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Patient Care Services / Nursing

A "Standardized Patient" to Validate the Competency of SANEs

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Published In/Presented At

Howatt, A. Kennedy, D. Sabbatini, S. Rice, M. (2017, September). *A "Standardized Patient" to Validate the Competency of SANEs*. Poster Presented at: Emergency Nurses Association Annual Meeting, St. Louis, Missouri.

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A "Standardized Patient" to Validate the Competency of SANEs

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Standardized Patient (SP): someone who has been trained to reliably and consistently portray a patient with a health care problem, in this case, sexual assault.

LEARNER OBJECTIVES

Acquire knowledge to:

- Design a competency-based orientation for the novice sexual assault nurse examiner (SANE)
- Utilize a SP for simulation
- Develop a performance-based validation tool

PURPOSE

Gain an increased number of competent SANEs.

DESIGN/SETTING/SAMPLE

Design: Staff development quality improvement project

Setting: Academic, community Magnet[®] organization with three emergency departments, Level 1 trauma center and two community hospitals

Sample: Registered nurses who desired to become competent SANEs

References:

- 1. Fitzpatrick, M., Ta, A., Lenchus, J., Arheart, K., Forman Rosen, L., Bimbach, D. (2012). Sexual Assault Forensic Examiners' Training and Assessment Using Simulation Technology, Journal of Emergency Nursing, 38 (1), 85-90e6
- 2. International Association of Forensic Nurses (2013). Sexual Assault Nurse Examiner Education Guidelines. Retrieved from w.forensicnurses.org/?page=2013EdGuidelines&hhSearchTerms=%22Educational+and+Guidelines%22
- 3. Simonian, L., & Shane, D. (2013, June 7). Use of Simulation in SANE Competency and Training. Lecture presented at ENA Horizons Conference 2013, Nittany Lion Inn, 200 West Park Avenue, State College, PA.

BACKGROUND

Problem: Struggle to achieve orientation and demonstrate competency of SANEs, related to:

- Limited dollars for learning resources (live and self-learning)
- Challenges related to attaining real-time clinical learning opportunities and demonstrating skills

Consequence: Sexual assault exams performed by physicians instead of specialty trained SANE nurses

ACTIONS

- Grant funding obtained for education Enhanced classroom
 - and electronic self study
- Literature review and oral conference presentation suggested simulation
- Use of SP within simulation, except mannequin for pelvic physical exam

Sexual Assault Adult Examination PERFORMANCE CHECKLIST				
Printed Name			Unit:	
The named health care provider has n	net all performance criteria (critical beh	aviors) identified b	low	
as of, validated by:	Signature			
Date			Printed Na	me
I have been validated as noted above	Employee Signature	on	Date	
Date	Signature of Evaluator	Printe	f Name	
CRITICAL BEHAVIORS	agrante o Linano	77000	NOT	COMMENTS
			MET	
1.Consults with Primary RN for bas	skground information including P?	4H/ Allergies		
2. Verifies that Crime Victims Cour or declined by patient	ncil Patient Advocate was offered a	nd is in route		
	ncil Patient Advocate was offered a	nd is in route		
or declined by patient				
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OUTCOMES

- 1 number of SANEs 15 to 24 over 3 years
- \downarrow in exams by physicians
- \downarrow length of clinical competency validations from 12-24 months to 4-12 months

IMPLICATIONS

Simulation with an SP can be utilized as a learning opportunity and demonstration of competency for a wide variety of clinical skills.



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