



Featured Article

# A Novel Approach to Sexual Assault Nurse Examiner Training: A Pilot Program

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## KEYWORDS

sexual assault;  
simulation;  
sexual assault nurse  
examiner training;  
SANE

## Abstract

**Background:** Sexual assault nurse examiners are highly specialized trained nurses.

**Methods:** In order to meet our institution's need to recruit and train experienced registered nurses as sexual assault nurse examiners, we developed a multimethod, simulation-based training model designed to streamline the educational process and preserve the quality of education. The training program incorporated human manikin-based simulation and specially trained actors.

**Results:** In less than one year, this program trained enough registered nurses to provide 24-hour coverage for our institution's five facilities.

**Conclusion:** Simulation-based training that incorporates simulated sexual assault victims is an effective model that meets the goals of staffing specially trained sexual assault nurse examiners.

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Many Sexual Assault Nurse Examiner (SANE) programs across the United States struggle consistently with inadequate staffing while trying to identify effective and efficient methods of initial and ongoing training (US Government Accountability Office, 2016). Lynch (2011) stated "existing forensic services have been proven inadequate to sufficiently address the vast crimes against women and children,

victims of sexual and domestic violence, socio-cultural crimes, abusive religious rituals, and atrocities that accompany armed conflict" (p. 69). Furthermore, as Ferguson and Faugno (2009) point out, it is a problem for forensic nurses to obtain and maintain relevant skills.

Studies show that sexual assault examinations completed by SANEs may result in better medical outcomes and higher prosecution rates due to better evidence collection (US Government Accountability Office, 2016). Nurses who are trained to perform forensic sexual assault examinations must complete a prescribed training process as defined by state and national protocols. This training typically includes a 40-hour didactic session, speculum insertion practice, and completion of three real sexual assault examinations under

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the direction and guidance of an experienced SANE preceptor.

Our health system is located in a large Midwestern city and is comprised of three acute care hospitals with emergency departments (EDs), two free-standing EDs, a surgical hospital, and numerous outpatient clinics. Approximately 150 sexual assault victims are seen annually within the system, primarily through the EDs. Sexual assault victims that are not seen by a SANE are cared for by nurses and physicians typically with minimal forensic training. The SANE program is responsible for providing 24/7 coverage and support to sexual assault situations with many victims, within the state.

Our program leadership found training on actual sexual assault victims can be difficult to arrange, time consuming, costly, and emotionally difficult for the patients. At our institution, 6 to 18 months may be necessary for a nurse to complete three patient examinations successfully, with an average of around 11 months. We have found that these prolonged training times lead to frustra-

tion for the new trainee, a diminishing level of retained examination-related knowledge, and, ultimately, program attrition. Additionally, the cost of SANE training can be a substantial investment. At our institution, the approximate cost for the SANE training was \$2,500 per nurse. Thus, each SANE lost to attrition impacts the financial solvency of the SANE program.

The use of actual sexual assault victims to train new SANEs is not optimal. Such a training experience has the potential to negatively impact the new SANE's confidence or could cause increased emotional distress for the victim. As experienced SANEs know, victims can present with an array of emotional responses to a sexual assault. Consequently, SANEs must not only be competent in the methodological processes of evidence collection but also be prepared to cope with the uncertainty of human response. In response to the immediate need for qualified SANEs, we designed and evaluated a novel multimethod, simulation-based training pilot program. The program

included use of a human patient simulation manikin and simulated sexual assault victims (SimVics). SimVics are individuals who are trained to portray a sexual assault victim.

The purpose of this pilot study was to examine the benefits of experiential learning methods, including a multimethod simulation approach, as a rapid, immersive, and cost-effective strategy for training new SANEs. Specifically, the program sought to decrease total training time, decrease training costs, increase confidence of SANEs, increase availability of SANEs, and create a positive learner experience.

## Theoretical Framework

The theoretical framework for this study is found in experiential learning (Kolb, 1984). The importance of experience on learning was documented by Dewey (1938), who stated the "quality" of the experience is important, not just the experience alone. Damewood (2016) stated, simulation allows for students to apply what was learned in classroom and small group settings to professional practice. It further allows for practicing without causing harm to a real patient. Additionally, Naik and Brien (2013) indicated simulation can improve patient safety through the guidance of clinical practice or secondarily through use of best educational practices.

Kolb's (1984) experiential learning cycle incorporates concrete experience, reflective observation, abstract conceptualization, and active experimentation. Learning is a continual process, according to Kolb, and "learning is the process whereby knowledge is created through the transformation of experience" (p. 38). Thereby, the simulations used in this pilot provided a realistic experience of being able to conduct a forensic examination. In-the-moment and posttraining event feedback were provided on an individual basis.

## Materials and Methods

The training for the pilot study was conducted in accordance with our state's Department of Public Health Protocol (Ohio Department of Health, 2016). The training was conducted at our institution's simulation center and approved by the institutional review board. The participants included 19 registered nurses who were already employed by the health system and seeking secondary per diem position as a SANE. There was one primary trainer, who was a BSN-prepared Forensic Nurse Manager with more than 10 years of SANE experience and SANE-A certification. A SANE-A is a sexual assault nurse examiner who has completed additional training and passed a comprehensive examination validating knowledge and expertise in the field (International Association of Forensic Nurses, 2017).

### Key points

- Sexual assault nurse examiners require specialized training to perform effectively in the clinical setting.
- Highly specialized, simulation-based training supplemented with live simulated sexual assault victims is an important component of achieving optimum results in this specialized training.
- Our multimethod, simulation-based teaching model effectively streamlined this educational process and resulted in shortened training times, potential reduced training cost, and highly confident trained sexual assault nurse examiners.

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