

GNESA 2013 Basic SANE/SAFE Training Program Clinical Log

Sexual Assault Nurse/Forensic Examiner Training Program

After completing the didactic portion of the Basic SANE/SAFE Training Program, the student will begin the clinical component. This clinical log is to be completed and returned to GNESA following its completion. The deadline for completion of ALL clinical requirements is six months after completion of the didactic course. You may make as many copies of this form as needed. **PLEASE RETURN LOG SHEETS TO:**

GNESA
155 Westridge Parkway, Suite 102
McDonough, GA 30253
Phone: 404-815-5261 Fax: 404-815-5265
kellington@gnesa.org

Name: _____

Didactic Class Attended:

Location: _____ Date: _____

By signing below, I certify that I have completed ALL clinical requirements as indicated.

Date: _____

GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log
Statement of Competency
Pelvic Examinations

Sexual Assault Nurse/Forensic Examiner Training Program

GNESA
155 Westridge Parkway, Suite 102
McDonough, GA 30253
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kellington@gnesa.org

(Please Print)

I, _____ certify that _____
(SANE, SAFE, MD, PA, APN) (Please circle appropriate) (SANE/SAFE student)

has completed _____ pelvic exams*. In my professional opinion, this nurse is able to
(number of exams)

perform a pelvic exam safely and independently without causing further injury to the victim. I also certify that this SANE/SAFE has met her/his objectives by her/his ability to demonstrate proper speculum insertion and to recognize normal and abnormal gynecologic findings. This nurse is able to document her/his findings appropriately and maintain the chain of custody.

Name of SANE, SAFE, MD, PA, APN (please circle appropriate) **Agency**

Date **Agency Address**

Signature of SANE, SAFE, MD, PA, APN
(please circle appropriate) **Agency Phone/Fax Numbers**

Date of initial Didactic training

*Requirement = 10 hours (minimum 10 patients with speculum insertions)

GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log
Statement of Competency
Courtroom/District Attorney's Office

Sexual Assault Nurse/Forensic Examiner Training Program

GNESA
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McDonough, GA 30253
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(Please Print)

I, _____ certify that _____
(District Attorney, Asst. D.A., Judge) (please circle appropriate) (SANE/SAFE student)

has spent _____ hours* in courtroom observation. In my professional opinion,
(number of hours)

the SANE/SAFE has met her/his objectives, which include the ability to describe the flow of courtroom proceedings and to observe and discuss expert witness testimony.

Print Name District Attorney, Asst. D.A., Judge
(Please circle appropriate)

Agency

Date

Agency Address

Signature of District Attorney, Asst. D.A., Judge (please circle appropriate)

Agency Phone/Fax Numbers

Date of initial Didactic training

*Requirement = 6 hours

**GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log**

Statement of Competency

Rape Crisis Center/Crime Victim Advocacy Program

Sexual Assault Nurse/Forensic Examiner Training Program

GNESA

155 Westridge Parkway, Suite 102

McDonough, GA 30253

Phone: 404-815-5261 Fax: 404-815-5265

kellington@gnesa.org

(Please Print)

I, _____ certify that _____
(RCC Director) or (Victim Advocacy Director) *(SANE/SAFE student)*

has spent _____ hours* working with the Rape Crisis Center. In my professional
(number of hours)

opinion, the SANE/SAFE has met her/his objectives, which include the ability to describe the interactions between the counselor and the victim, and ways in which the SANE/SAFE can utilize the Rape Crisis Center in the care of the sexual assault victim.

Print Name of RCC Director/Victim Advocate Director

Agency

Date

Agency Address

Signature of RCC Director/Victim Advocate Director

Agency Phone/Fax Numbers

Date of initial Didactic training

**Requirement = 6 hours*

GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log
Statement of Competency
Law Enforcement

Sexual Assault Nurse/Forensic Examiner Training Program

GNESA
155 Westridge Parkway, Suite 102
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(Please Print)

I, _____ certify that _____
(Chief, Sheriff, Major or Law Enforcement Officer) *(SANE/SAFE student)*
has spent _____ hours* with a patrol officer and _____ hours* with an
(number of hours) *(number of hours)*
Investigator. In my professional opinion, the SANE/SAFE has met her/his objectives that include the ability to compare and contrast the roles of the uniformed officer and the investigator in a sexual assault investigation.

Print Name of Chief, Sheriff, Major or Law Enforcement Officer

Agency

Date

Agency Address

Signature of Chief, Sheriff, Major or Law Enforcement Officer
(Please circle appropriate)

Agency Phone/Fax Numbers

Date of initial Didactic training

**Requirement = 6 hours total*

GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log
Statement of Competency
Sexual Assault Exams

Sexual Assault Nurse/Forensic Examiner Training Program

GNESA
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(Please Print)

I, _____ certify that _____
(SANE, SAFE, MD, PA, APN) (Please circle appropriate) (SANE/SAFE student)

has completed _____ Sexual Assault exams*, which includes completing a
(number of exams)

pelvic exam and using a sexual assault kit. In my professional opinion, this student is able to perform a complete sexual assault exam safely and independently without causing further injury to the victim. I also certify that this SANE/SAFE has met her/his objectives by her/his ability to demonstrate proper speculum insertion and to recognize normal and abnormal gynecologic findings. This SANE/SAFE is able to document her/his findings appropriately and maintain the chain of custody.

