

January 15, 2024

Indiana State Board of Nursing  
432 West Washington Street  
Room W072  
Indianapolis, IN 46204

Attn: Andrea Racine, JD

Re: LSA document #24-114 Requirements to Practice as a Forensic Nurse

Dear Indiana State Board of Nursing:

I want to start by introducing myself in order to explain why I feel so passionate about the outcome of IC 25-23-1-35.

I served as a legal nurse consultant for over ten years, assisting attorneys in analyzing defense and plaintiff malpractice cases before I began developing the Center of Hope programs in Marion County.

I helped to develop and coordinate the Center of Hope SANE / Forensic Nurse Examiner programs at Eskenazi and Riley Hospitals. The coordinator of Ascension St. Vincent and I worked together to develop their Center of Hope. I also participated in developing programs at both Franciscan and Community health systems. In 2006, I answered the invitation to lead the IU Health Methodist Center of Hope program in utilizing trained Forensic SANE RN nurses rather than advanced practice nurses, recognizing that the role of a SANE is well within the scope of practice of an RN. I also led the charge to expand the nurse role to provide forensic nursing care to patients where there was a report or concern of physical but not sexual assault.

I am also a founder of the Marion County Center of Hope Sexual Assault Nurse Examiner Training, which provides education and training for RNs to provide SANE / Forensic care in Marion and contiguous counties. I served as a SANE and Forensic Nurse, program developer, and course leader for over 10 years in collaboration with expert partners across Indiana. Many SANE Forensic nurses in Marion County received their training through this program.

Lastly, I am a co-founder of Legacy House Victim Services. This Health and Hospital Eskenazi program has existed for about 25 years and continues to provide expert trauma-informed care to thousands of clients, including family members, annually.

A few years ago, the Indiana Emergency Nurses Association Forensics Committee invited me to help revive my education and training program. I served as a consulting member, as I firmly believe that those currently doing the work should provide the education. Experts, currently practicing forensic nurses from across Indiana, met monthly for 18 months to ensure that the refreshed course met IAFN education guidelines as they are currently the only forensic nursing practice guidelines in existence. We consulted with other local and national experts to ensure best practices in our training. In 2024, we applied for and received HRSA funding to provide the training we developed. The HRSA grant we received is a collaborative grant between IU Health, Methodist Center of Hope, and IU School of Nursing. Through this collaboration, we have created a very robust training program. I serve as the wellness coach for our grant, focusing on SANE-trained nurses' retention and well-being.

Thank you for considering my concerns regarding the continuing education of forensic nursing.

My comments and opinions are mine; I represent myself, not my employer or others.

I approach this with both questions and a solution.

They are as follows:

IC 25-1-35(a)(2)(B):]

I am unable to identify language that addresses initial training. My understanding is that the statute's intent was related to continuing education, not initial education and training.

A clear definition of "substantially equivalent" is needed in the rule component of this statute. I offer "a program comparable to another in content and educational experience, but may differ in format or delivery method."

Indiana has two HRSA grant-funded SANE training programs, the SANE Training Project and the IU Health and IU School of Nursing Academic Practice Partnership for Forensic Nursing Training, Practice, and Retention.

- Identifying one of these two programs as the "gold standard" against which the other is measured creates a conflict of interest, which jeopardizes both HRSA grants.
- Additionally, identifying a grant-funded program as THE measure that the SBON uses to evaluate other programs is not sustainable; the Indiana SANE Training Project could lose funding and cease to exist.
- In addition, in the interest of excellence in education and the setting of standards, the Indiana SANE Training Project programs should, in my opinion, be held to the same standard of evaluation and approval as any other training program to ensure best practice.
- While the statute stipulates the Sane Training Program as the measure, this will likely be challenged and corrected in future bills.

What evidence will be required to prove equivalence?

Another concern is the timelines for receiving approval to provide training.

- Delays in approval impact the ability to provide training and, therefore, the ability to increase the workforce of forensically trained nurses in Indiana. What will the turn-around time be? How will that be accomplished? What can be done to expedite any processes that have been put in place? What guarantees will be given that this will happen?

Section 25 (b) addresses the identification and qualifications of faculty.

- It is imperative to best practice that most nurses serving as SANE faculty actively practice as a SANE in an established program. In addition, expert guest speakers whose work is impacted by the nursing care provided should be included as guest faculty.

Forensic Nurse/SANE training requires clinical application of the concepts taught.

- While clinical orientation is the employer's duty, the expectation of achieving documented clinical competency to be considered a SANE or Forensic Nurse must be established. The didactic course and any simulation training offered are important, but it is not nearly enough.

Solution:

Approval to provide this continuing education training should be credentialled directly through the Indiana State Board of Nursing, based on an agreed-upon rubric and defined pathway. A committee composed of expert forensic SANE nurses and academic faculty experienced in curriculum design who are not part of either HRSA grant or other training programs could be appointed to review the application process. This will mitigate concerns of bias in the approval process, expedite the workflow, and address the issue of sustainability.

Thank you again for considering my concerns. I trust ISBN to ensure that best practices will prevail so that the number of well-trained, qualified forensic / SANE nurses can enter the workforce as expediently as possible.



Paula Reiss  
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