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| **OBJECTIVE** | **DATE COMPLETED** | **PROGRAM MANAGER INITIALS** |
| Completed hospital’s orientation requirements (if applicable) |  |  |
| Completed credentialing paperwork (if applicable) |  |  |
| Completed review of Policy and Procedure Manual |  |  |
| Understands scheduling system |  |  |
| Received pager and demonstrated knowledge of operation |  |  |
| Provided a copy of current malpractice insurance |  |  |
| Provided proof of current BLS certification |  |  |
| Provided proof of current immunizations |  |  |
| Contract signed (if applicable) |  |  |
| Provided nursing license and appropriate certifications |  |  |
| Medication administration and access reviewed |  |  |
| Demonstrated knowledge of sexual assault evidence collection kit contents and proper collection techniques for each envelope |  |  |
| Demonstrated proper room set up for patient care |  |  |
| Demonstrated physical exam assessment skills |  |  |
| Demonstrated proper speculum insertion and removal technique |  |  |
| Demonstrated proper anoscope insertion technique (if applicable) |  |  |
| Demonstrated application and removal of toluidine blue dye |  |  |
| Demonstrated proper foley catheter insertion and removal for hymenal assessment in the pubescent female sexual assault patient |  |  |
| Demonstrated knowledge of basic camera skills, including turning the camera on/off; short-, mid- and long-range photos; inserting and ejecting the memory card and downloading images from the memory card (if applicable), and troubleshooting |  |  |
| Demonstrated basic knowledge of colposcope use, including turning it on/off, capturing clear images with the attached camera (if applicable), obtaining clear images at all magnification levels and troubleshooting |  |  |
| Demonstrates proper packaging techniques for physical and biological evidence |  |  |
| Demonstrates competent phlebotomy skills |  |  |
| Demonstrated pregnancy testing procedure and appropriate documentation |  |  |
| Demonstrates proper collection and packaging of samples for suspected alcohol/drug facilitated sexual assaults |  |  |
| Describes components of comprehensive discharge instructions for sexual assault patients |  |  |
| Describes STI and EC prophylaxis options for sexual assault patients, including HIV nPEP |  |  |
| Describes situations that necessitate physician consultation or ED transfer (if applicable) |  |  |
| Documents a comprehensive sexual assault medical-forensic examination from presentation through discharge |  |  |
| Observes a minimum of \_\_\_\_\_\_\_ sexual assault medical-forensic exams  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  (add more if necessary) |  |  |
| Completes a minimum of \_\_\_\_\_\_\_\_ precepted sexual assault exams  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of Preceptor \_\_\_\_\_\_\_\_  (add more if necessary) |  |  |