**Title of Activity: Adult/Adolescent SANE Course Date/Location of Activity:** Click here to enter text.

**Please use the provided gap analysis tool to answer the following questions**

**Description of current state:** Only 17% of Emergency Departments have Sexual Assault Nurse Examiner (SANE) Programs due to the lack of trained Registered Nurses (RNs) who can function as SANEs

**Description of desired/achievable state:** All RNs who serve patients with a presenting complaint of sexual violence have the competency to provide a comprehensive Sexual Assault Examination (SAE)

**Identified Gap(s):** Lack of trained RNs to function as a SANE

**Gap to be addressed by this activity:**  **Knowledge**  **Skills**  **Practice**  **Other: Describe** Click here to enter text.

| **Learning Outcome(s) as a result of participating in the activity:**  The overall learning outcome for basic SANE education is to provide registered nurses and advanced practice nurses with the knowledge, and skills, and judgement to provide competent, comprehensive, patient-centered, coordinated care to patients being evaluated for sexual assault, or suspected of having been sexually assaulted.  **Select all that apply:  Nursing Professional Development  Patient Outcome  Other: ­­­­­­­­­­­­­­­­­­­­­­Describe** Click here to enter text. | | | |
| --- | --- | --- | --- |
| **CONTENT (Topics)** | **TIME FRAME (if live)** | **PRESENTER/ AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| *Provide an outline of the content* | *Approximate time required for content delivery and/or participation in the activity* | *List the name and credentials* | *Select the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies)*  *(select all that apply)* |
| 1. **Overview of Forensic Nursing and Sexual Violence**   A. Forensic Nursing Overview   * + - 1. History and evolution of forensic nursing       2. Role of the adult/adolescent SANE in caring for adult and adolescent sexual assault patient populations | minutes | At least one presenter must be a SANE-A certified professional  Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies |

