**SANE Adult/Adolescent minimum of 12 hours clinical objectives –** The North Carolina Chapter of the International Association of Forensic Nurses **(**NCIAFN) Recommendations for Clinical Components to satisfy the North Caroling Board of Nursing Recommendations for SANE Practice.

<http://www.ncbon.com/dcp/i/nursing-practice-sexual-assault-nurse-examiner>

##

**NCIAFN Position Statement:**

The goal of the NCIAFN in addressing this issue is to promote the availability and access of consistent, evidence based SANE training. This will ultimately promote the definitive goal of ensuring a basic minimum standard of care to patients presenting for care following sexual assault on a 24/7 basis statewide.

The following clinical education content identifies the framework for the SANE who cares for the adult/adolescent sexual assault patient population. These target competencies outline the minimum level of instruction required during the clinical preceptorship experience. As with the didactic portion of training, the clinical competencies are grounded in the nursing process of assessment, diagnosis, outcomes/planning, implementation, and evaluation.

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The clinical skill acquisition for the Adult/Adolescent SANE is divided into three levels; Novice, Proficient and Advanced. These are defined as:

## Level 1: Establishment of \*Novice to Advanced Beginner Practice (Basic Clinical Component):

Level 1 specifies the clinical components which are to be completed during the initial clinical phase. During this phase, the nurse will develop a relationship with a medical provider (MD/NP/PA and/or North Carolina trained SANE) Observation/performance/review of a minimum of 2 adult/adolescent exams are required.

Performing the sexual assault examination and evidence collection is best completed in the presence of a SANE trained provider, however, this may be challenging for those in areas where access to these experts is lacking. The SANE may opt to develop a plan encompassing preparation for the examinations with the identified mentor and then review the examination and evidence collection with the mentor after the care has been provided.

Completion of all Level 1 components satisfies the basic clinical component as approved by the NC Board of Nursing and will allow the nurse to attain the status and designation of Adult/Adolescent SANE. However, this is not a certification designation, this is a demonstration of proficiency and ability to practice as a SANE in North Carolina.

Required clinical skills shall be performed until proficient, and proficiency is determined by the agency/institution/mentor assessing the required clinical skills. The NC-IAFN strongly recommends the clinical component be completed within 6 months of the didactic training.

SANEs should understand the completion of this level is the beginning journey in moving toward an optimal level of expertise in performing adult and adolescent sexual abuse/assault examinations. Ongoing mentorship will be needed for a significant amount of time and until the SANE has completed at least 50 exams over time to obtain expert status as an Adult/Adolescent SANE.

##

**Level 2: Establishment of \*Proficient Practice: Adult & Adolescent Examinations:**

Level 2 requires the Adult/Adolescent SANE to continue to review an additional 25 examinations performed with a medical provider (MD/NP/PA and/or North Carolina trained SANE).

## Level 3: Establishment of \*Expert Practice: Adult & Adolescent Examinations:

Level 3 requires the Adult/Adolescent SANE to complete a total of 50 examinations with review by a medical provider (MD/NP/PA and/or North Carolina trained SANE). Once the SANE has completed this requirement, then the SANE will only need to review examinations noted to have positive or unusual findings with an expert or as deemed necessary by the SANE.

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* Dreyfus Model of Skills Acquisition as a proposed model for skill acquisition to address, at each stage of training, the appropriate issues involved in facilitating advancement. This model moves adult learners through five levels of development: 1) novice 2) advanced beginner 3) competent 4) proficient, and 5) expert (IAFN; Dreyfus, 1980)

\*\*In the majority of cases, the newly trained SANE will begin her or his practice at the novice or advanced beginner stages of skill acquisition because both the patient population and the role are new to the nurse. For this reason, and in recognition of Benner’s description of clinical nursing development, it is recommended that a minimum of two years in clinical practice as a registered nurse occur prior to practicing as a SANE.

