



SUSTAINABILITY 101

FOSTERING COLLABORATION BETWEEN SANE PROGRAM COORDINATORS AND MEDICAL DIRECTORS

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COLLABORATION OCCURS WHEN MULTIDISCIPLINARY PROVIDERS COMMIT TO SHARE RESOURCES AND COORDINATE OR RESPOND TO SEXUAL VIOLENCE AS A TEAM. COLLABORATION BRINGS PREVIOUSLY SEPARATED ENTITIES INTO A NEW STRUCTURE, WITH A NEW IDENTITY DEFINED BY A COMMON MISSION. (NATIONAL SEXUAL VIOLENCE RESOURCE CENTER, 2009)

The relationship between a medical director and a Sexual Assault Nurse Examiner (SANE) program coordinator is like any relationship. There may be times of camaraderie and times of discord; how those highs and lows are weathered can increase the strength of the bond or cause it to crumble.

Striking a congenial and effective balance between forensic nursing practitioners and medical directors is possible with thoughtful cultivation. Patients are the beneficiaries of SANE programs, and their care is enhanced by a productive relationship with medical directors. We talk about collaboration when referring to Sexual Assault Response Teams (SARTs), community partners and other agencies, but how much collaboration occurs internally between SANEs and physician colleagues?

Many SANE programs begin with the vision of one registered nurse impassioned to make a difference for those who have suffered the trauma of sexual assault. A physician is then assigned the task of 'signing protocols', often by default as a part of his or her job. How often do we search for a physician to fill the role of medical director who has a complimentary vision and passion for the job? A medical director that does not share this vision may help accomplish initial program implementation, but will do little to assist with the credibility and sustainability of a SANE Program.

If you are looking for a medical director for your program, or are unsure whether the medical director you have is the right fit, this bulletin will provide some guidance and structure to identifying a compatible physician to add to the team.

EVALUATING CURRENT OR POTENTIAL MEDICAL DIRECTORS

Selecting and evaluating a medical director can be intimidating. Keeping an open mind is important: quality medical directors don't fit a specific gender, age or experience profile.

IT IS CRUCIAL TO FIND A MEDICAL DIRECTOR WHO CAN ACT AS A CHAMPION FOR THE PROGRAM

It is more important that you have a common vision/mission, shared values, and mutual respect. It is crucial to find a medical director who can act as a champion for the program. In addition to



emergency medicine physicians consider other specialties such as public health officers, family practice physicians, women's health practitioners or medical examiners.

Choose wisely and know where compromise may be possible. Ask yourself the following questions:

- Do you value each other's contributions?
- Do you know each other's limitations?
- Do you know each other's scope of practice?

Open and frequent communication between the SANE program coordinator and the medical director is the key to a positive working relationship and healthy conflict resolution. Choosing a physician who will "rubber stamp" all of your ideas is not the goal; some disagreement is both natural and positive, as long as it occurs within an environment of mutual respect.

