

Illinois Sexual Assault Nurse Examiner (SANE) Program Pediatric/Adolescent Clinical Training Log

<https://www.illinoisattorneygeneral.gov/Safer-Communities/Responding-to-Sexual-Assault/SANE/>

The goal of clinical training is to assist clinicians who have completed Pediatric/Adolescent SANE didactic training develop the knowledge and clinical skills required to become a sexual assault nurse examiner or sexual assault forensic examiner for prepubertal and adolescent patients up to 18 years of age. This clinical training log is the Illinois SANE Program clinical competency tool and clinical requirements guide for individuals completing the Illinois Pediatric/Adolescent SANE Training and individuals working to become a PA SAFE.

The Illinois Sexual Assault Survivors Emergency Treatment Act defines a SANE as “an advanced practice registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses” (410 ILCS 70/1a). IAFN indicates that registered nurses who perform medical forensic exams must receive didactic and clinical preparation to care for patients following sexual violence (IAFN Sexual Assault Nurse Examiner (SANE) Educational Guidelines).

To independently perform medical forensic examinations on prepubertal and adolescent sexual assault patients up to 18 years of age. The registered nurse or advanced practice provider must complete and maintain certificates of completion for both:

- Pediatric/Adolescent 40-hour didactic SANE training consistent with the IAFN SANE Education Guidelines
- Pediatric/Adolescent clinical SANE training consistent with the IAFN SANE Education Guidelines

IAFN guidelines indicate that clinical training be completed with the guidance of a forensically experienced physician, advanced practice nurse, or a forensically experienced registered nurse. Clinical training should be completed in a timeframe that ensures competency and maximum retention of knowledge and skills, typically within six months of completion of the didactic training. Required clinical skills shall be performed until the nurse demonstrates competence, and competency is determined by the professional assessing the required clinical skills.

While we recommend individuals complete their clinical training log within six months of didactic training, clinicians should demonstrate continuous education while working to obtain clinical competency.

Please email a copy of your completed clinical training log and any additional documentation in PDF format to: sane@ilag.gov

After review and confirmation that all required documentation is provided, you will be sent a certificate of completion for clinical training. Having a certificate of completion for **both** didactic and clinical training allows you to practice as a PA SANE or PA SAFE in the State of Illinois. If you will be practicing as a PA SANE or PA SAFE, you may write this title below your signature as a description of your job title.

Completion of clinical training does not mean that you are certified as a Pediatric/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. Please visit the International Association of Forensic Nurses website at www.forensicnurses.org for more information.

Illinois Sexual Assault Nurse Examiner (SANE) Program Pediatric/Adolescent Clinical Training Log

Please type or write legibly. Any questions regarding these requirements should be directed to the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences to validate your competency. The Illinois Attorney General's SANE Program may follow up with your mentor and preceptors listed on your clinical log to verify the information provided, as necessary.

Preferred First Name _____ Last Name _____

Employer: _____

Where you will be practicing as a PA SANE _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of SANE Didactic Training: _____ ILOAG Other: _____

*If didactic training occurred outside of Illinois or via another provider such as IAFN or MRCAC, you must submit your certificate of completion.

Name of Mentor: _____ Email: _____

Mentors must be a Child Abuse Pediatrician, PA SAFE, or SANE-P.

Clinical Training Requirements	Date Completed
Mentor Identified and Clinical Plan Established	
Pediatric/Adolescent Physical Assessments	
Specialized Equipment and Visualization Technique Validation	
Minimum of Three Additional Training Opportunities	
Minimum of 10 Pediatric/Adolescent Medical-Forensic Examinations	
Trainee Self-Assessment Checklist	

Confirmation of Pediatric/Adolescent SANE Clinical Training Completion:

As the mentor for _____ (name of SANE or SAFE in-training), I certify that the information submitted in this clinical training log is true to the best of my knowledge and belief and is furnished in good faith. I acknowledge that this individual has completed all mandatory requirements for clinical training and confirm this individual has met the competency standards indicated in this clinical training log.

Printed Name and Title: _____ Signature: _____

Mentorship and Clinical Plan

I, _____, agree to mentor _____ throughout the Pediatric Adolescent SANE clinical training experience and commit to providing ongoing support and peer review after completion.

Mentor’s Contact Information: (must be a Child Abuse Pediatrician, PA SAFE, or SANE-P)

Name: _____

Phone or Email: _____

Site of Employment: _____

Institution Address: _____

Mentorship plan should include but not limited to:

- Assist with completion of the PA SANE clinical training requirements
- Peer review all cases and including photos, and provide timely feedback
- Establish a sustainable ongoing plan for ongoing peer review and support after clinical training log submission
- Arrange for expert review with an advanced medical consultant for all cases with abnormal or positive findings

Summary of mentorship plan:

“Preceptorial relationships between a teacher and a student are relatively short, and generally span the duration of a course [exam] ... [Mentoring] spans several years and may extend far beyond the period of the structured mentorship. The mentor serves as a teacher, role model, coach, and confidant for the protégé/e and works one-on-one with a protégé/e to achieve various outcomes. Both parties reap significant rewards as a result of the mentorship, and are transformed in the process.” Ajit, K., Sachdeva. (2009). Preceptorship, mentorship, and the adult learner in medical and health sciences education. *Journal of Cancer Education*, 11(3):131-136. doi10.1080/08858199609528415

Pediatric/Adolescent Physical Assessments

Primary Goal: To provide training and practice techniques required for the physical examination of the prepubertal and adolescent patient, including patients with a penis and patients with a vulva. To observe normal versus abnormal genitalia, signs of injury or infection and child development. Techniques such as traction and separation should be practiced for all patients with a vulva. The trainee should learn how to make children feel comfortable with the examination process.

