



WSU Sexual Assault Nurse Examiner Program Report

BACKGROUND

The Washington State University College of Nursing is one of Washington's leading producer of nurses, with nursing education available at WSU locations in Spokane, the Tri-Cities, Vancouver, and Yakima. A sexual assault nurse examiner (SANE) is a registered nurse specifically trained to provide evidentiary examinations of sexual assault victims. In addition to other services, SANEs provide medical assistance while also assessing, documenting, and preserving evidence for potential prosecutions. The SANEs conduct forensic examinations where sexual assault evidence kits are collected. There is no state-issued license or endorsement for a SANE, the International Association of Forensic Nurses grants SANE certification to registered nurses upon completion of approved training courses.

The only SANE education program in Washington was at Harborview Medical Center in Seattle until the enactment of HB 1622 by the state in 2022, which tasked the WSU College of Nursing with establishing a SANE education program in Eastern Washington. It also tasked the College with establishing a regional SANE leader pilot program. The law further requires WSU to submit annual reports to the Legislature for the SANE education program and the SANE leader pilot program.

As follows is an overview of the WSU SANE education program and the SANE leader pilot program.

WSU SANE EDUCATION PROGRAM OVERVIEW

Since the law was passed, the WSU College of Nursing has partnered with the International Association of Forensic Nurses (IAFN) to offer Registered Nurses and Advanced Practice Registered Nurses (APRNs) nurses in Eastern Washington a comprehensive SANE training program. [SANE Education Guidelines](#) require a 40-hour didactic educational program and a clinical component that includes simulated patient encounters and skills competency evaluation. To facilitate immediate training for nurses in Eastern Washington, the WSU College of Nursing adopted a 2-pronged approach to program development and implementation. During Year 1 (academic year 2022-23), the College provided access to:

- (1) A [41-hour online didactic program offered by IAFN](#) that prepares nurses to practice in the role of the SANE nurse with adolescent and adult patients; and,
- (2) An IAFN approved and nationally recognized [in-person SANE two-day clinical skills course](#).

During Year 2 (academic year 2023-24), the WSU College of Nursing has been preparing a 40-hour online didactic course that will be provided at a reduced registration rate to RNs/APRNs in Eastern Washington. This course has been developed to meet not only the IAFN national education requirements but also include state and regionally specific information including relative sexual assault statistics, scope of practice, responsibilities and accountabilities of the SANE nurse examiner, and agency-specific guidelines provided in state law. In addition to forensic nursing specific information, the modules will also include varied video recordings from various multidisciplinary content experts including detectives from local law enforcement agencies, the FBI, advocacy agencies, Title IX coordinators, and the Washington State Crime Lab. Course content and digital resources have been finalized and are currently in final design production with a focus on learner-engagement and interactivity. Once completed on June 30th, 2024, it will be submitted for final approval/accreditation by IAFN then launched on the College of Nursing website as an alternative to the IAFN courses.



The WSU course includes 13 modules for 40-hours of didactic instruction that comprises:

- Scope and Standards of Practice, including national state and regional laws and regulations.
- Victim Responses and Crisis Interventions providing information from regional and local law enforcement agencies
- Collaborating with Community Agencies that identifies regional and local community partners and resources (e.g., Mujeres in Action, YWCA resources, Lutheran Community Resources, county prosecutors
- Medical Forensic History Taking
- Physical Examination Findings
- Medical Forensic Specimen Collection with video recordings from county laboratory personnel.
- Medical Forensic Photography
- Sexually Transmitted Infections that identifies county and regional treatment partners and clinics.
- Pregnancy Evaluation and Care
- Medical Forensic Documentation
- Discharge and Follow Up Care with interviews and information from local/regional agencies that accept referrals.
- Legal Considerations and Judicial Proceedings
- Crime Victims Compensation

The WSU College of Nursing didactic modules are designed to be immersive and interactive with a variety of learning modalities including: recorded podcasts, interviews with area specific experts from Eastern Washington, static content that summarizes recordings and presented in a manner that encourages quick referral and review, references and resources, including a regional directory of service providers and non-governmental and governmental agencies that will ultimately be provided as an online and searchable database that can be an enduring resource for the Regional Leadership Program. Testing will follow completion of each module and participants will be required to achieve a 100% pass-rate to be able to progress to the in-person clinical component of the training program.

