

40-Hour Adult/Adolescent SANE-SART Course

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History and Professional Nursing Considerations

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Definition: Forensic Nurse

- “A forensic nurse is a nurse who provides specialized care for patients who are victims and/or perpetrators of trauma (both intentional and unintentional). Forensic Nurses are NURSES first and foremost. However, the specialized role of forensic nurses goes far beyond medical care; forensic nurses also have a specialized knowledge of the legal system and skills in injury identification, evaluation and documentation. After attending to a patient’s immediate medical needs, a forensic nurse often collects evidence, provides medical testimony in court, and consults with legal authorities.”

IAFN website



History of Forensic Nursing

Forensic Nursing: Scope and Standards of Practice (2009), p. 6

- 1948 – Article V. Universal Declaration of Human Rights - “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (United Nations, 1948)
- 1984 – U.S. Surgeon General identified violence as a public health issue, and healthcare providers as key agents to improve the effects of violence in our communities (Koop, 1986)

History of Forensic Nursing

Forensic Nursing: Scope and Standards of Practice (2009), p. 6

- 1991, Virginia Lynch (founding mother of forensic nursing) wrote her master's thesis conceptualizing the "forensic nurse" (IAFN, 2008)
- 1992, International Association of Forensic Nurses (IAFN) was established, which was the first professional nursing organization for forensic nurses (IAFN, 2008)
- 1995, ANA recognized forensic nursing as a specialty (IAFN, 2006)

History of Forensic Nursing

Forensic Nursing: Scope and Standards of Practice (2009), p. 6 & 7

- Forensic nurses “recognize their important roles in identification, management, and prevention of intentional and unintentional injuries in a global community.”
- Care of victims and perpetrators
- Integration of knowledge of criminal justice, victimization, and the impact as we manage the care



Areas of Forensic Nursing Specialties

- Correctional Nursing
- Death Investigation
- Clinical Forensic Nurse Specialists/Healthcare setting
 - Risk Management
- Psychiatric Nursing
- Sexual Assault Nurse Examiners
- Legal Nurse Consultants and Nurse Attorneys



Lifelong commitment to learning

- This is just the beginning!
- Ongoing education is your responsibility
- Direct impact on patient care
- Direct impact on your ability to testify as an expert

Educational opportunities

- Continuing education opportunities (CEU's)
- Certificate programs – classroom work, internships = certificate of completion of course work
- Undergraduate nursing education – electives or minors or even concentrated studies in forensic nursing is an option
- Graduate nursing education – forensic core content, clinical experiences = master's or doctoral degree in the specialty of nursing
- Post-doctoral education or fellowships – enhanced core content and forensic clinical experiences



Certification

- “SANE” designation under your name (not behind your name unless certified)
- SANE-A
- Forensic Nursing Certification Board
- Education Guidelines, preceptorship, application process for the certification examination



Certification eligibility requirement change 2014

- Minimum SANE practice of 300 hours within the past three years
 - “Practice” includes providing patient care, being on-call, teaching/precepting, consulting, and participating in peer review

National Certification SANE-A (overview)

- Registered Nurse with current license
- 2 years experience as RN
- 40 hour A/A course with formal credit
- Clinical practicum
- Practiced as a SANE for 300 hours in past 3 years

- Apply for exam
- Certification exam: adult/adolescent
- Continuing education and experience
- Title SANE-A is a proprietary

National SANE-P Certification

- Registered nurse with current license
- 3 years experience as RN
- Pediatric and Adolescent specific course with 40 formal credit hours (64 hours as a combined course)
- Clinical practicum
- Practiced as a SANE for 300 hours in past 3 years

- Apply for exam
- Certification exam: Pediatric/Adolescent
- Continuing education and experience
- Title SANE-P is proprietary

Medical History

Role delineation

- MEDICAL -- pertaining to medicine OR the study of the art and science of caring for those who are ill. (Taber's)
- FORENSIC -- Belonging to, used in, or suitable to courts of judicature or to public discussion and debate (Merriam-Webster)

