Scenario-Based Learning for Forensic Nurse Examiners

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Abstract

Problem: Approximately 53 million American women have faced a form of violent sexual crime during their lives. Victims often report experiencing further trauma by a healthcare professional who does not have specialized training.

Intervention: Scenario-based trainings prove beneficial in helping handle and address challenging individuals or conversations, in addition to being made aware and addressing one's own biases. Participation in these trainings have a positive effect on participants' attitudes, beliefs, and behaviors, in addition to increasing confidence in their roles and improving patient outcomes.

Measures: The Likert Scale, utilizing a zero to five scale, with zero being "not at all" and five being "very" regarding each participant's perception of their own levels of comfort, confidence, and preparedness in each of the three scenarios, which are: human trafficking, a patient with mental health concerns, and difficult communication with a law enforcement officer. The survey was given before and after the training, means and standard deviations analyzed.

Results: Twelve individuals participated and took the pre- and post-training evaluations. The data showed that there was an overall increase in the means in each of the three areas being evaluated, in each of the three scenarios, and an overall decrease in the SD in the post-evaluation results compared to the pre-evaluation results.

Conclusions: Findings support incorporating scenario-based training to increase participants' own perceptions of feeling comfortable, confident, and prepared to come off orientation, practice independently, and take call.

Keywords: Scenario-based learning, forensic nurse examiners, SANE, sexual assault, domestic violence, violence against women

Scenario-Based Learning for Forensic Nurse Examiners

The Rape, Abuse, and Incest National Network (RAINN) cites that 1 in 6 American women have been a victim of attempted or completed rape in their lifetime (Scope of the Problem: Statistics, n.d.). Additionally, according to the Bureau of Justice Statistics' Criminal Victimization report of 2018 (2019), 734,630 individuals reported a crime of rape/sexual assault to law enforcement, this is a rate of 2.7 per 1,000 people. In 2017, that number was 393,980, or a rate of 1.4 per 1,000. This is more than double increase in a one-year period. In 2018, the number of reports of domestic violence was 1,333,050, or a rate of 4.8 per 1,000, compared to 2017 where the number was 1,237,960 or 4.5 per 1,000 (Criminal Victimization, 2018 , 2019). The rates of sexual assault and domestic violence continue to increase year-to-year, and therefore the need for properly trained forensic nurse examiners (FNE) becomes increasingly important. Effective orientation programs can decrease total training time, decrease the overall cost to the hospital, increase personal perception of levels of comfort, confidence, and preparedness of FNEs, and create a positive learner experience.

Overview

Problem Description

Sexual assault is a major public health issue in the United States. Approximately 53 million American women have faced a form of violent sexual crime during their lives (Delgadillo, 2017). Although most survivors do not seek medical care and only 34% report the assault to law enforcement, those who do seek care often present to an emergency department (Delgadillo, 2017). Sexual assault nurse examiners (SANEs) typically work with a multidisciplinary team (MDT) composed of law enforcement officers, healthcare professionals, victim advocates, and prosecutors to address the victim's acute and long-term needs (Delgadillo, 2017). Sexual assault survivors often report experiencing further trauma by a healthcare professional who does not have specialized training and therefore, the

unprepared healthcare professional may give hurtful responses or inadequate care (Patterson, et al., 2020).

Many forensic nurse programs across the United States struggle with inadequate staffing while trying to identify effective and efficient methods of training. Additionally, it is difficult for nurses to obtain and maintain relevant skills (Marks et al., 2017). The training for FNEs typically includes a 40-hour didactic session, speculum insertion practice, and completion of multiple real sexual assault examinations under the direction and guidance of an experienced FNE preceptor (Marks et al., 2017). The use of actual patients to train nurses is not optimal, as it can lead to increased emotional distress for the patient and potentially negatively impact the new nurse's confidence (Marks et al., 2017). This process ideally takes about 6 months to complete and however research suggests it is taking new nurses 12-18 months to establish competency.

The Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART) Program (also referred to as the FNE program) was created in honor of a sexual assault survivor (About the Heidi Wilke SANE/SART Survivor Program, n.d.). The program is located within a community hospital health system serving a Midwestern metropolitan city and surrounding areas. When the program was created in 2003, initially only victims of sexual assault and intimate partner violence (IPV) were being seen. Since its creation, the program has also started seeing victims of elder abuse and human trafficking. Due to the unpredictability of the wide variety of cases, it is difficult to train new employees in the field. Many new FNEs are hesitant to come off orientation due to not feeling comfortable, confident, or prepared in working with patients in each unique case type. Due to this concern and the need for FNEs to be competent in multiple complicated areas, adding scenario-based training to the current FNE onboarding was proposed.

The following question was explored through this capstone project: Do forensic nurse examiners (P) with scenario-based training added to their on-boarding (I) feel more comfortable, confident, and

prepared (O) following one training session (T) compared to prior to the training session (C)? Comparing the mean ratings of the post- to the pre-evaluation, and seeing a resulting increase, indicate a successful training and therefore met outcomes.

In the past few years, sexual assault and human trafficking have been more prominent in the news and therefore awareness of these topics has greatly increased. As they are more openly discussed and education is being increased, the FNE program has seen an increase in the number of cases. One benefit of the increased media and cultural attention is that more victims are reporting the crimes to receive forensic medical examinations by FNEs (Valentine, 2018). As the number of cases has increased, the need for new FNEs has also increased. As these issues are becoming more central in the public's eye, it is important for FNEs to attain the standards set forth by the International Association of Forensic Nurses (IAFN) and the organization.

