

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

https://illinoisattorneygeneral.gov/victims/sanetraining/AA_SANEClinicalLog2020.pdf

Name	
Address	
City/State/Zip Code	
Telephone Number	
Email Address	
Date of SANE Didactic Training	
Name of Mentor	
Mentor Contact Information	

The Office of the Illinois Attorney General sets high training standards for nurses aspiring to practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To independently perform medical forensic examinations on adult/adolescent (defined as the onset of menses in females, the advent of secondary sex characteristics in males, postmenopausal females and other older adult) sexual assault patients, the registered nurse must complete and maintain certificates of completion for both:

- Adult/Adolescent 40-hour didactic SANE training
- Adult/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines

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

Clinical training includes the following **mandatory** requirements:

- | | |
|--|-----------------------|
| 1. Genital Exams and Competency Validation Tool | Date Completed: _____ |
| 2. Specialized Equipment Proficiency Training | Date Completed: _____ |
| 3. Entry-Level Adolescent and Adult Assessment Workbook | Date Completed: _____ |
| 4. Criminal Trial Proceeding | Date Completed: _____ |
| 5. Three Additional Training Opportunities | Date Completed: _____ |
| 6. Medical Forensic Exams and Competency Validation Tool | Date Completed: _____ |
| 7. SANE-A Mock Exam OR Completion of the Illinois Attorney General Clinical 2-day SANE Training Program | Date Completed: _____ |

The goal of the Adult/Adolescent clinical SANE training is for the clinician to become proficient in caring for the adult/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Adult/Adolescent SANE. **The clinical training must be completed within 12 months of the completion of an Adult/Adolescent didactic SANE course.** If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

Mandatory Requirements

1. Genital Exams

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

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

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

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

	Date	Facility/Location	Techniques Used	Preceptor Name	Preceptor Signature
16.					
17.					
18.					
19.					
20.					

Clinical Competency Validation Tool Genital Exams Including Speculum Placement

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

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

2. Specialized Equipment Proficiency Training

Primary Goal: To gain knowledge in the use of a colposcope, digital camera, alternative light source, Toluidine blue dye, Foley catheter or Fox swabs, or other specialized equipment utilized during ano-genital assessments. **Training is required for each equipment that a facility utilizes. This training should not be performed on a sexual assault patient.**

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

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

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

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

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

3. Entry Level Adolescent and Adult Assessment Workbook

The clinician must complete the entry level adolescent and adult assessment workbook and write up a 2-3 paragraph summary of what they learned, what they found most helpful and any outstanding questions or concerns that were identified when completing the material. Please attach the write-up of the workbook to this packet with your submission. **DO NOT RETURN THE WORKBOOK!!!!**

4. Observation at Criminal Trial Proceedings

Primary Goal: To observe and become familiar with criminal trial proceedings, particularly direct and cross examination of a 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 or State SANE Coordinator. Completed time should not be less than **4 hours**.

Direct examination:

Date: _____ Time Spent: _____ Location of Observation: _____

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

Contact Phone or Email: _____

Cross examination:

Date: _____ Time Spent: _____ Location of Observation: _____

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

Contact Phone or Email: _____

Description of what you observed and any questions that were not answered during this experience:

5. At Least Three Additional Training Opportunities

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

a. Forensic Photography Training

Primary Goal: To gain hands-on practice and experience with a digital camera and/or other photography equipment. Should be completed with a forensic photography expert (crime scene investigator, detective, SANE or other individual with specialized training).

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

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

Contact Phone or Email: _____

b. Victim Services Agency

Primary Goal: To establish a collaborative relationship with victim services agency and staff. To learn full range of services provided.

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

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

Contact Phone or Email: _____

c. 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: _____ Time Spent: _____ Location/Agency: _____

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

Contact Phone or Email: _____

d. Illinois State Police Crime Lab

Primary Goal: To gain first-hand knowledge of forensic science center.