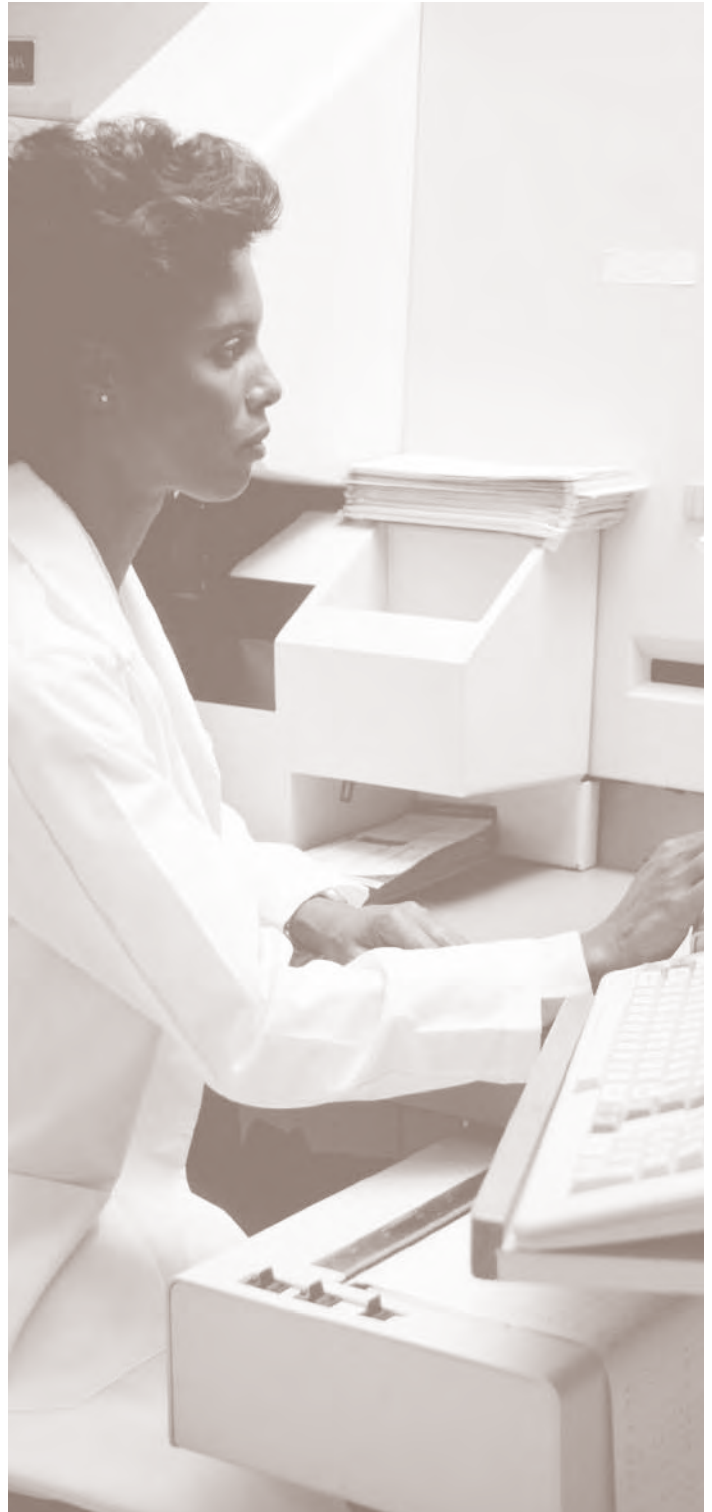
Additionally, consider:

- Is there a sense of responsibility to the patient, staff, and community?
- Is the physician a skilled relationship builder?
- Is the physician open to receiving education and feedback from nursing colleagues?
- Is the physician a capable clinical educator?
- Does the physician possess the flexibility expected of other members of the team?
- Is the physician respected in the eyes of the medical community and agency administration?

RANGE OF MEDICAL DIRECTOR RESPONSIBILITIES

Medical director responsibilities vary from program to program. It is valuable to jointly determine what the SANE team's needs are. They may include:

- Signing protocols
- Medication administration
- Testing orders
- Standing orders
- HIV prophylaxis
- Participation in patient care issues
- Participation in a quality assurance/quality improvement process
- Clinical education
- Participation in some administrative aspects of the program
- Participation in strategic planning and benchmarking process
- Assistance with clinical expansion and implementation of new programs



SHARED VISION

Across the United States there is great diversity of opinion on the purpose of SANE programs. While the SANE program can benefit the community and other stakeholders in multiple ways, the SANE coordinator and medical director have to agree on its primary purpose.

As healthcare providers, the primary purpose of SANE practice is to deliver targeted, quality patient care rather than aiding law enforcement in their investigation or improving prosecution rates. By focusing on this healthcare role, the process of investigation and prosecution will also benefit, according to recent research (Campbell, Bybee, Ford, & Patterson, 2009). The medical director should stand behind this philosophy and provide an additional voice of support for a patient-centered approach when questions arise from outside disciplines regarding SANE practice.

Once a common vision is agreed upon, other important issues to discuss with the medical director include:

- Controversies about SANE/Forensic Nursing practice
- Practice strengths and limitations
- Anticipated time commitments for the SANE coordinator and medical director
- Salary structure (if any)
- Medical director liability

ROLES

Medical directors should not serve as referees for team issues such as addressing scheduling, staff reimbursement, and nursing practice issues. However, the medical director should be involved in resolving concerns within the physician community, such as referral issues and patient transfer delays. The medical director can

THE JOB DESCRIPTION OF A MEDICAL DIRECTOR SHOULD BE STRUCTURED AND DETAILED

help deal with issues that may arise with other physicians and allied professionals relating to the SANE program.

