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 advance 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 (Child Abuse Pediatrician or PA SAFE), forensically experienced advance practice or registered nurse (SANE-P). 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 clinician 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, it is not a requirement. Clinicians should demonstrate continuous education while working to obtain clinical competency.

Completion of Pediatric/Adolescent SANE didactic training is required prior to starting the clinical training log.

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 <u>does not mean</u> 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 <u>www.forensicnurses.org</u> 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:	
	SANE
Home Address	Apt/Unit #
	StateZip
	Email
I,	_ (print name), authorize the sharing of my contact information f
	Date:
	☐ ILOAG ☐ Other:is or via another provider such as IAFN or MRCAC, you must submit your
Mentors must be a Child Abuse Pe	Email: diatrician, PA SAFE, or SANE-P practicing or have practiced in

The recommendation is to proceed in the following order:

- Child Sexual Abuse Assessment SANE/SAFE Forensic Learning Series Workbook
- Observe an exam conducted by an **experienced** examiner (preferably a SANE-P)
- Perform a mock examination with a Child Abuse Pediatrician, PA SAFE, or SANE-P
- Independently conduct exams with the experienced examiner present until competency is achieved.

Clinical Training Requirements			
□ 1. Mentorship and Clinical Plan			
2. Pediatric/Adolescent Physical Assessments			
□ 3. Specialized Equipment and Visualization Techniques			
□ 4. Minimum of Three Additional Training Opportunities			
□ 5. Minimum of 10 Pediatric/Adolescent Medical-Forensic Examinations			
□ 6. Trainee Self-Assessment Checklist and Mentor Sign-Off			

. Mentorship and C	linical Plan	
I,	, agree to mentor	throughout
the Pediatric/Adolescent and peer review after co	, agree to mentor t SANE clinical training experience and comr empletion.	nit to providing ongoing support
Mentor's Contact Infor	mation: (must be a Child Abuse Pediatric	ian, PA SAFE, or SANE-P)
Name:		
Phone or Email:		
Facility Address:		
Mentorship plan should	d include but not limited to:	
□ Peer review all ca□ Establish a sustalog submission	etion of the PA SANE clinical training require ases and including photos, and provide timely inable ongoing plan for ongoing peer review of treview with an advanced medical consultary plan:	y feedback and support after clinical training
		

"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

2. 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 to12 months	□ Penis	□ Vulva	
Toddler	1 year to 3 years	□ Penis	□ Vulva	
Preschool	3 years to 6 years	□ Penis	□ Vulva	
School Age	6 years to 12 years	□ Penis	□ Vulva	
Adolescent	12 years to18 years	□ Penis	□ Vulva	

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

	mons pubis		glans penis	
	labia majora		corona of glans penis	
	labia minora		frenulum	
	clitoral hood		prepuce (foreskin)	
	clitoris		urethral meatus	
	urethral meatus		scrotum	
	vestibule		testes	
	hymen			
	fossa navicularis			
	posterior fourchette			
<u>Ve</u>	rification of Competency by Mentor:			
☐ This individual has demonstrated competency in identifying the anatomical structures of the anus,				
	va, and penis.			
Ме	ntor's Printed Name and Title:		Signature:	

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

Date Age **Penis** Vulva Tanner Findings/ **Preceptor** Stage **Descriptions/Positions** Signature/Title BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH □ Testes descended Printed Name and Title ☐ Testes undescended BR ☐ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH___ □ Testes descended Printed Name and Title ☐ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH ☐ Testes descended Printed Name and Title ☐ Testes undescended BR □ LS □ Circumcised □ Genital anatomy Signature □ Uncircumcised PH_ □ Testes descended Printed Name and Title ☐ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH □ Testes descended Printed Name and Title □ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised \Box LT PH □ Testes descended Printed Name and Title ☐ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH___ □ Testes descended Printed Name and Title □ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH □ Testes descended Printed Name and Title □ Testes undescended BR □ Circumcised □ LS ☐ Genital anatomy Signature □ Uncircumcised PH □ Testes descended Printed Name and Title □ Testes undescended BR □LS □ Circumcised ☐ Genital anatomy Signature $\;\square\;\mathsf{LT}$ □ Uncircumcised PH___ □ Testes descended Printed Name and Title ☐ Testes undescended

3. Specialized Equipment and Visualization Techniques

Primary Goal: To develop knowledge and proficiency in the use of an alternative light source, digital camera, colposcope, Foley catheter technique or other specialized equipment utilized during the anogenital assessments.