Available Knowledge

Population

Forensic nursing combines nursing care with the legal system and forensic sciences (Valentine, 2018). A forensic nurse is a registered or advanced practice nurse who has received specific and specialized education and training. FNEs receive a minimum of 40 hours of specialized training to address the complex needs of survivors, including acute health and emotional needs, medical forensic evidence collection, and assessment of injuries (Patterson et al., 2020). These nurses must follow a patient-centered approach that incorporates building rapport and establishing trust, putting survivors at ease, showing compassion, and adapting to each survivor's needs to make the exam process comfortable (Patterson et al., 2020). This patient-centered approach is defined as empowering survivors in addition to treating them with respect, withholding judgement, restoring a sense of control, offering options, and respecting survivors' decisions (Patterson et al., 2020). The patient-centered approach is

important for legal prosecution because survivors might be more willing and capable of participating in the prosecution process when they are less distressed (Campbell et al., 2011).

In addition, forensic nurses provide consultation and testimony for civil and criminal proceedings relative to nursing practice, care given, and opinions given regarding findings. Forensic nursing care is not separate and distinct from other forms of medical care, but rather integrated into the overall care needs of individual patients (Cataruozolo, 2015).

Intervention/Comparison

Victims of violence and abuse require care from a health professional who is trained to treat the trauma associated with the wrong that has been done to them, whether it is sexual assault, intimate partner violence, human trafficking, elder abuse, or other forms of intentional injury. FNEs are a critical resource for anti-violence efforts. They collect evidence and give both fact and expert testimony that can be used in a court of law to apprehend or prosecute perpetrators who commit violent and abusive acts (Campbell, 2004). Due to the unique position and requirements of FNEs, it is crucial that they not only know medical and nursing knowledge, but also the basics of the justice system. It is for this reason that it is essential that new FNEs have consistent and thorough onboarding.

Nunnick and Thompson (2018) found that utilizing scenario-based simulations led to better communication skills with patients, improving patient satisfaction, and the participants felt more confident in their skills following engaging in the scenarios and subsequent discussion. Each of these outcomes would be of immense benefit to the organization's FNE program. Additionally, Hursen and Fasli (2017) found that scenario-based learning was much more effective compared to reflective learning approaches. Utilizing multiple teaching and learning strategies will increase effectiveness as well as the learner's retention of the information (Hursen & Fasli, 2017).

Pertiwi and Hariyati (2019) identified that current orientation protocols consist of preceptorship, classes, and simulations of patient care. The most effective orientations have well-

established goals and utilize proven learning materials, support systems such as preceptorship and mentorship, learning methods, and evaluation instruments within the organization (Pertiwi & Hariyati, 2019). Examining and subsequently drawing from successful orientation programs will help ensure success in on-boarding new FNEs. Scenario-based trainings have been proven to reduce students' common mistakes in examinations and enhanced their performance (Uysal, 2016). Additionally, both students and instructors stated their experiences were positive and beneficial in their training experiences.

Due to the difficult nature of the FNE cases, scenario-based trainings may prove beneficial in helping handle and address challenging individuals or conversations, in addition to being made aware and addressing one's own biases. Participation in these trainings have a positive effect on participants' attitudes, beliefs, and behaviors, in addition to increasing confidence in their roles and improving patient outcomes (Martin et al., 2016). Additionally, FNEs must be equipped to handle stressful situations with ease. Simulation training has increased students' feelings of preparedness for high-stress, high-impact scenarios, and medical emergencies (Thompson Bastin et al., 2017). Scenario training can help students consider situations in which they had not considered possible outcomes and help them establish skills before having to use them in practice (Mikkelsen et al., 2008).

Sousou Coppola et al. (2019) found it to be beneficial in the development of educational interventions to increase identification, assessment, and referral of human trafficking (HT) victims who present to the clinical setting for care. Several comments made by the respondents in this study clearly identified the need for HT education related to insufficient education and understanding of this public health issue (Sousou Coppola et al., 2019). HT is a primary area of discomfort among FNEs and an area to be addressed through scenario-based training.

Wong and Ling (2016) found the use of scenarios modelling challenging situations enabled participants to better relate to patients and learn appropriate communication skills. Subsequently, they

were better equipped to apply learned skills to convey holistic care to patients and caregivers (Wong & Ling, 2016). The researchers used real-world patient examples and improved communication skills which lead to more holistic care.

Rationale

This capstone project was based off the Revised Iowa Model (Iowa Model Collaborative, 2017) (see Appendix A). The Iowa Model of Research-Based Practice to Promote Quality Care was originally developed and implemented to improve the quality of patient care and create change in practice at a unit or organizational level (Titler et al., 2001). As the goal of this project was to improve orientation for forensic nurses and subsequently improving patients' experiences, the Iowa Model was appropriate and applicable for this capstone.

Step 1 states to identify the trigger where an EBP change is warranted (Iowa Model Collaborative, 2017). The hospital system in which the project was implemented had already identified FNE orientation as an area in which change was needed. Step 2 is to determine if the problem at hand is a priority for the organization, practice, department, or unit (Iowa Model Collaborative, 2017). The FNE program manager identified it as a need as the new FNEs are not coming off orientation in a timely, or fiscally responsible way. The organization did not have the staff or time to be able to dedicate to the issue but were open to having a doctoral student address the concern.

Step 3 is to form a team that will develop, evaluate, and implement the EBP change (Iowa Model Collaborative, 2017). The team for this project was the FNE program manager and a training expert from a partner organization to develop the scenario-based trainings. Regular meetings were scheduled to develop and discuss the training leading up to the scheduled training day.

