

Laying the Foundation for the National TeleNursing Center: Integration of the Quality-Caring Model Into TeleSANE Practice

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ABSTRACT

In 2012, the Massachusetts Department of Public Health Sexual Assault Nurse Examiner (SANE) Program was awarded a grant from the Department of Justice, Office for Victims of Crime, to pilot the use of telemedicine technology to extend the reach of SANE expertise to six diverse communities across the United States. To meet the goals of this project, the National TeleNursing Center (NTC) developed a three-phase professional practice model integrating the Quality-Caring Model (QCM) to support the delivery of NTC teleSANE services. Using the QCM as a foundation for teleSANE practice ensures that patients experiencing a recent sexual assault who participate in teleSANE encounters receive quality forensic nursing care. In this article, we briefly review elements of the QCM, describe the application of the model to the NTC Professional Practice Model, and detail how teleSANEs integrate the QCM Caring Behaviors into all three phases of its model. The NTC Professional Practice Model provides a quality-based teleSANE model that may be translatable to other areas of telenursing practice.

KEY WORDS:

Forensic nursing; SANE; sexual assault nurse examiner; telemedicine; telenursing; teleSANE

Sexual assault nurse examiners (SANEs) are nurses who have undergone specialized training to provide trauma-informed forensic care for patients who have experienced a recent sexual assault.* SANEs undergo advanced training to assess and document wounds, collect forensic evidence, and provide these services in a manner that avoids retraumatization. With 5,273 emergency

departments in the United States, but only 902 SANE programs nationwide, access to SANE care is not uniformly available (Emergency Medicine Network, 2015; International

*In this article, we refer to nurses who conduct the sexual assault forensic evidence collection examination as "SANEs." It should be noted that these nurses may have obtained other designations or certifications such as sexual assault forensic examiner or sexual assault medical forensic examiner.

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Association of Forensic Nurses, 2018). Patients in urban and more densely populated areas of the country may have access to hospitals associated with SANEs, but many rural and more isolated communities do not. In 2012, the Massachusetts Department of Public Health's SANE Program was awarded funding from the U.S. Department of Justice, Office for Victims of Crime, to pilot the use of telemedicine technology to respond to acute sexual assault in underserved areas. The grant established the National TeleNursing Center (NTC), an on-call service providing expert clinical guidance on trauma-informed examinations and evidence collection via videoconferencing technology, 24 hours a day, 7 days a week. The NTC virtually transports "teleSANEs" into the examination room to offer clinical guidance and support to emergency department clinicians and patients throughout the examination and evidence collection.

The NTC project is a pioneering effort to provide telenursing care to adult and adolescent sexual assault patients. There is little information regarding a foundation for the delivery of nursing practice through the use of telemedicine equipment, otherwise known as telenursing. A literature review conducted by Cross, Cross, and Walsh (2016) likewise shows that there are minimal data regarding training for use of a telemedicine platform. To ensure that the teleSANE response meets the same standard of care as on-site SANE services, the NTC determined that Duffy's (2009; 2018) Quality-Caring Model (QCM), recently adopted by the International Association of Forensic Nurses, is most closely aligned with the goals of this project. Thus, the QCM was adopted as a framework for the TeleSANE Professional Practice Model, which is composed of three phases: the Preencounter, Encounter, and Postencounter. In this article, we present a brief summary of the QCM and describe how the NTC used this model to create a foundation for the delivery of telenursing care for sexual assault patients.

Quality-Caring Model

The QCM is built on the premise that caring is the essence of nursing practice and that caring relationships lead to positive health outcomes for patients, providers, systems, and communities (Duffy, 2009, 2018). Nursing quality is fostered through four primary relationships: the patient and family, others, self, and the community. In addition, Duffy posits that there are eight caring behaviors: mutual problem solving, attentive reassurance, human respect, encouraging manner, appreciation of unique meaning, healing environment, basic human needs, and affiliation needs. When these behaviors are operationalized within the four primary relationships, it leads to a sense of "being cared for" and helps to engage patients in their healthcare (Duffy, 2009, 2018).

