

ORIENTATION CHECK LIST FOR NEW DOCTORS (tick as completed)

<input type="checkbox"/>	Keep a log book of your cases with MER number, initials, date of exam. Start your own resource folder of things you need to refer to quickly
<input type="checkbox"/>	Do you have the 1. Triage Sheet 2. Orientation Guide
<input type="checkbox"/>	At the end of the forensic 1. Fill in the 'red' book above the desk (time from home until get home) 2. Supervisor to fill in the supervisors report when cases are supervised
<input type="checkbox"/>	Triaging a case –check you have this document “Sexual Assault Triaging Sheet”
<input type="checkbox"/>	You have read the red folder under the nurses bench which contains other protocols – JIC, HIV PEP, off site forensics etc
<input type="checkbox"/>	You have looked in the Drawer beside the doctor’s desk – useful forms / information
<input type="checkbox"/>	Important phone numbers / website access (professionals tab)
<input type="checkbox"/>	Contents of the MEK You have read the instructions on the envelopes and you know what the samples are for
<input type="checkbox"/>	MER book You have read through the MER book You have read the instructions on the opposite pages
<input type="checkbox"/>	How to greet the patient
<input type="checkbox"/>	The police handover (pre and post exam) –including checking they fill in page 16 correctly
<input type="checkbox"/>	Write things down on separate paper and fill in the MER later
<input type="checkbox"/>	Know the useful ‘speils’ for introducing the forensic, getting consent, photos
<input type="checkbox"/>	Try taking the history starting from page 5 and working backwards
<input type="checkbox"/>	Understand how to summarise relevant history as bullet pointed
<input type="checkbox"/>	Injury documentation – be familiar with correct forensic terms & relevant features to note
<input type="checkbox"/>	Be familiar with how to use camera and review photos
<input type="checkbox"/>	Be familiar with how to use colposcope and review recorded DVD
<input type="checkbox"/>	Understand Genital diagram documentation
<input type="checkbox"/>	Be familiar with taking forensic samples- develop understanding of which ones to take when
<input type="checkbox"/>	Be familiar with taking STI samples
<input type="checkbox"/>	Understand how to do a safety assessment
<input type="checkbox"/>	Familiarise yourself with GP letter, referrals for CYFs etc
<input type="checkbox"/>	After the examination ‘chat’ with nurse and counsellor – how did it go

USEFUL TIPS

<p>Meet and greet process when the patient arrives</p>	<ul style="list-style-type: none"> • Greet the patient by his/her first name. Introduce yourself and the team. Do this as soon as they arrive. • Patient spends time with crisis support person while you get handover from the police • Patient to complete the purple registration form. (Both sides) • Consider doing Oral swabs at this point, so patient can have food/drink if they are hungry and thirsty
<p>Police handover</p>	<ul style="list-style-type: none"> • Have a separate piece of paper to write things down. • Get the mobile of the police officer to ring them back when finished. • Get the Police File Number if assigned • Check if clothes required to be collected.
<p>What the nurse does</p>	<ul style="list-style-type: none"> • The nurse usually will coordinate everyone and keep an overall eye on how things are going. • Room preparation • Check the new “registration form” to ensure the patient’s details are correct before printing labels. • Preparation of the MEK • Listening to the history and pre-empting specimens/tests and other things that will need to be done or addressed. • Nurses will help you with observations/wt/ht, collection of hair, oral swabs and nails, if requested by the doctor.
<p>Getting the patient ready</p>	<ul style="list-style-type: none"> • It is not useful to have a tired hungry patient. Always take the time to make sure they are fed and watered before starting-as long as oral swabs done first if indicated.
<p>Before you start</p>	<ul style="list-style-type: none"> • Check in with the nurse and crisis support so that everyone knows what is happening
<p>General introduction to the forensic examination</p>	<ul style="list-style-type: none"> • Check with patient alone whether they would like crisis support person in room with them. (N.B. If friends/relatives at clinic then crisis worker will need to be out with them) • <i>Useful spiel “the examination will take about an hour or so. There are two bits to it. The most important bit is to make sure you are OK, and that we sort out everything you need such as emergency contraception, antibiotics or anything else you need. The second bit is taking swabs for DNA so you have some choices in the future about the police investigation.”</i> • <i>Confidentiality spiel – “ This is slightly different from when you usually see a doctor and all your information is</i>