Step 4 is to gather and analyze the research related to the desired practice change. This includes formulating a good research question using the PICO(T) method and conducting a literature search

looking for related research studies (Iowa Model Collaborative, 2017). A thorough literature search had been completed and information had been compiled on the importance of forensic nurses, the value of implementing scenario-based trainings, in addition to statistics regarding the prevalence of sexual assault, domestic violence, etc. Step 5 says to critique and synthesize the research discovered during the literature search. This includes reviewing the research to determine if the change is scientifically sound (Iowa Model Collaborative, 2017). After reviewing the literature, it was determined that the population is in high need for improved orientation. Additionally, scenario-based training had been scientifically proven to assist in learning processes with positive outcomes.

Step 6 is to stop and decide if there is sufficient research to implement a practice change, and if there is, then move onto step 7 (Iowa Model Collaborative, 2017). There is sufficient research that supports implementing scenario-based trainings into FNE orientation. Step 7 is to implement change into a pilot program (Iowa Model Collaborative, 2017). The plan was to trial the training with the current FNE team. If it was successful, it will be incorporated into all FNE onboarding and potentially shared with the other area hospital FNE programs.

Finally, step 8 is to evaluate results (Iowa Model Collaborative, 2017). Step 8 requires the following questions to be asked: Is the change feasible and does it result in improved outcomes? Is the change appropriate for full adoption within the department/practice/organization? This project was able to be implemented at little cost to the organization, and with immense benefit. The data shows and increase in participants' personal perceptions of their levels of comfort, confidence, and preparedness following the scenario-based training day. Therefore, this change is feasible and does result in improved outcomes.

Per the Iowa Model, after the change is introduced into the department or organization, there is need to continue to observe, evaluate, and analyze the results. As technology and research changes, this may be an issue that will need continued evaluation (Iowa Model Collaborative, 2017).

Purpose

The purpose of this project was to determine if implementing scenario- based trainings in the orientation of new FNEs increased their personal perceptions of their levels of comfort, confidence, and preparedness compared to their levels prior to the training.

Methods

Context

The SANE/SART program in which the scenario-based training was implemented is within a community hospital health system in a Midwestern metropolitan and surrounding area. The health system is made of four hospitals, the SANE/SART program currently serves two of the four. Additionally, the hospital health system is the area's oldest not-for-profit health care system. The FNE program manager served as a supervisor and collaborator in the implementation of this capstone project.

The populations served by the program include victims of sexual assault, domestic violence, human trafficking, and elder abuse. The prevalence of these crimes has continued to increase over time. The state in which the program is located saw a 10.5% increase in arrests in forcible rape cases, and a 4.5% increase in aggravated assault arrests between the years of 2018 and 2019 (Commission on Law Enforcement and Criminal Justice, 2020). Alternatively, there was a 9.6% decrease in sexual offenses arrests, a 1.3% decrease in simple assault arrests, and finally a 1.8% decrease in arrests in offenses against family and children (Commission on Law Enforcement and Criminal Justice, 2020). The organization offers adult and adolescent victims of sexual assault, domestic violence, elder abuse, or human trafficking a place to go where they can receive immediate, comprehensive, and compassionate care as well as evidence collection from healthcare professionals specifically trained and educated to

meet their unique needs (About the Heidi Wilke SANE/SART Survivor Program, n.d.). These crimes know no race, gender, or socioeconomic status. The program serves a wide variety of individuals in the community and surrounding areas.

The program was formed in 2003 to care for victims of sexual assault. In 2014, the program expanded to include victims of domestic violence, sex trafficking, strangulation, elder abuse, and neglect (Boatright, 2017). This expansion doubled the number of patients that were receiving care. When the program first started, there were 10 nurses and 27 patients that first year. In 2017, this program was the only forensic nursing program in the state of Nebraska, with 32 nurses, and more than 400 patients being seen annually (Boatright, 2017).

The FNE team currently responds to about 30 calls per month, or about one call per day on average. In 2018, approximately 350 cases were seen by FNEs at the organization (Nohr Ramm, 2019). FNEs provide competent and compassionate care acutely along with expert and factual testimony when cases progress to court. By providing FNEs with more education and experience working with challenging and unique cases, they are being better prepared to serve difficult populations. Additionally, in utilizing FNEs, it allows emergency department (ED) staff and law enforcement to fulfill other needs and responsibilities within their position.

Intervention

Implementing scenario-based training for the onboarding forensic nurse examiners began with meeting with the FNE program manager to discuss what the hospital already has in place for the orientees and their goals for the training. During this meeting, the following topics were identified as areas in which the manager would like to emphasize in the training to best bolster new employees' orientation experiences: human trafficking, mental health, and difficult law enforcement officers. It was also discussed in this initial meeting that the training should be implemented in a one, eight-hour day of training.

The lead training specialist at a collaborating partner agency, with experience in developing and providing various scenario-based trainings to the community, was sought out to partner with for this project. After an initial meeting with the FNE program manager deciding on the topics for training, multiple meetings were held with the lead training specialist to create a plan to develop and implement the training. The lead training specialist has shared the process for which he created other scenario-based trainings in the past. He recommended forming a goal for the overall training in addition to learning objectives for each of the three scenarios.