Medical History

Role delineation

- Forensic Medicine
 - A science that deals with the relation and application of medical facts to legal problems
(Webster)
- Forensic Nursing
 - The practice of nursing globally when health and legal systems intersect.
(Forensic Nursing Scope & Standards of Practice)



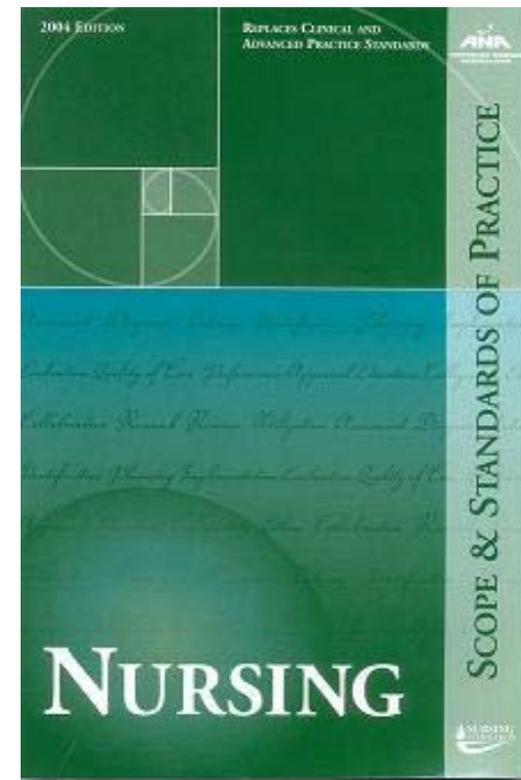
Medical History

- HISTORY -- A Chronological record of significant events usually including an explanation of their causes (Webster)
- INTERVIEW -- A meeting at which information is obtained from a person (Merriam-Webster)

American Nurses Association STANDARDS of PRACTICE

- Assessment
- Diagnosis
- Outcome Identification
- Planning
- Implementation
- Evaluation

ANA Nursing Scope and Standards of Practice, 4th edition (2004)



Nursing

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.
 - American Nurses Association: Nursing's Social Policy Statement, 2010, "Contemporary definition"

