

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

Name: _____ Total Pediatric Clinical Hours: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____
Email: _____
Adult/Adolescent SANE Course Attended: _____
Approved: Y _____ N _____
Adult/Adolescent SANE Clinical Training Completed: Y _____ N _____
Approved: Y _____ N _____
Pediatric SANE Course Attended: _____
Approved: Y _____ N _____
Reviewed by (OAG office use only): _____

The Office of the Illinois Attorney General sets high training standards for nurses who practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To perform medical forensic examinations on pediatric patients, defined as **prepubertal and adolescent patients up to 18 years of age**, the registered nurse must complete:

- A minimum of 40 hours of Pediatric/Adolescent didactic SANE training; and
- Pediatric/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines.

The outlined requirements are the minimum clinical training standards for the Pediatric/Adolescent SANE and are consistent with or exceed the guidelines established by the International Association of Forensic Nurses (IAFN).

The goal of the Pediatric/Adolescent clinical training is for the Pediatric/Adolescent SANE to become proficient in caring for the pediatric/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Pediatric/Adolescent SANE.

The clinical training must be completed within **12 months** of the completion of the Pediatric/Adolescent didactic course. If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

Mandatory Requirements

1. Pediatric Well Exams

Primary Goal: To provide competency training and practice techniques regarding the physical examination of the external and internal structures of the prepubertal and adolescent patient, including male and female genitalia. To observe normal versus abnormal genitalia, signs of injury or infection and child development. Only structures that can be visualized without speculum placement should be observed in the prepubertal female. Techniques such as traction and separation should be practiced for all female patients. The clinician should learn how to make children feel comfortable with the examination process.

The well exams should include both genders and at least **3 female** examinations from each developmental stage:

- Infant – Birth to 12 months
- Toddler – 1 to 3 years
- Preschool – 3 to 6 years
- School Age – 6 to 12 years

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

Exam	Date	Location	Age	Gender	Tanner Stage	Findings	Preceptor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

2. Observation at Child Abuse Criminal Trial Proceedings

Primary Goal: To observe and become familiar with child abuse criminal trial proceedings, particularly the direct and cross examination of an expert witness. This can be coordinated with the State’s Attorney’s Office victim witness coordinator.

Questions to consider during child abuse trial observations: What is the working relationship between the expert witness and the prosecutor and defense attorney? How does a child abuse criminal trial differ from a proceeding with an adult victim? Do you understand child sexual assault/abuse laws in Illinois? How would you explain the absence of genital injury with a history of penetration?

The SANE in clinical training should observe child abuse criminal trial proceedings until the primary goal is met and the questions to consider are answered. Recommended observation time is **6 – 10 hours**.

Date:_____ State’s Attorney’s Office:_____
SANE Initials:_____ Hours Spent: _____

Date:_____ State’s Attorney’s Office:_____
SANE Initials:_____ Hours Spent: _____

Date:_____ State’s Attorney’s Office:_____
SANE Initials:_____ Hours Spent: _____

Description of Experience(s), Questions, Concerns:

Lined writing area for notes

3. Pediatric/Adolescent Medical Forensic Examinations

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

There should be a mix of acute and non-acute (chronic abuse) pediatric/adolescent medical forensic examinations. There should be a mix of gender and age, but an emphasis should be placed on examining the pre-pubescent female.

Document a summary of each exam (please no names or other confidential patient information) and findings. You may include a copy of your documentation as your summary (void of any patient identifying information).

The Clinical Competency Validation Tool must be filled out by the preceptor after the clinician feels confident in their ability to perform a medical forensic exam independently.

Exam 1:

Date: _____ Time: _____ SANE Initials: _____ Preceptor Name: _____
Preceptor Contact: _____ Exam Location: _____
Age of Patient: _____ Gender: _____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided: _____
Follow-up Recommendations: _____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 2:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom)_____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N
Urine: Y N

Exam 3:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom)_____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N
Urine: Y N

Exam 4:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom)_____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N
Urine: Y N

Exam 5:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom)_____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N
Urine: Y N

Exam 6:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 7:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 8:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 9:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact:_____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 10:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____

Preceptor Contact:_____ Exam Location:_____

Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5

Time Elapse from Contact:_____ Disclosure: Y (to whom) _____ N

Hymen: Annular Cresentic Estrogenized Other

Position Utilized: Frog-leg Knee-chest Lithotomy Other

Patient History/Disclosure (may attach chart record):

Description and Interpretation of Findings (may attach chart record):

Treatment Provided:_____

Follow-up Recommendations:_____

Safety Plan for Discharge: _____

Law Enforcement Notified: Y N Evidence Collection: Y N

DCFS Hotline Notified: Y N Concern for Abuse: Y N

STI Testing: Y N

Swabs (if so, describe where): Y N _____

Urine: Y N

Clinical Competency Validation Tool Pediatric Medical Forensic Examinations

Competency* Statement: The performance of the pediatric/adolescent SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list described is not inclusive; rather, the list includes the **minimum** criteria necessary to practice as a pediatric/adolescent SANE.