Regarding planning for the implementation, the date of the training was first set. Then, moving backward, a practice run with the trainers and actors was scheduled for two weeks prior to the training day. Approximately two months prior to the training date, a meeting was scheduled to develop the PowerPoint and handout materials to be used. Finally, a meeting was set for a few months prior with the FNE program manager and lead training specialist to finalize the scenarios and discuss learning objectives.

The FNE program manager had already identified a need for an improved orientation. A community needs assessment was conducted to narrow down how a capstone project can best assist in what is already being implemented for the team at this community hospital health system. In the community needs assessment, it was identified that orientees stay on orientation longer than is ideal per the manager and community hospital health system. Interviews were completed with the FNE team to discuss why there is hesitancy coming off orientation. Through these interviews, it was identified the primary reason of fear to be independent and not be on orientation, is the fact that FNEs are called to address a multitude of situations, many of which may not been seen or taught while a nurse is on orientation, thus leaving new FNEs feeling uncomfortable and unprepared.

Due to the unpredictability of the cases that come through, it was decided that simulating the less common cases would be best for nurses to gain the experience and therefore become more

comfortable, confident, and prepared being independent on call. Sexual assaults and domestic violence cases are the most common and each orientee sees an appropriate amount of these types of cases, so they were not considered for the scenario-based trainings. Cases in which there is HT, elder abuse, strangulation, HIV concerns, mental health, or difficulties with law enforcement were all considered for the trainings. After discussion regarding areas in which education can be provided verbally, through email, PowerPoint, or other means, compared to those that would be best suited for scenarios, the manager identified priorities of HT, patients with mental health concerns, and difficulties with law enforcement.

The FNE program manager, the lead training specialist from the partner agency, and this author met a few times prior to the training implementation day. The first meeting was to finalize the scenarios. The second meeting was to discuss and create the training materials. The third meeting was to rehearse the three scenarios and finalize any other details prior to implementation day. The scenarios were developed utilizing real-life situations members of the FNE team have faced, removing any identifying information for the patient and anyone else who was involved (see Appendix B).

Prior to the implementation day, an email was sent to the FNE team informing them of the training as well as the pre- and post- surveys, specifically stating this is part of a capstone project, that participation is voluntary, and responses are anonymous. Each participant received the goals of the training, applicable materials, and a schedule for the day, prior to the day of implementation.

Each scenario was presented by acting out a scene. Following the scene, participants were asked about the scene, specifically what is going on in the scene, what went wrong, and what would be an option for a correct response. This was an open discussion among attendees, moderated by this graduate student, FNE program manager, and the lead training specialist.

Study of the Intervention

The participants' training experiences were assessed using an online tool used to collect and analyze surveys (surveymonkey.com). The questionnaire assessed each participants' perception of their own levels of comfort, confidence, and preparedness regarding each of the three scenarios. The questionnaire was sent to each participant through a link in an email both before and after the training. The data was aggregated and reported anonymously.

Measures

This project's outcomes were measured using a Likert zero to five scale with zero being "not at all" and five being "very" regarding each participant's perception of their own levels of comfort, confidence, and preparedness in three separate scenarios. The scenarios included HT, a patient with mental health concerns, and difficult communication with a law enforcement officer. Each participant rated their levels of comfort, confidence, and preparedness on this 0 to 5 scale, both before the trainings, and again after.

A Likert scale is an ordinal scale from which respondents choose the option that best supports their opinion (Joshi et al., 2015). This scale is best used to quantify participants' views and opinions regarding a specific topic, which is the goal of this project, therefore utilizing a five-point Likert scale to measure responses is best practice.

Analysis

Means and standard deviations were used to analyze the descriptive data obtained from this capstone project. The mean showed an average among participants' perceptions of their own levels of comfort, confidence, and preparedness both before the scenario-based training and following. The results show an increase in the mean ratings compared to before and after. Additionally, standard deviation (SD) offered insight to how far each observed value was from the mean. The areas of variation were analyzed, showing a lower overall SD in the post-evaluation compared to the pre-evaluation

questions (Stratton, 2018). The increase in the mean results post-survey along with a low SD suggests participants experienced an increase in comfort, confidence, and preparedness.

Ethical Considerations

A consideration is that the lead training specialist and this author are coworkers at the partner agency together. Another ethical consideration that must be considered is that this graduate student is an employee of the FNE department in which the project has been implemented. To address this consideration, the FNE program manager issued the invitation for the training to prevent any of the participants from feeling pressured to attend due to it being implemented by a coworker or friend. Additionally, the FNE program manager sent out the survey link and training information to help maintain voluntary participation. An email was sent informing potential participants of the study, including that it is part of a capstone project. It informed them that participation is voluntary, and their jobs would not be negatively impacted if they chose not to participate in the training or surveys.

As all patient and other identifying information had been removed from the scenarios, and there was no patient involvement, there were no Health Insurance Portability and Accountability Act (HIPAA) or other ethical considerations for this project. Finally, this graduate student completed the Collaborative Institutional Training Initiative (CITI) and submitted this project for review to the college and health system's Institutional Review Board (IRB).

Results

Twelve individuals participated in the eight-hour training day and completed both the pre- and post-evaluations measuring levels of comfort, confidence, and preparedness. Analysis was done to show the means (see Figure 1) on the pre- and post-evaluation results, as well as the standard deviation (see Figure 2). There is an obvious, visual increase in the means from the pre-evaluation compared to the post-evaluation responses. Additionally, the results show a lower, overall, SD in the post-evaluation results compared to the pre-evaluation questions.