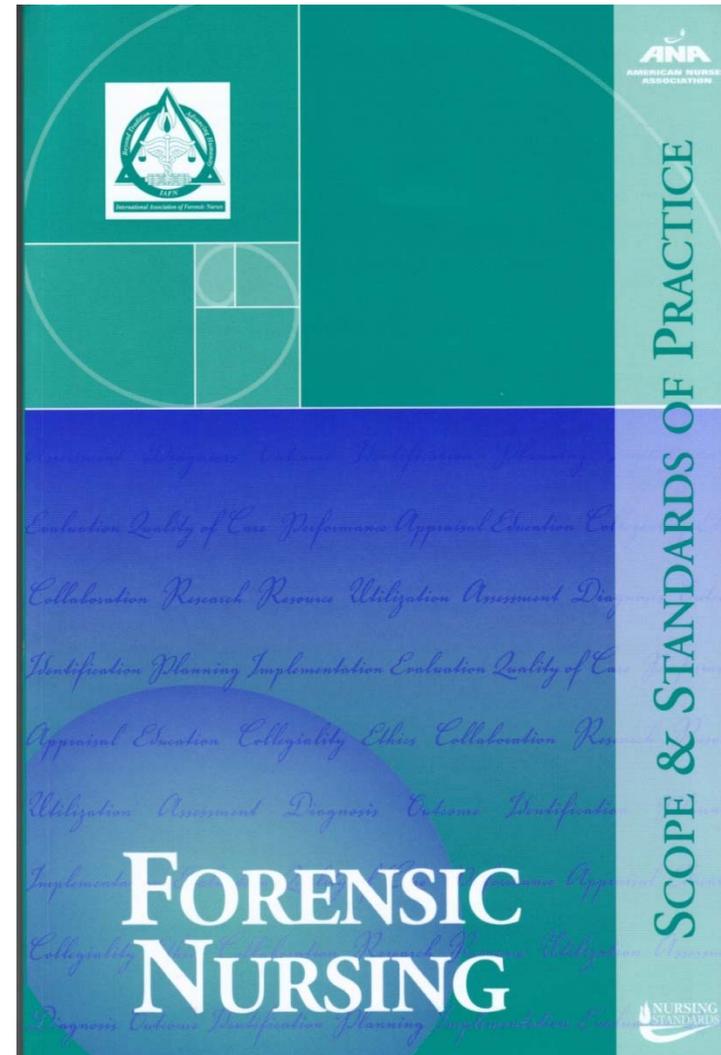


ANA Standards of Performance

- Quality of practice
- Practice evaluation
- Education
- Collegiality
- Ethics
- Research
- Resource utilization
- Leadership

2009

- Assessment
- Diagnosis
- Outcome Identification
- Planning
- Implementation
- Evaluation





Nursing is...

- The CARE of others...
 - Promotion of health
 - Prevention of illness/injury
 - Care of persons who are ill/disabled
 - Safe passage through birth and death

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p. 23-34

1. Assessment
2. Diagnosis
3. Outcomes Identification
4. Planning
5. Implementation
 - 5a. Coordination of Care
 - 5b. Health Teaching and Health Promotion
 - 5c. Consultation
 - 5d. Prescriptive Authority and Treatment
6. Evaluation

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p. 23

- **Standard 1: Assessment** “The forensic nurse collects comprehensive data pertinent to the patient’s health or the situation.”
 - Collects data
 - Involves family/support members, community, other professionals – collaborative holistic data collection
 - Prioritizes activities
 - Evidence-based practice
 - Problem solving
 - Documentation

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p. 24

- **Standard 2: Diagnosis** “The forensic nurse analyzes the assessment data to determine the diagnosis or issues.”
 - Assessment drives the diagnosis
 - Validates diagnosis by collaborative care
 - Documentation and determines expected outcomes and plan
 - Formats a differential diagnosis
 - Reviews available data and information

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p.25

- **Standard 3: Outcomes Identification** “The forensic nurse identifies outcomes for a plan individualized to the patient or the situation.”
 - Collaborates with patient and others to formulate outcomes
 - Culturally appropriate
 - Defines expected outcomes – patient values, ethical considerations, risks, benefits, scientific evidence, etc.
 - Outcomes provide direction for continuity of care
 - Documents expected outcomes as measurable goals

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p.26-27

- **Standard 4: Planning** “The forensic nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.”
 - Individualized plan
 - Includes strategies to address diagnosis and promotion and restoration of health
 - Implementation timeline
 - Integrates current trends
 - Participates in the interprofessional and multidisciplinary process
 - Contributes to continuous improvement of systems

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p. 28

- **Standard 5: Implementation** “The forensic nurse implements the identified plan.”
 - Plan is implemented in a safe and timely manner
 - Evidence-based interventions specific to diagnosis
 - Community resources
 - Collaborates

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p. 29-31

- 5a: Coordination of Care “The forensic nurse coordinates care delivery.”
- 5b: Health Teaching and Health Promotion “The forensic nurse employs strategies to promote health and a safe environment.”
- 5c: Consultation “The Forensic Advanced Practice Registered Nurse (FAPRN) and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others, and effect change.”
- 5e: Prescriptive Authority and Treatment “The FAPRN uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.”

Standards of Practice

Forensic Nursing: Scope and Standards of Practice (2009), p.

- **Standard 6: Evaluation** “The forensic nurse evaluates progress towards attainment of outcomes.”
 - Evaluation of outcomes
 - Evaluates effectiveness of planned strategies
 - Revises diagnoses, plan and implementation as needed
 - Disseminates results as appropriate



Standards of Professional Performance

Forensic Nursing: Scope and Standards of Practice (2009), p. 35-48

7. Quality of Practice
8. Education
9. Professional Practice Evaluation
10. Collegiality
11. Collaboration
12. Ethics
13. Research
14. Resource Utilization
15. Leadership

Standards of Professional Performance

Forensic Nursing: Scope and Standards of Practice (2009), p. 35-38

- Standard 7: Quality of Practice “The forensic nurse systematically enhances the quality and effectiveness of forensic nursing practice.”
- Standard 8: Education “The forensic nurse attains knowledge and competency that reflect current nursing practice.”
- Standard 9: Professional Practice Evaluation “The forensic nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.”

