

Adult/Adolescent Sexual Assault Nurse/Forensic Examiner (SANE/SAFE) Clinical Skills Laboratory Curriculum

This training program and all the information contained herein are the property of the International Association of Forensic Nurses and cannot be reproduced without the written permission of the Association.



Table of Contents

Program Overview and Purpose	3
Continuing Education Contact Hours	3
Course Learning Outcome and Objectives	4
Day One	4
Day Two	6
Students	8
Preceptors/Clinical Instructors/Gynecological Teaching Associates	8
Exam Rooms	8
Day One	8
Day Two	10
Appendix 1 - Clinical Skills Lab Set-Up	17
Appendix 2 - Sexual Assault Exam Scenarios	19
Case 1	19
Case 2	19
Case 3	19
Case 4	20
Case 5	20

Program Overview and Purpose

Overview: This live training activity is a provider-directed, provider-paced activity. Outlined below are the learning objectives and the content with the applicable time frames, as well as the adult learning principles and the teaching methods to be employed. The activity is designed to promote the provider's professional performance in the role as an adult/adolescent sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE). Objectives that are not mandatory are designated with an asterisk (*).

Purpose: The purpose of the educational activity is to prepare the didactically trained SAFE/SANE for clinical aspects of the adult/adolescent sexual assault medical-forensic examination, regardless of the provider's practice setting.

Continuing Education Contact Hours

As an accredited provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation, the International Association of Forensic Nurses (Forensic Nurses) will provide 16 nursing continuing education contact hours to all participants who complete the clinical skills training. In keeping with ANCC requirements, the planning table below should be followed for every clinical skills session that is offered. IAFN will send the primary course contact all the necessary documentation that IAFN must receive from the clinical site prior to conducting any training.

To receive a continuing education certificate, each participant will be required to complete an online evaluation form, the link for which will be provided by IAFN.

Course Learning Outcome and Course Objectives

Learning Outcome: Upon completion of this skills learning activity, participants will report improved confidence and competence in performing a comprehensive sexual assault examination in the adult/adolescent population.

Day One

<u>Objective</u>	<u>Outline</u>	<u>Time Frame</u>	<u>Method</u>	<u>Presenter(s)</u>
<p>1. Differentiate specific structures of the female genital anatomy</p>	<p>Female structures</p> <ul style="list-style-type: none"> • Identify the mons • Identify the clitoris • Identify the labia majora • Identify the labia minora • Identify the urethra • Identify the posterior fourchette/commissure • Identify the fossa navicularis • Identify the hymen • Identify the cervix • Identify the anus, anal canal, and rectum 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>2. Demonstrate the proper use of a catheter for hymen visualization</p>	<p>Foley catheter balloon technique</p> <ul style="list-style-type: none"> • Explanation to the patient • Insertion • Inflating the balloon • Assessing the hymen • Removal 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical	<i>Insert presenter names and credentials</i>
<p>3. Describe speculum insertion technique</p> <p>4. Manipulate the speculum to visualize the cervix</p> <p>5. Describe speculum removal technique</p> <p>6. Demonstrate performance of the speculum examination</p>	<p>Speculum exam</p> <ul style="list-style-type: none"> • Explanation to the patient • Insertion • Use of lubricant versus no lubricant • Identification of the cervix • Removal 	180 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>