NTC: Caring Relationships in Action Caring for Patients and Their Families

Patients presenting for care after a recent sexual assault have unique needs that require clinicians to provide: (a) emotional support and crisis intervention; (b) the assessment and treatment of injuries; (c) the administration of pregnancy, sexually transmitted infection, and HIV prophylaxis; and (d) the knowledge and experience to properly conduct a forensic examination and collect evidence. Because of their specialized training, SANEs provide such care through a trauma-informed lens, maximizing patient dignity, safety, and confidentiality. These skills promote positive patient outcomes and play an important role in a coordinated criminal justice response (Campbell, Patterson, & Lichty, 2005; Campbell et al., 2014; Fehler-Cabral, Campbell, & Patterson, 2011; Schmitt, Cross, & Alderden, 2017).

During an NTC encounter, the patient's on-site clinician, or "remote site clinician" (RSC), assumes all responsibility for patient care. The presence of a teleSANE provides an additional layer of expertise, mentoring, and quality assurance, enhancing the RSC's ability to deliver quality patient care. Bidirectional videoconferencing technology, consisting of a camera, a monitor, and speakers, allows the teleSANE to be transported into the patient's room (see Figure 1). The teleSANEs play an active role throughout the examination: They may participate by reviewing steps with the patient as anticipatory guidance, offering emotional support, or providing advice regarding resources. In addition, they utilize trauma-informed interviewing techniques to elicit information in a way that avoids retraumatization, and they interact with and evaluate the patient and family while the RSC is focusing on the collection and packaging of evidence. One teleSANE described the encounter as "being a part of the team" (Walsh & Cross, 2017, p. 23). By participating directly with the patient and enhancing the RSC's ability to complete the forensic examination and evidence collection process, the teleSANE is able to improve both the patient's experience and the quality of evidence collected.

Caring for the patient is further illustrated through the NTC's requirement that pilot sites engage with community-based sexual assault advocates. Involving advocates in the patient's acute teleSANE encounter can further extend emotional care and support. Advocates also connect patients to community resources that can meet their unique needs beyond acute post-sexual-assault care, such as trauma-informed counseling and legal advocacy. This may positively impact the sexual assault patient's long-term health and well-being.

Caring for the Healthcare Team

TeleSANEs play a critical role in providing support and guidance to the RSC, the on-site healthcare professional.



FIGURE 1. National TeleNursing Center (NTC) associate director, Randi Petricone, connects to NTC educator Rachel Preiss through the center's secure video teleconferencing technology and Health Insurance Portability and Accountability Act-compliant software.

The level of experience for RSCs varies with each pilot site, from certified sexual assault examiners to healthcare professionals with limited to no prior forensic evidence collection experience. The teleSANEs customize support to meet the clinician's individual needs. One RSC, a SANE-certified examiner, remarked, "I can't express how much it helps. It's like having two extra hands and an extra brain" (Walsh, Cross, & Cross, 2017, p. 30). Another RSC, without SANE certification, stated: "I am not feeling anxious anymore and am telling the other nurses to believe me that you will never need to feel afraid again of taking care of these patients" (M. A., RSC, personal communication, May 2016). Real-time advice and support allow the RSCs to feel confident that they are providing the highest level of care to the patients.

The NTC also provides both live, interactive education and training and recorded webinars. Topics span a wide range and include trauma-informed interviewing, wound assessment, documentation, forensic photography, and court testimony, among others. Educational initiatives support the RSC's personal practice and professional growth.

Studies have shown that vicarious trauma, the cumulative impact of working with victims of trauma, is higher among SANEs versus other women's health nurses (Raunick, Lindell, Morris, & Backman, 2015); this may contribute to high attrition rates in many sexual assault examiner programs. For this reason, the NTC has integrated the opportunity for the RSC to debrief with the teleSANE into every clinical encounter as well as the opportunity to engage in a formal consultation with a clinical expert in the area of vicarious trauma and self-care.

Together, these interventions reduce isolation for the RSC and show a commitment to their care and well-being.

Caring for Self

Although the teleSANE is not physically present in the examination room, they are not immune to the emotional strain of bearing witness to both individual patients' experiences and the cumulative effects of exposure to trauma. The experience has been described as being "in the room" with the patient (Walsh et al., 2017, p. 6). The NTC hosts bimonthly staff meetings to discuss the emotional impact of cases and to provide an opportunity for teleSANEs to connect with each other, thereby developing a sense of community and decreasing feelings of isolation. Staff meetings and newsletters are also opportunities for the NTC staff to make and share suggestions for self-care practices. TeleSANEs are also encouraged to reach out to NTC leadership to discuss any issues that arise and may schedule a formal debriefing with a vicarious trauma expert, if needed.