	<p><i>confidential. In this case, if you agree to have a forensic examination, the information Everything I write in this book (indicate MER) is about what happened last/night/yesterday, and a copy goes to the police. But any medical information about your personal health that the police don't need, is kept in this other file (indicate yellow folder) which is your clinic medical record."</i></p>
The consent for forensic examination	<ul style="list-style-type: none"> • <i>Useful spiel "Could you please sign your name here. This gives me permission to collect the swabs and information from you. I will also ask you to sign again at the end to check that you are still happy for me to give everything to the police. But- even though you have signed your name, you can still change your mind at any point, and we can stop what we are doing."</i>
The consent for photographs	<ul style="list-style-type: none"> • <i>Useful spiel "We may or may not take photographs today. The photos help me to write my report so I can remember what I have looked at. I may also show the photos to other doctors- so we can check each other's work. These photos are part of your clinic record and we do not give them to the police. If in the future the police ask for the photos, we will always talk to you first".</i>
The consent for GENITAL photographs	<ul style="list-style-type: none"> • <i>-if you are wanting to take genital photos –check in again with them-explain why you would like to take them –and underline that if they were ever requested they are never seen by anyone other than another expert doctor....and that this hardly ever happens</i> • Sign separate photo consent form
Useful order for the history	<ul style="list-style-type: none"> • We all have different ways of doing this • Start with less personal/intrusive information and build rapport first. • Medical/gynae Hx on pg 5 → sexual history→ moving to the history of SA last
Useful order for the examination –but you will develop your own “style”	<ul style="list-style-type: none"> • History → oral swabs/hair/nails → observations/wt/ht → bloods→ get changed and get urine for toxicology and PT → body examination → genital examination • Body examination behind curtain while standing or sitting on side of bed → hands/arms → neck/face/head→ check down back of head and back→ cover legs with blanket → lift up gown to check abdomen → left side chest then right side chest → front of legs → stand up to check back of legs <p>Example of another way</p> <ul style="list-style-type: none"> • I do face before they get changed. Then do arms/hand then stand up to do legs, sit back down to do back, then

	lie on the couch to do chest/abdo which then leads on to the genital examination.
Genital examination	<ul style="list-style-type: none"> • Order of examination - LOOK first, then do swabs etc • Comb/cut pubic hair (or wet & dry swabs labia/sym pubis if no hair) • Examine external skin, gently part labia & look at inner edge labia/ fossa navic/hymen etc (Use introital swab to aid examination) • Don't forget to note the genital skin condition • Then- Genital forensic swabs • Then -STI swabs • Left lateral position (+/- proctoscopy) for perianal exam if indicated (remember to take note of how much buttocks need to be retracted in order to see any findings)
Packing up the kit	<ul style="list-style-type: none"> • Check all labels are correct & swab tips cut off • Seal and sign all bottles and envelopes • Handy Hint-doctor and nurse do this together works well
Consent for release of the MEK and MER	<ul style="list-style-type: none"> • <i>The spiel is "if you remember, you signed at the front of the book allowing me to examine you and take swabs. This consent is your permission to give the police the information in this book and the swabs that have been collected. If the case goes to court in the future, then this is the material that will be used".</i> • Remember - they can always turn it into a Just in Case at this stage, if not sure
ECP, STI prophylaxis/Hep B vaccination	Remember to record exactly: <ul style="list-style-type: none"> • what tests you did • what Tx given • whether Tx taken at time or given to take later
Trainee and supervisor – go through the MER book	<ul style="list-style-type: none"> • Go through each page – check completed correctly • Tear out duplicates as you go, up to page 15 (Blue for Police, Pink go into MEK) • Seal kit & add date / time/ sign label
Follow-up	<ul style="list-style-type: none"> • <i>"We will ring you in a week with your results and to see how you are doing. We also see patients in 2-4 weeks for a check up. Do you want to come back here for follow-up or would you prefer to see your GP?"</i> • Check they have consented to communicate with GP: <i>Eg Is it OK if we write a note to your GP, just letting them know we have seen you, what tests we did and what treatment we have given you?</i>
Safety checks :	<ul style="list-style-type: none"> • If indicated- Consider doing a safety check and a suicide/self- harm assessment
Clinical notes	<ul style="list-style-type: none"> • Remember- we are providing general health care as well

	<p>as a forensic examination. The daytime staff need a bit of information in order to organise the care of the patient. So please provide helpful information such as personal/social/work issues/specific other issues that are going on/how to contact etc.</p> <ul style="list-style-type: none"> • Think of a HEADSSSS -type quick rundown • There are proformas for adult , adolescent & child male / female patients on second shelf of plastic shelves above examination room desk (shelf above yellow folders)
Police handover at the end	<ul style="list-style-type: none"> • Discuss any findings or other information from the examination, inform police if body photos taken, & suggest if police photos would be helpful • Obtain the police file or event number • Consider safety implications of where patient goes next- is it safe for them to go home? • Make sure police fill in and sign box at the bottom of Pg 16. Then tear out blue copy & add it to other blue pages. (Pink copy pg 16= surplus, so leave in booklet)
Debriefing afterwards for a chat	<ul style="list-style-type: none"> • With the nurse and counsellor –what went well, what could have gone better
Trainee and supervisor - Go through the MEK kit envelopes	<ul style="list-style-type: none"> • Go through the envelopes and swabs and what they are for , if required