| **Learning Outcome(s) as a result of participating in the activity:**  The overall learning outcome for basic SANE education is to provide registered nurses and advanced practice nurses with the knowledge, and skills, and judgement to provide competent, comprehensive, patient-centered, coordinated care to patients being evaluated for sexual assault, or suspected of having been sexually assaulted.  **Select all that apply:  Nursing Professional Development  Patient Outcome  Other: ­­­­­­­­­­­­­­­­­­­­­­Describe** Click here to enter text. | | | |
| --- | --- | --- | --- |
| **CONTENT (Topics)** | **TIME FRAME (if live)** | **PRESENTER/AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| *Provide an outline of the content* | *Approximate time required for content delivery and/or participation in the activity* | *List the name and credentials* | *Select the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies)*  *(select all that apply)* |
| * + - 1. Role of the adult/adolescent SANE and sexual violence education and prevention       2. History and evolution of forensic nursing       3. Role of the adult/adolescent SANE in caring for adult and adolescent sexual assault patient populations       4. Role of the adult/adolescent SANE and sexual violence education and prevention       5. Role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice       6. Key aspects of *Forensic Nursing: Scope and Standards of Practice*       7. Professional and ethical conduct related to adult/adolescent SANE practice and care of adult and adolescent sexual assault patient populations through the ethical principles of autonomy, beneficence, non-malfeasance, veracity, confidentiality, and justice       8. Nursing resources, locally and globally, that contribute to current and competent adult/adolescent SANE practice       9. Vicarious trauma       10. Methods for preventing vicarious trauma associated with adult/adolescent SANE practice       11. Key concepts associated with the use of evidence-based practice in the care of adult and adolescent sexual assault patient populations  1. Sexual Violence    1. Types of sexual violence    2. Types of intimate partner violence (IPV)    3. Global incidence and prevalence rates for sexual violence and IPV in the female and male adult and adolescent populations 2. Risk factors for sexual violence and abuse    1. Health consequences of sexual violence and abuse and co-occurring violence, to include physical, psychosocial, cultural, and socioeconomic sequelae    2. Unique healthcare challenges to underserved sexual assault and abuse populations and associated prevalence rates, including but not limited to: 3. Men 4. Inmates 5. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual) 6. Patients with disabilities 7. Culturally diverse populations 8. Mental health populations 9. Patients with language/communication barriers 10. People who are trafficked 11. Patients who are in the military     1. Best practices for improving forensic nursing care provided to underserved or vulnerable patient populations     2. Factors that impact the vulnerability of patients being targeted for sexual assault and abuse (i.e., adverse childhood experiences [ACEs], generational violence, and people who were raised in the foster care system)     3. Biases and deeply held beliefs regarding sexual violence, abuse, and co-occurring violence in adult and adolescent patient populations     4. Key concepts of offender behavior and the effect on sexual assault patient populations     5. Differences between the minor and adult patient populations as related to adult and adolescent sexual violence     6. Delayed disclosure and recantation as common presentations in sexual violence and abuse |  |  | Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Victim Responses and Crisis Intervention**    1. Common psychosocial responses to sexual violence, abuse, and co-occurring violence in adult and adolescent populations    2. Acute and long-term psychosocial ramifications associated with sexual violence, abuse, and co-occurring violence    3. Emotional and psychological responses and sequelae following sexual violence, including the impact of trauma on memory, cognitive functioning, and communication applicable to adult and adolescent sexual violence patient populations    4. Key components of a suicide risk assessment    5. Key components of a safety risk assessment    6. Diverse reactions that can be manifested in the patient after sexual violence    7. Risk factors for acute and chronic psychosocial sequelae in adult and adolescent patients following sexual violence, abuse, and co-occurring violence    8. Common concerns regarding reporting to law enforcement following sexual violence, abuse, and co-occurring violence and potential psychosocial ramifications associated with this decision    9. Culturally competent, holistic care of adult and adolescent patients who have experienced sexual assault, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance    10. Risk factors for nonadherence in adult and adolescent patient populations following sexual violence    11. Diverse psychosocial issues associated with underserved sexual violence patient populations, such as: 2. Males 3. Inmates 4. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual) 5. Adolescents 6. Patients with disabilities 7. Culturally diverse populations 8. Mental health populations 9. Patients with language/communication barriers 10. People who are trafficked 11. Factors related to the patient’s capacity to consent to services, such as age, cognitive ability, mental state, limited English proficiency, intoxication, and level of consciousness 12. Patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems based on the patient’s chronological age, developmental status, identified priorities, and tolerance 13. Techniques and strategies for interacting with adult and adolescent patients and their families following a disclosure of sexual violence, including but not limited to: 14. Empathetic and reflective listening 15. Maintaining dignity and privacy 16. Facilitating participation and control 17. Respecting autonomy 18. Maintaining examiner objectivity and professionalism | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| **III. Collaborating with Community Agencies**   * 1. Sexual assault