Adapted from the University of Colorado Hospital Forensic Program

Feb. 2023

Mentor:

Name: _____

Hire Date: _____

Completed:

TOPICS	Manager	Date	Age Specific Population	Subject Details
Week One	Initials	Verified	. Se openner opennen	
FNE Course Certificate on file			NA	Completion of 40-hour SANE-A:
				Completion of 43-hour SANE-P:
				Completion of 64-Hour SANE A-P:
				Completion of 16-hour mentorship:
Department Orientation			NA	Department policies/procedures/guidelines
				Tour of department, organization
				Orientation notebook
				Scheduling
				Online TEAM (ZOOM, etc.) meetings
				Staff Meetings
ED Tour			NA	Location of pyxis, linen, ordering pt food, water/ice machine, PAR,
				charge desk, officer lounge, Social Workers location, tube station, door
				codes
FN space tour			NA	FNE supplies, workflow, evidence locker, forensic room(s) review,
				contacts for lab/pharmacy, medications
Payroll			NA	Review of timecard processes
Courtroom Observation and			NA	Minimum 16 hours courtroom observation in SA trial, especially
Training				healthcare provider witness, expert witnesses
				Training with local prosecutor(s):
Speculum proficiency			NA	Signed off by MD/APN:
Mock SA/Pelvic Exam with			NA	Done:
Manager (week 7)				
POCT Urine Pregnancy Test			NA	
process				
Phlebotomy			NA	
Anorectal evaluation			NA	External and Internal
Use of TB Dye			NA	

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Mentor:

Name: _____

Hire Date: _____

Completed: _____

TOPICS	Preceptor	Date Verified	Age Specific Population	Subject Details
Weeks Two through Seven Emergencies	Initials	verified	NA	Emergency numbers and how to call
Emergeneies				Crash Cart location
				CODE BLUE
Paperwork			NA	Review each page of record
				Addendums (strangulation, other)
				Chart reviews/audits done:
				Participation in Peer Review:
				Electronic documentation
				Charting guidelines
				Orders
				Medication guidelines
				Patient Transfer
				Is copy of record given to law enforcement – considerations
Inpatient consultation			All	Or other consults
				Does your team respond to various sites? Each site needs orientation
				How to order a consult
SANE Cart review			NA	Supplies, extra charts, DFSA supplies, needles
				Cleaning
				Restocking
				Storage and Supply spaces
				Camera system
				Evidence lockers
Infectious Disease			All	PPE, equipment cleaning, PDI wipes, gloves, hand sanitizer
Prevention				
Patient Transport Equipment			All	Wheelchairs, stretchers, slide board
Patient Exam reviewed			All	Head to Toe assessment – see precepted exams, page 7

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Completed: _____

TOPICS	Preceptor	Date	Age Specific Population	Subject Details
Weeks Two through Seven	Initials	Verified		
Forensic Photography			All	Cortexflo \ Eva \ Canon / Set up, charging, cleaning Colposcope / Etc. Bookend photographs Close up and focus Invert filters Documentation
Alternate Light Source			All	Review policy/guideline Demonstrate use including filters, focus Difference between fluorescence vs. absorption Documentation
Medications			All	STI prophylaxis HIVnPEP Pain Management Emergency Contraception 5 Rights of medication Admin Narcotic wasting Admin routes (PO, SQ, IM, IV) Access to Pyxis (or other med storage)
Intimate Partner Violence			Adult/Adolescent	Danger Assessment documentation Power/Control Wheel Safety Planning resources

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Mentor: _____

Name: _____

Hire Date: _____

Completed:

TOPICS	Preceptor	Date	Age Specific Population	Subject Details
Weeks Two through Seven	Initials	Verified		
Strangulation			All	Neck measurement
				CN assessment
				Imaging guidelines
				Use of ophthalmoscope/otoscope
				D/C Instructions
Suspect Evidence Collection			Adult/Adolescent	Review policy
			Possible Peds	Document one precepted suspect exam on exam list
Evidence Collection			All	Clothing – what to collect, documentation, sealing bags, storage, chain of custody
				Evidence swabs: guided by history
				swabbing technique
				prevention of contamination
				drying
				packaging and labeling
				Chain of Custody
Anoscope			Adult/Adolescent	Indications, use
				Photography
DFSA Kit			All	Indications for collection
				Time frames for collection
				Evidence collection before hospital collection
				Blood and Urine kits
				Fridge
				Documentation
				Patient Education
STI Testing/Prophylaxis			All	Review policy
				ALWAYS test children!

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Mentor:

Name: _____

Hire Date: _____

Completed:

TOPICS	Preceptor	Date	Age Specific Population	Subject Details
Weeks Two through Seven	Initials	Verified		
Evaluating Capacity and			All	Age of consent
Consent/Assent Process				Dementia
				Developmentally delayed
				Impaired
				Substance use/abuse
				Unconscious
				Review policy/guideline
				Consent minor vs. adolescent/adult
				Consent documentation
				Consent/assent is fluid
				Other:
Human Trafficking			All	Assessment
				Resources
				HT Screening Tool
CPS/APS			All	Mandatory reporting guidelines
				Contacting CPS/APS
				Documentation
Determining Serious Bodily			All	Review qualifications for SBI
Injury (SBI)				Documentation
Discharge after Exam			All	Home vs. back to ED
completion				Referrals for:
				Social Work
				Behavioral Health
				Public Health Department
				Private Provider
				Reviewing discharge paperwork
Patient Comfort/Distraction			All	Blanket warmer, ice packs, TV, reading materials, breathing techniques,
Techniques				aromatherapy, imagery, cell phone, etc.

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Mentor:

Name: _____

Hire Date: _____

Support Waiting areas			All	location for family/support members
TOPICS	Preceptor	Date	Age Specific Population	Subject Details
Weeks Two through Seven	Initials	Verified		····· , ·····
Law Enforcement Agencies			NA	Determining/contacting appropriate agency
_				Obtaining case number
				Authorization for PHI, as needed
				Contacting Dispatch for pick up
				Chain of Custody and/or Evidence Lockers
Resource List			NA	Review list of resources in SANE binder
Advocates			NA	Call for every patient
				Community vs. Systems Advocate
Spiritual Support			NA	Contacting spiritual support as needed
				Review Call List
Interpreter			NA	FRIENDS/FAMILY ARE NOT TO BE USED AS AN INTERPRETER
				Accessing interpreters
Other:				

Completed: _____

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Feb. 2023

Name:		Hire Date:				
Mentor:				Completed:		
Precepted Exams:	Туре	Date	Adult/Adolescent/Peds	Preceptor Signature		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
Type of Exam:						
SA Sexual Assault	HT	Human	Trafficking IPV	Intimate Personal Violence Elder >59 years		
******	******	*******	******	***************************************		
Preceptor Initials: Pre	ceptor Signature	e:	Prec	ceptor Initials: Preceptor Signature:		
Preceptor Initials: Pre	ceptor Signature	e:	Prec	ceptor Initials: Preceptor Signature:		
Preceptor Initials: Pre	ceptor Initials: Preceptor Signature:			ceptor Initials: Preceptor Signature:		
Manager/designee Signature	e verifying comp	letion of Or	ientation:	Date:		