Standards of Professional Performance

Forensic Nursing: Scope and Standards of Practice (2009), p. 39-42

- Standard 10: Collegiality “The forensic nurse interacts with, and contributes to the professional development of peers and colleagues.”
- Standard 11: Collaboration “The forensic nurse collaborates with patient, family, and others in the conduct of nursing practice.”
- Standard 12: Ethics “The forensic nurse integrates ethical provisions in all areas of practice.”

Standards of Professional Performance

Forensic Nursing: Scope and Standards of Practice (2009), p. 43-

- Standard 13: Research “The forensic nurse integrates research findings into practice.”
- Standard 14: Resource Utilization “The forensic nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.”
- Standard 15: Leadership “The forensic nurse provides leadership in the professional practice setting and the profession.”



Expectations of Nursing

- Critical Thinking
- Evidence based practice
 - Keep an eye on literature that talks about “us”
- Professional responsibility



Care Provided by SANEs

- MUST be part of holistic nursing care
- We take care of patients; not “victims”
- We take a history not a “report”
- Patient gives a history, not a “story” (or an interview)
- History is for the purpose of planning and providing care
- We provide certain services at the request of the patient





Hospital Based SANE Issues

- Nurse Practice Act
- JCAHO
- Hospital Policy
- Medical exception to hearsay
- Evidence Based Practice

- HIPAA (covered in legal section of course)



Nurse Practice Acts

- Laws in Kansas
- Definition of nursing practice levels
- Protection of the public
- Determination of requirements for licensure
- Educational requirements
- Regulation bodies
- Is the defined SANE role within the parameters of your Nurse Practice Act?
 - YES



Kansas Nursing Practice Act

- “Diagnosis” in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.



Kansas Nursing Practice Act

- “Treatment” means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.



CAMH
Comprehensive Accreditation
Manual for Hospitals

February, 2005

JCAHO

Joint Commission Accreditation of Hospital
Organizations



Two Standards for Victims of Abuse

Standard PC.3.10

- Patients who may be victims of abuse or neglect are assessed:
 - a. (*See* standard RI.2.150. Ethics, Rights & Responsibilities)
 - b. (*See* standard PC.3.10 Provision of Care, Treatment & Services)

Rationale for PC.3.10

- Victims of abuse or neglect may come to a hospital in a variety of ways. The patient may be unable or may be reluctant to speak of the abuse, and it may not be obvious to the casual observer. Staff needs to be able to identify abuse or neglect as well as the extent and circumstances of the abuse or neglect to give the patient appropriate care.

Rationale for PC.3.10

- Criteria for identifying and assessing victims of abuse, neglect, or exploitation should be used throughout the hospital.
- The assessment of the patient must be conducted *within the context of the requirements of the law to preserve evidentiary materials and support future legal actions.*



Elements of Performance for PC.3.10

1. The hospital develops or adopts criteria[†] for identifying victims in each of the following situations:
 - Physical assault
 - Rape
 - Sexual molestation
 - Domestic abuse
 - Elder neglect or abuse
 - Child neglect or abuse



Elements of Performance for PC.3.10 (cont)

2. Appropriate staff is educated about abuse or neglect and how to refer as appropriate.
3. A list of private and public community agencies that provide or arrange for assessment and care of abuse victims is maintained to facilitate appropriate referrals.



Elements of Performance for PC.3.10 (cont)

4. Victims of abuse or neglect are identified using the criteria developed or adopted by the hospital at entry into the system and on an ongoing basis.
5. The hospital's staff refers appropriately or conducts the assessment of victims of abuse or neglect.