<u>Objective</u>	<u>Outline</u>	<u>Time Frame</u>	<u>Method</u>	<u>Presenter(s)</u>
<p>7. Identify the proper medium for culture collection</p> <p>8. Demonstrate appropriate culture collection for STIs</p>	<p>Collection of cultures</p> <ul style="list-style-type: none"> • GC • CT • KOH/wet prep • Herpes/viral 	120 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>9. Identify the critical components of clinical photography</p> <p>10. Demonstrate the effective use of the camera to document findings</p>	<p>Clinical photography</p> <ul style="list-style-type: none"> • patient identification • patient consent • medical record <p>Camera</p> <ul style="list-style-type: none"> • Explanation to the patient • Set-up • Close-up • Focus • Body surface • Genital 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>11. Describe the mechanism of action of toluidine blue dye application*</p> <p>12. Identify the appropriate location for toluidine blue*</p> <p>13. Demonstrate proper application of 1% toluidine blue dye*</p> <p>14. Demonstrate proper removal of 1% toluidine blue*</p>	<p><i>Toluidine blue 1% aqueous solution</i></p> <ul style="list-style-type: none"> • <i>Explanation to the patient</i> • <i>Application</i> • <i>Removal with K-Y jelly/lubricant</i> • <i>Positive uptake versus negative uptake</i> • <i>MSDS sheet</i> <p><i>Toluidine blue 1% aqueous solution</i></p> <ul style="list-style-type: none"> • <i>Explanation to the patient</i> • <i>Application</i> • <i>Removal with K-Y jelly/lubricant</i> • <i>Positive uptake versus negative uptake</i> • <i>MSDS sheet</i> <p><i>The use of toluidine blue dye is optional and based on local site approval.</i></p>	120 min	<i>Clinical practice and demonstration without application on live models</i>	<i>Insert presenter names and credentials here</i>

Day Two

<u>Objective</u>	<u>Outline</u>	<u>Time Frame</u>	<u>Method</u>	<u>Presenter(s)</u>
<p>1. Identify the key components of effective history taking</p> <p>2. Demonstrate effective history-taking skills</p>	<p>History</p> <ul style="list-style-type: none"> • Presenting complaint • History of the presenting complaint • Past medical/surgical history • Drug/allergy history • Contraception history • Pregnancy history • Family history • Personal/social history 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>3. Identify the key components of the physical exam</p> <p>4. Demonstrate the complete head-to-toe assessment</p>	<p>Review of systems</p> <p>Physical Assessment/review of systems</p> <ul style="list-style-type: none"> • Head-to-toe exam of all <ul style="list-style-type: none"> ○ body surfaces • General • Vision • Head and neck • Pulmonary • Cardiovascular • Gastrointestinal • Genitourinary • Ob/gyn/breast • Neurological • Endocrine • Infectious diseases • Musculoskeletal • Mental health • Skin and hair 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>5. Prepare the adolescent and adult for the anogenital exam</p>	<p>Communication about the exam</p> <ul style="list-style-type: none"> • Has patient undergone this type of exam before? • Explain positioning • Explain equipment 	30 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>

<u>Objective</u>	<u>Outline</u>	<u>Time Frame</u>	<u>Method</u>	<u>Presenter(s)</u>
<p>6. Identify the rationale behind collection of specific evidentiary specimens</p> <p>7. Demonstrate proper body orifice and surface collection of evidence</p> <p>8. Demonstrate proper material evidence collection</p> <p>9. Demonstrate proper packaging of evidentiary materials</p> <p>10. Demonstrate proper sealing of evidentiary materials</p> <p>11. Demonstrate proper maintenance of chain of custody for evidentiary materials</p>	<p>Evidence collection</p> <ul style="list-style-type: none"> • Buccal swabs • Oral swabs and smear • Bite mark swabbing • Other body surface swabbing • Fingernail clippings/swabbings • Anal swabs and smear • Vaginal swabs and smear • Cervical swabs and smear • Head hair combing/pulling • Pubic hair combing/pulling • Clothing • Evidence packaging • Evidence sealing • Chain of custody 	150 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>
<p>12. Formulate a sexual assault-specific plan of care based on the overall assessment and diagnosis</p> <p>13. Verbalize and defend the plan of care based on overall assessment and diagnosis</p> <p>14. Explain the care options to the simulated patient</p>	<p>Plan of care</p> <ul style="list-style-type: none"> • Inclusive of individualized, patient-specific needs, based on the given scenario • Verbalize the rationale for the plan to the preceptor • Explain care options to the patient, ensuring that patient choice is a top priority 	180 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	<i>Insert presenter names and credentials here</i>

Students

Students are divided into four groups of no more than five students each, or five groups of four students each, with no more than 20 students attending each two-day session. If more than one student attends from a specific location, it is recommended that those students train in the same group throughout the clinical sessions, whenever possible. Each assigned group rotates through the specified examination room for the allotted time period.