Print Name of SANE, SAFE, MD, APN, PA
(please circle appropriate)

Agency

Date

Agency Address

Signature of SANE, SAFE, MD, APN, PA
(please circle appropriate)

Agency Phone/Fax Numbers

Date of initial Didactic training

*Requirement = 12 hours (MINIMUM OF 4 EXAMS OR UNTIL DEEMED COMPETENT)

GNESA 2013 Basic SANE/SAFE Training Program
Clinical Log
Statement of Competency
Simulated Sexual Assault Exams

Sexual Assault Nurse/Forensic Examiner Training Program

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kellington@gnesa.org

(Please Print)

I, _____ certify that _____
(SANE, SAFE, MD, APN, PA) (Please circle appropriate) *(SANE/SAFE student)*

has completed _____ **Simulated Sexual Assault** exams, which includes
(number of exams)

Completing a pelvic and using a sexual assault kit. I further certify that these exams were completed in accordance with the GNESA Simulated Sexual Assault Exams Protocol.

In my professional opinion, this student is able to perform a complete sexual assault exam safely and independently without causing further injury to the patient. I also certify that this SANE/SAFE has met her/his objectives by her/his ability to demonstrate proper speculum insertion and to recognize normal and abnormal gynecologic findings. This SANE/SAFE is able to document her/his findings appropriately and maintain the chain of custody.

Print Name of SANE, SAFE, MD, APN, PA
(please circle appropriate)

Agency

Date

Agency Address

Signature of SANE, SAFE, MD, APN, PA
(please circle appropriate)

Agency Phone/Fax Numbers

Date of initial Didactic training

Georgia Network to End Sexual Assault Protocol for SANE/SAFE Training Clinic Hours: Simulated Sexual Assault Exam

Sexual Assault Exams for Basic SANE/SAFE Clinical Trainings may be simulated exams. All simulated exams must follow the protocol details listed below:

- The simulated exams should be as formal/real-life as possible. Both the 'victim' participant and the trainee should proceed as if the exam were an actual forensic exam. This means that all of the participants, the 'victim,' the medical examiner, and the supervisor, should try to remain in the role during the entire examination. In addition, all steps in the program protocol should be simulated, from pre-exam to post-exam requirements. Include 'debriefing' and documentation. (Exceptions: no invasive blood sampling, no administration of medications)
- All specimen and evidence collections must be done. (Exception: blood sampling)
- The trainee must assume the role of the examiner and conduct the simulated exam on her own with the supervision of a SANE, SAFE, APN, PA or Physician who are familiar with IAFN's standard of care for sexual assault patients. With a first simulated exam the person supervising may assist the trainee if needed. During a second or subsequent simulated exam the person supervising should not conduct any portion of the exam.
- At a minimum, the simulation should include a vaginal exam. A simulation that includes only an oral-exam is not sufficient.
- All documentation must be completed, and all follow-up procedures followed.
- Group simulated exams, i.e. one nurse performing the simulated exam while other trainees observe, are not sufficient to count toward the 3 (three) required exams. Group simulations can be done as a training session for students with little experience performing sexual assault exams as an introduction.
- If you have any questions regarding simulated exams, please contact the GNESA office for further information.

GEORGIA NETWORK TO END SEXUAL ASSAULT

SEXUAL ASSAULT EXAMINATION

CLINICAL COMPETENCY EVALUATION

Sexual Assault Nurse/Forensic Examiner:

The following responsibilities, skills, equipment and procedures will be reviewed during orientation and annually or as necessary to assess and validate continuing competency and to identify areas needing improvement. This form is utilized for each evaluation and a copy is maintained in the examiner's program file.

If any portion of the checklist does not apply to your program (i.e., Colposcopy equipment), mark that column "Not Applicable."

*If competency is not achieved, an improvement plan must be developed indicating target date and goal.

Competency	Validation Method			Evaluation	
	Oral Statement	Written Statement	Demonstration	Achieved	Improvement Plan*
Evidence					
Handling					
Labeling					
Packaging					
Examination					
Assessment Sequence					
Specimen Collection					
Biological Evidence					
Trace Evidence					

Competency	Validation Method			Evaluation	
	Oral Statement	Written Statement	Demonstration	Achieved	Improvement Plan*
Blood/Urine Samples					
Speculum Insertion					
Technique					
Identify Anatomy					
Photography					
Camera Operation					
Camera Maintenance					
Colposcopy					
Equipment Operation					
Documentation					
Consents					
Exam Forms					
Signatures					
Terminology					
Diagram/ Photographs					
Discharge Instructions					

Comments:

The above evaluation verifies that the sexual assault nurse/forensic examiner has been deemed competent to perform the duties/responsibilities of the position.

SANE, SAFE, MD, APN, PA Preceptor Signature: _____
(please circle appropriate)

Printed Name: _____

SANE/SAFE Student Signature: _____

Printed Name: _____

Date of Evaluation: _____

One signed competency evaluation exam form is required for each sexual assault exam performed.