Figure 1

Pre- vs. Post-Evaluation Means

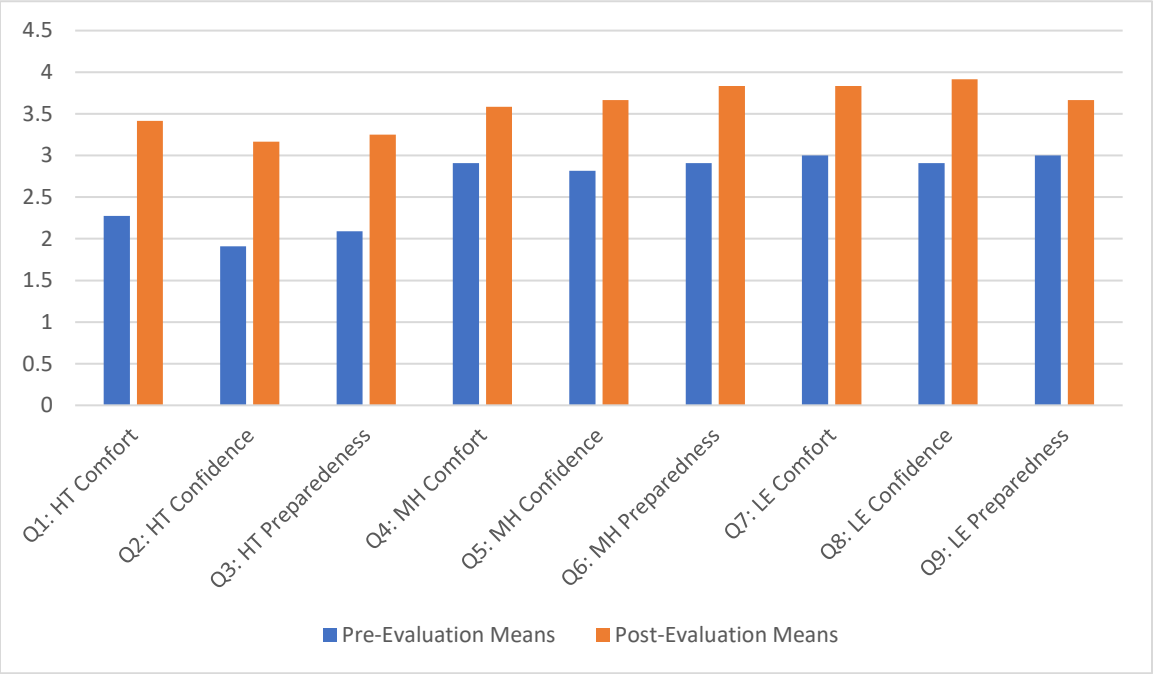


Figure 1. The vertical axis represents the 0 to 5 Likert scale ratings, and the horizontal axis represents the pre- (1-9) and post-evaluation (11-19) questions.

Figure 2

Standard Deviation

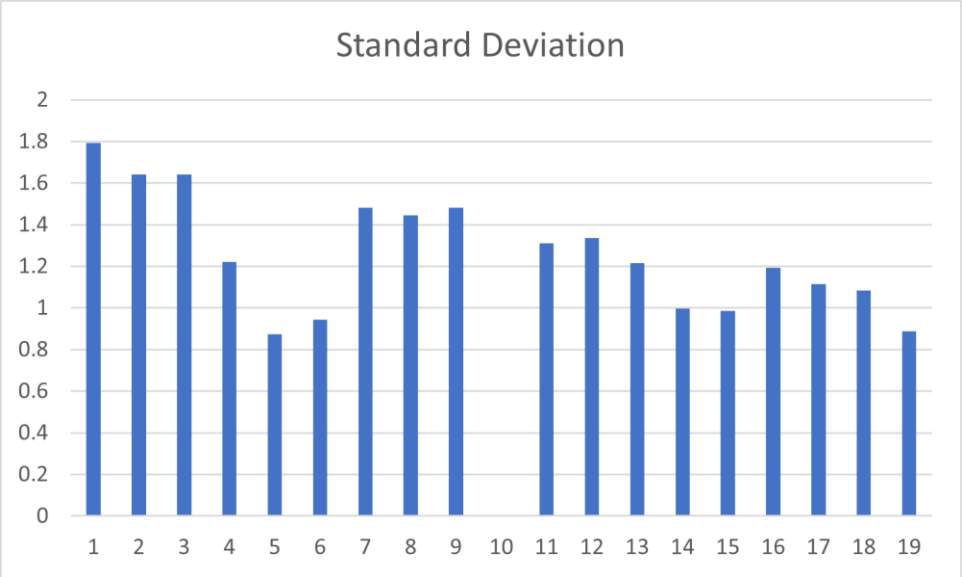


Figure 2. The vertical axis represents the numerical value for the SD, and the horizontal axis represent the pre- (1-9) and post-evaluations (11-19) questions.

Discussion

Summary

This project addressed whether incorporating scenario-based learning into the orientation of forensic nurse examiners would increase their levels of comfort, confidence, and preparedness. The data showed that there was an overall increase in the means in each of the three areas being evaluated, in each of the three scenarios. The data supports that incorporating scenario-based learning into the orientation for forensic nurse examiners improved their personal perceptions of their levels of comfort, confidence, and preparedness regarding the scenarios addressed. This supports a need for continued incorporation of scenario-based learning into the training of FNEs and in the orientation of new FNEs moving forward.

It is recommended that this training be repeated for continued learning and adapted for additional scenarios where further training may be needed as seen fit by the manager of the department.