**\*\*\*Each individual employer or agency may have additional clinical and educational requirements that a participant may need to meet in order to practice as an Adult/Adolescent Sexual Assault Nurse Examiner within that specific institution\*\*\***

**Required Clinical Experiences: A minimum of 12 clinical hours is required to gain proficiency in the following areas.**

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| --- | --- | --- |
| **Level 1: Basic Clinical Component:****\*Novice to Advanced Beginner Practice** | **Number Minimums** | **Recommended Expertise of****Mentor/Preceptor** |
| **Adult/Adolescent Sexual Assault Examinations** *This may or may not involve direct observation of the Adult/Adolescent SANE trained provider at the time of the exam.* *Discussion should include, but not be limited to:* * *Evidence collection practices identified by jurisdictional evidence collection kits.*
* *Agency specific policy and procedure relating to the sexual assault patient population.*
* *Agency specific documentation practices (including photodocumentation).*
 | The nurse should complete a minimum of 2 directly precepted or reviewed examinations with a SANE trained provider.*(If performing speculum exams on* ***adolescents****, safe and competent practice will need to be documented by the preceptor)*  | Medical Provider (MD/NP/PA) and/or North Carolina trained SANE*If direct precepting is not available, the SANE-in-training will need to review their examination and charting with a NC-IAFN state chapter designated SANE mentor* |
| **Observation of Adult/Adolescent Case Review or Peer Review** | *This may be done on a one to one basis with an experienced provider. However, it is preferred that a formal case review/peer review session is attended either remotely or in person.*  | NCIAFN or Local Peer Review of a sexual assault case with an experienced Adult/Adolescent SANE Trained Provider |
| **Pelvic Examination****\*In lieu of the Speculum Exam Clinical Logs, a trainee may submit a signed Statement of Proficiency for Speculum Exams if the trainee is already competent in performing exams to the outlined specifications. This ONLY applies to nurses who perform speculum exams regularly and have completed roughly 10 exams within the past six (6) months.**  | Completion of precepted hands on speculum exams until signed off by a proctor to proficiency.Each exam should include a filled in gential diagram and signature of preceptor. | Medical Provider (MD/NP/PA) and/or IAFN Certified SANE-A |
| **Child Medical Examiner or Pediatrician****\*Specialized training is available for the pediatric specialty SANE.** | Observation of a forensic interview and examination by a child medical examiner or pediatrician. May be completed via online content if live clinical experience is not available. | Child Abuse Medical Provider (MD/NP/PA) and/or IAFN Certified SANE-P |

**Recommended Clinical Experiences**

*These will allow the SANE to be familiar with resources local to their area of practice*

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| **Law Enforcement***This may include the following: Detective, Patrol, Forensic Division or any combination of the above to satisfy the needs of your community.* | Local Law Enforcement Agency/Criminal Forensic Laboratory |
| **Courtroom Observation/District Attorney/Victim Witness** | Local Prosecutor or District Attorney’s Office and Courtroom |
| **Rape Crisis Center- Advocacy** | Local Sexual Assault Advocacy Agency |
| **Department of Social Services** | Local Department of Social Services |

\*\*All documentation of clinical completion will be maintained by the SANE and the agency. Total required hours = 12 clinical hours

PRECEPTOR:

An expert who undertakes to impart his/her clinical knowledge and skills in a defined setting to a preceptee. The preceptor must be appropriately privileged, board certified, skilled, and/or experienced in the procedure(s) and or technique(s) in question. In order to serve as a preceptor in a specific procedure or technique, the preceptor must be a recognized authority (e.g. publications, presentations, extensive clinical experience) in the particular field of expertise.

A qualified preceptor capable of determining competence in speculum insertion, visualization, and removal is defined as: a healthcare provider including a physician, physician assistant, advanced practice nurse, or a nurse practitioner experienced/proficient in speculum/pelvic examinations. The preceptor for speculum competency does NOT have to have experience in medical forensic examinations.

PROCTOR:

A proctor differs from a consultant or a preceptor in that he/she functions as an observer and evaluator, does not directly participate in patient care and does not serve simultaneously as a preceptor. The proctor must have qualifications allowing him/her to make a determination of competency based on the observations. These qualifications should be defined by the appropriate staff of the health care facility. In rare cases, a proctor may intervene during a procedure on an emergency basis, and assume responsibility for patient care in order to preserve the welfare of the patient.

