

# SANE-A-PALOOZA: Logistical Development and Implementation of a Clinical Immersion Course for Sexual Assault Nurse Examiners

Jodi Baker, BA<sup>1</sup>, Patricia J. Kelly, PhD, MPH, APRN<sup>1</sup>, Kimberly Carlson, MPH<sup>2</sup>, Sharon Colbert, MSMgt<sup>2</sup>, Carolyn Cordle, RN, BSN<sup>3</sup>, and Jacki S. Witt, JD, MSN, WHNP, SANE-A, FAANP<sup>1</sup>

## ABSTRACT

SANE-A-PALOOZA, a continuing education program that utilizes hands-on practice with standardized patients and human simulators, was developed to fulfill a portion of the required supervised clinical experience for certification as a sexual assault nurse examiner. The program is designed to provide concentrated clinical skill practice application, eliminate the time gap between gaining and applying clinical knowledge, and decrease discontinuity among multiple preceptors. This article provides an overview of SANE-A-PALOOZA logistics, with the goal of aiding other organizations in developing skill-building experiences for new or less-experienced sexual assault nurse examiners.

## KEY WORDS:

Budget; clinical skills; education; evidence packaging; logistics; photography; preceptor; SANE-SART; sexual assault nurse examiners; simulation; simulator; standardized patient; training; trauma

Sexual assault nurse examiners (SANEs) play a critical role in addressing over 280,000 sexual assaults that occur in the United States each year (Langton & Truman, 2015) by completing comprehensive medical forensic examinations, collecting appropriate evidence, ensuring chain of custody, and providing expert testimony. SANE education includes a minimum of 40 hours

of didactic content followed by supervised clinical experience until the SANE achieves competency. In many SANE/Sexual Assault Response Team (SART) programs, the clinical experience is provided exclusively through clinical preceptorship. Programs across the country are experiencing challenges with this model because of the frequent time gap between gaining knowledge and applying the knowledge in clinical examinations. In addition, the preceptored experiences are often spread out over considerable periods, reducing opportunities for the repetitive practice needed to build and reinforce new skills.

SANE-A-PALOOZA, a continuing education program that utilizes hands-on practice with standardized patients and human simulators, was developed to address this problem by providing a portion of the required clinical preceptorship education. It is designed to provide concentrated clinical skill practice application, eliminate the time gap between gaining and applying clinical knowledge, and decrease discontinuity among multiple preceptors. Pretest/posttest scores from SANE-A-PALOOZA participants showed increased competence, comfort, and confidence, indicating that a hands-on, clinical skill immersion program was an effective

**Author Affiliations:** <sup>1</sup>School of Nursing and Health Studies, University of Missouri–Kansas City; <sup>2</sup>National Clinical Training Center for Family Planning; and <sup>3</sup>COVERSA/Collection of Victim Evidence Related to Sexual Assault.

The authors declare no conflict of interest.

**Correspondence:** Patricia J. Kelly, PhD, MPH, APRN, School of Nursing and Health Studies, University of Missouri–Kansas City, 2464 Charlotte St., Kansas City, MO 64108. E-mail: kellypj@umkc.edu.

Received April 27, 2016; accepted for publication October 4, 2016.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site ([www.journalforensicnursing.com](http://www.journalforensicnursing.com)).

Copyright © 2016 International Association of Forensic Nurses

DOI: 10.1097/JFN.000000000000133

component of SANE education (Witt et al., 2015). The purpose of this article is to provide an overview of SANE-A-PALOOZA logistics, with the goal of aiding other organizations in developing skill-building experiences for new or less-experienced SANEs.

## Theoretical Foundation and Content

SANE-A-PALOOZA course content is based on the clinical competencies identified in the clinical education section of the SANE Education Guidelines (International Association of Forensic Nurses [IAFN], 2015). The structure of the course is based on the constructivist learning theory (Jonassen, 1999) and the SAFE CARE model (Ferguson & Faugno, 2009). The program incorporates the hallmarks of constructivist theory: active learning, context-rich learning tasks, recognition of learners' previous experience, teacher as a facilitator, and collaboration among learners. Aspects of the SAFE CARE model implemented in SANE-A-PALOOZA include the use of detailed clinical scenarios, simulation, experienced preceptors, and debriefing and feedback to the learner. SANE-A-PALOOZA provides an authentic, yet controlled, environment in which learners can make mistakes without endangering patients or compromising evidence (Witt et al., 2015).

