
West Virginia SANE Project Coordinator
Email: wvsanecoordinator@fris.org
Cell: 304-941-9644

West Virginia SANE Practice Application

Type of application (Check all that apply)

<input type="checkbox"/> Adult/Adolescent SANE (AA SANE)	<input type="checkbox"/> Pediatric/Adolescent SANE (PA SANE)
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Applicant's Information

Applicant Name (as it appears on RN License, print legibly)		Phone Number
Home Mailing Address		Alternate Phone Number (Optional)
City	State	Zip Code
WV RN License Number	Email Address	

Location of SANE Practice (must be WV facility)

Name of Primary Facility		Facility Phone Number	
Facility Mailing Address		County	City

SANE Coordinator Information (or direct manager if no SANE Coordinator)

SANE Coordinator's Name	SANE Coordinator's Phone Number
SANE Coordinator's Email	

Applicant Verification

I, _____ (*print name*), verify that all minimum requirements for SANE practice in West Virginia have been completed as required by WVFRIS. I verify that all information provided in this application and other supporting documentation is true and correct to the best of my knowledge. I authorize any organization or individual who has information relating to my application to release it to WVFRIS as needed to process this application. I understand that WVFRIS or any agent or representative of WVFRIS has the right to review, investigate, and verify the information provided. I understand it is my responsibility to maintain all documents (including copies of this application). It is not the responsibility of WVFRIS to maintain my documentation on my behalf. I must maintain my documentation as I may be subject to audit at any time. I understand and agree that if false, misleading, or intentionally incomplete information is provided, my application may be denied.

Applicant's Signature: _____ **Date:** _____