response team (SART), including:  1. Overview of roles and responsibilities 2. SART models 3. Strategies for implementing and sustaining a SART 4. Benefits and challenges    1. Roles and responsibilities of the following multidisciplinary SART members as they relate to adult and adolescent sexual violence: 5. Victim advocates (community- and system-based) 6. Medical forensic examiners (adult/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants) 7. Law enforcement personnel 8. Prosecuting attorneys 9. Defense attorneys 10. Forensic scientists 11. Social service agencies     1. Key strategies to initiate and maintain effective communication and collaboration among multidisciplinary SART members while maintaining patient privacy and confidentiality | minutes | Must minimally include the following:   * Community-based crisis center advocate * Systems-based advocate * SANE-A certified nurse * Law enforcement * Prosecutor * Crime lab analyst   Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| **IV. Medical Forensic History Taking**   1. Key components of obtaining a comprehensive, developmentally appropriate patient history, including a focused review of systems with an adult/adolescent patient, which can provide context for appropriate healthcare decisions and potential forensic implications, to include: 2. Past medical history 3. Allergies 4. Medications 5. Recreational drug use 6. Medical/surgical history 7. Vaccination status 8. Anogenital-urinary history 9. Last consensual intercourse 10. Pregnancy history 11. Contraception usage 12. Last menstrual period 13. Event history     1. Actual/attempted acts     2. Date and time of event     3. Location of event     4. Assailant information     5. Use of weapons/restraints/threats     6. Use of recording devices (photographs or videos of the event)     7. Suspected drug-facilitated sexual assault     8. Condom use     9. Ejaculation     10. Pain or bleeding associated with acts     11. Physical assault     12. Strangulation     13. Potential destruction of evidence 14. Difference between obtaining a medical forensic history and conducting a forensic interview, and the purpose of each 15. Techniques for establishing rapport and facilitating disclosure while considering the patient’s age, developmental level, tolerance, gender identity, and cultural differences 16. Importance of using the medical forensic history to guide the physical assessment of the patient and evidence collection 17. Poly-victimization or co-occurrence of violence using the medical forensic history 18. Importance of accurate and unbiased documentation of the medical forensic history   Coordination between law enforcement representatives and SAFEs regarding the logistics and boundaries of medical forensic history taking and investigative intent | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Observing and Assessing Physical Examination Findings** 2. Importance of obtaining informed consent and assent throughout the medical forensic examination process 3. Importance of addressing patient concerns related to examiner gender and other preferences 4. Comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, while considering the patient’s tolerance, including assessment of:    * 1. Patient’s general appearance, demeanor, cognition, and mental status      2. Clothing and other personal possessions      3. Body surfaces for physical findings      4. Anogenital structures      5. Sexual maturation      6. Impact of estrogen on anogenital structures 5. Mechanical and physical trauma and identification of each type    * 1. Blunt force      2. Sharp force      3. Gunshot wounds      4. Strangulation 6. Comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings 7. Terminology related to mechanical and physical trauma findings, including:    * 1. Abrasion      2. Laceration/tear      3. Cut/incision      4. Bruise/contusion      5. Hematoma      6. Swelling/edema      7. Redness/erythema      8. Petechiae 8. Anogenital anatomy and physiology, including:    * 1. Normal anatomical variants      2. Types and patterns of injury that are potentially associated with sexual assault      3. Physical findings and medical conditions or non-assault-related trauma that can be misinterpreted as resulting from a sexual assault 9. Multimethod approach for identifying and confirming physical findings, which may include:    * 1. Positioning      2. Labial separation/traction      3. Sterile water irrigation      4. Colposcopic or photographic visualization with magnification      5. Anoscopic visualization, if indicated and within the scope of practice in the jurisdiction’s Nurse Practice Act      6. Toluidine blue dye application and removal      7. Urinary (Foley) catheter, swab, or other technique for visualization of the hymen      8. Peer review/expert consultation 10. Current evidence-based references and healthcare practice guidelines for the care of the adult and adolescent patient who has experienced sexual assault 11. Circumstances that may necessitate referral and/or consultation 12. Planning care using current evidence-based practice for adult and adolescent sexual assault patient populations 13. Using clinical judgment to determine care 14. Individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of the adult and adolescent patient who has experienced sexual assault 15. Critical thinking elements and evidence-based practice needed to correlate potential mechanisms of injury of anogenital and non-anogenital findings, including recognizing findings that may be the result of medical conditions or disease processes 16. Care prioritization based on assessment data and patient-centered goals 17. When to employ medical consultation and trauma intervention | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
|  |  |  |  |
|  |  |  |  |