Caring for Community

The NTC works to create a positive change not only in the patient's experience but also in the community, hoping to improve the response of hospitals, agencies, and communities in supporting and caring for sexual assault patients. Duffy (2018) describes participation in community groups as intrinsic to caring for the community. In addition to participating in team meetings with remote pilot sites, NTC staff support and mentor remote site liaisons in our more isolated tribal and rural hospitals to become leaders in their hospitals and their communities.

The NTC has strived to create a partnered response between the RSC and the rape crisis advocate by encouraging close engagement between the remote pilot site and their community advocacy agencies or rape crisis centers (RCCs). In some NTC remote sites, RCCs have been involved in training and meetings to help acclimate advocates to the role of teleSANEs and to improve RCC-site relationships. Anecdotally, we have witnessed increased utilization of RCC services in most remote site communities. Increased access to these important community resources further indicates a sense of caring for the community's well-being.

Engagement with local law enforcement agencies, as well as providing education about NTC services, is also an important part of creating a responsive and informed community. Studies have shown that, when SANEs have participated in a postassault response, not only are patients more likely to report the assault to law enforcement (Crandal & Helitzer, 2003), police collect more evidence and conduct more suspect interviews, and the case is more likely to progress through the criminal justice process (Campbell, Bybee, Kelley, Dworkin, & Patterson, 2012; Campbell et al., 2014; Campbell, Patterson, & Bybee, 2012). Given the correlation between a SANE examination and continued

progression through the criminal justice system, it is important for SANEs to engage with their community's criminal justice partners. To this end, local law enforcement departments and local prosecutors were included when the NTC staff conducted remote site visits. The NTC has encouraged remote site clinical liaisons to participate in local multidisciplinary teams, such as sexual assault response teams. In some sites, law enforcement staff are invited to participate in NTC trainings with RSCs. Outreach to, and collaboration with, law enforcement builds a community of people focused on providing the best process for responding to sexual assault.

In its tribal site, the NTC engaged a tribal specialist from the National Indigenous Women's Resource Center to educate the teleSANEs about Hopi and Navajo culture, increase awareness of sexual assault in the tribal communities, and help to address cultural barriers that may prevent patients from coming forward for care. The extension of NTC teleSANE services into these communities conveys a message of caring—that sexual violence is unacceptable, that patients deserve clinical expertise and support, and that improving the quality of forensic evidence may enhance a prosecution, which could impact the public's safety and the community's sense of being cared for.

Applying QCM Behaviors to the NTC TeleSANE Professional Practice Model

The goal of the NTC teleSANE is to model a trauma-informed approach to patient care that incorporates the concepts of patient empowerment and choice. It is important that there is synergy and a sense of teamwork between the clinicians. When the patient feels that members of the team are working together for their well-being, they are most likely to feel cared for (Duffy, 2009). In addition to focusing on the four caring relationships, the NTC and teleSANEs implement the QCM by integrating the eight QCM caring behaviors into patient care. We show how teleSANEs use caring behaviors in the interaction between the teleSANE and the RSC (see Table 1) and between the clinician team and the patient (see Table 2) during the NTC's three-phase professional practice model.

The Preencounter

The Preencounter is a critical step to cultivate patient confidence in their care team. This takes place outside the patient's presence, once a patient has consented to a forensic examination and to the involvement of the NTC in his or her care. During this phase, the two clinicians discuss the RSC's experience with conducting forensic examinations, what concerns the RSC may have, if there is patient- or case-specific information that could provide a challenge, and what approaches might be helpful to mitigate negative outcomes (mutual problem solving). The Preencounter gives the teleSANE time to acknowledge and appreciate the RSC's prior

experience (human respect), shows a supportive approach, and reassures the RSC that the teleSANE will be “by their side” throughout the entire patient encounter (encouraging manner). A critical component of the Preencounter is to establish a negotiated “gentle interruption,” a key phrase or signal that either party can use if the RSC requires additional assistance (attentive reassurance; McAllister, Tower, & Walker, 2007; Simonelli, 2016). Negotiating the interruption before the patient interaction assures the RSC that the teleSANE is there to provide guidance and support and will not undermine the RSC's role in front of the patient (human respect). Developing trust and team building during the Preencounter helps to create a coordinated and supportive experience.