This section must be completed with a Child Abuse Pediatrician, PA SAFE, SANE-P, PA SANE or medical provider who regularly provides care to pediatric patients.

Complete a total of 10 assessments, including a variety from both genders and **at least two exams per developmental stage.**

The pediatric/adolescent physical assessments are separate from the 10 medical forensic examinations. Mock exams and assessments completed as part of your medical forensic exams do not count towards these 10 physical assessments.

Examples of clinical sites include: well baby clinics, family practice offices, pediatrician's office, emergency departments or in-patient pediatric units.

Please indicate in the chart below that you have completed at least one Pediatric/Adolescent Physical Assessment of a patient with a penis and a patient with a vulva for each developmental stage.

Developmental Stage	Age	Pediatric/Adolescent Physical Assessment	
Newborn/ Infant	0 to 12 months	<input type="checkbox"/> Penis	<input type="checkbox"/> Vulva
Toddler	1 year to 3 years	<input type="checkbox"/> Penis	<input type="checkbox"/> Vulva
Preschool	3 years to 6 years	<input type="checkbox"/> Penis	<input type="checkbox"/> Vulva
School Age	6 years to 12 years	<input type="checkbox"/> Penis	<input type="checkbox"/> Vulva
Adolescent	12 years to 18 years	<input type="checkbox"/> Penis	<input type="checkbox"/> Vulva

Trainees should identify the following anatomy during the physical assessment with a preceptor.

Vulva

- mons pubis
- labia majora
- labia minora
- clitoral hood
- clitoris
- urethral meatus
- vestibule
- hymen
- fossa navicularis
- posterior fourchette

Penis

- glans penis
- corona of glans penis
- frenulum
- prepuce (foreskin)
- urethral meatus
- scrotum
- testes

Provide a summary for of Pediatric/Adolescent Physical Assessments below on the chart provided. A preceptor signature must be provided for each assessment. (LS: labial Separation, LT: labial Traction, BR: Breast, PH: Pubic Hair)

Date	Age	Penis	Vulva	Tanner Stage	Findings/ Descriptions/Positions	Preceptor Signature/Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title
		<input type="checkbox"/> Circumcised <input type="checkbox"/> Uncircumcised <input type="checkbox"/> Testes descended <input type="checkbox"/> Testes undescended	<input type="checkbox"/> LS <input type="checkbox"/> LT	BR____ PH____	<input type="checkbox"/> Genital anatomy	_____ Signature _____ Printed Name and Title

Specialized Equipment and Visualization Technique Validation

Primary Goal: To gain knowledge in the use of an alternative light source, digital camera, colposcope, Foley catheter technique or other specialized equipment utilized during the ano-genital assessments.

This section must be completed with a Child Abuse Pediatrician, PA SAFE, SANE-P, or PA SANE.

Alternative light source Not Available at facility

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Digital camera

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Colposcope Not Available at facility

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Supine and Prone knee-chest examination positions

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Supine frog leg examination positions

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Foley catheter technique (postpubertal patients)

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Minimum of Three Additional Training Opportunities

The clinician must complete at least 3 additional training opportunities, such as the following activities (please note this list is not exhaustive of training opportunities or types of training that may be beneficial to a Pediatric/Adolescent SANE).

Child Sexual Abuse Assessment SANE/SAFE Forensic Learning Series Workbook

The workbook includes 16 case studies with accompanying photos and evaluative exercises, aiming to enhance skills in injury identification, evidence collection, and treatment of sexual abuse in children. This workbook is provided to all trainees who attend the didactic training hosted by the Illinois Attorney General's Office (OAG). Those who attend didactic training outside of the OAG may borrow a copy from the Lending Library (see attachment) or purchase a personal copy. Once the workbook is completed provide a brief summary of what you learned and information you found helpful in the space provided below. ONLY return workbooks that were borrowed from the Lending Library.

Observation at Criminal Trial Proceedings

Primary Goal: To observe and become familiar with child abuse criminal proceedings, particularly direct and cross examination of an expert witness. Preferably the testimony observed will be that of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator, state SANE Coordinator, or your mentor.