This training should <u>never</u> be completed on a sexual assault patient.

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

□ <u>Alternative light source</u>
Date of Competency Validation (list multiple dates if necessary):
Preceptor's Printed Name and Title:
Preceptor's Signature:
□ <u>Digital camera</u> or □ <u>Colposcope</u>
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:
Treesplot a dignature.
□ Labial separation
Date of Competency Validation (list multiple dates if necessary):
Preceptor's Printed Name and Title:
Preceptor's Signature:
□ Labial traction
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:
□ Fox swab (postpubertal patients)
Date of Competency Validation (list multiple dates if necessary):
Preceptor's Printed Name and Title:
Preceptor's Signature:

4. 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 case studies with photos and exercises, to build skills in injury identification, evidence collection, and treatment of sexual abuse in children. Individuals who attend didactic training provided by the Illinois Attorney General's Office (OAG) will receive a copy of the workbook at their didactic training. If didactic training occurred by another provider, you may borrow a copy of the workbook from the Lending Library or your SANE Program (if applicable). For more information about the Lending Library email sane@ilag.gov . After completing the workbook, summarize what you learned and found helpful in the space provided. Only individuals who borrowed a workbook from the Lending Library need to return the workbook.
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:
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:
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:
Signature:Contact Phone or Email:
Contact i floric of Efficient
Other Training Opportunity: Date: Location/Agency: Printed Name and Title of individual who witnessed your attendance:
Date: Location/Agency:
Printed Name and Title of individual who witnessed your attendance:
Signature:
Contact Phone or Email:
Other Training Opportunity:
Other Training Opportunity: Date: Location/Agency:
Printed Name and Title of individual who witnessed your attendance:
Signature:Contact Phone or Email:
Contact Henc of Linear
Other Training Opportunity: Date: Location/Agency: Locat
Date: Location/Agency:
Finited Name and Title of individual wife withessed your attendance.
Signature:Contact Phone or Email:
Contact Phone or Email:

5. Minimum of 10 Pediatric/Adolescent Medical Forensic Examinations

Primary Goal: To gain competency in conducting medical forensic examinations (MFEs) for pediatric and adolescent sexual assault/abuse patients. This includes obtaining informed consent, taking a detailed medical forensic history, performing a head-to-toe assessment, conducting a thorough anogenital examination, and collecting evidence using the ISP SAECK when warranted. Additionally, it involves proving discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, developing safety plans, and utilizing specialized examinations techniques, including forensic photography, to accurately differentiate between normal anatomy, normal variants and abnormal findings.

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.

A **minimum** of 10 examinations are required. There should be **combination of acute and non-acute** (chronic abuse) pediatric/adolescent medical forensic examinations reflecting patients of different genders and developmental stages. Sexual assault medical forensic examinations must be completed with a preceptor until the clinician has received a clinical completion certificate.

Document a summary of each exam below including what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why.

Medical-Forensic Examination Requirements

- Mentors must review all case photographs and documentation.
- 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 must be utilized for a minimum of 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.