A qualified preceptor capable of confirming participation in medical forensic examinations and/or observation for the purpose of this clinical workshop would include: A healthcare provider that has previous experience in conducting medical forensic examinations (forensically experienced) including a physician, physician assistant, advanced practice nurse, nurse practitioner, a certified SANE/FNE, or RN.

## ON-GOING DEVELOPMENT

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| **Level 2: Establishment of \*Proficient Practice: Adult & Adolescent Examinations** | 25 reviewed examinations (the exams completed during the initial clinical component count toward this number) | Medical Provider (MD/NP/PA) and/or North Carolina trained SANE |
| Documentation maintained by SANE & Agency | Documentation Case Review form -Attachment A |  |

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| **Level 3: Establishment of \*Expert Practice: Adult & Adolescent Examinations** | 50 Reviewed Examinations | Medical Provider (MD/NP/PA) and/or North Carolina trained SANE |
| Documentation maintained by SANE & Agency | Documentation Case Review form -Attachment A |  |

**SKILLS CHECKLIST**

The clinical component incorporates all of the IAFN educational guidelines and objectives recommended for the clinical component of the Adult/Adolescent Sexual Assault Nurse Examiner Training. The participant will demonstrate the following skills and obtain feedback.

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| Clinical Skill | DemonstratesProficient/SafePractice | Comments |
| 1. Explains the rationale for effective history taking skills
	* Completes accurate and complete medical histories when providing care to adult/adolescent patients presenting for concerns of sexual abuse/Assault
		+ History of the event
		+ Health history and immunization status
	* Demonstrates the ability to differentiate between histories obtained from the following sources:
		+ Patient
		+ Family/Caregiver/guardian
		+ Law enforcement officials
 |  |  |
| B. Completes accurate and complete medical histories when providing care to patients presenting for concerns of sexualabuse/assault |  |  |
| C. Apply and explain the rationale for history taking anddemonstrate effective history-taking skills |  |  |
| D. Demonstrate the necessary consent procedures and optionsto adult and adolescent patient populations |  |  |
| E. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding consent and modify or adapt as able based on changes in data collected throughout the nursing process |  |  |

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| Clinical Skill | Demonstrates Competent/SafePractice | Comments |
| F. Demonstrate the necessary knowledge to explain procedures associated with confidentiality to adult and adolescent patient populations |  |  |
| G. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding confidentiality and modify or adapt as able based on changes in data collected throughout the nursing process |  |  |
| H. Demonstrate the necessary knowledge to explain medical screening procedures and options to adult and adolescent patient populations |  |  |
| I. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding medical evaluation/treatment and modify or adapt as able based on changes in data collected throughout the nursing process |  |  |
| J. Demonstrates knowledge related to the psychosocial assessment of the adult/adolescent |  |  |
| K. Demonstrate the ability to evaluate the effectiveness of the established plan of care regarding mandatory reporting requirements and modify or adapt as able based on changes in data collected throughout the nursing process |  |  |
| L. Explain the rationale for head-to-toe assessment and demonstrate the complete head-to-toe assessment |  |  |

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| Clinical Skill | Demonstrates Competent/SafePractice | Comments |
| M. Identify the indications for emergency or urgent evaluation the adult/adolescent population requiring the need to be transferred to a higher level of medical care |  |  |
| N. Prepare the adolescent and adult for the anogenital examination |  |  |
| O. Differentiate normal anogenital anatomy from normal variants and abnormal findings |  |  |
| P. Demonstrate the external genital examination |  |  |
| 1. Demonstrate the following visualization techniques on a female patient:
	1. Labial separation
	2. Labial traction
 |  |  |
| R. Hymenal assessment of the female patient (urinary catheter, fox swab/”comfort tip” applicators, etc.) |  |  |
| S. Speculum assessment of the vagina and cervix |  |  |
| 1. Assessment of the male genitalia
	* Circumcised vs. uncircumcised male
	* Scrotum and Testes
 |  |  |
| 1. Anal examination
	* Correct positioning
	* Patient centered approach
	* Swab collection order (i.e., before genital swabs)

***\*Anoscopy is considered an advanced practice skillsket and should*** ***not be attempted without sufficient documentation of competency.***  |  |  |

