

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 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 _____

Home Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Phone _____ Email _____

I, _____ (print name), authorize the sharing of my contact information for SANE related inquires. Signature: _____ Date: _____

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 practicing or have practiced in Illinois, with expertise in using the ISP SAECK and knowledge of current Illinois legislation.

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

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 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

Verification of Competency by Mentor:

- This individual has demonstrated competency in identifying the anatomical structures of the anus, vulva, and penis.

Mentor's Printed Name and Title: _____ Signature: _____

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

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 never be completed on a sexual assault patient.

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

Alternative light source

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

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Digital camera or **Colposcope**

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: _____

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: _____

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: _____

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 providing 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.

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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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: _____

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: 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: _____

Date of Mentor's Review: _____ Photographs (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: _____ 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: _____

Date of Mentor's Review: _____ Photographs (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) _____ 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: _____

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 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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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: _____

Date of Mentor's Review: _____ Photographs (if applicable) Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

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.

- 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 anogenital 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 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.

I _____ (name of SANE or SAFE in-training), feel confident and capable of practicing independently.

Trainee's Signature: _____ Date: _____

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 the mandatory requirements for clinical training and confirm this individual has met the competency standards indicated in this clinical training log.

Mentor's Printed Name and Title: _____

Mentor's Signature: _____ **Date:** _____