| 1. **Medical Forensic Specimen Collection**    1. Patient (Victim)-Centered Care       1. Importance of patient participation, consent, and ongoing assent during specimen collection procedures as a means of recovering from sexual violence       2. Sexual assault evidence collection kit       3. Integration of obtaining and preserving forensic samples into the medical forensic examination       4. Specimen collection options within the community available to adult and adolescent patients who have experienced sexual assault, including:          1. Reporting to law enforcement          2. Non-reporting/anonymous evidence collection          3. Medical evaluation and treatment       5. Recommendations for collection time limits of biological specimens following a sexual assault       6. Types of specimens and methods of collection in the adult and adolescent patient following a sexual assault, based on the event history, including but not limited to:          1. DNA          2. Trace/non-biologic          3. History documentation          4. Physical findings, identification, and documentation          5. Medical forensic photography          6. Toxicology       7. Chain of custody and principles and procedures for maintaining       8. Drug-facilitated sexual assault (DFSA), current trends, criteria associated with a risk assessment for DFSA, and when specimen collection procedures are indicated       9. Patient concerns and common misconceptions patients may have regarding specimen collection       10. Potential risks and benefits for the patient related to evidence collection       11. Adjunctive tools and methods used in specimen identification and collection and associated risks and benefits, including but not limited to:           1. Alternate light sources           2. Swab collection techniques           3. Speculum examination           4. Colposcopic visualization or magnification with a digital camera           5. Anoscopic visualization, if indicated and within the scope of practice in the Nurse Practice Act       12. Appraisal of data regarding the assault details to facilitate complete and comprehensive medical forensic examination and evidence collection       13. Evidence-based practice guidelines for the identification, collection, preservation, handling, and transfer of biologic and trace evidence specimens following a sexual assault       14. Evidence-based practice when planning evidentiary procedures       15. Materials and equipment needed for biologic and trace evidence collection       16. Techniques to support the patient and minimize the potential for additional trauma during specimen collection procedures       17. Techniques to facilitate patient participation in specimen collection procedures       18. Evaluating the effectiveness of the established plan of care and associated evidentiary procedures and adapting the plan based on changes in data collected throughout the nursing process    2. Patient (Suspect)-Centered Care       1. Differences in victim and suspect medical forensic examination and specimen collection following a sexual assault       2. Legal authorization needed to obtain evidentiary specimens and examine a suspect, including:          1. Written consent          2. Search warrant          3. Court order       3. Components of a suspect medical forensic examination       4. Recommendations for time limits of collection of biologic evidence in the suspect of a sexual assault       5. Types of evidence that can be collected in the medical forensic examination of a suspect following sexual assault, such as:          1. DNA evidence          2. Trace/non-biologic evidence          3. Physical findings, identification, and documentation          4. Medical forensic photography          5. Toxicology          6. Variables in specimen collection, packaging, preservation, and transportation issues for items, including:    3. Products of conception    4. Foreign bodies    5. Tampons    6. Diapers       1. Synthesizing data from a reported sexual assault to inform a complete and comprehensive medical forensic examination and evidence collection in the suspect of a sexual assault       2. Preventing cross-contamination if the medical forensic examinations and/or evidence collections of the victim and suspect are performed in the same facility or by the same examiner       3. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Medical Forensic Photography**    1. Importance of obtaining informed consent and assent for photography 2. Impact of abuse involving photography/images on a patient’s experience with photodocumentation 3. Potential legal issues related to photography (e.g., use of filters, alterations to images, use of unauthorized camera equipment, such as personal cell phones or law enforcement’s camera) 4. Physical findings that warrant medical forensic photographic documentation 5. Biologic and/or trace evidentiary findings that warrant photographic documentation 6. Physiological, psychological, sociocultural, and spiritual needs of adult/adolescent patients that warrant medical forensic photography following a sexual assault 7. Options for obtaining medical forensic photographs, including colposcope images and digital imaging equipment 8. Variables affecting the clarity and quality of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed 9. Key photography principles, including consent, obtaining images that are relevant, a true and accurate representation of the subject matter, and noninflammatory 10. Photography principles as they relate to the types of images required by judicial proceedings, including overall orientation, close-up, and close-up with scale photographs 11. Photography prioritization based on assessment data and patient-centered goals 12. Adapting photography to accommodate patient needs and preferences 13. Selecting the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation 14. Situations that may warrant follow-up photographs and options for securing 15. Consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination 16. Legal and confidentiality issues that are pertinent to photographic documentation 17. Consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Sexually Transmitted Infection Testing and Prophylaxis**    1. Outline prevalence/incidence and morbidity and risk factors related to sexually transmitted infections after sexual assault and abuse    2. Recognize symptoms associated with sexually transmitted diseases    3. Recognize the STIs are commonly asymptomatic    4. Differentiate symptoms and findings that may mimic sexually transmitted infections    5. Describe key concepts associated with screening for the risk of transmission of select sexually transmitted infections based on the specifics of the patient’s provided history    6. Identify patient concerns and myths regarding the