The two day in-person clinical skills course develops and evaluates clinical skills competencies that include: physical exam components, correct instrumentation for examination, laboratory specimen collection, forensic photography, history taking and best practices for documenting the assault, discharge planning and instructions, and documentation of the examination, specimen collection and photography processes. Legal practices and scope of practice are again reviewed with all participants during the on-site component of the training. Training schedules include a didactic and demonstration sequence, practice sessions with the sexual assault evidence collection kit, instrument placement with task trainers and models, pelvic exam practice sessions with task trainers, evidence collection with task trainers, simulation experiences with different types of standardized patients, and case-based learning with a wide variety of scenarios. All participants will engage in practice-based competency evaluation sessions and simulation-based standardized patient scenarios. A full overview of the clinical skills course can be found in the appendix.

To date, all participants have accessed the IAFN online didactic course. The fee for the two-day course is \$425 for individuals with an out of state registered nurse (RN) license, while individuals with a Washington state RN license pay \$225 after a \$200 scholarship funded by the WSU SANE Education Program. When the WSU College of Nursing course becomes

available, Washington State residents will pay no more than \$200 while out of state participants will pay \$400. In addition, the two-day skills intensive requires an additional \$425 fee, with Washington state participants paying \$225 after a \$200 scholarship supported by the WSU SANE Education Program. Full scholarships will be available for an additional 10 RN participants from Spokane and 10 from Yakima, once the College's online didactic program launches in July 2024.

To date, the clinical skills training course has been offered twice on the WSU Spokane Campus with four separate sessions scheduled for WSU Spokane (August and November 2024) and Yakima (March and May 2024).

SANE LEADER PILOT PROGRAM OVERVIEW

The Washington Sexual Assault Nurse Examiner Leader Pilot Program continues to evolve. A first step in creating a SANE Leadership Program is the development of the IAFN-approved didactic and in-person clinical skills intensive program that meets national standards for SANE RN preparation. The two-day clinical skills intensive is the first program in Washington to offer the IAFN required clinical skills training and competency evaluation. Prior to the availability of this course, nurses seeking SANE certification had to travel out of state. With the WSU program, the IAFN-approved didactic course will be accessible and tailored to the needs of Eastern Washington at a reduced cost. Additionally, the clinical skills intensive will be available to RNs across the state. A second regional support mechanism that will support improved care to victims of sexual assault and facilitate SANE RN practice will be the enduring online resource directory that will be maintained through the WSU College of Nursing.

Dr. Vicky Sattler, Project Director for the WSU SANE Education Program has provided leadership and support to several entities as the program explores needs within the region and state, opportunities for collaboration, interest across acute care and community-based agencies for sexual assault program assets in Eastern Washington. Over the past two years, these activities have included:

- Attendance and advocacy with the Forensic Services Subcommittee through the Office of the Washington State Attorney General, providing opportunities for collaboration and networking throughout the state for hospitals, training sites such as Harborview, and needs assessment.
- Attendance at the Campus Sexual Assault Subcommittee for the House Postsecondary Education and Workforce Committee as an opportunity to network and explore opportunities for regional partnerships between WSU College of Nursing and Pullman Regional Hospital to support WSU students.
- Establishing a partnership between Pullman Regional Hospital and Washington State University to address the sexual assault regional needs in rural eastern Washington. Working with Pullman Regional Hospital staff in Catherine Becker, Emergency Department Manager and SANE Coordinator, and Jeannie Eylar, Chief Clinical Officer, WSU and Pullman Regional Hospital have coordinated with hospitals in Colfax, Moscow, Lewiston, Clarkston to explore federal Health Resource and Services Administration grant funding opportunities that would support creation of a Regional Center of Excellence to support sexual assault survivors in Eastern Washington.
- Exploring possible academic partnerships across Eastern Washington to determine what services and resources are needed to not only support students with a history of sexual assault but improve interventions that can reduce the incidence and prevalence of sexual assault. This includes meeting with WSU's Compliance and Civil Rights



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office to better understand the implications of Title IX for university students that have experienced assault. Meetings are being planned with similar offices at other institutions of higher education in the state to discuss how a regional leadership program can partner to better support services for students who have been sexually assaulted. Discussions would include creating professional development for nurses already certified as SANEs and creating materials for universities about SA exams and survivorship.

During the remainder of 2024, the WSU College of Nursing plans to convene a one day meeting to discuss the programming for a SANE Leadership program with healthcare, governmental, university and community agency partners led by Dr. Jose Pares-Avila, WSU College of Nursing Associate Dean for Community Engagement and Dr. Vicky Sattler, WSU SANE Education Program Director.

