2020

Nursing Clinical Practice Guideline Development for the Care of Sexual Assault Survivors

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

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by

Elssy J. Hirooka-Bingham

MS, Walden University, 2015

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Sexual assault, a form of sexual violence, is an egregious crime that continues to be a serious and significant public health problem which affects millions of people each year in the United States and globally. Sexual assault may have lasting and devastating negative physical and emotional consequences. Knowledgeable nurses can have a positive impact on a survivor's safety and recovery. The purpose of this project was to develop a Clinical Practice Guideline (CPG) for nurses who provide the initial care when patients present in the emergency room following sexual assault. The conceptual framework used for this project included Knowle's Theory of Adult Learning and Benner's Model of Skill Acquisition. A systematic review of the literature was conducted to determine what evidence is available to identify best practices for development of a quality CPG that addresses sexual assault. A 5-member expert panel on sexual assault rated the CPG using the AGREE II instrument and included 2 professors, 1 psychiatric nurse practitioner, 2 physician assistant forensic examiners, and 1 certified sexual assault victim advocate. The composite scores among the five reviewers ranged from 82.2% to 95.5% across the 6 different domains, with an overall average of 90.1% and 100% agreement to recommend implementation of the CPG at project site with a plan for scheduled CPG updates. The CPG supports positive social change by providing staff nurses who play a vital role as part of the sexual assault response team with necessary evidence-based steps to improve the immediate safety and care for the sexual assault survivor population. This guideline when implemented has an additional benefit to reduce the stress and anxiety among ER staff as well as the survivors of sexual assault.

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Dedication

This project is dedicated to all the brave and courageous men and women who have been sexually assaulted, may God always bless you. Please remember you are not alone. In your lowest and darkest moments know there are nurses, medical professionals, advocates, and a village here for you. Additionally, to all stakeholders who are part of the Emergency Room and Sexual Assault Prevention and Response Teams ~ Thank you.

Acknowledgments

First and foremost, I would like to thank God for He has given me the strength I needed to get through this rigorous program. All the glory to God in the highest.

My deepest and sincerest gratitude to my husband Robby, thank you for your unwavering presence and support during the times the military was not calling for you. You are my ROCK!

To my two beautiful children Zachy and Bella, there are no words to describe how much I love you. Thank you for being so patient and understanding during my educational journey. I am thrilled to have ALL my time back with you again. Always remember you can do anything you aim for in life. Pursuing your dreams may seem difficult at times but keep pushing and reach for the stars! Remember you can do all things through Christ who gives you strength ~ Philippians 4:13

Thank you to all my family members. Thank you for checking up on me and cheering me on as I finished each milestone. I love you all so much.

Thank you to my preceptor's PA Hayes, Dr. Ryan, PA Vandrak and the clinicians at the Substance Abuse and Rehabilitation Department at the local Military Treatment Facility. I could not have done this without you.

Thank you to my Content Expert Reviewers Dr. Everett, Dr. Martin, PA-C Hamm, Commander Espinal, and PA-C Cadang.

A special thank you to my Committee Chair Dr. Mary Martin, there are no words to express my gratitude for your guidance, time, and continuous support. It did not matter the time of day; you were always there to guide, assist, and encourage me. I have

learned so much from you. I want to thank you for being present every step of the way during my dissertation and committing to be a content expert as well~ Thank you.

Committee Member: Dr. Janine Everett, thanks for pulling double duty as my chair and Content Expert Reviewer. I love that I was able to incorporate your published scholarly work into my very own dissertation. I appreciate you immensely.

University Research Reviewer: Dr. Deb Lewis thank you for all your support and guidance.

A special acknowledgement to Dr. Hahn, for your guidance and support and for contacting me during my leave of absence to make sure I got back to my studies.

Thanks to Bridgette Malchow- Student Success Advisor for checking in with me and being my cheerleader. I am cheering for you as well.

Thank you to my friends near and far for your continuous support. A special thanks to my friends in Japan and my neighborhood peeps, who checked on me daily and helped me with my kids when my husband was not home.

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Section 1: Nature of Project

Introduction

Sexual violence has a great impact on the health of everyone who experiences this violent crime. Studies have shown that victims of sexual assault have poorer healthcare outcomes than non-victims (Davidson, Benjamlinson, Wijima, & Swahnberg, 2009). Unfortunately, the negative health impacts are noted years after the assault (Bonomi, Anderson, Rivera, & Thompson, 2017). Without proper care, victims of sexual assault may end up with adverse medical and psychological effects. Physical effects may include sexually transmitted diseases, gynecological complications, unwanted pregnancy, headaches, obesity, chronic pain, acute and chronic gastrointestinal disorders (CDC, 2017). There are a multitude of psychological effects including anxiety, post-traumatic stress disorder, depression, decreased self-worth, and suicidal ideation, attempts and completions (CDC, 2016). Other effects that can be seen in rape victims include high risk behaviors such as promiscuity, criminal behaviors, substance use and abuse, and eating disorders (CDC, 2016).