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| 1. Photography/Videography/Colposcopy
	* Anogenital exam
	* Extra-Genital exam
 |  |  |
| W. Demonstrate the proper collection of specimens for testing for sexually transmitted infection(s) |  |  |
| X. Explain the rationale for specific STI tests and collection techniques |  |  |
| 1. Demonstrate proper collection of evidence (dependent on local practice), including:
	* Buccal swabs
	* Oral swabs and smear
	* Bite mark swabbing
	* Other body surface swabbing Fingernail clippings/swabbings Anal swabs and smear
	* Vaginal swabs and smear Cervical swabs and smear
	* Head hair combing/collection Pubic hair combing/collection Clothing

Toxicology |  |  |
| Z. Explain the rationale behind the specific type and manner of evidentiary specimen collection |  |  |

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| Clinical Skill | Demonstrates Competent/SafePractice | Comments |
| AA. Demonstrate proper packaging of evidentiary materials |  |  |
| BB. Demonstrate proper sealing of evidentiary materials |  |  |
| CC. Explain the rationale for the packaging and sealing of evidentiary material |  |  |
| DD. Demonstrate the proper maintenance of chain of custody for evidentiary materials |  |  |
| EE. Explain the rationale for maintaining proper chain of custody |  |  |
| FF. Demonstrate the ability to modify evidence collection techniques based on the patient’s age, developmental/cognitive level, and tolerance |  |  |
| GG. Demonstrate an understanding of consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical-forensic examination |  |  |
| HH. Demonstrate the ability to obtain overall, orientation, close- up, and close-up with scale medicolegal photographs that provide a true and accurate reflection of the subject matter |  |  |
| II. Demonstrate the ability to evaluate the effectiveness of the established plan of care and modify or adapt care based on changes in data collected throughout the nursing process |  |  |

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| Clinical Skill | Demonstrates Competent/SafePractice | Comments |
| JJ. Demonstrate the ability to identify and explain necessary follow-up care and discharge instructions associated with emergency contraception and/or pregnancy termination options |  |  |
| KK. Demonstrate the ability to identify and explain necessary follow-up care and discharge instructions associated with select sexually transmitted infection(s) |  |  |
| LL. Demonstrate awareness of differences in discharge and follow-up concerns related to age, developmental level, cultural diversity, and geographic differences |  |  |
| MM. Demonstrate the ability to evaluate the effectiveness of established discharge and follow-up plans of care, and to revise the established plan of care while adhering to current evidence-based practice guidelines |  |  |
| NN. Implement critical thinking processes based on relevant assessment data when prioritizing the implementation of crisis intervention strategies in adult and adolescent patientsfollowing sexual violence |  |  |
| OO.Discuss indications for follow-up evaluation in theadult/adolescent patient |  |  |
| PP. Recognizes variations in practice, following local/staterecommendations & guidelines |  |  |

## ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATIONS

## Required Clinical Component

**Objectives:**

* 1. Demonstrate the necessary critical thinking and expertise to apply forensic nursing knowledge to the delivery of care of adult and adolescent sexual assault patients as detailed in the clinical skill competency checklist.

 has demonstrated proficiency when caring for adult/adolescent sexual assault patients. Print Name of SANE

Signature of SANE

Printed Name of Preceptor

Signature of Preceptor/Credentials Date of Competency Completion

## OBSERVATION OF ADULT/ADOLESCENT CASE REVIEW OR PEER REVIEW

## Required Clinical Component

*This may be done on a one to one basis with an experienced provider. However, it is preferred that a formal case review/peer review session is attended either remotely or in person.*

## Objectives:

1. Observe how the case/peer review process may help to identify the areas for improvement in patient care and documentation.
2. Discuss how the case/peer review process may help make informed decisions about how to improve patient workflow and support best practice.
3. Discus how case/peer review can provide assurance as to the appropriateness of interpretation practices, reports and staff compliance.

 has completed the clinical component for observation of a peer/case review session. Print Name of SANE

 . Agency or Peer Reviewer

Signature of SANE Date of Competency Completion

## DOCUMENTATION OF SPECULUM EXAM COMPETENCY IN ADOLESCENTS/ADULTS

## Required Clinical Component

## *Please submit a genital diagram for each speculum exam completed.*

Objectives:

1. Demonstrate proper speculum insertion.
2. Demonstrate knowledge of appropriate choice of speculum type and size.
3. Discuss reasons why genital examination with a speculum should be deferred.
4. Demonstrate a patient centered approach to pelvic examination with regards to patient comfort, safety and privacy.
5. To recognize normal and abnormal gynecological findings.