Interpretation

Martin et al. (2016), found that participation in scenario-based trainings have a positive effect on participants' confidence in their roles, and the outcome of this project supports that finding and outcome as well. Thompson Bastin et al. (2017) reported that incorporating simulation training has increased students' feelings of preparedness. The results from implementing scenario-based training for FNEs supports this finding also.

Sousou Coppola et al. (2019) identified HT as an area in which further training was needed. According to the pre-evaluation means, HT had the lowest levels of comfort, confidence, and preparedness prior to the scenario-based training. This supports HT being an area that requires further training to support FNEs.

Limitations

The scenario-based training was originally designed to be delivered in an in-person setting. Due to the COVID-19 pandemic, this was not an option, and the training was delivered via Zoom call instead. Although the training was successful and had positive outcomes, an in-person setting fosters and promotes communication beyond the verbal, i.e., body language. The scenarios were created to be acted out and have the actors work off one another to set the scene, this is more difficult in digital setting in which all three actors are in different locations and all participants can see are their faces.

One way this limitation was overcome, was by utilizing the expertise of the lead training specialist. He had been conducting similar trainings via Zoom throughout the pandemic and had multiple tips and suggestions to help promote good communication and effective scenarios.

Another limitation was the number of participants. Originally, there was an expected 20-25 FNEs to attend the training day, but only 12 were in attendance. A higher number would have provided more data to support the outcome that the training increased levels of comfort, confidence, and preparedness. Although this limitation was not overcome on the day of the training, the FNE team

manager does plan to implement this training again in the future to ensure the entire FNE team has attended it, and potentially open it up to other FNE teams in the community.

Conclusions

The revised standards for quality improvement reporting excellence (SQUIRE 2.0) was used as a framework for reporting this project. This project addressed the increasing each participants' perception of their own levels of comfort, confidence, and preparedness in new forensic nurse examiners by incorporating scenario-based trainings into their orientation. Findings support incorporating scenario-based training to encourage orientees to come off orientation in the designated 6-month timeframe feeling comfortable, confident, and prepared to practice independently and take call. By continuing to utilize scenario-based learning with the scenarios developed in this project, or by developing new scenarios through identifying areas of further need within the FNE team, orientation and outcomes will continue to improve. Improving orientation may subsequently increase victims' experiences following their trauma and potentially increase prosecution rates.

References

About the Heidi Wilke SANE/SART Survivor Program. (n.d.). Retrieved from Methodist Health System: https://www.bestcare.org/womens-hospital/services/sexual-assault-and-domestic-violence/about-the-program/

Boatright, A. C. (2017). Transforming Care for Victims of Violence. *Journal of Nursing Administration, 47*(6), 301-302. Retrieved from doi:10.1097/NNA.0000000000000483

Campbell, R. (2004). The effectiveness of sexual assault nurse examiner programs. *National Online Resource Center on Violence Against Women*, 1-9.

Campbell, R., Greeson, M., & Patterson, D. (2011). Defining the boundaries: How sexual assault nurse examiners (SANEs) balance patient care and law enforcement collaboration. *Journal of Forensic Nursing, 7*(1), 17-26.

Cataruozolo, P. E. (2015). Forensic Nursing: Focus on SANE. *Journal of Legal Nurse Consulting, 26*(1), 33-37.

Commission on Law Enforcement and Criminal Justice. (2020). *Crime in Nebraska (2019)*. Nebraska. Retrieved from https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/2019%20Crime%20in%20Nebraska_1.pdf

(2019). *Criminal Victimization, 2018 .* Bureau of Justice Statistics. Retrieved from https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6686

Delgadillo, D. C. (2017). When There is No Sexual Assault Nurse Examiner: Emergency Nursing Care for Female Adult Sexual Assault Patients. *Journal of Emergency Nursing, 43*(4), 308-315. Retrieved from doi:10.1016/j.jen.2016

Hursen, C., & Fasli, F. G. (2017). Investigating the Efficiency of Scenario Based Learning and Reflective Learning Approaches in Teacher Education. *European Journal of Contemporary Education, 6*(2), 264-279.

Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175-182. doi:10.1111/wvn.12223

Joshi, A., Kale, S., Chandel, S., & Pal, D. (2015). Likert scale: Explored and explained. *Current Journal of Applied Science and Technology*, 396-403.

Marks, S. A., Kaiser, L., & McCleery, M. B. (2017). A Novel Approach to Sexual Assault Nurse Examiner Training: A Pilot Program. *Clinical Simulation in Nursing, 13*(12), 595-600.

Martin, P., Newby, M., Moran, M., Browne, M., & Kumar, S. (2016). Interprofessional scenario-based learning for new graduates in a regional setting: a pilot study. *Internet Journal of Allied Health Sciences and Practice, 14*(3).

Mikkelsen, J., Hegg Reime, M., & Harris, A. K. (2008). Nursing students' learning of managing cross-infections–Scenario-based simulation training versus study groups. *Nurse Education Today, 28*(6), 664-671.

Nohr Ramm, E. (2019). SANE/SART: From trauma to triumph. *The Meaning of Care Magazine*. Retrieved from http://www.bestcaretoday.com/articles/482

Nunnick, L., & Thompson, A. (2018). Peer-assisted learning in scenario-based simulation. *Medical Education, 52*(2), 557-558.

Patterson, D., Pennefather, M., & Donoghue, K. (2020). Shifting sexual assault forensic examiners orientation from prosecutorial to patient-centered: the role of training. *Journal of Interpersonal Violence, 35*(21-22), 4757-4778.

