ADULT/ADOLESCENT CLINICAL PRECEPTORSHIP CONTENT

Clinical Education Component

The clinical preceptorship is designed to complement the classroom educational experience and allow the SANE to apply information and skills obtained during the classroom experience. The required clinical experience is in addition to the 40-hour didactic course. It is recommended that this preceptorship be completed with the guidance of a physician, advanced practice nurse, or a forensically experienced registered nurse.

Clinical preceptor experiences should be completed in a time frame that ensures competency and maximum retention of knowledge and skills, typically within six months of completion of the didactic training. Required clinical skills shall be performed until competent, and competency is determined by the professional assessing the required clinical skills.

The Dreyfus Model of Skills Acquisition proposes that any skill training procedure must be based on some model of skill acquisition to address, at each stage of training, the appropriate issues involved in facilitating advancement. This model moves adult learners through five levels of development: 1) Novice 2) Advanced Beginner 3) Competent 4) Proficient, and 5) Expert (Dreyfus, 1980). Benner (1982) used this same model to publish a study regarding how nurses develop clinically. Benner proposed that the novice has no practical experience and little understanding of contextual meaning; the advanced beginner has enough patient care experience to recognize and discriminate priorities; the competent nurse has practiced in the same population for two or three years, is efficient, organized, and capable of developing plans of care; the proficient nurse sees the whole picture and can anticipate patient needs based on experience with that population; and the expert nurse has a comprehensive grasp of patient care situations and can focus on problems and address them with flexibility and proficiency.

In the majority of cases, the newly trained SANE will begin her or his practice at the novice or advanced beginner stages of skill acquisition because both the patient population and the role are new to the nurse. For this reason, and in recognition of Benner’s description of clinical nursing development, it is recommended that a minimum of two years in clinical practice as a registered nurse occur prior to practicing as a SANE.

Given the diversity of communities and the different challenges facing rural, low-volume versus urban, high-volume communities, multiple options for clinical skill attainment must be recognized. Clinical skills acquisition may be obtained using any of the following approaches:

#### Approach 1:

A. Clinical experience with non-sexual assault patients while being precepted by a physician, physician assistant, or advanced practice nurse, adhering to the clinical content described below until competency is achieved; and

B. Clinical experience with patients following sexual assault while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

#### Approach 2:

A. Simulated patient experiences use live models while being precepted by a physician, physician assistant, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved; and
B. Clinical experience with patients following sexual assault while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

**Approach 3:**

A. Simulated patient experiences using medical simulation models while being precepted by a physician, physician assistant, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below; and

B. Clinical experience with patients following sexual assault while being precepted by a physician, advanced practice nurse, or a forensically experienced registered nurse, adhering to the clinical content described below until competency is achieved at the local program level.

The following clinical education content identifies the framework for the SANE who cares for the adult/adolescent sexual assault patient population. These target competencies outline the minimum level of instruction required during the clinical preceptorship experience. As with the didactic portion of training, the clinical competencies are grounded in the nursing process of assessment, diagnosis, outcomes/planning, implementation, and evaluation.

- Demonstrate the necessary consent procedures and options to adult and adolescent patient populations
- Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding consent and modify or adapt as able based on changes in data collected throughout the nursing process
- Demonstrate the necessary knowledge to explain procedures associated with confidentiality to adult and adolescent patient populations
- Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding confidentiality and modify or adapt as able based on changes in data collected throughout the nursing process
- Demonstrate the necessary knowledge to explain medical screening procedures and options to adult and adolescent patient populations
- Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding medical evaluation/treatment and modify or adapt as able based on changes in data collected throughout the nursing process
- Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding mandatory reporting requirements and modify or adapt as able based on changes in data collected throughout the nursing process
- Apply the rationale for history taking and demonstrate effective history-taking skills
- Explain the rationale for history taking and demonstrate effective history-taking skills
- Explain the rationale for head-to-toe assessment and demonstrate the complete head-to-toe assessment
- Prepare the adolescent and adult for the anogenital examination
- Differentiate normal anogenital anatomy from normal variants and abnormal findings
- Demonstrate the following visualization techniques:
  - Labial separation
  - Labial traction
Hymenal assessment (urinary catheter, fox swab/“comfort tip” applicators, etc.)
Speculum assessment of the vagina and cervix

- Demonstrate the proper collection of specimens for testing for sexually transmitted infection(s)
- Explain the rationale for specific STI tests and collection techniques
- Demonstrate proper collection of evidence (dependent on local practice), including:
  - Buccal swabs
  - Oral swabs and smear
  - Bite mark swabbing
  - Other body surface swabbing
  - Fingernail clippings/swabblings
  - Anal swabs and smear
  - Vaginal swabs and smear
  - Cervical swabs and smear
  - Head hair combing/collection
  - Pubic hair combing/collection
  - Clothing
  - Toxicology

- Explain the rationale behind the specific type and manner of evidentiary specimen collection
- Demonstrate proper packaging of evidentiary materials
- Demonstrate proper sealing of evidentiary materials
- Explain the rationale for the packaging and sealing of evidentiary material
- Demonstrate the proper maintenance of chain of custody for evidentiary materials
- Explain the rationale for maintaining proper chain of custody
- Demonstrate the ability to modify evidence collection techniques based on the patient’s age, developmental/cognitive level, and tolerance
- Demonstrate an understanding of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination
- Demonstrate the ability to obtain overall, orientation, close-up, and close-up with scale medicolegal photographs that provide a true and accurate reflection of the subject matter
- Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process
- Demonstrate the ability to identify and explain necessary follow-up care and discharge instructions associated with emergency contraception and/or pregnancy termination options
- Demonstrate the ability to identify and explain necessary follow-up care and discharge instructions associated with select sexually transmitted infection(s)
- Demonstrate awareness of differences in discharge and follow-up concerns related to age, developmental level, cultural diversity, and geographic differences
• Demonstrate the ability to evaluate the effectiveness of established discharge and follow-up plans of care, and to revise the established plan of care while adhering to current evidence-based practice guidelines

• Implement critical thinking processes based on relevant assessment data when prioritizing the implementation of crisis intervention strategies in adult and adolescent patients following sexual violence

Participation in chart review, peer review, ongoing education, supervision, and mentoring is essential to prepare and sustain the registered nurse for the adult/adolescent SANE role. It is recommended that every SANE, novice through expert, regularly participate in these activities.

**Optional Preceptorship Content**

Optional preceptorship content describes areas that instructors may choose to include in the overall program expectation, but are areas IAFN does not deem expected as part of the SANE’s training as these may not be readily available in all communities.

• Explain the rationale for and demonstrate the following visualization techniques:
  - Anogenital toluidine blue dye application and removal as applicable to local practice
  - Specialized equipment commonly used in practice, such as magnification tools, colposcopes, alternate light sources (ALS), etc.

• Demonstrate the effective use of a camera to document examination findings