## Course Format

SANE-A-PALOOZA is offered as a full-day course with 7.75 nursing continuing education contact hours. Table 1 outlines the schedule and rotations. The morning begins with a brief didactic review of the performance of well-organized, sequential, and comfortable female and male anogenital forensic medical examinations. Learners then practice using vaginal speculae with manikins. After the initial classroom session, groups of three to four learners rotate through nine examination rooms, each containing a standardized patient and an experienced SANE preceptor. Each rotation includes a female pelvic or male anogenital examination in addition to a specific examination technique or evidence/specimen collection skill. Each learner practices the skills in every rotation. A full 30 minutes is allowed for early rotations as learners build their skills and establish group dynamics; activities of the later rotations can be accomplished in 20 minutes.

Two additional brief didactic portions during the course provide the opportunity to present relevant, application-focused content. Bringing learners back to the classroom also allows them to ask questions and learn from each other as they share their experiences in the rotations. Logistically, these sessions provide an opportunity to begin/end standardized patient shifts, allow patients with longer shifts to take a break, and restock examination rooms.

In the late afternoon, instructors divide learners, half working with a partner to conduct a sexual assault forensic examination (SAFE) simulation with a standardized patient and the remaining half rotating through a sexual assault with trauma scenario and a basic photography station. The groups then switch for the final rotation of the day. For the SAFE examination, the standardized patient is given a detailed script and description of a sexual assault scenario, which she is asked to practice and role-play for the learners in as realistic a manner as possible. The learner pair works together to take a sexual assault history and conduct an appropriate examination and evidence collection based on the history. Experienced preceptors are available outside the examination rooms for consultation as needed. After completing the examination, learners debrief the case with a preceptor to ensure that the appropriate patient care was provided and all evidence was collected. Learners receive written feedback from the standardized patient regarding the comfort of the examination and their communication.

The trauma case scenario uses a low-fidelity human simulator in a simulated intensive care environment. The simulator is moulded (made up to resemble injury), and trace evidence is placed as part of the session preparation. The female patient is intubated and unresponsive with multiple facial contusions and genital injury. The patient has damaged clothing and other evidence from an unknown source.

The photography station is held in a large examination room with a standardized patient serving as a live model. An experienced SANE with photography expertise leads the rotation. Learners practice taking overall, orientation, closeup, and closeup with scale medicolegal photographs. They also practice cervical/anogenital photography with the standardized patient and oral cavity, face, and hand photography with each other serving as the subjects. To protect privacy, the images are deleted at the end of each rotation, and the camera card is reformatted.

## Facilities and Supplies

SANE-A-PALOOZA uses several spaces within a nursing school, including a health assessment laboratory, a simulation laboratory, and a classroom. To implement a similar program in a community setting, programs might consider partnering with a local medical or nursing school to use their facilities. Hospitals or large clinics may also have appropriate training space available.

The examination rotations and the photography rotation are held in a health assessment laboratory with multiple examination rooms. One examination room per three to four learners is needed. Each examination room is set up with the supplies listed in Table 2. Supplies for the photography station include American Board of Forensic Odontology (AFFO) photography scales and a camera for each learner.