SANE 2-DAY CLINICAL SKILLS – OVERVIEW

DAY 1				
Objective	Outline	Time Frame	Teaching method required by IAFN	Presenters
<p>1. Differentiate specific structures of the female genital anatomy.</p> <p>2. Differentiate specific structures of the male genital anatomy.</p>	<p>Identify the following female structures:</p> <ul style="list-style-type: none"> • Mons • Clitoris • Labia majora • Labia minora • Urethra posterior fourchette/commissure • Fossa navicularis • Hymen • Cervix • Anus, anal canal, rectum <p>Identify the following male genital structures:</p> <ul style="list-style-type: none"> • Root of penis • Shaft of penis • Glans of penis • Foreskin • Scrotum • Anus, anal canal, rectum <p>Simulation:</p>	<p>60 min total</p> <p>60 min didactic</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Didactic: Julianne Rohr SANE-A Dawn DePriest DNP</p> <p>Simulation: Identification of structures is incorporated into each of the 5 rotations listed below.</p>

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3. Demonstrate the proper use of a catheter for hymen visualization.	<p>Foley catheter balloon technique</p> <ul style="list-style-type: none"> • Explanation to the patient • Insertion • Inflating the balloon • Assessing the hymen • Removal <p>Simulation Rotation #1:</p> <ul style="list-style-type: none"> • Identification of female genital structures • Catheterization placement 	<p>60 min total</p> <p>30 min didactic</p> <p>30 min sim rotation</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Didactic: Julianne Rohr SANE-A Dawn DePriest DNP</p> <p>Simulation Rotation #1: Vicky Sattler RN Female SP x 1</p>
<p>4. Describe speculum insertion technique</p> <p>5. Manipulate the speculum to visualize the cervix</p> <p>6. Describe speculum removal technique</p> <p>7. Demonstrate performance of the speculum examination</p>	<p>Speculum exam:</p> <ul style="list-style-type: none"> • Explanation to the patient • Insertion • Use of lubricant versus no lubricant • Identification of the cervix • Removal 	<p>120 min Total</p> <p>90 min didactic and mannequins</p> <p>30 min sim rotation</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Didactic: Julianne Rohr SANE-A Dawn DePriest DNP</p> <p>Simulation: Dawn DePriest DNP Female SP x 1</p>

	<p>Insertion practice:</p> <ul style="list-style-type: none"> Practice insertion on mannequin models prior to insertion on SP's <p>Simulation Rotation #2:</p> <ul style="list-style-type: none"> Identification of female genital structures Speculum insertion on female SP 			
<p>8. Identify the proper medium for culture collection.</p> <p>9. Demonstrate appropriate culture collection for STI's.</p>	<p>Collection of cultures</p> <ul style="list-style-type: none"> GC CT KOH/wet prep Herpes/viral <p>Simulation Rotation #4:</p> <ul style="list-style-type: none"> Identification of female genital structures Speculum insertion on female SP (if needed) Culture collection with swab 	<p>120 min total</p> <p>90 min didactic</p> <p>30 min sim rotation</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Didactic: Julianne Rohr SANE-A Dawn DePriest DNP</p> <p>Simulation: Jen Cantrell SANE-A Female SP x 1</p>
<p>10. Identify the critical components of clinical photography.</p>	<p>Clinical photography</p> <ul style="list-style-type: none"> Patient identification Patient consent Medical record 	<p>60 min total</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation</i></p>	<p>Didactic: Julianne Rohr SANE-A</p> <p>Simulation:</p>

<p>11. Demonstrate the effective use of the camera to document findings.</p>	<p>Camera</p> <ul style="list-style-type: none"> • Explanation to the patient • Set-up • Close-up • Focus • Body surface • Genital <p>Simulation Rotation #5:</p> <ul style="list-style-type: none"> • Review components of the camera • Review how to take pictures for an SA exam. SP may be clothed for this, but have makeup done to signify injuries. 	<p>30 min didactic</p> <p>30 min sim rotation</p>	<p><i>laboratory with clinical preceptors required by IAFN</i></p>	<p>SANE-A certified RN or SPD corporal who photographs victims Female or Male SP</p>
<p>12. Describe the mechanism of action of toluidine blue dye application.</p> <p>13. Identify the appropriate location for toluidine blue</p> <p>14. Demonstrate proper application</p>	<p>Toluidine blue 1% aqueous solution</p> <ul style="list-style-type: none"> • Explanation to the patient • Application • Removal with KY jelly/lubricant • Positive uptake versus negative uptake • MSDS sheet 	<p>60 min total</p> <p>30 min didactic</p> <p>30 min sim rotation</p>	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Didactic: Julianne Rohr SANE-A Dawn DePriest DNP</p> <p>Simulation: Julianne Rohr SANE-A Jen Cantrell SANE-A Vicky Sattler RN No SP required</p>