As with other positions within the SANE program, the medical director needs to have a job description, even if the position is a volunteer one. The job description of a medical director should be structured and detailed so that there is clear guidance about roles and responsibilities. See Figure 1 for an example.

Some programs may elect to include the medical director in program administration issues such as hiring, training, orientation, clinical expectations, and ongoing competency evaluation. These can be included in the job description as appropriate.

Figure 1:

Title: Medical Director

Reports to: Administrative Director of Emergency and Trauma Services

Basic Function: Provide consultative services to the SANE Program clinicians, including participation in quality assurance process, pharmacy issues and other medical issues as they arise.

Minimum Qualifications:

- Physician licensed to practice in the state of _____.
- Physician in active clinical practice within (name of agency/organization).
- Named by (agency/organization) as covered physician for patient care under existing policies/procedures.

Special Qualifications:

- Interest in providing quality assurance of SANE Program patient care through chart review and feedback.
- Participation in developing protocols for patient care, medication and referral patterns (such as the emergency department) upon request of the SANE Program.
- Interest in clinical teaching of SANE program team.
- Comfortable with lecturing and other styles of public speaking.
- Able to work collaboratively with the SANE program coordinator and clinicians.
- Able to work independently.
- Able to commit ___ hours a month to the SANE program, including monthly staff meetings.

Description of work:

- Monthly chart review with QA of SANE program cases.
- Attend monthly staff meeting when able.
- Lecture to various health care groups as requested by the SANE program.
- Facilitate communications with Emergency Department staff, Emergency Medicine faculty for educational programs, and other clinical departments when requested by the SANE program.

QUALITY ASSURANCE

Ideally, a quality assurance process needs to be jointly developed between the SANE program coordinator and the medical director. It may start off as a form-driven review (e.g. ensuring that every line of the chart is completed). It should evolve into looking at patient history, evaluating assessment, reviewing physical injury diagrams and images (if available), reviewing genital assessment diagrams and images (if available), and evaluating patient care and discharge plans. If it is decided that part of the medical director's responsibilities is Quality Assurance (QA) review, then a collaborative process for integrating the medical director's input should be developed. Autonomous SANE practice is strengthened by the collaborative QA review.

One item discussed in the role of the medical director is attendance at regular staff meetings. Regularly scheduled meetings can provide:

- Continuing education
- Joint discussions on plans of care
- Support and encouragement to thwart practice stagnation and burnout
- Quality assurance/peer review

The medical director should attend these meetings and be an active participant in program discussions (and decisions where appropriate). Having a set agenda and meeting objectives will ensure more consistent turnout by the medical director, and in fact, all members of the SANE team, who will see the meetings as time well spent.



FISCAL MANAGEMENT

Another component of collaboration between the SANE program coordinator and the medical director is fiscal management. This is a critical point for the sustainability of any program. Each SANE program coordinator should develop a business plan for the program and enhance her or his administrative skills while balancing patient care services. SANE programs are, after all, small businesses and require an organization to sustain and grow. The medical director may be able to provide mentoring related to tasks such as budgeting or proposal writing (or make suggestions for mentors within the agency or organization).

FINAL THOUGHTS

Policies and procedures often clarify the roles of each party but there is much that is unwritten in the relationship between the SANE coordinator and medical director. A healthy collaboration does not happen overnight, but working to improve the relationship between the SANE program coordinator and the medical director will benefit patients and help sustain the program.



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THE SUSTAINABILITY SERIES

The Sustainability Series is a component of the Sexual Assault Nurse Examiner (SANE) Sustainability Technical Assistance Project, which aims to address sustainability issues holistically by working with program coordinators to creatively examine the challenges that individuals and communities face in maintaining healthy, successful, and appropriate medical-legal services for victims of sexual violence. Additional information can be found by visiting <http://www.nsvrc.org>.

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The National Sexual Violence Resource Center (NSVRC), founded by the Pennsylvania Coalition Against Rape, opened in July 2000 as the nation's principle information and resource center regarding all aspects of sexual violence. The NSVRC provides national leadership in the anti-sexual violence movement by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies.

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