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

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

Contact Phone or Email: _____

e. Law Enforcement Agency

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

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

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

Contact Phone or Email: _____

f. Additional Relevant Experiences

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

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

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

Contact Phone or Email: _____

Description of Experience: _____

g. Additional Relevant Experiences

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

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

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

Contact Phone or Email: _____

Description of Experience: _____

6. Medical Forensic Examinations

Primary Goal: To gain competency in conducting medical forensic examinations, including use of informed consent, medical forensic history taking, head-to-toe assessments, detailed ano-genital exams, evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit, providing discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, safety planning and the use of specialized examination techniques including forensic photography.

A **minimum** of three examinations are required; however, sexual assault examinations should be completed with a preceptor until proficiency is achieved. The Clinical Competency Validation Tool (page 10) outlines the competency criteria that must be validated by the preceptor during each exam and completed by the preceptor one time when final competency is determined. The recommendation is to proceed in the following order:

1. Complete the entry level adolescent and adult assessment workbook
2. Observe an exam conducted by an experienced examiner (preferably a SANE-A)
3. Perform a mock examination with a SANE-A or participate in performing an exam with an experienced examiner
4. Independently conduct exams with the experienced examiner present until competency is achieved

Document a summary of each exam below. Include what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why, and any questions you have. **All examinations must be peer reviewed.** If you have a mentor, document the date and time of the peer review with your mentor. **If you do not have a mentor, you will need to submit a copy of the medical forensic exam documentation including forensic photography for peer review (please do not include names or other confidential patient information).** Please send the exams as they are completed. DO NOT WAIT UNTIL THE END!

Exam 1:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____

Preceptor Name, Title and Signature: _____

Preceptor Contact Phone or Email: _____

Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 2:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____

Preceptor Name, Title and Signature: _____

Preceptor Contact Phone or Email: _____

Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 3:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____

Preceptor Name, Title and Signature: _____

Preceptor Contact Phone or Email: _____

Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 4:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____

Preceptor Name, Title and Signature: _____

Preceptor Contact Phone or Email: _____

Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 5:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 6:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Clinical Competency Validation Tool Medical Forensic Examinations

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

*Competency is defined by the local program.

Performance Measures/Criteria	Meets Criteria		Not Evaluated
	Yes	No	
1. Explains/provides to the patient: <ul style="list-style-type: none"> ▪ Informed consent ▪ Procedures and equipment/techniques utilized ▪ Rights to privacy and confidentiality 			
2. Obtains medical and forensic history using a trauma-informed approach and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using a speculum (when appropriate) and other techniques and/or equipment			
4. Identifies, interprets and appropriately documents findings of: <ul style="list-style-type: none"> ▪ Injury/trauma ▪ Normal variations ▪ Disease process 			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Identifies and performs specimen collection for drug facilitated sexual assault, sexually transmitted infection, pregnancy and HIV testing			
7. Using proper techniques, performs forensic photography accurately			
8. Performs psychosocial assessment that includes: <ul style="list-style-type: none"> ▪ Crisis intervention ▪ Suicide and safety assessment and planning ▪ Referrals ▪ Culturally sensitive approach 			
9. Provides appropriate medication administration, discharge instructions and other referrals based on patient's needs			
Date of Competency Validation:			
Preceptor Name, Title and Signature (Physician, Midlevel, SANE-A or AA SANE):			
Preceptor Contact Phone or Email:			
Illinois Attorney General 2-day Clinical SANE Training Attended: Y N Month and Year of Attendance:			

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

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

- a copy of your 2-3 paragraph summary of the entry level adolescent and adult assessment workbook
- a sign-off of competency by a SANE-A during a mock exam **OR** completion of the Illinois Attorney General's 2-day clinical SANE training program

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

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

Upon completion of all clinical requirements, fax, email or mail a copy (DO NOT MAIL ORIGINAL) of your clinical training log and other documentation to:

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