of 1% toluidine blue dye 15. Demonstrate proper removal of 1% toluidine blue dye	Simulation Rotation #5: <ul style="list-style-type: none"> • Toluidine dye example • No SP required, can be done as a large group or 2 smaller groups 			
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DAY 2				
Objective	Outline	Time Frame	Teaching method required by IAFN	Presenters
1. Identify the key components of effective history taking 2. Demonstrate effective history taking skills	<ul style="list-style-type: none"> • History • Presenting complaint • History of the presenting complaint • Past medical/surgical history • Drug/allergy history • Contraception history • Pregnancy history • Family history • Personal/social history 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors	Didactic: Julianne Rohr SANE-A Vicky Sattler RN Simulation: Dawn DePriest DNP Female SP x 1
3. Identify the key components of the physical exam 4. Demonstrate the complete head-to-toe assessment	<ul style="list-style-type: none"> • Review of systems • Physical Assessment/review of systems • Head-to-toe exam of all body surfaces • General • Vision • Head and neck 	60 min	Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptor <i>Head-to-toe assessment is incorporated into each simulation scenario, specific to the scenario</i>	Didactic: Julianne Rohr SANE-A Vicky Sattler RN Simulation: Julianne Rohr SANE-A Female SP x 1

	<ul style="list-style-type: none"> • Pulmonary • Cardiovascular • Gastrointestinal • Genitourinary • Ob/gyn/breast • Neurological • Endocrine • Infectious diseases • Musculoskeletal • Mental health • Skin and hair 			
5. Prepare the adolescent and adult for the anogenital exam.	<p>Communication about the exam</p> <ul style="list-style-type: none"> • Has patient undergone this type of exam before? • Explain positioning • Explain equipment 	30 min	<p>Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors</p> <p><i>Preparing the adolescent and adult for the exam is incorporated into each simulation scenario, specific to the scenario</i></p>	<p>Didactic: Julianne Rohr SANE-A Vicky Sattler RN</p> <p>Simulation: Julianne Rohr SANE-A Female SP x 1</p>
6. Identify the rationale behind collection of specific evidentiary specimens 7. Demonstrate proper body orifice and surface collection of evidence.	<p>Evidence collection</p> <ul style="list-style-type: none"> • Buccal swabs • Oral swabs and smear • Bite mark swabbing • Other body surface swabbing • Fingernail clippings/swabbings • Anal swabs and smear 	150 min	<p>Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors</p> <p><i>WA State SA evidence collection kit available, participants have opportunity to view box prior to simulated patient.</i></p>	<p>Didactic: Julianne Rohr SANE-A Vicky Sattler RN</p> <p>Simulation: Julianne Rohr SANE-A Female SP x 1</p>

<p>8. Demonstrate proper material evidence collection.</p> <p>9. Demonstrate proper packaging of evidentiary materials.</p> <p>10. Demonstrate proper sealing of evidentiary materials.</p> <p>11. Demonstrate proper</p> <p>12. maintenance of chain of custody for evidentiary materials.</p>	<ul style="list-style-type: none"> • Vaginal swabs and smear • Cervical swabs and smear • Head hair combing/pulling • Pubic hair combing/pulling • Clothing • Evidence packaging • Evidence sealing • Chain of custody 			
<p>13. Formulate a sexual assault-specific plan of care based on the overall assessment and diagnosis</p> <p>14. Verbalize and defend the plan of care based on overall assessment and diagnosis</p> <p>15. Explain the care options to the simulated patient</p>	<p>Plan of care:</p> <ul style="list-style-type: none"> • Inclusive of individualized, patient-specific needs, based on the given scenario • Verbalize the rationale for the plan to the preceptor • Explain care options to the patient, ensuring that patient choice is a top priority 	180 min	<p>Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors</p> <p><i>Plan of care incorporated into each simulation scenario, specific to the scenario</i></p>	<p>Didactic: Julianne Rohr SANE-A Vicky Sattler RN</p> <p>Simulation: Julianne SANE-A Female SP x 1</p>