Preceptors/Clinical Instructors/Gynecological Teaching Associates

Each examination room is assigned a preceptor/clinical instructor who is dedicated to the content being taught, and a live patient model or gynecological teaching associate (GTA). The preceptor is responsible for teaching the skills that the student needs to acquire, for observing that the student follows proper procedures, for protecting the live patient models from harm, and for ensuring that the student acquires the skills necessary to function in the role of the SAFE/SANE. The GTAs are responsible for providing the student with real-time feedback on technique.

During the sexual assault scenarios, the instructor is responsible for ensuring that the student considers all evidentiary, treatment, safety planning, and follow-up considerations that are specific to the scenario given.

Exam Rooms

Depending on the site, four or five simulation laboratory examination rooms are available for training purposes. Each clinical training requires two full days for each student, totaling 16 hours of hands-on training. Clinical skills lab sites may choose to accommodate fewer students, or have fewer available exam rooms as long as the student instructor ration remains as stated above. Appendix 1 of this document specifies recommendations for room set-up.

Day One

Because most SANE/SAFE providers are not advanced practice nurses or clinicians who perform pelvic examinations as a routine part of their clinical care of patients, on day one of the training, examination rooms are dedicated to teaching the skills associated with conducting pelvic examinations of the female patient. The pelvic examination consists of assessment of the genital structures, proper insertion and removal of the speculum, locating the cervix, culturing for sexually transmitted infections, and conducting a bimanual examination. Each instructor at the clinical site must have a fundamental understanding of what, if any, components of the pelvic examination may fall outside the scope of practice of the registered nurse in that jurisdiction, and must advise the students accordingly.

The instructor is responsible for teaching the techniques. Each student will rotate through each examination room, demonstrating the techniques within his or her group under the direction of the instructor. Each of these examination rooms should hold a GYN stretcher or bed for appropriate examination techniques and teaching.

On day one of the training, another examination room may be dedicated to teaching the skills associated with specific sexual assault examination techniques. The sexual assault examination techniques include application and removal of toluidine blue dye to the appropriate anogenital structures; insertion and removal of the Foley catheter to assess for hymenal injury; evidence collection of clothing from body surfaces and orifices; and use of a colposcope or other magnification adjunct to aid in visualizing the genitalia and in assessing for injury. The instructor is responsible for teaching the techniques. Under the direction of the instructor, each student will rotate through demonstrating the technique within his or her group. Optimally, examination rooms will be equipped with a GYN stretcher or bed for appropriate examination techniques and teaching. If necessary, a plain stretcher will suffice.