The Encounter

The Encounter begins when the videoconferencing equipment is activated and the teleSANE enters the patient examination room. The NTC has worked with each remote site to determine the best emergency department room for encounters to enhance the patient's sense of privacy and safety (healing environment). Upon entering, the teleSANE introduces herself** to the patient and team, explains her role, and verifies that the patient has consented to NTC participation (mutual problem solving). The teleSANE identifies the patient's chosen name and pronouns and uses them throughout the examination (human respect). The teleSANE adjusts the camera to establish good eye contact with the patient (human respect) and then pans the NTC consult room with the camera to show visual and auditory privacy and reiterates that nothing is video-recorded (basic human needs, healing environment). The teleSANE reminds the patient that they are in control of the examination process, discussing choices during the examination (mutual problem solving), and reviews that the teleSANE will check in with them several times during the examination to ensure that the patient is comfortable continuing with NTC participation (attentive reassurance). The teleSANE may reassure the patient while steps of the kit are completed (encouraging manner). The teleSANE's “bird's-eye view” of the room allows for assessment of verbal and nonverbal cues from the patient and other team members, providing input, encouragement, and feedback to both the RSC and the patient as needed (attentive reassurance).

The Postencounter

The Postencounter begins after the patient has been discharged and provides an opportunity for the teleSANE and RSC to review documentation, packaging of evidence, and chain of custody. The team may discuss what went well and what could be improved upon (mutual problem solving) and debrief about the emotional impact

** Currently, all teleSANEs are female.

TABLE 1. Applying the Quality-Caring Model Behaviors to Telenursing: The Patient Encounter

Quality caring behaviors	Examples in NTC teleSANE practice
1. Mutual problem solving	Patient encounter
Nursing behaviors that help patients and caregivers understand how to confront, learn, and think about their health and illness.	<ul style="list-style-type: none"> • Explaining the teleSANE role in the patient's care with a focus on patient choice and control. • Reframing: explaining concepts of the neurobiology of trauma to help patient understand their responses to the assault. • Exploring options for evidence collection, medications, and police reporting. • Allowing patient to choose options for safety and respecting those options. • If the second provider enters encounter for pelvic exam, explain the extent of their role to the patient.
2. Attentive reassurance	
Availability to patients and a hopeful outlook. Patients learn that they can rely on the nurse, and they feel a sense of security. This requires a conscious effort on the part of the nurse to concentrate fully on the patient at that moment.	<ul style="list-style-type: none"> • Assessing verbal and nonverbal messages and “checking in” with the patient. • Asking patient 3× during the Encounter if they are comfortable continuing with NTC participation.
3. Human respect	
Honoring the worth of humans through unconditional acceptance, kind and careful handling of the human body, and recognition of rights and responsibilities.	<ul style="list-style-type: none"> • Conveying messages of respect—eye contact, sitting versus standing over. • Using patient's preferred name and gender. • Putting the patient in control of the exam. It is their exam and their kit. • Work with RSC to explain each step of the kit, what will happen, and how it might physically feel. • Ask questions directly to the patient. • Thank patient for allowing teleSANE participation.
4. Encouraging manner	
Displaying caring through the demeanor or attitude of the nurse. Messages of support, positive thoughts and feelings, and openness to the feelings of others are what make patients feel cared for with regard to this factor.	<ul style="list-style-type: none"> • Convey concern and belief in what happened to the patient • Supportive messages include: <ol style="list-style-type: none"> a. “I am sorry this happened to you. There is nothing you did or didn't do to deserve this,” “This is not your fault.” b. “Take your time and answer however you feel comfortable.” c. “That was the worst part of the exam/It's over/You did great.” • Reassure patients about the extent and implications of their injuries. • Display support by nodding head, smiling, listening intently. • Gentle humor can at times be very appropriate and healing. • Frequent validation of survivor feelings throughout the exam: acknowledge their strength/bravery for taking the first step. • Acknowledge the fear, anxiety, and stress related to exam process and systems involvement. • Encourage use of follow-up services such as medical care and rape crisis counseling.
5. Appreciation of unique meaning	
Knowing what is important to patients, including distinctive sociocultural connections associated with their experiences. Nurses use those features that are important to them in the provision of care.	<ul style="list-style-type: none"> • Allowing patient to have cell phone during exam if requested. • Listen and respect patient's needs. Do they need to pick up a child from day care? • Ensure that qualified medical interpreters are used as appropriate. • Ask for and use the patient's chosen pronouns. • Cleanse the NTC room with sage before and after the Encounter at the tribal pilot site.