Day 2 Scenarios		
	Description	Instructor
Case Scenario # 1	<p>A 20-year-old female patient reports that she was at a party last night with friends and believes that she “might have been raped.” She states that she “drank a couple shots of tequila, but I usually do,” but this time she thinks that she passed out. She explains , "That's never happened to me before when I'm drinking tequila. We were partying in a field on the rez, had a bonfire, and I woke up in the field this morning with nobody else around, but my pants were gone and it hurts down here," pointing to her genital area.</p> <p>Health history: None; denies receiving any primary healthcare or prevention; uncertain of immunization status</p> <p>Sexual/GYN History: Has a boyfriend x 4 months; i s sexually active with him; denies using birth control; gravida 0 para 0</p>	Julianne Rohr SANE-A
Case Scenario # 2	<p>A 60-year-old female patient reports that, when she was a child, her father and brother came to her bedroom and had sex with her every week. She states that she has never before told anyone. She further reports that, when she was 16 years old, she left home with her boyfriend, but she never married. She took care of herself and lived off the reservation. Six months ago, she decided to return to the reservation—back to her culture and her people—and has been living there since. Three days ago, her brother arrived at her house, blamed her for their father's death, and forced her to have vaginal intercourse with him as punishment.</p> <p>Health History: Diabetes type 2</p> <p>Sexual/GYN History: Gravida 0 para 0; total abdominal hysterectomy with bilateral oophorectomy 6 years prior</p>	Dawn DePriest DNP

<p>Case Scenario # 3</p>	<p>A 15-year-old female patient reports that she spent the night at her aunt and uncle's house two nights ago and that her uncle entered her bedroom in the middle of the night. She states that he rubbed her back, told her that she “was beautiful and that he needed me,” kissed her neck, digitally penetrated her vagina, tried to insert his penis in her anus, and vaginally penetrated her vagina without wearing a condom. She is uncertain if he ejaculated.</p> <p>Health History: None; reports that her mother routinely brings her to the clinic for immunizations</p> <p>Sexual/GYN History: Denies any previous sexual activity, consensual or otherwise; denies using any birth control; gravida 0 para 0</p>	<p>Vicky Sattler RN</p>
<p>Case Scenario # 4</p>	<p>A 43-year-old female patient arrives, accompanied by law enforcement officials. She reports that, two hours ago, her husband of 15 years arrived home “drunk,” physically assaulted her with his fists, kicked her with his feet, and struck her head with the butt of his gun. She states that he forced her to perform oral sex on him, but that he could not get an erection, which was “when he got out the gun and hit me with it.” She reports that he was then able to achieve an erection and vaginally penetrated her with his penis. She does not believe that he ejaculated, noting that he tends to have difficulty with this. She also reports that he tried to shove his entire fist in her vagina.</p> <p>Health History: Hypertension, receiving treatment at the clinic, although she reports that her husband sometimes discards her medication when he is angry with her; obesity</p> <p>Sexual/GYN History: Gravida 4 para 3; reports 1 miscarriage in the first trimester; each live birth was a vaginal delivery without episiotomy or tearing; treated 2 months ago at the clinic for GC and suspects that her husband is “screwing around.”</p>	<p>Jen Cantrell SANE-A</p>

Case Scenario # 5	<p>A 32-year-old female patient reports that she was walking home about four hours ago when a border patrol van pulled up and the passengers dragged her into the vehicle. She states that three men who were dressed in border patrol uniforms forced vaginal and anal sex on her and that none of them were wearing condoms. She denies recognizing any of them. She states, “When they were done, they dumped me on the road.”</p> <p>Health History: None</p> <p>Sexual/GYN History: Gravida 1 para 1; married for 2 years with a 1-year-old child</p>	TBD DNP
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Optional Rotations Included for Day 1 or Day 2				
Objective	Outline	Time Frame	Teaching method required by IAFN	Presenters
Additional practice for speculum insertion	<p>Simulation Rotation #6-9: OPTIONAL</p> <ul style="list-style-type: none"> Incorporate additional rotations for nurses to practice speculum insertion 	Optional	<p><i>Note: Clinical practice and demonstration using live model patients in a simulation laboratory with clinical preceptors required by IAFN</i></p>	<p>Simulation: Dawn DePriest DNP Julianne Rohr SANE-A Jen Cantrell SANE-A</p>