TABLE 1. Schedule for 24 Learners

Time	Examination room A	Examination room B	Examination room C	Examination room D	Examination room E	Examination room F
8:00–9:15 A.M.	Classroom: introduction, male and female examination review, practice with speculae and manikins					
9:20–9:50 A.M.	Pelvic examinations with female SPs			Anogenital examinations with male SPs		
	Learners 1–4	Learners 5–8	Learners 9–12	Learners 13–16	Learners 17–20	Learners 21–24
9:50–10:20 A.M.	Pelvic examinations + oral/buccal swabs with female SPs			Anogenital examinations + oral/buccal with male SPs		
	Learners 13–16	Learners 17–20	Learners 21–24	Learners 1–4	Learners 5–8	Learners 9–12
10:25–10:55 A.M.	Pelvic examinations + vaginal swabs with female SPs			Anogenital examinations + anal swabs with male SPs		
	Learners 5–8	Learners 9–12	Learners 1–4	Learners 17–20	Learners 21–24	Learners 13–16
10:55–11:25 A.M.	Pelvic examinations + vaginal swabs with female SPs			Anogenital examinations + anal swabs with male SPs		
	Learners 17–20	Learners 21–24	Learners 13–16	Learners 5–8	Learners 9–12	Learners 1–4
11:25 A.M.–12:20 P.M.	Classroom: history of assault, body maps (lunch)					
12:20–12:40 P.M.	Pelvic examinations + hair and nails with female SPs					
	Learners 9–12	Learners 1–4	Learners 5–8	Learners 21–24	Learners 13–16	Learners 17–20
12:45–1:05 P.M.	Pelvic examinations + deep vaginal and cervical swab with female SPs					
	Learners 21–24	Learners 13–16	Learners 17–20	Learners 9–12	Learners 1–4	Learners 5–8
1:05–1:25 P.M.	Pelvic examinations + trace and dye with female SPs					
	Learners 1–4	Learners 5–8	Learners 9–12	Learners 13–16	Learners 17–20	Learners 21–24
1:25–1:45 P.M.	Pelvic examinations + explanation of examination with female SPs					
	Learners 13–16	Learners 17–20	Learners 21–24	Learners 1–4	Learners 5–8	Learners 9–12
1:50–2:10 P.M.	Pelvic examinations + skill of the learner's choice (alternative examination position or repetition of another skill)					
	Learners 5–8	Learners 9–12	Learners 1–4	Learners 17–20	Learners 21–24	Learners 13–16
2:20–3:05 P.M.	Classroom: chain of custody, evidence packaging review and practice					
3:05–4:05 P.M.	SAFE examination	SAFE examination	SAFE examination	SAFE examination	SAFE examination	SAFE examination
	Learners 1–2	Learners 3–4	Learners 5–6	Learners 7–8	Learners 9–10	Learners 11–12
	Photography basics			Simulation laboratory: trauma case		
	Learners 13–18 from 3:05 to 3:35			Learners 19–24 from 3:05 to 3:35		
Learners 19–24 from 3:35 to 4:05			Learners 13–18 from 3:35 to 4:05			
4:10–5:10 P.M.	SAFE examination	SAFE examination	SAFE examination	SAFE examination	SAFE examination	SAFE examination
	Learners 13–14	Learners 15–16	Learners 17–18	Learners 19–20	Learners 21–22	Learners 23–24
	Photography basics			Simulation laboratory: trauma case		
	Learners 1–6 from 3:05 to 3:35			Learners 7–12 from 3:05 to 3:35		
Learners 7–12 from 3:35 to 4:05			Learners 1–6 from 3:35 to 4:05			
5:10–5:30 P.M.	Classroom: debriefing and reflection					

SAFE = sexual assault forensic examination; SPs = standardized patients.

Special consideration is given to providing comfortable space for standardized patients who are likely to remain in hospital gowns between shifts. At SANE-A-PALOOZA, a designated lounge provides standardized patients with a place to relax between examinations. A hospitality station with beverages, snacks, warm socks, terry cloth wraps, personal cleaning wipes, lotion, and so forth is available for their use throughout the day.

Lectures and the evidence packaging rotation are held in the classroom. In addition to classroom style seating for the learners, the classroom is set up with laptops for the learners to take the pretest, a projection system for the lecture slides, and several pelvic model stations for practicing specula insertion. Learners receive clipboards with their rotation schedule, a log sheet to track their practice of each skill, checklists for male and female examinations, and sexual

**TABLE 2. Examination Room Setup**

Examination room setup
Pillow
Gown and drape
Lighted speculae or other light source
Disposable speculae in size S/M (two per Standardized Patient)
Nonpowdered gloves in size S/M/L
Hand sanitizer
Evidence collection supplies
Slides (at least three per room)
Desiccant tubes (at least three per room)
Shingle lifts, Tegaderm, or J lifts (at least three per room)
Blue dye swabs (at least one per room)
Cuticle sticks (at least one per learner)
Water bullets
Sterile cotton tipped applicators/swabs
Posted on the walls
Diagrams of male and female anatomy
Diagrams of alternative examination positions
Rotation schedule

assault history documentation forms. Evidence packaging supplies include an assortment of clothing, some with tears or stains; other assorted evidence including soda cans and eyeglasses; and an evidence collection kit for each learner.