(continues)

TABLE 1. Applying the Quality-Caring Model Behaviors to Telenursing: The Patient Encounter, Continued

Quality caring behaviors	Examples in NTC teleSANE practice
6. Healing environment	
The setting where care is taking place. This environment is focused on holistic care and strives to maintain patient privacy, safety, and control.	<ul style="list-style-type: none"> • The NTC helps determine the best location for videoconferencing equipment to maximize patient privacy. • Ensuring camera angle is at eye level with patient. • Suggest comfort measures throughout exam as needed. • Scan the NTC office to show that the teleSANE is alone in the room and explaining that the walls are soundproofed for privacy. • Explain to patient that the NTC Encounter is never recorded and that their privacy is protected.
7. Basic human needs	
Those needs identified by Abraham Maslow: physical needs, safety and security, social and relational needs, self-esteem, and self-actualization.	<p>Safety/security:</p> <ul style="list-style-type: none"> • Ensure that patient is medically cleared. • Work with RSC and rape crisis center advocate to assess/address the patient's safety. <p>Physical needs:</p> <ul style="list-style-type: none"> • After oral swabs, ask patient if they need food or drink. • After genital swabs, ask patient if they need to use the bathroom. • Explain that camera can be turned away at any time. <p>Self-esteem:</p> <ul style="list-style-type: none"> • Acknowledge appreciation for how difficult it was to present for help and participate in the exam. • Review that the patient has taken important steps to ensure their health and begin healing.
8. Affiliation needs	
The need for belonging and membership in families or other social contexts. This factor focuses on the importance of families and other caregivers with regard to the health and well-being of patients in the hospital.	<ul style="list-style-type: none"> • Rape crisis services are made available to the patient, family, and friends. These services can help the patient find ways to disclose to loved ones. • Asking patient who, if anyone, they would like to be notified. Who is their best support? • Encourage the patient to have friends or family members as support during the exam if desired.

Note. NTC = National TeleNursing Center; RSC = Remote Site Clinician. Adapted from Quality Caring by Joanne Duffy.

of the case. If needed, the teleSANE reviews vicarious trauma and self-care resources available through the NTC. It is also a time for the teleSANE to acknowledge the RSC's ability to provide excellent care during what may be a stressful experience (affiliation needs).

Implications for Clinical Forensic Nursing Practice

The introduction and application of telecommunication and information technology to healthcare and nursing is a rapidly growing area (American Hospital Association, 2019; Souza-Junior, Mendes, Mazzo, & Godoy, 2016), with many programs extending services to emergency departments in rural areas (Ward, Jaana, & Natafagi, 2015). However, there is little research or information available about how to best deliver nursing care as we embark on treating patients from a distance (Cross et al., 2016; Nagel & Penner, 2016). The NTC pilot project served six pilot sites,

approximately 120 RSCs and 283 patients during the 50 months that clinical services were active under the Office for Victims of Crime grant. Forty-one teleSANEs were recruited and trained from the Massachusetts SANE program. The NTC developed a professional practice model for delivering teleSANE care, which integrates the QCM theoretical framework and its caring behaviors to provide a solid framework for the delivery of telenursing services, and the formal evaluation of the NTC project showed that this model successfully supported clinicians when conducting acute forensic examination for sexual assault patients (Walsh, Meunier-Sham, & Re, 2019). Although structured interviews with, and surveys of RSCs, revealed positive patient responses to the teleSANE intervention, additional research specific to this question should be considered (Walsh et al., 2017). In addition, because of the length of time from patient presentation to trial, the effect of the teleSANE on criminal justice proceedings has not yet been evaluated. At this time, no teleSANE has been subpoenaed

TABLE 2. Applying the Quality-Caring Model Behaviors to Telenursing: The RSC/TeleSANE Interface