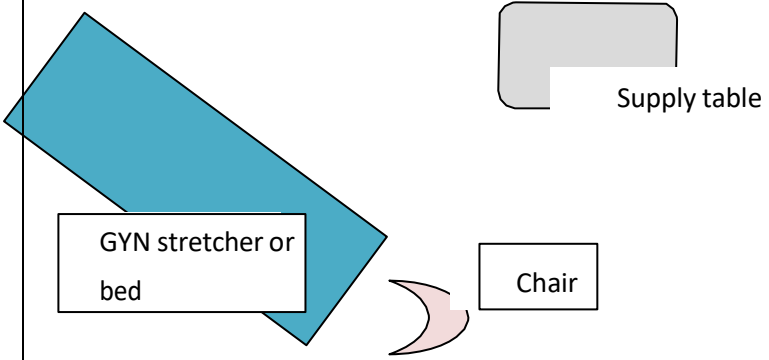
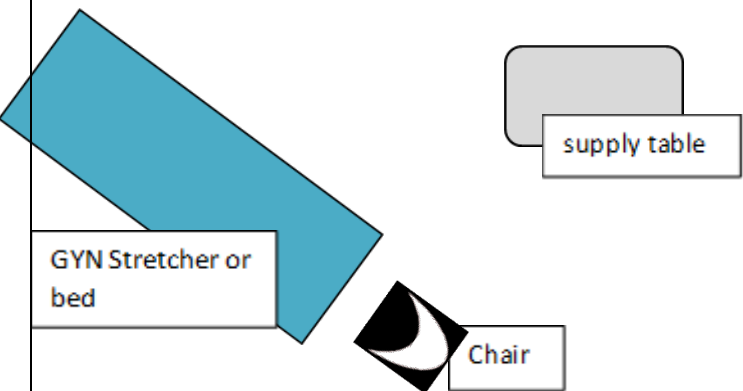
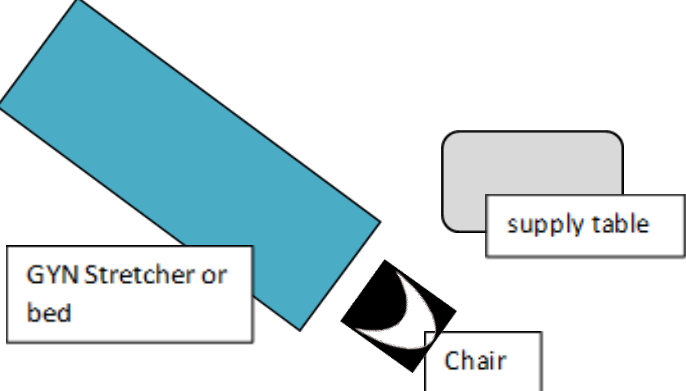
On day one of the training, another examination room may be dedicated to teaching the skills associated with digital photography techniques used to photodocument body surface and genital findings. The photography techniques include programming the camera to include ISO and macro use, focus, patient identification, images necessary for documentation, and rules associated with the use of a standard (ruler). The examination room is outfitted with a manikin on a stretcher/hospital bed with some areas of moulage that can be photodocumented when available. Additionally, a female anogenital manikin is present for photographing purposes. Under no circumstances will a live patient model be photographed during training.

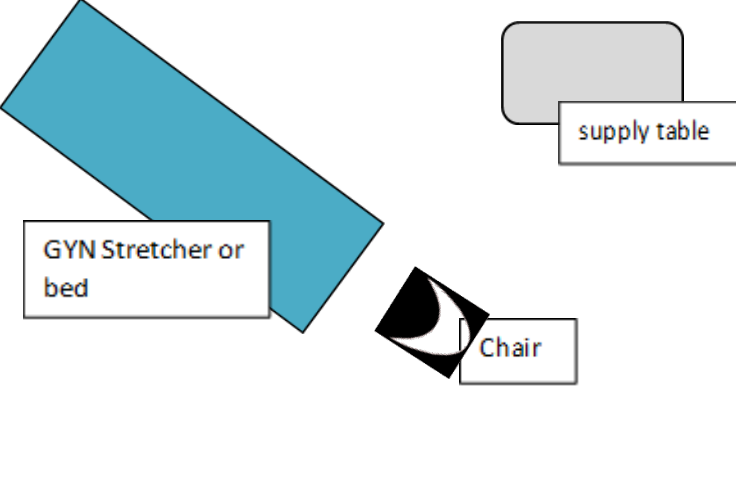
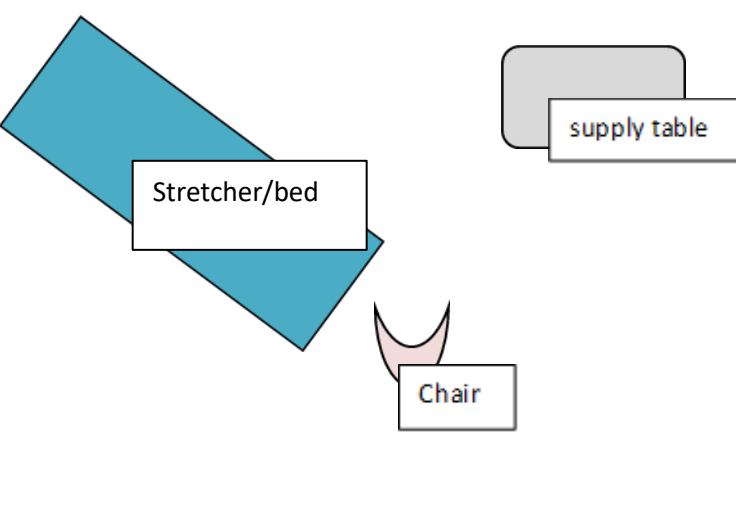
Day Two