*(Speculum exams to be performed under supervision of a health care professional experienced in performing pelvic exams. {I.e., nurse practitioner, MD, or experienced SANE}. Exams are to be performed in a clinical setting where adequate privacy and equipment {speculums, lights, and exam table or stretcher} are available. Such settings might include a clinic, health department, and physician’s office or hospital emergency department).*

 has demonstrated safe and competent practice with speculum insertions in adults/adolescents. Print Name of SANE

Signature of SANE

Printed Name of Preceptor

Signature of Preceptor/Credentials Date of Competency Completion

*\*In lieu of the Pelvic Exam Clinical Logs, a trainee may submit a signed Statement of Competency for Pelvic Exams if the trainee is already competent in performing exams to the above outlined specifications. This ONLY applies to nurses who perform pelvic exams regularly and have completed roughly 10 exams within the past six (6) months.*

## OBSERVATION WITH THE CHILD ABUSE MEDICAL EXPERT/PEDIATRICIAN

## Required Clinical Component

Objectives:

1. Discuss the purpose and process of the Child Medical Evaluation (CME).
2. Discuss the differences between the sexual assault nurse exam and the Child Medical Evaluation
3. Discuss how the role of the child abuse medical provider is different from the physician seeing the child in the emergency department or the primary care setting.
4. Discuss with your child abuse medical expert, ways care may be improved for children in your community, particularly care being provided in the emergency department setting and a process of referral to the child abuse medical expert.
5. Observe and complete the anogenital documentation forms for the exams observed with the CME provider.

*You should have this experience either with a Child Advocacy Center (CAC) that utilizes trained forensic interviewers or with a large medical center that uses trained interviewers as a part of the medical evaluation. If you are able to complete this requirement at a child maltreatment clinic, then you should also view a child interview in this setting.*

 has completed the clinical component for observation and or performance of prepubertal and Print Name of SANE adolescent physical examinations with a child abuse medical expert and has demonstrated

safe and competent examination techniques.

Signature of Medical Provider/CAC Employee

Agency and County Name Date of Competency Completion

## OBSERVATION OF LAW ENFORCEMENT ROLE(S)

## Recommended Clinical Component

Observation and meetings recommended with local agencies such as the police or Sheriff’s Department and/or criminal forensic laboratory. This may include the following: 2 Hours Detective, 2 Hours Patrol Officer, 2 Hours Forensic Division or any combination of the above to satisfy the needs of your community. Approximately 3 hours with the Detective (Investigator) and 3 hours observing the Uniform (Patrol, First Responder) Officer is recommended.

Objectives:

* 1. Compare and contrast the roles of the uniformed officer and investigator in sexual assault investigation.
	2. Describe the protocol for responding to sexual assault for respective law enforcement agencies (specific to your jurisdiction).
	3. Discuss the department’s process for training and assigning individuals to sexual assault/abuse cases.
	4. Discuss how to best work with law enforcement during investigations.
	5. Describe the process law enforcement takes after collecting a sexual assault evidence collection kit and any samples taken for drug facilitated sexual assault.

 has completed the clinical component for observation and or performance of the law Print Name of SANE enforcement role.

Signature of Agency Employee

Agency and County Name Date of Competency Completion

## OBSERVATION OF COURTROOM CRIMINAL PROCEEDING/DISTRICT ATTORNEY AND VICTIM WITNESS ROLES

## Recommended Clinical Component

*You must attend criminal court to observe a case where there is expert or fact witness testimony. The goal is to observe a medical or nursing professional involved in the case serving as an expert witness, preferably with respect to a sexual assault. Not all medical or nursing professionals will be tenured as an expert witness, but hopefully you will be able to observe a case where the professional is an expert witness versus a fact witness.*