Problem Statement

Unfortunately, an average of five to seven patients who are victims of sexual assault come through a local emergency room each week and lack of proper training of the emergency room staff resulted in improper care of these vulnerable patients (Paradise, 2012). The problem addressed in this proposal was the lack of clinical practice guidelines (CPG) for staff nurses regarding the initial care of victims of sexual assault. The presence of consistent written guidance in facilities ensures the emotional and

physical safety of this vulnerable population. Further, staff turnover and per diem staff who had local nursing guidelines ensured consistent nursing care was rendered to the victims of sexual assault. According to the U.S. Department of Health and Human Services, sexual assault includes inappropriate touching, oral, anal, or vaginal penetration or sexual intercourse without consent. It is sexual behavior without consent from the recipient (United States Department of Justice, 2016). The initial care that victims of sexual assault receive is crucial and sets the tone for proper healing (Centers for Disease Control and Prevention, 2018). The care received immediately and, in the weeks, months, and years to come can prevent detrimental health concerns (Centers for Disease Control and Prevention, 2018). The development of clinical practice guidelines benefitted both clinical nurses and patients who were victims of sexual assault at the local clinic. The role of the nurse in the sexual assault response is unique, as nurses must know their role once the patient arrived at the hospital. Having a CPG in place allowed this vulnerable population to receive timely care by nurses who were equipped with tools to care for them.

Purpose

The purpose of this doctoral project was to develop clinical practice guidelines for nurses on the initial care of patients who were sexually assaulted. Practice focused question: Will a CPG for ER staff nurses who are not SANE nurses or forensic examiners result in an improvement in quality and efficiency of care provided to sexual assault victims?

Developing clinical practice guidelines pertaining to the proper care of sexual assault victims helped improve nursing knowledge regarding patients that presented as victims of sexual assault, reduced anxiety, and provided safe, evidence-based medical care to the patient. The goal of this CPG project was to improve the initial care that victims of sexual assault received. The International Association of Forensic Nursing (IAFN, 2016) protocol emphasizes the importance of initial care that victims of sexual assault receive not only for physical but also for emotional care.

Nature of Doctoral Project

The nature of this project was the development of clinical practice guidelines. These guidelines were completed by using the Walden Manual for Clinical Practice Guideline Development (Walden University, n.d.). I reviewed literature by utilizing Google Scholar, Pub Med, Walden University library, Medline, and CINAHL host. The areas reviewed included scholarly articles that relate to the impact of sexual assault on patients.

I specifically reviewed articles which discussed the role nurses have when a sexual assault victim was seeking medical care. It is important to note that patients who receive care from nurses who are trained in caring for victims of sexual assault found that these patients have improved mental health outcomes, are more likely to participate in the criminal justice process, are more likely to see their assailant held accountable, and are more likely to see their case go forward in court (Campbell, Patterson & Bybee 2012).

Fisher, Kaplan, Fargo, Tiller, Everett, & Sommers (2013), contended that if women who were sexually assaulted knew that the forensic exam is highly sensitive to

anogenital injury after rape, they may be more willing to report the crime to law enforcement and engage with the criminal justice system against the perpetrator.

There is a high prevalence of sexual assault within the local community yet training for staff nurses is not up to date with current standards. The Centers for Disease Control estimates that nearly 1 in 5 (18.3%) women and 1 in 71 men (1.4%) report experiencing sexual violence at some time in their lives (Centers for Disease Control, 2018). Sexual assault is a crime that leaves victims with physiological and psychological scars. The consequences of sexual assault include unwanted pregnancy, sexually transmitted diseases, substance abuse disorder, anxiety, depression, post-traumatic stress disorder, along with other mental health disorders (Chen & Ullman, 2016). Emergency room nurses have attended to the medical needs of victims. However, more than half do not have specially trained professionals (forensic nurses) and many organizations are not educating staff nurses regarding sexual violence (Jeffries, 2017). This education is critical for the physical, mental, and emotional healing of sexual violence victims and the betterment of our society altogether.

In a systematic review conducted by Dworkin and Schumacher (2016), findings showed how important the role of early intervention by stakeholders and how the attitudes of various members of society impact the patient who has been sexually assaulted. This systematic review illustrated how the interactions can result in post-traumatic syndrome which can last up to one year following the sexual assault. Positive interactions on the other hand were shown to play an important and key role in

minimizing the long-term effects such as PTSD. These positive interactions were crucial to the patients' long-term recovery.