Quality caring behaviors	
1. Mutual problem solving	RSC/teleSANE interface
<p>Developing a plan to work as a unified healthcare team. Sharing information to proactively identify potential problems and discuss the best approach to patient care.</p>	<p>Preencounter</p> <ul style="list-style-type: none"> • Ask about RSC's experience with sexual assault exams/ evidence collection. • Clarify expectations: "What do you expect I will do?" "What do you think I will expect of you?" • Ascertain what type and level of support would be most helpful. • Based on patient/case-specific circumstances ask "what challenges might you expect" and "how best to handle?" • Discuss "negotiated interruptions"—key phrase or signal to use if something is overlooked, e.g., "I couldn't see if you had swabbed her abdomen, have you done that yet?" <p>Encounter</p> <ul style="list-style-type: none"> • Answer any questions and share experience "what has worked for me is...." <p>Postencounter</p> <ul style="list-style-type: none"> • Review case, what felt good, what could have gone better. • Identify areas of skill/confidence building for the RSC. • If something needed improvement, name it. "This is what I observed or heard; can you tell me what you were seeing and why you did/said what you did?" Discuss other options that may have been a better choice. • Discuss any emotional impact and offer of NTC resources if needed for debriefing.
2. Attentive reassurance	
<p>TeleSANEs concentrate on providing positive feedback and guidance during the exam, so that remote site clinicians have a sense of security, knowing that they can rely on the teleSANE.</p>	<ul style="list-style-type: none"> • Reassure the RSC that you will be in the room the entire time. • Be alert to verbal and nonverbal requests for assistance, e.g., RSC glancing toward monitor. • Reduce RSC anxiety by answering questions when prompted. • Provide encouragement and guidance. • During Postencounter, highlight things that the RSC did especially well.
3. Human respect	
<p>Honoring the worth of humans through unconditional acceptance, kind and careful handling of the human body, and recognition of rights and responsibilities.</p>	<ul style="list-style-type: none"> • Discuss clinician experience and personal practices, allowing the clinician to request the level of assistance that they anticipate needing. • Provide appreciation to RSC for openness to teleSANE participation in exam process.
4. Encouraging manner	
<p>Displaying caring through the demeanor or attitude of the nurse. Messages of support, positive thoughts and feelings, and openness to the feelings of others are what make patients feel cared for with regard to this factor.</p>	<ul style="list-style-type: none"> • Project warmth and caring demeanor. • Acknowledge apprehension, anxiety, and stress related to performing exam. • Display support by nodding head, smiling, listening intently. • Be attentive to body language and attention. Lean forward, eye contact. • Praise RSC commitment and willingness to be a part of the patient's care team.

(continues)

TABLE 2. Applying the Quality-Caring Model Behaviors to Telenursing: The RSC/TeleSANE Interface, Continued

Quality caring behaviors	
5. Appreciation of unique meaning	
Knowing what is important to nurses, including distinctive sociocultural connections associated with their experiences.	<ul style="list-style-type: none"> • In Preencounter, ask if there are specific considerations about the patient and if the RSC has ideas about how best to support patient in this regard. • Asking Hopi clinician to help cleanse exam room with sage before and after exam. • Respecting RSC practice, experience, and manner. • Understanding what participation in an NTC encounter might mean for the RSC (first exam).
6. Healing environment	
The setting where care is taking place. This environment is conducive to the provision of wholistic nursing care and professional development.	<ul style="list-style-type: none"> • Increase RSC confidence and preparedness by working with hospitals to develop a standard way to store all supplies needed for the exam. • Establish an environment in which the RSC feels "you have their back." • Use sage provided by tribal clinicians to cleanse room before and after the Encounter.
7. Basic human needs	
Those needs identified by Abraham Maslow: physical needs, safety and security, social and relational needs, self-esteem, and self-actualization.	Self-esteem <ul style="list-style-type: none"> • Acknowledge professional roles, experience, and background of RSC. • Assert that, whether or not SANE or SAFE experience, they are a licensed professional with assessment skills. • Provide constructive feedback and elicit feedback about teleSANE support.
8. Affiliation needs	
The need for belonging and membership in professional "families" or other social contexts.	<ul style="list-style-type: none"> • Providing opportunities for debriefing. • Providing encouragement and constructive feedback. • Increase affiliation and decrease isolation by acknowledging how we are all SANEs/ SAFE/RNs working together toward the goal of optimal patient care.
<small>Note. NTC = National TeleNursing Center; RSC = remote site clinician; RN(s) = registered nurse(s); SAFE(s) = sexual assault forensic examiner(s); SANE(s) = sexual assault nurse examiner(s). Adapted from Quality-Caring Model.</small>	

for testimony. Given the promise of the program so far, the NTC has been continued as a pilot under the Massachusetts Department of Public Health SANE Program. The NTC's model shows that, even through technology, the work of SANEs can stay true to the underlying tenets of the forensic nursing profession by carefully considering components of practice and ensuring that they adhere to a framework that promotes compassionate care.