Objectives

1. To observe and discuss expert witness testimony in dealing with cases. Ideally, you would want to observe a sexual assault case; however, this may not be possible.
2. To describe the procedures and process of the courtroom proceedings.
3. To observe and discuss how the District Attorney’s Office operates. To understand the role of the District Attorney and/or Assistant District Attorneys, Victim Witness Assistance, Investigators, and the type of cases they handle.
4. To discuss the role of the Victim Witness worker.
5. To discuss the interaction between the Victim Witness and SANE.
6. To compare and contrast the role of the Victim/Witness Advocate to that of the Rape Crisis Responder Advocate.

 has completed the clinical component for observation of a criminal courtroom proceeding and Print Name of SANE demonstrated knowledge of the prosecutorial and victim witness roles in sexual assault.

Agency/Institution

Signature of Agency Employee Date of Competency Completion

## OBSERVATION OF RAPE CRISIS/ADVOCACY ROLE

## Recommended Clinical Component

Objectives:

1. To discuss the role of the rape crisis center.
2. To discuss interaction between the rape crisis center and the SANE.

*If there is not a local center near you, then locate the nearest one to you, review their website, and speak to their staff. You will need to document a written outline of that center’s policies and procedures for sexual assault patient referrals.*

 has completed the clinical component for observation of a multidisciplinary team meeting Print Name of SANE

 . Agency/Institution

Signature of Agency Employee Date of Competency Completion

## OBSERVATION OF DEPARTMENT OF SOCIAL SERVICES (CHILD AND ADULT PROTECTIVE SERVICES)

## Recommended Clinical Component

Objectives:

1. To observe and describe the interaction and reporting procedures between forensic nursing and the Department of Social Services for children, disabled adults and the elderly.
2. To observe how the Department of Social Services works the cases that deal with sexual assault.
3. To describe the Department of Social Services protocol for responding to sexual assault reports (specific to your jurisdiction).
4. Discuss the mandatory reporting laws relating to sexual assault for adults and minors in North Carolina.
5. Describe the multiple response system utilized by Child Welfare in North Carolina (Investigatory vs Family Assessment path).
6. Discuss how the Department of Social Services social worker utilizes medical information in case decision-making.
7. Discuss how the Department of Social Services makes case decisions and recommendations for children and families.
8. Describe information the Department of Social Services needs when taking a referral for concerns of child maltreatment.

 has completed the clinical component for interview with the Department of Social Services. Print Name of SANE

 . Agency/Institution and County

Signature of Agency Employee Date of Competency Completion

## Participant Responsibilities

Nurses completing the Adult/Adolescent SANE training will be responsible for completing the clinical component and keeping the documentation in the event it is subpoenaed for court or with an audit by the NC Board of Nursing. We suggest you keep a hard copy and an electronic copy in a safe place. Nurses should submit copies, as required, to their program managers and/or supervisors.

It is important to document the requested information in a clear and concise manner. All documents requiring signatures by the preceptee and preceptor should be signed and dated as designated.

You may not refer to yourself as an Adult/Adolescent SANE until you have completed the entire clinical component. Based on the designated levels of expertise, the SANE should adhere to very narrow guidelines for interpreting anogenital findings in and out of court until completing at least 25 exams. The SANE should be conferring with a sexual assault medical expert or SANE-A on all exams until reaching 50 exams. Current national guidelines (Adams et al., 2016) recommend that the SANE confer with higher-level experts on all exams which are interpreted to have positive findings.

**North Carolina SANE Attestation Statement**

# I hereby attest that I have completed all the necessary courses and objectives as outlined in this packet to complete my adult/adolescent sexual assault nurse examiner (SANE) training. I have a valid license to practice as a health care provider in the state of North Carolina and understand the requirements of the North Carolina Board of Nursing to provide care to sexual assault patients. I declare that the above statement is true and accurate to the best of my knowledge.

Signature: Date:

Printed Name of SANE

## REVIEW OF CASES – ATTACHMENT 1A

Date of Review:

Reviewer:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed** | Yes | No | Comments |
| **Written documentation complete** |  |  |  |
| **Photographs clear and depict description of findings** |  |  |  |
| **Correctly interpreted anogenital findings based on history and examination findings** |  |  |  |

\*Each review should have this form completed.