On day two, the student again demonstrates all the skills that he or she learned on day one. Each group again rotates through each of the rooms. Each examination room contains both clinical instructors and GTAs, and each examination room is equipped with either a GYN stretcher or a bed for teaching appropriate examination techniques.

In the first examination room assignment of the day, with the help of the GTA, the instructor will demonstrate completing a sexual assault examination and developing a plan of care. In each subsequent examination room throughout the day, the groups will receive distinctly different sexual assault scenarios as they gather histories (see examples in Appendix 2), conduct sexual assault examinations, and develop a plan care for the patient under the supervision and guidance of the instructor. The scenarios should be diverse with regard to patient history, age of the patient, and complexity of the examination.

Appendix 1 - Clinical Skills Lab Set-Up

Set-Up	Each room will be arranged in an identical fashion as outlined below.	Supplies
Exam Room 1	 <p>The diagram shows a blue trapezoidal shape representing a 'GYN stretcher or bed' angled from the top-left towards the bottom-right. To its right is a white rectangular box labeled 'Chair'. Further to the right is a grey L-shaped table labeled 'Supply table'.</p>	<ul style="list-style-type: none"> • small and medium speculums • speculum light source • documentation tool • clipboards • Foley catheters • 30 cc syringes • K-Y jelly • evidence kits • sheets • patient gowns • culture swabs
Exam Room 2	 <p>The diagram shows a blue trapezoidal shape representing a 'GYN Stretcher or bed' angled from the top-left towards the bottom-right. To its right is a white rectangular box labeled 'Chair'. Further to the right is a grey rectangular table labeled 'supply table'.</p>	<ul style="list-style-type: none"> • small and medium speculums • speculum light source • documentation tool • clipboards • Foley catheters • 30 cc syringes • K-Y jelly • evidence kits • sheets • patient gowns • culture swabs
Exam Room 3	 <p>The diagram shows a blue trapezoidal shape representing a 'GYN Stretcher or bed' angled from the top-left towards the bottom-right. To its right is a white rectangular box labeled 'Chair'. Further to the right is a grey rectangular table labeled 'supply table'.</p>	<ul style="list-style-type: none"> • small and medium speculums • speculum light source • documentation tool • clipboards • Foley catheters • 30 cc syringes • K-Y jelly • evidence kits • sheets • patient gowns • culture swabs

Exam Room 4	 <p>The diagram for Exam Room 4 shows a blue trapezoidal shape labeled "GYN Stretcher or bed" positioned diagonally. To its right is a grey rounded rectangle labeled "supply table". Below the stretcher is a black and white chair icon labeled "Chair".</p>	<ul style="list-style-type: none"> • small and medium speculums • speculum light source • documentation tool • clipboards • Foley catheters • 30 cc syringes • K-Yy jelly • evidence kits • sheets • patient gowns • culture swabs
Exam Room 5	 <p>The diagram for Exam Room 5 shows a blue trapezoidal shape labeled "Stretcher/bed" positioned diagonally. To its right is a grey rounded rectangle labeled "supply table". Below the stretcher is a pink and white chair icon labeled "Chair".</p>	<ul style="list-style-type: none"> • camera(s) • SD cards • batteries • manikin • GYN manikin