Pertiwi, R. I., & Hariyati, R. (2019). Effective orientation programs for new graduate nurses: A systemic review. *Enfermeria clinica, 29*, 612-618.

Scope of the Problem: Statistics. (n.d.). Retrieved from https://www.rainn.org/statistics/scope-problem

Sousou Coppola, J., Cantwell, E. R., Kushary, D., & Ayres, C. (2019). Human Trafficking: Knowledge and Awareness in Nursing Practice. *Journal of Nursing Practice Applications & Reviews of Research, 9*(1), 40-49.

Stratton, S. J. (2018). Likert Data. *Prehospital and disaster medicine, 33*(2), 117-118.

Thompson Bastin, M. L., Cook, A. M., & Flannery, A. H. (2017). Use of simulation training to prepare pharmacy residents for medical emergencies. *American Journal of Health-System Pharmacy, 74*(6), 424-429. Retrieved from doi:10.2146/ajhp160129

Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, L. Q., Buckwalter, K. C., Tripp-Reimer, T., & Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical care nursing clinics of North America, 13*(4), 497-509.

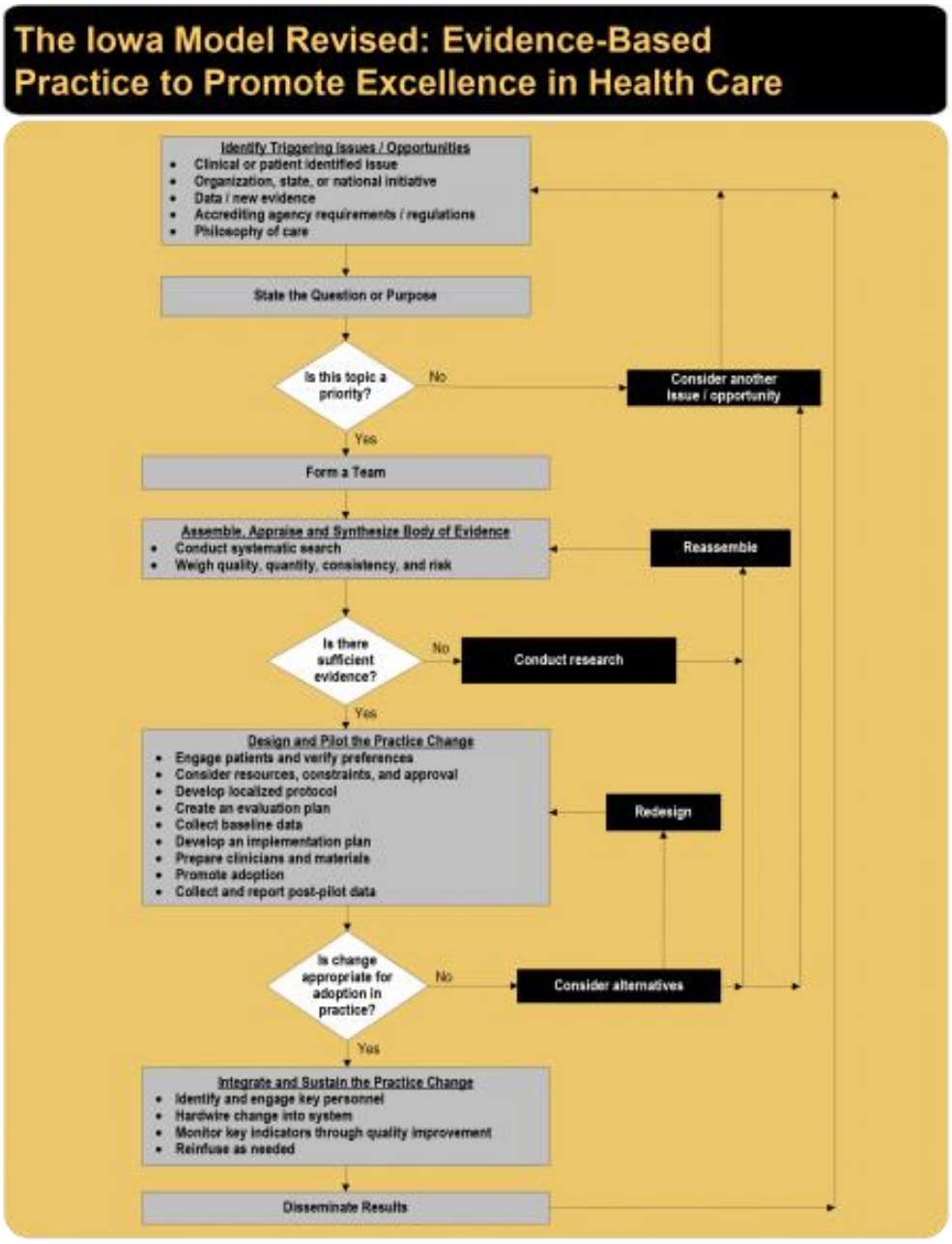
Uysal, N. (2016). Improvement of nursing students' learning outcomes through scenario-based skills training. *Revista Latino-Americana de Enfermagem, 24*.

Valentine, J. L. (2018). Forensic nursing: Overview of a growing profession. *American Nurse Today, 13*(12), 42-44.

Wong, K., & Ling, D. (2016). Using online and scenario-based learning to improve nurse-patient interaction and enhance patient experience. *World Hospitals and Health Services: The Official Journal of the International Hospital Federation, 52*(2), 31-37.