The trauma case is held in the simulation laboratory. In addition to the moulaged manikin, trauma case supplies include a black light, mustard (which fluoresces with an alternative light source), damaged clothing, and hairs, debris, threads, or lint.

## Preceptors

The experienced SANEs who serve as preceptors are foundational to the success of SANE-A-PALOOZA. Preceptors provide detailed guidance and modeling during early rotations, but less as the day progresses. A minimum of one preceptor per examination room is needed; additional preceptors allow for more flexibility. Preceptors are recruited with the assistance of program directors from the regional SANE/SART programs. Preceptors receive a modest stipend in appreciation of their time as well as a certificate of precepting, which the preceptor can use for IAFN recertification (and, in some cases, clinical ladders at Magnet institutions). Recently, a training session for preceptors has been added to the SANE-A-PALOOZA schedule. While learners are in the morning classroom session, preceptors meet to review the schedule, their role, the standardized patient role, and examination techniques. Before instituting this orientation, new preceptors met briefly with an experienced preceptor and may have observed one or two

rotations before precepting their first rotation. Formalizing the orientation process for preceptors has resulted in more consistency in the teaching of examination techniques and increased comfort for preceptors as well as learners.

## Standardized Patients

Extensive practice with multiple, diverse standardized patients is the hallmark of SANE-A-PALOOZA. Practice with standardized patients serves as a valuable bridge between classroom learning and applying clinical knowledge with patients. There are many benefits to using standardized patients in SANE trainings. Learners receive both immediate and written feedback from the standardized patients regarding their communication (verbal and nonverbal) and the comfort of the examination. Learners also receive immediate feedback from a preceptor, as opposed to waiting until they have left the patient room. This allows for learners to retry a technique that was not performed optimally. Practice with standardized patients is more authentic than using models and, as such, builds more confidence in the learner.

Extensive use of standardized patients as outlined in this article does present challenges. Expense is a primary concern and will be addressed in more detail. The physical and emotional demands on standardized patients are also significant. A 2.5-hour shift can include as many as 16 speculum examinations. With the standardized patient's permission, the initial one or two examinations of their shift are performed without lubrication so learners gain experience performing a vaginal examination without lubrication. Subsequent examinations use lubrication for the standardized patient's comfort. A small number of standardized patients have requested not to participate in the examinations at the end of the day that use a sexual assault scenario as they found the scenarios too emotionally draining. Strategies to address the demands on standardized patients include having preceptors and program coordinators check in with standardized patients frequently to be sure they are comfortable, limiting standardized patient shifts to 2–3 hours, and asking for standardized patient feedback as a part of the program evaluation process, and then adapting the program accordingly.

Another challenge arises when preceptor and standardized patient personalities do not mesh well. This forces the dyad into a realistic communication and problem-solving mode and requires professionalism and consideration from both parties to provide a high-quality experience for learners.

There are also logistical challenges with the extensive use of standardized patients. Training and scheduling enough standardized patients to account for availability, late notice schedule changes, menstrual periods, and so forth are difficult. One strategy to address last-minute scheduling changes is to designate “on-call” standardized patients who receive a stipend for holding the day available.

Knowing that this is a demanding standardized patient role, the program developers solicit regular informal and formal feedback from standardized patients. Feedback from standardized patients has been very positive. They report it as a good experience and not too physically demanding. SANE-A-PALOOZA has a core group of committed standardized patients who value the work of SANEs and are eager to contribute to SANE training.

### Standardized Patient Recruitment and Training

Standardized patients are recruited from local healthcare professions' schools. Diversity in age, race, ethnicity, and body weight are considerations in recruiting SANE-A-PALOOZA standardized patients. Word of mouth from current standardized patients has helped increase the pool of potential standardized patients.

Standardized patient screening begins with an initial telephone conversation with the program coordinator to ensure that the individual understands the nature of this standardized patient role and scope of the training. A longer call or face-to-face meeting with several potential standardized patients follows. During this session, the course format and examination process are discussed in detail. Many SANE-A-PALOOZA standardized patients also work in medical and nursing academic programs in which they are responsible for teaching examination components. The SANE-A-PALOOZA orientation addresses the difference between medical and forensic examinations. Standardized patients are instructed to give feedback on comfort and communication but to allow preceptors to teach examination and evidence collection skills.