transmission, treatment, and prophylaxis of select sexually transmitted infections    7. Collect and analyze data regarding the physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)    8. Identify current evidence-based national and/or international guidelines for the testing and prophylaxis/treatment of sexually transmitted infections when planning care for adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)    9. Apply, analyze, and synthesize current evidence-based practice when planning care for adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)    10. Compare the risks and benefits of testing for sexually transmitted infection(s) during the acute evaluation versus at the time of initial follow-up after prophylaxis    11. Modify testing methodologies appropriately based on site of collection, pubertal status, and patient tolerance for select sexually transmitted infections    12. Distinguish between screening and confirmatory testing methodologies for select sexually transmitted infections    13. Describe the appropriate approach to HIV risk assessment and prophylaxis decision making, based on current guidelines, local epidemiology and available resources    14. Establish, communicate, evaluate, and revise individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients following sexual assault who are at risk for an actual or potential sexually transmitted infection(s)    15. Prioritize care based on assessment data and patient-centered goals    16. Discuss appropriate sexually transmitted infection(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology    17. Adapt sexually transmitted infection(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications    18. Describe circumstances that indicate the need for specialty consultation when indicated    19. Summarize collection, preservation, and transport of testing medias for select sexually transmitted infections(s) | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| **IX. Pregnancy Risk Evaluation and Care**   * 1. Prevalence rates for pregnancy following a sexual assault   2. Risk evaluation for pregnancy following a sexual assault based on the specifics of the patient’s provided history and developmental age   3. Testing methods (e.g., blood versus urine; quantitative versus qualitative)   4. Effectiveness of available pregnancy prevention methods   5. Patient education key concepts regarding emergency contraception, including:      1. Mechanism of action      2. Baseline testing      3. Side effects      4. Administration      5. Failure rate      6. Follow-up requirements   6. Patient concerns, belief systems, and misconceptions related to reproduction, pregnancy, and pregnancy prophylaxis   7. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients at risk for an unwanted pregnancy following a sexual assault   8. Evidence-based guidelines for pregnancy prophylaxis when planning care for adult and adolescent patients at risk for unwanted pregnancy following a sexual assault   9. Prioritizing care based on assessment data and patient-centered goals   10. Situations warranting medical or specialty consultation   11. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process   12. Demonstrating the ability to identify and explain necessary follow-up care, discharge instructions, and referral sources associated with emergency contraception and/or pregnancy termination options | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Medical Forensic Documentation**    * 1. Roles and responsibilities of the forensic nurse in documenting the adult and adolescent medical forensic examination      2. Steps of the nursing process, including patient-centered care, needs, and goals      3. Differentiating and documenting sources of information provided      4. Documentation of sources/sites of evidence collection      5. Documentation of event history by quoting the patient’s statements as much as possible      6. Documentation of outcry statement made during the medical forensic examination      7. Differentiation between objective and subjective data; Using language to document that is free of judgment or bias      8. Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice      9. Legal considerations, including:         1. Regulatory or other accreditation requirements (see legal considerations section)         2. Legal, regulatory, or other confidentiality requirements (see legal considerations section)         3. Mandated reporting requirements (see legal considerations section)         4. Informed consent and assent (see legal considerations section)         5. Continuity of care      10. Judicial considerations, including:          1. True and accurate representation          2. Objective and unbiased evaluation          3. Chain of custody      11. Key principles related to consent, access, storage, archiving, and retention of documentation for:          1. Written/electronic medical records          2. Body maps/anatomic diagrams          3. Forms          4. Photographs (see medical forensic photography section)      12. Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)      13. Sharing medical forensic documentation with other treatment providers      14. Patient access to the medical forensic record      15. Release, distribution, and duplication of medical forensic records, including photographic and video images and evidentiary material      16. Any potential cross-jurisdictional issues      17. Procedures to safeguard patient privacy and the transfer of evidence/information to external agencies according to institutional protocol      18. Explanation of laws and institutional policy that have domain over the protection of patient records and information      19. Applicable facility/examiner program policies (e.g., restricted access to medical records related to the medical forensic examination, response to subpoenas and procedures for image release) | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Discharge and Follow-Up Planning** 2. Identify appropriate resources that address the specific safety, medical, and forensic needs of adult and adolescent patients following a sexual assault 3. Recognize the need to structure individualized discharge planning and follow-up care based on medical, forensic, and patient priorities 4. Facilitate access to appropriate multidisciplinary collaborative agencies 5. Identify evidence-based guidelines for discharge and follow-up care following an adult and adolescent sexual assault 6. Apply, analyze, and synthesize current evidence-based practice when planning and prioritizing discharge and follow-up care associated with safety, psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted infections and pregnancy    * 1. Modify and facilitate plans for treatment, referrals, and follow-up based on patient needs and concerns      2. Generate, communicate, evaluate, and revise individualized short- and long-term goals related to discharge and follow-up needs      3. Determine and discuss appropriate follow-up and discharge needs based on current evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geographic differences | minutes | Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |
| 1. **Legal Considerations and Judicial Proceedings**   A. Legal Considerations   * + 1. Consent        - 1. Key concepts associated with obtaining informed consent and assent          2. Methodology for obtaining consent to perform a medical forensic examination in adult and adolescent patient populations          3. Differences between legal requirements associated with consent or declination of medical care versus consent or declination of evidence collection and release          4. Impact of age, developmental level, and physical and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance          5. Legal exceptions to obtaining consent as applicable to the practice area          6. Potential consequences of reporting options and assisting the patient with informed decision-making          7. Potential consequences of withdrawal of consent and/or assent and the need to explain this to the patient while respecting and supporting their decisions          8. Coordinating with other providers to support patient choices for medical forensic examination and consent          9. Procedures to follow when the patient is unable to consent          10. The critical importance of never performing the medical forensic examination against the will of the patient          11. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect informed consent procedures   1. Reimbursement      1. Crime Victim Compensation/reimbursement options that are associated with the provision of a medical forensic examination in cases of adult and adolescent intimate partner and sexual violence as applicable      2. Reimbursement procedures and options for adult and adolescent patient populations   2. Confidentiality      1. Legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:  1. Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation 2. Key concepts associated with informed consent and the release of protected health information 3. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may impact confidentiality procedures    1. Medical screening examinations       1. Legal requirements associated with the provision of a medical screening examination and its impact on the provision of medical forensic care in adult and adolescent patients following intimate partner or sexual violence, including:          * 1. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation            2. Required procedures to secure informed consent and informed declination in accordance with applicable legislation            3. Required procedures to transfer or discharge/refer a patient in accordance with applicable legislation            4. Prioritizing and securing medical treatment as indicated by specific presenting chief complaints            5. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect medical procedures    2. Mandated reporting requirements       1. Legal requirements associated with mandated reporting requirements in adult and adolescent patient populations       2. Mandatory reporting requirement procedures and options for adult and adolescent patient populations       3. Differentiating between reported and restricted/anonymous medical forensic evaluations following sexual violence       4. Modifying medical forensic examination procedures in non-reported/anonymous cases       5. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect mandated reporting requirement procedures    3. Judicial proceedings    4. Role of the SANE in judicial and administrative proceedings, including:       1. Civil versus criminal court proceedings       2. Family court proceedings       3. Administrative/university proceedings       4. Title IX hearings       5. Military and court martial proceedings       6. Matrimonial/divorce hearings       7. Child custody proceedings    5. Legal definitions associated with sexual violence    6. Case law and judicial precedence that affect the provision of testimony in judicial proceedings, such as:       1. Admissibility or other applicable laws specific to the area of practice       2. Rules of evidence or other applicable laws specific to the area of practice       3. Hearsay or other applicable laws specific to the area of practice    7. Differences between civil and criminal judicial proceedings, including applicable rules of evidence    8. Differences between the roles and responsibilities of fact versus expert witnesses in judicial proceedings    9. Differences between judge versus jury trials    10. Judicial processes:        1. Indictment        2. Arraignment        3. Plea agreement        4. Sentencing        5. Deposition        6. Subpoena        7. Direct examination        8. Cross-examination        9. Objections    11. Forensic nurse’s role in judicial proceedings, including:        1. Educating the trier of fact        2. Providing effective testimony        3. Demeanor and appearance        4. Objectivity        5. Accuracy        6. Evidence-based testimony        7. Professionalism    12. Key processes associated with pretrial preparation | minutes | Must minimally include a prosecutor and a SANE-A certified nurse  Click or tap here to enter text. | Lecture/PowerPoint **(select at least one additional strategy below):**  Integrating opportunities for dialogue or question/answer  Including time for self-check or reflection  Audience Response System  Analyzing case studies  Providing opportunities for problem-based   learning  Pre/Post Test  Other: Click or tap here to enter text. |