Date: _____ Location: _____

Name and Title of Witness Observed: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Children Advocacy Center:

Primary Goal: To establish a collaborative relationship with the child advocacy center and staff. To learn full range of services provided, including forensic interviews of children. **This experience is strongly recommended.**

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

State’s Attorney’s Office Victim Witness Coordinator:

Primary Goal: To establish a collaborative relationship with victim witness coordinator. To learn full range of services provided and court process for victims and other witnesses.

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Law Enforcement Agency:

Primary Goal: To establish a collaborative relationship with local law enforcement agency/sex crimes unit.

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Minimum of 10 Pediatric/Adolescent Medical-Forensic Examinations

Primary Goal: To gain competency in conducting pediatric/adolescent medical forensic examinations, including head-to-toe assessment, detailed anogenital exam and evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit (IL SAECK), if warranted. To differentiate between normal or normal variants versus abnormal findings in the pediatric/adolescent sexual assault/abuse patient.

There should be combination of acute and non-acute (chronic abuse) pediatric/adolescent medical forensic examinations reflecting patients of different genders and developmental stages.

A **minimum** of 10 examinations are required. Sexual assault medical forensic examinations must be completed with a preceptor until the clinician has received a clinical completion certificate.

All Medical Forensic Examinations must be completed with a preceptor. Your preceptor must be a Child Abuse Pediatrician, PA SAFE, SANE-P or PA SANE.

Provide a summary for each exam, including mock exams, on the forms provided below.

Medical-Forensic Examination Requirements

- All medical forensic examinations and photographs must be peer reviewed by a Child Abuse Pediatrician, PA SAFE, or SANE-P.
- All exams with positive findings should be reviewed by an advanced medical consultant.*
- A total of two mock exams may apply towards the minimum of ten medical forensic examinations.
- Photography should be utilized for a minimum a five of the ten medical forensic examinations.

*National Standards of Accreditation for Children’s Advocacy Centers indicates:

“Expert review with a child abuse pediatric preferred and can occur in multiple ways, including via a direct linkage agreement with a specific provider, through myCasereview sponsored by the Midwest Regional CAC, or through other identified state-based medical expert review systems that have access to an “advanced medical consultant.” (NCA, National Standards of Accreditation for Children’s Advocacy Centers, 2023 Edition, Page 39)

<https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/>

Please refer to your mentorship plan for information about who handles expert review. Mentors should assist in arranging for expert review with an advanced medical consultant for all cases with abnormal or positive findings. For questions about advanced medical consultants, please email sane@ilag.gov.

Medical Forensic Examination #1

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #2

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #3

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #4

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #5

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #6

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #7

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #8

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #9

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Medical Forensic Examination #10

Mock Exam

Date: _____ Time: _____ Exam location: _____

Printed Name and Title of Preceptor: _____

Preceptor's Signature: _____

Age of patient: _____ Gender: _____ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _____ Assailant relationship to patient: _____

Time elapsed since contact: _____ Disclosure: Yes (from whom) _____ No

Please check the appropriate response:

Hymen: Estrogenized Annular Crescentic Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithotomy

Specialized Equipment and Visualization Technique: _____

Patient History: _____

Who provided history: _____

Who was present during the history: _____

Description and interpretation of findings: _____

Treatment provided: _____

Please check the appropriate response:

Concern for abuse: Yes No

Evidence collected: Yes No

STI testing: Yes No Description of testing: _____

STI Prophylaxis: Yes No Medication Provided: _____

Law Enforcement notified: Yes No

DCFS notified: Yes No

Safety plan for discharge: _____

Follow-up recommended: _____

Peer Reviewed By: _____ Date: _____

Trainee Self-Assessment Checklist

Primary Goal: To assess a trainee's self-confidence in providing care for the pediatric/adolescent sexual assault patient. This checklist is a collaborative tool, requiring completion by both the trainee and the mentor. It serves as a dual checklist to capture insights and perspectives from both parties. The trainee is to mark the areas below where they feel confident and capable of practicing independently and discuss with their mentor any identified areas that require additional support or training.

- Explain/provide to the patient:
 - Informed consent
 - Procedures and equipment/techniques utilized.
 - Rights to privacy and confidentiality

- Obtain a medical and forensic history using a trauma-informed approach and document thoroughly according to agency standards.

- Perform a thorough, patient-centered head-to-toe assessment, including a detailed ano-genital assessment, while using appropriate examination positions.

- Use of specialized equipment and visualization techniques, including photography.

- Identify, interpret, and appropriately document findings of:
 - Injury/trauma
 - Normal variations
 - Disease process

- Use proper evidence collection techniques. Modifications based on patient's age and developmental/cognitive level.

- Maintaining proper chain of custody of evidence.

- Toxicology specimen collection for drug facilitated sexual assault, specimen packaging and consent.

- Proper collection of specimens for testing for sexually transmitted infections, pregnancy, and HIV.

- Perform a psychosocial assessment that includes
 - Crisis intervention
 - Suicide and safety assessment and planning
 - Referrals
 - Culturally sensitive approach

- Provides appropriate discharge instructions and referrals based on needs.

Trainee's Signature: _____

Date: _____

Mentor's Signature: _____

Date: _____