New standardized patients are scheduled to come in for their first shift 30 minutes early. During this time, they are oriented to the space and their role by an experienced standardized patient. The program coordinator checks in with new standardized patients at the end of their shift to debrief their experience, answer any questions, and assess their level of interest in participating again.

### Staff

Several staff members are needed to assist onsite with SANE-A-PALOOZA. Staff members check in learners and standardized patients, monitor rotation times, stock and reset examination rooms, direct learners to new rotations, and set up lunch and snacks. Because of the compressed examination rotation schedule, it is helpful to have one or two staff members designated to keep rotations on time and ensure that learners, standardized patients, and preceptors are all in the correct rotation.

### Learners

Learners are recruited through existing SANE/SART training programs, a national forensic conference that is held

locally, and word of mouth. Of the 143 learners who completed the pretest at the last seven SANE-A-PALOOZA programs, most have been practicing less than 8 years (87/61%), and half work in emergency departments (72/50%). Most learners completed the initial didactic training within the last 6 months (101/71%), with half of them having completed the initial training within the last month (72/50%). Although most learners are new to sexual assault examinations, the course also serves as a clinical skill refresher for SANEs who see limited cases.

### Program Planning

Planning for each SANE-A-PALOOZA program begins approximately 6 months in advance. Initial tasks include confirming the date among the local SANE/SART program directors, reserving the facilities, opening registration, and sending a save-the-date notice to standardized patients and preceptors. The program is marketed directly to local and regional SANE/SART program directors, to past participants and their supervisors, and through the IAFN. The standardized patient and preceptor schedules are confirmed 3–4 weeks before the program. In the weeks leading up to the program, standardized patient and preceptor payment arrangements are made, supplies are confirmed and reordered if needed, and learner packets are prepared. Examination rooms are prepped, and directional signage is posted in the afternoon before the program.

### Program Evaluation

Laptops are available in the classroom for learners to complete an online pretest (Supplemental Digital Content 1, <http://links.lww.com/JFN/A20>) before the start of the program and an online posttest and evaluation (Supplemental Digital Content 2, <http://links.lww.com/JFN/A21>) after the program. Evaluation data collected at the start and end of the program include questions to assess knowledge (15 items) and include a personal comfort and confidence self-assessment of forensic nurse examiner skills (14 items). On the posttest, three items assess overall satisfaction with the program. Preceptors and standardized patients also complete a postprogram evaluation. All evaluation instruments were created for this program. Program developers review all evaluation data and use the findings to make adaptations to future programs (see also Witt et al., 2015).

### Budget

Clinical immersion programs are expensive. Although standardized patients are the most educationally valuable component of the program, they are costly. Payments for sensitive examinations are typically \$20–\$30 per examination. Because the SANE-A-PALOOZA schedule is so condensed, a standardized patient scheduled from 9:00 to 11:30 A.M. will have 12–16 examinations. To allow

the program to be financially viable while also attracting and retaining standardized patients, standardized patients receive \$75 per hour, rather than the more typical per examination rate.

Because this program is presented by a nursing school, there is no charge for the space or use of the human simulator. Evidence collection supplies are donated by the local SANE/SART programs. Examination supplies and the preceptor honoraria are paid from the program budget. Table 3 outlines program income and expenses.

Programs considering implementing a similar program should consider the unique resources available to them to reduce program costs. Cost-saving opportunities might include donated space, simulators, or supplies and volunteer staff or preceptors.

### Future Plans

Limited time is an ongoing challenge with SANE-A-PALOOZA. Learner requests include expanded time for photography and classroom demonstration of a step-by-step SAFE examination by an experienced SANE with a standardized patient. Scheduling during the year must

balance local resources and needs. Our SANE-A-PALOOZA is currently offered three times per year, twice immediately after a local 40-hour didactic session and once in conjunction with a national forensic conference, which takes place locally. Offering SANE-A-PALOOZA after these other programs allows learners from outside the area to participate without additional travel expenses; however, it also leads to learner fatigue.

To address these challenges, the program developers are working with regional SANE/SART program directors to transition a portion of the 40-hour didactic content to online learning that would be completed as prework. The face-to-face portion of the training will then include 1.5–2 days of didactic content followed by 1.5–2 days of hands-on practice.

