

PEDIATRIC CLINICAL SKILLS AND COMPETENCE

Upon completion of a Pediatric SANE didactic course nurses will work to achieve clinical competence in the skills required to work independently and effectively as a Sexual Assault Nurse Examiner. Clinical competence should be determined by the clinician's employer when the clinician meets the learning outcomes for clinical education as outlined by the International Association of Forensic Nurses SANE Education Guidelines.

The clinical logs on the following pages *are intended only as a guide* and serve as a tool for nurses to track their progress as they work toward clinical competence.

Activities and experiences that may be beneficial to the clinician working toward clinical competence may include:

Observed and Precepted Pediatric Sexual Assault Examinations

Attending a Pediatric SANE Intensive

Pediatric/pre-pubescent anogenital inspections

Mock or simulated Sexual Assault Examinations

Observation and/or shadow experiences such as felony or sexual assault trial, crime lab, law enforcement, forensic interview, child advocacy centers or Department of Child Services

Peer review, ongoing education, supervision, mentoring, quality assurance and quality improvement processes

Please note: these activities and experiences are merely recommendations; they are NOT requirements.

For more information about clinical competency, please visit forensicnurses.org.



CLINICAL SKILLS LOG Pediatric

Name:		
Date of Didactic Course Completion: _		
	□Adult/Adolescent	□Pediatric

This log is intended only as a guide and record-keeping tool for the trainee. It is not required documentation.

Date	Hours	Description of activity	Preceptor Information	
			Name	Contact Information

APPENDIX 2: PEDIATRIC/ADOLESCENT SEXUAL ASSAULT NURSE EXAMINER INITIAL COMPETENCY VALIDATION FORM

	Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
	Explaining the rationale for history taking and demonstrate effective history- taking skills			
2.	Prioritizing a comprehensive health history and review of systems, including:			
	a. Health history and immunization status			
	b. History of the event			
3.	Differentiating between histories obtained from the following sources:			
	a. Patient			
	b. Family/caregiver/guardian			
	c. Law enforcement			
	d. Child protection agency			
4.	Demonstrating knowledge related to the psychosocial assessment of the child/ adolescent related to the event demonstrate knowledge related to the psychosocial assessment of the child/ adolescent related to the event			
	Explaining the rationale for head-to-toe assessment and demonstrate the complete head-to-toe assessment			
6.	Preparing the child/adolescent			
7.	for the anogenital examination Differentiating normal			
	anogenital anatomy from			

Co	mpetence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
	mal variants and abnormal lings			
8. Usi pos	ng appropriate examination sitions and methods, uding:			
a.	Labial separation/ traction			
b.	Supine frog leg			
C.	Supine and prone knee- chest			
phy	blementing appropriate vsical evidence collection ough use of:			
a.	Current evidence-based forensic standards and references			
b.	Appropriate chain of custody procedures			
c.	Recognized variations in practice, following local recommendations and guidelines			
the	ionale for and demonstrate following visualization hniques:			
a.	Labial separation			
b.	Labial traction			
с.	Hymenal assessment (Foley catheter, swab, other technique)			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
d. Speculum assessment of the vagina and cervix in the adolescent			
11. Demonstrating the proper collection of specimens for testing for sexually transmitted disease			
12. Explaining the rationale for specific STI tests and collection techniques			
13. Demonstrating proper collection of evidence (dependent on local practice and indications by history) including:			
a. Buccal swabs			
b. Oral swabs			
c. Bite mark swabbing			
d. Other body surface swabbing			
e. Fingernail clippings/swabbings			
f. Anal swabs			
g. Rectal swabs			
h. Vaginal swabs			
i. Cervical swabs			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
j. Head hair combing/collection			
k. Pubic hair combing/ collection			
I. Clothing			
m. Toxicology			
14. Rationales behind a specific type and manner of evidentiary specimen collection			
15. Packaging of evidentiary materials			
16. Sealing of evidentiary materials			
17. Rationale for the packaging and sealing of evidentiary material			
18. Maintenance of the chain of custody for evidentiary materials			
19. Rationale for maintaining proper chain of custody			
20. Differences in approach to evidence collection in the prepubertal population (i.e., external versus internal samples)			
21. Modifying evidence collection based on the patient's age,			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
developmental/cognitive level, and tolerance			
22. Evaluating the effectiveness of established discharge and follow-up plans of care, and revise the established plan of care while adhering to current evidence-based practice guidelines			
23. Evaluating the effectiveness of the established plan of care and modifying/adapting care based on changes in data collection, using the nursing process			
24. Nursing process as a foundation of the nurses' decision-making, including:			
a. Assessment-collecting data pertinent to the patient's health and situation;			
b. Diagnosis-analyzing the data to determine diagnosis or issues;			
c. Outcome Identification- identifies individualized patient outcomes based on patient need;			
d. Planning-develops a plan that prescribes strategies to attain the expected outcomes;			
e. Implementation- implements the plan,			

Competence	Satisfactory Performance (initial/date)	Unsatisfactory Performance (initial/date)	Notes
including any coordination of care, patient teaching, consultation, prescriptive authority and treatment; and			
f. Evaluation-evaluates progress toward outcome attainment. (ANA, 2010)			

Name of SANE (Print)	Name of Preceptor #1 & Credentials (Print/Initials)
Name of Preceptor #2 & Credentials (Print/Initials)	Name of Preceptor #3 & Credentials (Print/Initials)
Name of Preceptor #4 & Credentials (Print/Initials)	Name of Preceptor #5 & Credentials (Print/Initials)