Wedical Forensic E	xamination	n #1	□ INIOCK Exam		
Date:	Time:	Exam location	:		
Printed Name and T	itle of Prece	eptor:			
Preceptor's Signatur	e:				
Age of patient:	Ge	ender:	Tanner Stage: B	reastPub	oic Hair
Age of assailant:	As:	sailant relationship	to patient:		
Time elapsed since	contact:	Disclosure	e: □Yes (from whor	n)	□ No
Please check the ap	propriate re	esponse:			
Hymen: □ Es	strogenized	□ Annular	□ Crescentio	□ Other	□ N/A
Penis: 🗆 Ci	rcumcised	□ Uncircumcise	ed	□ Descended	□ Undescended
Positions utili	zed: 🗆 Su	ipine frog leg 🗆 S	Supine knee-chest	□ Prone knee-c	hest □ Lithotomy
Specialized Equipme	ent and Visu	ualization Techniqu	ıe:		
Patient History:					
Who provided histor	y:				
Who was present du	ıring the his	tory:			· · · · · · · · · · · · · · · · · · ·
Description and inter	rpretation of	f findings:			
Treatment provided:					
Please check the ap	propriate re	esponse:			
Concern for abuse:	□Yes □ N	lo			
Evidence collected:	□Yes □ N	lo			
STI testing:	□Yes □ N	lo Description of to	esting:		
STI Prophylaxis:		No Medication Pro	vided:		
Law Enforcement no	otified: □ Y	′es □ No			
DCFS notified:	□Y	es □ No			
Safety plan for disch	ıarge:				
Follow-up recommen					
Date of Mentor's Re Mentor's Printed No Mentor's Signature	eview: ame and T	□ Pho ïtle:	tographs (if applica	ible) 🗆 Docum	

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 Undescende
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:
Law Enforcement notified: □ Yes □ No
DCFS notified: □ Yes □ No
Safety plan for discharge:
Follow-up recommended:
Date of Mentor's Review: Decumentation Mentor's Printed Name and Title: Mentor's Signature:

Medical Forensic Examination #3

□ Mock Exam

Date:Time	Exam location:
Printed Name and Title of P	receptor:
Preceptor's Signature:	
Age of patient:	_Gender:Pubic Hair
Age of assailant:	_Assailant relationship to patient:
Time elapsed since contact	: Disclosure: □Yes (from whom) □ No
Please check the appropria	te response:
Hymen: □ Estrogeni	zed Annular Crescentic Other N/A
Penis: Circumcis	ed 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	e history:
Description and interpretation	on of findings:
Treatment provided:	····
Please check the appropria	te 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: _	· · · · · · · · · · · · · · · · · · ·
Date of Mentor's Review: _ Mentor's Printed Name ar	☐ Photographs (if applicable) ☐ Documentation
Updated February 2025	

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: BreastPubic 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 Undesce	nded
Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithoto	omy
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:	
STI Prophylaxis: □Yes □ No Medication Provided:	
Law Enforcement notified: □ Yes □ No	
DCFS notified:	
Safety plan for discharge:	
Follow-up recommended:	
Date of Mentor's Review: Photographs (if applicable) Documentation Mentor's Printed Name and Title:	
Mentor's Signature:	
Updated February 2025 13	

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 Undescende
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:
Law Enforcement notified: □ Yes □ No
DCFS notified: □ Yes □ No
Safety plan for discharge:
Follow-up recommended:
Date of Mentor's Review: Photographs (if applicable) Documentation Mentor's Printed Name and Title: Mentor's Signature:

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: BreastPubic 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 Under	scended
Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lith	otomy
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: No	
STI testing:	
STI Prophylaxis: □Yes □ No Medication Provided:	
Law Enforcement notified: □ Yes □ No	
DCFS notified: □ Yes □ No	
Safety plan for discharge:	
Follow-up recommended:	
Date of Mentor's Review: Dhotographs (if applicable) Documentation Mentor's Printed Name and Title: Mentor's Signature:	

Medical Forensic Examination #7 □ Mock Exam
Date:Time:Exam location:
Printed Name and Title of Preceptor:
Preceptor's Signature:
Age of patient: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 Undescende
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:
Law Enforcement notified: □ Yes □ No
DCFS notified: □ Yes □ No
Safety plan for discharge:
Follow-up recommended:
Date of Mentor's Review: Dhotographs (if applicable) Documentation Mentor's Printed Name and Title: Mentor's Signature:

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) □ I	No
Please check the appropriate response:	
Hymen: □ Estrogenized □ Annular □ Crescentic □ Other □ N/A	
Penis: Circumcised Uncircumcised Testes: Descended Undescended	nded
Positions utilized: Supine frog leg Supine knee-chest Prone knee-chest Lithoto	my
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:	
STI Prophylaxis:	
Law Enforcement notified: □ Yes □ No	
DCFS notified:	
Safety plan for discharge:	
Follow-up recommended:	
Date of Mentor's Review: Photographs (if applicable) Documentation Mentor's Printed Name and Title:	
Mentor's Signature:	

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 Undescende
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:
STI Prophylaxis:
Law Enforcement notified: □ Yes □ No
DCFS notified: □ Yes □ No
Safety plan for discharge:
Follow-up recommended:
Date of Mentor's Review: Depois (if applicable) Documentation Mentor's Printed Name and Title: Mentor's Signature:

Wedical Forensic E	examination	#10	□ IVIOCK Exam		
Date:	Time:	Exam location	ı:		
Printed Name and T	itle of Precep	otor:			
Preceptor's Signatur	re:				
Age of patient:	Ger	nder:	Tanner Stage: Bı	reastPubi	c Hair
Age of assailant:	Assa	ailant relationship	to patient:		
Time elapsed since	contact:	Disclosure	e: □Yes (from whon	n)	□ No
Please check the ap	propriate res	ponse:			
Hymen: 🗆 Es	strogenized	□ Annular	□ Crescentic	□ Other	□ N/A
Penis: 🗆 Ci	rcumcised	□ Uncircumcise	ed 🗆 Testes:	□ Descended	□ Undescended
Positions utili	ized: 🗆 Sup	ine frog leg 🗆 S	Supine knee-chest	□ Prone knee-ch	est □ Lithotomy
Specialized Equipme	ent and Visua	alization Techniqu	ıe:		
Patient History:					
Who provided histor					
Who was present du					
Description and inte					
Description and inte	i protation or	go			
Treatment provided:					
Please check the ap	propriate res	ponse:			
Concern for abuse:	□Yes □ No)			
Evidence collected:	□Yes □ No)			
STI testing:	□Yes □ No	Description of to	esting:		
STI Prophylaxis:		Medication Pro	vided:		
Law Enforcement no					
		s □ No			
Safety plan for disch	narge:				
Follow-up recommen					
Date of Mentor's Re Mentor's Printed N Mentor's Signature	ame and Tit	le:			ntation

6. Trainee Self-Assessment Checklist and Mentor Sign-Off

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.

Mentor's Sig	nted Name and Title: Date: nature:
Mentor's Prin	nted Name and Title:
furnished in	good faith. I acknowledge that this individual has completed the mandatory requiremen raining and confirm this individual has met the competency standards indicated in this
As the mento information s	or for (name of SANE or SAFE in-training), I certify that the submitted in this clinical training log is true to the best of my knowledge and belief and
	nature: Date:
independently	
·	(name of SANE or SAFE in-training), feel confident and capable of practicing
□ Provides ap	opropriate discharge instructions and referrals based on needs.
0	Culturally sensitive approach
0	Suicide and safety assessment and planning Referrals
	osychosocial assessment that includes Crisis intervention
□ Proper colle	ection of specimens for testing for sexually transmitted infections, pregnancy, and HIV.
	specimen collection for drug facilitated sexual assault, specimen packaging and consent.
	proper chain of custody of evidence.
□ Use proper	evidence collection techniques based on patient's age and developmental/cognitive level.
0	Normal variations Disease process
0	terpret, and appropriately document findings of: Injury/trauma
•	ecialized equipment and visualization techniques, including photography.
	thorough, patient-centered head-to-toe assessment, including a detailed anogenital, while using appropriate examination positions.
	ccording to agency standards.
	nedical and forensic history using a trauma-informed approach and document
0	Informed consent Procedures and equipment/techniques utilized. Rights to privacy and confidentiality
•	ovide to the patient:
any identified	d areas that require additional support or training.