Elements of Performance for PC.3.10 (cont)

6. All cases of possible abuse or neglect are reported to appropriate agencies according to hospital policy and law and regulation.

7. All cases of possible abuse or neglect are immediately reported in the hospital.



Intent and Scoring of Standard

- Identify
- Assess
- Appropriate care
- List of private & public community agencies
- Provide appropriate referrals



Hospital Policy

- Criminal code
- Family code



Hospital Policies

- American College of Emergency Physicians
- Evaluation and Management of the Sexually Abused Patient
- 1-800-798-1822
- www.acep.org



Medical Diagnosis Exception to Hearsay

- Outcry
- Excited Utterance
- Medical Diagnosis



Rule 803. Hearsay Exceptions;
Availability of Declarant Immaterial

- ... (4) Statements for purposes of medical diagnosis or treatment.



Hearsay Federal Rules of Evidence

- “Statements for purposes of medical diagnosis or treatment and describing medical history, or past or present symptoms, pain, or sensations, or the inception or general character of the cause or external source thereof insofar as reasonably pertinent to diagnosis or treatment.”
 - Rule 803

Rule 803. Hearsay Exceptions; Availability of Declarant Immaterial

- F.R.E. Note to Paragraph (4).

The same guarantee of trustworthiness extends to statements of past conditions and medical history, made for purposes of diagnosis or treatment. It also extends to statements as to **causation, reasonably pertinent** to the same purposes, in accord with the current trend.

Rule 803. Hearsay Exceptions; Availability of Declarant Immaterial

- F.R.E. Note to Paragraph (4).

Even those few jurisdictions which have shied away from generally admitting statements of present condition have allowed them **if made to a physician for purposes of diagnosis and treatment in view of the patient's strong motivation to be truthful.**



Hearsay Federal Rules of Evidence continued

- FOOTNOTE: “Under the exception the statement need not have been made to a physician. Statements to hospital attendants, ambulance drivers, or even members of the family might be included.”



Hearsay Federal Rules of Evidence

- “Conventional doctrine has excluded from the hearsay exception, as not within its guarantee of truthfulness, statements to a physician consulted only for the **purpose of enabling him to testify.**”



Forensic Nurse Examiner Sexual Assault Nurse Examiner

- Nursing Science
- Understanding the law & legal system
- Build the Bridges
- Precision
 - Precision of practice
 - Precision of articulation



THE Medical/Forensic Evaluation

- History
 - Diagnosis and Treatment
- Head to Toe Assessment
- Genital Examination
 - Acute / Chronic
- Collection of Forensic Evidence



Evidence Based Practice

- Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values.

(Fineout-Overholt E, 2010)

EBP

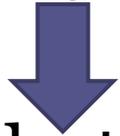
(Fineout-Overholt E, 2010)

- Leads to better clinical decisions and outcomes
- Gives clinicians the tools to take ownership of their practice
- Contributing factors include: Mentors, academic and clinical practice partnerships, research, time and resources, and administrative support
- ***“Evidence Based Nursing/Practice:*** An integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families, and communities who are served.”

EBP Process

Assess the patient

Ask your clinical question



Select the appropriate resources

Appraise the evidence



Integrate the evidence with your expertise and patient preference

Evaluate your performance

Medical History

- Goal – to be non-duplicative to a forensic interview
- General rule – ask yourself, do we do “that” in any other practice of healthcare?
 - Details of where and how the event occurred
 - Address of all locations of events (other than to determine jurisdiction)
 - Body diagrams vs. identification of body parts
 - Anatomical dolls



History

- We do NOT have to have a clear statement
- If the history is given per parent/care giver, that is fine, just state it in your documentation



Sustainability

- IAFN
 - Technical Assistance
- International Association of Forensic Nurses SANE Sustainability Project Manager
- 410-626-7805 ext 105

Quiz Instructions

**Kansas Coalition Against Sexual and
Domestic Violence**

785-232-9784

coalition@kcsdv.org

[Click here to access the quiz](#)