**TOTAL REQUIRED MINUTES MUST = at minimum 2400**

**TOTAL ACTUAL MINUTES =** Click or tap here to enter text.

**TOTAL ACTUAL MINUTES/60 minutes=**Click or tap here to enter text.

|  |
| --- |
| List the full citations of **at least three (3)** evidence-based references/resources used for developing this educational activity:  Click or tap here to enter text.  Adams, J., Kellogg, N., & Moles, R. (2016). Medical care for children who may have been sexually abused: An update for 2016. *Clinical Emergency Pediatric Medicine, 17(4)*, 255–263.  Agency for Healthcare Research and Quality. (2016, April). *Trauma-Informed Care*. Retrieved from Prevention and Chronic Care: https://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/trauma.html  American Nurses Association. (2015). *Nursing: scope and standards of practice* (3rd ed.). Silver Spring, MD: Nursesbooks.org.  Barnes, J., Putnam, F., & Trickett, P. (2009). Sexual and physical revictimizationamong victims of severe childhood sexual abuse. *Child Abuse and Neglect, 33(7)*, 412–420.  Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402–407.  Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Menlo Park, CA: Addison-Wesley Publishing.  Center for Health Care Strategies. (2017, August). *What is trauma-informed care?* Center for Health Care Strategies webinar presentation. Available at https://www.chcs.org/resource/key-ingredients-trauma-informed-care/  Culatta, R. (. (2018). *Learning Theories: Andragogy (Malcolm Knowles)*. Retrieved July 27, 2018, from Instructional Design: http://www.instructionaldesign.org/theories/andragogy/  Dreyfus, S. E. (1980). *A five-stage model of the mental activities involved in directed skill acquisition.* Berkley, CA: University of California.  Duffy, J. R. (1992). The impact of nurse caring on patient outcomes. In D. A. Gaut (Ed.), *The presence of caring in nursing* (pp. 113–136). New York, NY: National League for Nursing Press.  Duffy, J. R. (2009). Caring assessment tools and the CAT-admin. In J. Watson (Ed.), *Instruments for assessing and measuring caring in nursing and health sciences* (2nd ed., pp. 131–148). New York, NY: Springer.  Duffy, J. R. (2009). *Quality caring in nursing: Applying theory to clinical practice, education, and leadership.* New York, NY: Springer.  Duffy, J. R. (2013). *Quality caring: In nursing and health systems.* New York, NY: Springer.  Duffy, J. R., & Hoskins, L. M. (2003). The Quality Caring Model: Blending dual paradigms. *Advances in Nursing Science, 26*(1), 77–88.  Duffy, J., Hoskins, L. M., & Seifert, R. F. (2007). Dimensions of caring: Psychometric properties of the caring assessment tool. *Advances in Nursing Science, 30*(3), 235–245.  ERC. (2017, January 23). *3 Reasons Why Traditional Classroom Learning Is Still King*. Retrieved from HR Insights Blog: https://www.yourerc.com/blog/post/3-reasons-why-traditional-classroom-based-learning-is-still-king.aspx  Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., . . . Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventitive Medicine, 14(4)*, 245-258.  Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55(3)*, 329-333.  Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: The role of parental support . *Child Abuse and Neglect, 38(2)*, 317-325.  Hayden, J., Smiley, R. A., & Kardong-Edgren, S. J. (2014). The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Educaiton. *Journal of Nursing Regulation, 5*(2 Supplement).  Hockenberry, M., & Wilson, D. (2015). Wong’s essentials of pediatric nursing. St. Louis, MO: Elsevier Mosby.  Krishnan, D., Keloth, A., & Ubedulla, S. (2017, June). Pros and cons of simulation in medical education: A review. *International Journal of Medical and Health Research, 3*(6), 84–87.  Malloy, L., Mugno, A., Rivard, J., Lyon, T., & Quas, J. (2016). Familial influences on recantation in substantiated child sexual abuse cases. *Child Maltreatment, 21(3)*, 256–261.  McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review, 24(3)*, 159–169.  McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of Interpersonal Violence, 29(5)*, 928–947.  Meakim, C., Boese, T., Decker, S., Franklin, A., Gloe, D., & Lioce, L. (2013, June). Standards of Best Practice: Simulation; Standard I: Terminology. *Clinical Simulationin Nursing, 9*(6 Supplement), S3–S11.  Noll, J., Shenk, C., & Putnam, K. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology, 135(1)*, 17–36.  Petiprin, A. (2016). *Nursing theory: Roy adaptation model*. Retrieved April 26, 2018, from Nursing Theory: http://nursing-theory.org/theories-and-models/roy-adaptation-model.php  Raja, S. H.-Y. (2015). Trauma Informed Care in Medicine: Current Knowledge and Future Research. *Community Health*, 216–226.  Rothman, E., Exner, D., & Baughman, A. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review. *Trauma, Violence & Abuse, 12*(2), 55–66.  Ruiz, J. G. (2006). The impact of e-learning in medical education. *Academic Medicine, 81*(3), 207–212.  Sumner, S., Mercy, J., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., & Buluma, R. (2015). Prevalence of sexual violence against children and use of social services - seven countries, 2007–2013. *Morbidity and Mortality Weekly Report, 64*(21), pp. 565–569.  Watson, J. (1979). *Nursing: The Philosophy and Science of Caring.* Boston: Little, Brown, & Co.  Watson, J. (1985). *The theory of human care: a theory of nursing.* Connecticut: Appleton-Century Crofts.  World Health Organization. (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. *World Health Organization*.  World Health Organization. (2017). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva, Switzerland.  Yuen, A. (2011). Exploring teaching approaches in blended learning. *Research & Practice in Technology Enhanced Learning, 6*(1), 3–23. |