The program developers are exploring several possible options for reducing the cost to provide the program, primarily by reducing standardized patient costs. One option is to purchase a lifelike manikin (My Doll simulator from IAFN) to simulate a portion of the sexual assault examinations. Although the initial cost is high, it is estimated that a standardized patient could be utilized as a “scripted voice” at a lower hourly rate, and evidence collection techniques could be accomplished through the use of the lifelike manikin over and over again, increasing the cost-effectiveness of the initial high cash outlay. Although the simulator would not replace standardized patients, it would reduce the number of examinations performed with standardized patients.

Another potential solution is utilizing evidence collection stations, as described by Scannell, Lewis-O'Connor, and Barash (2015), using simulation equipment, such as vaginal, rectal, and oral models. There is no question that live standardized patients make SANE-A-PALOOZA an extremely valuable, real-life experience for new and less-experienced SANEs, but many programs will not have the resources to replicate the training because of the high cost. The program developers plan to investigate and evaluate lower-cost methodologies to see if similar outcomes can be achieved at a lower per-capita cost.

### Implications for Clinical Forensic Nursing Practice

Providing clinical immersion programs for SANEs requires significant planning time, human resources (preceptors, standardized patients, staff), facility coordination, supplies, and expense, but it results in new SANEs entering practice with increased comfort, competence, and confidence. By providing concentrated clinical skill application, programs like SANE-A-PALOOZA decrease the amount of time between initial training and independent practice as an SANE. This type of program can also serve as a skill refresher for SANEs who see limited numbers of cases.

**TABLE 3. Budget for 24 Learners**

Expenses		
People		
Standardized patients		\$4,500.00
Preceptors		\$700.00
	Subtotal	\$5,200.00
Food and Beverage		
Lunch		\$165.00
Drinks and snacks		\$60.00
	Subtotal	\$225.00
Supplies		
Examination room (specula, gloves, lube)		\$50.00
SP station (cleaning wipes, footies, etc)		\$25.00
Printing (learner packets, schedules)		\$30.00
	Subtotal	\$105.00
Total expenses		\$5,425.00
Income		
Registration (24 @ \$275)		\$6,600.00
	Balance	\$1,175.00
Budget notes:		
<ul style="list-style-type: none"> <li>• Budget does not include onsite staffing or planning time.</li> <li>• Food and beverage costs are minimized by ordering from a local restaurant that provides a generous discount.</li> <li>• Supplies are purchased as needed for each program. The budget reflects the average cost to replenish supplies.</li> </ul>		

## Research Implications

Opportunities exist for further research related to clinical immersion programs for SANEs. The authors plan to evaluate learning outcomes using primarily standardized patients versus using standardized patients in combination with skill stations and lifelike manikin simulators. A comparison of outcomes in new SANEs with standardized patient learning experience versus those with victim-only experience would also be valuable. Although the ultimate goal of educational research is an improved patient experience and outcome, the unique nature of SANE work may make attainment difficult.

## References

- Ferguson, C. T., & Faugno, D. (2009). The SAFE CARE model: Maintaining competency in sexual assault examinations utilizing patient simulation methods. *Journal of Forensic Nursing, 5*, 109–114. doi:10.1111/j.1939-3938.2009.01042.x
- International Association of Forensic Nurses. (2015). *Sexual assault nurse examiner (SANE) education guidelines*. Retrieved from [http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015\\_SANE\\_ED\\_GUIDELINES.pdf](http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015_SANE_ED_GUIDELINES.pdf)
- Jonassen, D. H. (1999). Designing constructivist learning environments. In C. M. Reigeluth (ed.), *Instructional design theories and models: A new paradigm of instructional theory* (Vol. 2, pp. 215–239). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Langton, L., & Truman, J. (2015). *Criminal victimization, 2014*. NCJ 248973. Washington, DC: Office of Justice Programs, Bureau of Justice Statistics, U.S. Department of Justice.
- Scannell, M., Lewis-O'Connor, A., & Barash, A. (2015). Sexual assault simulation course for healthcare providers: Enhancing sexual assault education using simulation. *Journal of Forensic Nursing, 11*(4), 188–197. doi:10.1097/JFN.0000000000000089
- Witt, J. S., Carlson, K., Colbert, S., Cordle, C., Hitchcock, K., & Kelly, P. J. (2015). SANE-A-PALOOZA: A clinical immersion experience to close the gap for new sexual assault nurse examiners. *Journal of Forensic Nursing, 11*(2), 101–106. doi:10.1097/JFN.0000000000000069