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References

- American Hospital Association. (2019). Fact sheet: TeleHealth. [Fact sheet]. Retrieved from <https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf>
- Campbell, R., Bybee, D., Kelley, K. D., Dworkin, E. R., & Patterson, D. (2012). The impact of Sexual Assault Nurse Examiner (SANE) program services on law enforcement investigational practices: A mediational analysis. *Criminal Justice and Behavior, 39*(2), 169–184.
- Campbell, R., Bybee, D., Townsend, S. M., Shaw, J., Karim, N., & Markowitz, J. (2014). The impact of sexual assault nurse examiner programs on criminal justice case outcomes: A multisite replication study. *Violence Against Women, 20*(5), 607–625.
- Campbell, R., Patterson, D., & Bybee, D. (2012). Prosecution of adult sexual assault cases: A longitudinal analysis of the impact of a Sexual Assault Nurse Examiner program. *Violence Against Women, 18*(2), 223–244.

- Campbell, R., Patterson, D., & Lichty, L. F. (2005). The effectiveness of SANE programs. *Trauma Violence and Abuse, 6*(4), 313–329.
- Crandal, C. S. & Helitzer, D. (2003). *Impact evaluation of a Sexual Assault Nurse Examiner (SANE) program*. (Report no. 203276). Prepared for the U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/203276.pdf>
- Cross, T., Cross, E., & Walsh, W., University of Illinois at Urbana Champaign (2016). In *Evaluation of the training and education activities of the National Sexual Assault TeleNursing Center*. Urbana, IL: Prepared for the U.S. Department of Justice, Office for Victims of Crime.
- Duffy, J. R. (2009). *Quality caring in nursing: Applying theory to clinical practice, education and leadership*. New York, NY: Springer Publishing.
- Duffy, J. R. (2018). *Quality caring in nursing and health systems: Implications for clinicians, educators and leaders* (3rd ed.). New York, NY: Springer Publishing.
- Emergency Medicine Network. (2015). *2015 National ED Inventory—USA*. Retrieved from <http://www.emnet-usa.org/medi/NEDI2015statedata.xlsx>
- Fehler-Cabral, G., Campbell, R., & Patterson, D. (2011). Adult sexual assault survivors' experiences with Sexual Assault Nurse Examiners (SANEs). *Journal of Interpersonal Violence, 26*(18), 3618–3639.
- International Association of Forensic Nurses. (2018). *SANE Program listing*. Retrieved from <https://www.forensicnurses.org/search/newsearch.asp>
- McAllister, M., Tower, M., & Walker, R. (2007). Gentle interruptions: Transformative approaches to clinical teaching. *Journal of Nursing Education, 46*(7), 304–312.
- Nagel, D. A., & Penner, J. L. (2016). Conceptualizing teleHealth in nursing practice: Advancing a conceptual model to fill a virtual gap. *Journal of Holistic Nursing, 34*(1), 91–104.
- Raunick, C. B., Lindell, D. F., Morris, D. L., & Backman, T. (2015). Vicarious trauma among Sexual Assault Nurse Examiners. *Journal of Forensic Nursing, 11*(3), 123–128.
- Schmitt, T., Cross, T. P., & Alderden, M. (2017). Qualitative analysis of prosecutors' perspectives on Sexual Assault Nurse Examiners and the criminal justice response to sexual assault. *Journal of Forensic Nursing, 13*(2), 62–68.
- Simonelli, C. (2016). The nuts and bolts of effective communication [Webinar]. In *Telemedicine: Sexual Assault Nurse Examiners Responding to Sexual Assault series*. Retrieved from <https://ovcttac.adobeconnect.com/p4fkdrd1m95>
- Souza-Junior, V. D., Mendes, I. A., Mazzo, A., & Godoy, S. (2016). Application of telenursing in nursing practice: An integrative literature review. *Applied Nursing Research, 29*, 254–260.
- Walsh, W., Cross, T., & Cross, E., University of Illinois at Urbana Champaign (2017). In *National TeleNursing Center: Initial program evaluation findings on the teleNursing experience* (Prepared for the U.S. Department of Justice, Office for Victims of Crime). Urbana, IL.
- Walsh, W., Meunier-Sham, J., & Re, C. (2019). Using telehealth for sexual assault forensic examinations: A process evaluation of a national pilot project. *Journal of Forensic Nursing, 15*(3), 152–162.
- Ward, M. M., Jaana, M., & Natafqi, N. (2015). Systematic review of telemedicine applications in emergency rooms. *International Journal of Medical Informatics, 84*(9), 601–616.

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