**Calculating Contact Hours**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

|  |  |
| --- | --- |
| **Live Activity** | **Total Minutes divided by 60 =**       **contact hour(s)** |
| **Enduring Activity** | **Select your method of calculating contact hours:**  **Pilot Study**  **Mergener formula**  **Historical Data**  **Complexity of Content**   **Other:** Click here to enter text. |

**Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include: **(Check all that apply)**

Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

Credit awarded commensurate with participation

Attendance at 1 or more sessions

Completion/submission of evaluation form

Successful completion of a post-test (e.g., attendee must score      % or higher)

Successful completion of a return demonstration

Other - Click or tap here to enter text.

**Estimated Number of Contact Hours to Be Awarded:** Click here to enter text.

**Description of evaluation method: How will the change in knowledge, skills, and/or practices of target audience be assessed at the end of the activity? (Relate this to identified practice gap and educational need):**

|  |  |
| --- | --- |
| **Short-term evaluation options:**  Intent to change practice  Active participation in learning activity  Post-test  Return demonstration  Case study analysis  Role-play  Other –Click or tap here to enter text. | **Long-term evaluation options:**  Self-reported change in practice  Change in quality outcome measure  Return on Investment (ROI)  Observation of performance  Other – Click or tap here to enter text. |

**Completed By (name/credentials):** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**QUESTIONS? Phone: 410.626.7805 ext. 116 EMAIL: CE@forensicnurses.org**