*Competency is defined by the local program.

Performance Measures/Criteria	Meets Criteria		Not Evaluated
	Yes	No	
1. Explains/provides to the patient and family: <ul style="list-style-type: none"> • Informed consent • Procedures and equipment • Rights to privacy and confidentiality 			
2. Obtains health and forensic history and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using the appropriate position and other techniques and/or equipment			
4. Identifies and interprets findings of: <ul style="list-style-type: none"> • Injury/trauma • Normal variations • Disease process 			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Using proper techniques, performs forensic photography accurately			
7. Provides appropriate medication administration with patient/caregiver consent, STI testing if indicated, follow-up and discharge instructions			
8. Performs psychosocial assessment that includes: <ul style="list-style-type: none"> • Crisis intervention • Suicide and safety assessment and planning • Referrals 			
9. Works with members of the multidisciplinary team, including the local child advocacy center, DCFS worker, rape crisis advocate and law enforcement			
Date of Competency Validation:			
Preceptor Signature:	SANE Signature:		
Preceptor Name:	SANE Name:		
Preceptor Contact Phone or Email:			

4. Initial Mentorship and Ongoing Peer Review

The importance of establishing a mentoring relationship with an expert in the field of pediatric/adolescent sexual assault/abuse medical forensic examinations cannot be emphasized enough. A physician, mid-level provider, SANE-P or SANE with specialized training in the examination of the pediatric/adolescent sexual assault/abuse patient that performs both acute and non-acute examinations on a routine basis is considered an expert.

The mentorship should be initiated during clinical training for hands-on medical forensic examination training and consultation to answer questions, review charts and discuss findings.

Ongoing and routine peer review of charts and positive findings is considered best practice for the Pediatric/Adolescent SANE. The Pediatric/Adolescent SANE must provide the name, contact information and signature of the training mentor. A plan for continued peer review must be outlined as well. Please contact the Illinois SANE Coordinator for guidance if needed.

Mentor Information

Mentor Name: _____
Mentor Contact Phone or Email: _____
Mentor Site of Employment: _____
Mentor Institution Address: _____

I, _____, agree to mentor _____ throughout the Pediatric SANE clinical training experience.

Mentor Signature: _____

Comments:

Ongoing Peer Review Plan

5. Other Clinical Experiences (Optional)

Children’s Advocacy Center (CAC)

Primary Goal: To establish a collaborative relationship with the children’s advocacy center and staff. To learn the full range of services provided, including forensic interviews of children. **This experience is highly recommended if the SANE will be working with a local CAC.**

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name of Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Law Enforcement Agency

Primary Goal: To establish a collaborative relationship with the local law enforcement agency/child abuse unit. To observe a child abuse detective in the field.

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name and Location of Law Enforcement Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Additional Relevant Experiences

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

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name of Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Description of Activities:

The course clinical log should be completed and a copy submitted to the Illinois SANE Coordinator within **12 months** of the didactic Pediatric/Adolescent SANE course. It is highly recommended that you contact the Illinois SANE Coordinator 6 months after your didactic training if you are having difficulty completing any of your requirements. If you are unable to complete the clinical requirements within the allotted time frame, please contact the Illinois SANE Coordinator. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** If you have any questions, call the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences.

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review, you will be mailed a certificate of completion of Pediatric/Adolescent SANE clinical requirements. **This 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. The clinical training certificate provides proof of Pediatric/Adolescent SANE clinical training, which allows you to sit for the exam. Please visit the International Association of Forensic Nurses website at www.iafn.org for more information. Obtaining the clinical training certificate will also assist in qualifying the Pediatric/Adolescent SANE as an expert witness in criminal/civil court proceedings.

On completion of clinical requirements, mail a copy of your clinical log and other documentation if needed to:

Jaclyn Rodriguez, BSN, BS, RN, SANE-A
Illinois SANE Coordinator, Crime Victim Services
Office of the Illinois Attorney General
100 W. Randolph Street, 13th Floor
Chicago, IL 60601
jrodriguez@atg.state.il.us
Office: 312-814-6267
Fax: 312-814-7105

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International Association of Forensic Nurses, *Sexual Assault Nurse Examiner (SANE) Education Guidelines*. (2015).