Appendix

Appendix A



(Iowa Model Collaborative, 2017)

Appendix B

Trafficking Scenario

Patient: Alexis Jacobsen, 22 years old

Alexis shows up in the emergency room with her boyfriend, Caleb. Alexis came in due to extreme pelvic pain. She was found to have an infection and was admitted. At intake, Alexis reported that she has chlamydia and it was also noted that she had bruising on bilateral inner thighs, left medial upper arm, abdomen. Alexis said she did not know where the bruises came from. The triage nurse tells you she isn't sure what to make of Caleb. She says he hasn't been rude, but has a lot of questions about the process, has all of Alexis' stuff, and has been insistent on being a part of all interactions with her and will answer questions for her often. The nurse also emphasizes to you that Caleb is Alexis' boyfriend because she was embarrassed and had to apologize to him when she mistook him as Alexis' father.

Outline

- He has her phone and ID
    - Intake said they are concerned from the triage nurse says that she has this person with them and has their ID and phone and seems to be running the show
    - Comes to the emergency room due to extreme pelvic pain
    - Infection required her being admitted
    - Reported bruising with unknown history
    - Has STIs
- First steps
    - Talk to nurse first
    - Introduce yourself as a forensic nurse
    - Ask about bruising first
    - Ask about living situation/work
    - Ask if they feel safety
    - Prompt for a discharge, my goal is to leave, we have to be somewhere
- He claims she has a history of drug use and she is trying to quit
- He claims she ran away due to parental substance abuse/physical abuse/unsafe home
- She is staying with his family, he lives with some 'cousins'
- He plays dumb on bruising, has her answer
- He claims STIs were because she had a history of sleeping around while using

Step 1: Can we get him to leave?

- Ask for suggestions for how to make this happen
- Provide suggestions and content
- Demonstrate the strategy to get him to leave

Continued scenario after trafficker is gone.

- Nurse asks patient if she is safe, patient says yes
- Nurse asks patient if she needs anything, patient says no
- Nurse tells she is worried about patient, patient says she is fine
- Patient asks nurse if she is almost done

- Nurse asks about who the male the patient is with is
- Patient says boyfriend and gets very nervous
- Nurse says she would like her to talk to a victim advocate
- Patient refuses and say she needs to leave and is going to go somewhere else

Step 2: What do we do to navigate this conversation more effectively?

- Ask for suggestions for how to make this happen.
- Provide suggestions and content
- Demonstrate the strategy to navigate this conversation.

Discuss how to continue the scenario with two different possibilities:

- What do I do if she never opens up?
- What do I do if she opens up but does not want to talk to LE or and advocate?
- What do I do if she opens up but the offender is present/around

Mental Health Scenario

Patient: Travis Perkins, 29 years old

You're a new nurse at this hospital and it's one of your first shifts. You are called to work with a sexual assault victim named Travis. Before going to meet with him, the triage nurse tells you, "It's Travis again." As a new nurse, you aren't sure what this means. The triage nurse sees your confusion and says, "Oh, you haven't seen Travis before? Well you will, this will likely be the first of many. He's here every week, sometimes multiple times a week. Just know whatever he tells you today, is something he's told us a thousand times before." You ask what this means and she says, "If I'm being honest, he just really wants attention and this apparently is his sick way of getting it. Don't enable him."

- Sexual assault victim
- Assaults are daily, they do not know who is assaulting them
- Denies:
    - Drug or alcohol use
    - Losing time
    - Memory impairment
    - Mental health history/medication/diagnosis
- Reports rope marks on arms and legs
- Reports discovering concerning objects around the home that the perp is 'object raping' her with, corn cob and Painters pole.
- Multiple reports to LE and has been to the Emergency Department previously as well
- Emotional about the lack of results from the process
- Patient has injuries
- Nurse is dismissive of patient-**We will break this into two parts, one where the patient simply presents and a second where the nurse responds inappropriately**
- "This isn't real and this isn't happening to you."
- You aren't going to help me either and I'm done…

Discuss the scenario

- Prompt the "what would you do" conversation after showing this scenario

- Talk about adjustments/considerations to be made regarding this exam
- Discuss how to approach this conversation with the patient
- Demonstrate this conversation

After the Conversation

- What should be done after the exam, regarding discharge and follow up
- Who else should be involved/consulted

Difficult Officer Scenario

Patient: Marissa Prescott, 20 years old

Marissa comes in after being sexually assaulted in a car after leaving a bar. Law Enforcement is contacted and comes to take a report from the victim. Marissa is nervous about this and asks you to stay with her while the officer is speaking with her.

Outline

- Officer asks victim what happened
- Victim explains story, how does the following outline sound?
    - Victim was at a club where there was a 'foam party'
    - Met a guy there and they flirted some
    - He said he would walk her to her car at the end of the night, but that he wanted to stop by his car first to plug in his phone because it was dying
    - So they stop there and he says he just needs to plug in his phone for a second and text his buddies. He invites her into the car.
    - While they are sitting in the car, he turns it on and he says he will just drive her to her car.
    - He ends up driving her to an alleyway and forces himself on her.
- Officer focuses the rest of the interview on her
    - Why were you at a foam party?
    - What were you wearing?
    - Were you flirting with him?
    - Why did you get into his car?
    - Why didn't you do anything when he didn't drive you to your car?
    - Did you tell him no?
    - Are you sure this wasn't consensual because it's not adding up
- Patient shuts down

Discuss the Scenario

- What was wrong with what the officer did?
- What was the response from the nurse? Patient?
- What could you do?
- What could be the negative consequences of these actions?
- Demonstrate the skill