Appendix 2 - Sexual Assault Exam Scenarios

Although the focus of the clinical skills training is primarily on the female patient, inclusion of a male GTA is appropriate. That said, the skills needed to perform a pelvic examination on a female patient warrant the inclusion of as many female GTAs as possible.

Case 1

A 20-year-old female patient reports that she was at a party last night with friends and believes that she “might have been raped.” She states that she “drank a couple shots of tequila, but I usually do,” but this time she thinks that she passed out. She explains, “That’s never happened to me before when I’m drinking tequila. We were partying in a field on the rez, had a bonfire, and I woke up in the field this morning with nobody else around, but my pants were gone and it hurts down here,” pointing to her genital area.

Health history: None; denies receiving any primary healthcare or prevention; uncertain of immunization status

Sexual/GYN History: Has a boyfriend x 4 months; is sexually active with him; denies using birth control; gravida 0 para 0

Case 2

A 60-year-old female patient reports that, when she was a child, her father and brother came to her bedroom and had sex with her every week. She states that she has never before told anyone. She further reports that, when she was 16 years old, she left home with her boyfriend, but she never married. She took care of herself and lived off the reservation. Six months ago, she decided to return to the reservation—back to her culture and her people—and has been living there since. Three days ago, her brother arrived at her house, blamed her for their father’s death, and forced her to have vaginal intercourse with him as punishment.

Health History: Diabetes type 2

Sexual/GYN History: Gravida 0 para 0; total abdominal hysterectomy with bilateral oophorectomy 6 years prior

Case 3

A 15-year-old female patient reports that she spent the night at her aunt and uncle’s house two nights ago and that her uncle entered her bedroom in the middle of the night. She states that he rubbed her back, told her that she “was beautiful and that he needed me,” kissed her neck, digitally penetrated her vagina, tried to insert his penis in her anus, and vaginally penetrated her vagina without wearing a condom. She is uncertain if he ejaculated.

Health History: None; reports that her mother routinely brings her to the clinic for immunizations

Sexual/GYN History: Denies any previous sexual activity, consensual or otherwise; denies using any birth control; gravida 0 para 0

Case 4

A 43-year-old female patient arrives, accompanied by law enforcement officials. She reports that, two hours ago, her husband of 15 years arrived home “drunk,” physically assaulted her with his fists, kicked her with his feet, and struck her head with the butt of his gun. She states that he forced her to perform oral sex on him, but that he could not get an erection, which was “when he got out the gun and hit me with it.” She reports that he was then able to achieve an erection and vaginally penetrated her with his penis. She does not believe that he ejaculated, noting that he tends to have difficulty with this. She also reports that he tried to shove his entire fist in her vagina.

Health History: Hypertension, receiving treatment at the clinic, although she reports that her husband sometimes discards her medication when he is angry with her; obesity

Sexual/GYN History: Gravida 4 para 3; reports 1 miscarriage in the first trimester; each live birth was a vaginal delivery without episiotomy or tearing; treated 2 months ago at the clinic for GC and suspects that her husband is “screwing around”

Case 5

A 32-year-old female patient reports that she was walking home about four hours ago when a border patrol van pulled up and the passengers dragged her into the vehicle. She states that three men who were dressed in border patrol uniforms forced vaginal and anal sex on her and that none of them were wearing condoms. She denies recognizing any of them. She states, “When they were done, they dumped me on the road.”

Health History: None

Sexual/GYN History: Gravida 1 para 1; married for 2 years with a 1-year-old child