The CPG served as a method to translate evidence into practice resulting in improved patient outcomes for best practices at healthcare settings. Furthermore, guidelines were established to provide health care providers with the knowledge and evidence that was needed so patients received effective and safe care for the intended specific population (White, Dudley-Brown & Terhaar, 2016). The local clinic should provide the sexual assault victims with priority treatment as is done for emergency cases, regardless if there is physical injury and recognizing that every moment a patient spends waiting to be examined may have caused a loss of evidence and undue psychological trauma (Dworkin & Schumacher, 2016). Priority medical treatment includes treatment of physical injuries and mental trauma acutely and over the long term.

Upon admission to the emergency room standardized patient care for victims of sexual assault should be provided. Emergency contraception, and treatment of sexually transmitted diseases as well as sexual assault forensic exam by the forensic examiner when a patient consent to such exam. Patients may also be offered referrals to counseling prior to discharge ensuring their safety is of high importance (Centers for Disease Control and Prevention, 2018). According to Pittenger, Huit, and Hansen (2016), the impact that sexual assault has on a survivor of this heinous crime include depression, anxiety, suicidal ideations, and post-traumatic stress disorder (PTSD). Ensuring that survivors received prompt, compassionate, evidence-based, trauma-centered care will contribute to a reduction in number of suicide attempts, suicides, subsequent hospital visits,

revictimization, and a reduction in future abuse from persons who were once abused (Pittenger, Huit, & Hansen, 2016).

Significance

A well-developed clinical practice guideline for nurses at the local emergency room or clinic for the initial care of sexual assault victims was important because it built a trusting relationship between patient and nurse. This, in turn, improved patient care outcomes and patient satisfaction. It ensured that patients developed trust. Nurses were often the first to interact with patients after their sexual assault. It was important for nurses to identify the patient in crisis and deliver prompt, compassionate, and detailed care. There was not a single sexual assault that presented the same. Knowing that there is a trained nurse to give compassionate and prompt care to a victim of sexual assault leaves a lasting impact on these patients (International Association of Forensic Nurses, 2016).

The implementation of a nursing clinical practice guideline ensured a consistent and thorough approach to the process by which patients who were victims of sexual violence received evidence-based, compassionate, and timely care. Since patients who are victims of sexual assault lacked access to informed nursing care by staff nurses, there was not transferability of this doctoral project to other practice areas.

When caring for patients who were victims of sexual assault, it was important to ensure a multidisciplinary approach where the care that was provided to this special population of patients was evidence based and conducted in a holistic manner. This allowed for safety of the patient, increased patient comfort, and understanding regarding patient choices pertaining to the criminal/military justice system. Members of the

multidisciplinary response team had specific roles and responsibilities. Sexual assault often leads to multiple psychological, social, and physical adverse effects (American Association of Forensic Nurses, 2009). Having staff that was trained in fact reduced the psychological impact for these patients

Implications for Social Change

Nursing care delivered in a compassionate, safe, and evidence-based manner, is vital for patients who are victims of sexual assault. The implications of positive social change are numerous given that fact that sexual assault victims have experienced incredible trauma both physically and mentally. Positive social change not only impacts patients but also their families and society. The primary stakeholders in the care of sexual assault victims include staff emergency room nurses, physician assistants, doctors, sexual assault forensic examiners, and victim advocates. Ensuring that all stakeholders are knowledgeable and educated on sexual assault care methodologies is the first step in caring for patients who have experienced a sexual assault. Walden University places an emphasis on being champions of positive social change. According to the Walden University website, creating a *Mission-First Business* is one way to create positive social change as they operate not just for profit, but also with the aim of impacting society in a positive way (Walden University, n.d.). In that light, healthcare is a business, and equipping emergency department staff with the necessary knowledge to care for sexual assault victims will fulfill that aim until society can eradicate sexual violence.

Summary

This project aligned with Walden University's mission since development of clinical practice guidelines for nurses pertaining to the care of victims of sexual assault has a lifelong impact on this vulnerable population. Studies have shown that sexual assault can lead to multiple psychological, physical, and social adverse effects. In section 2 of this Proposal, the background and context of this project was discussed by examining the practice problem, the practice focused question, and the purpose of this project. Additionally, the relevance of this project to the nursing practice field was discussed.

Section 2: Background and Context

Introduction

The practice problem I addressed was the lack of proper initial nursing care that a sexual assault victim often received when first arriving to the local clinic or hospital. The first responders are nurses and healthcare providers who are not trained in forensics but initially triaged and cared for this special population prior to the sexual assault nurse examiner arriving to continue care.

A significant value to this project was to equip nurses with the basic knowledge of the initial care of victims of sexual assault. Although not a substitute for the care the patient receives with a trained sexual assault examiner, the initial encounter and care allowed for the victim to establish trust and a safe environment with healthcare providers. This was vital to decrease the patient's psychological distress (IAFN, 2016). Sexual assault survivors may not report or seek care for many reasons to include lack of faith in the system, humiliation, denial of need for care, or fear of retaliation. For this reason, it was difficult to determine the true incidence of sexual violence.

Sexual violence does not discriminate. In fact, it affects people in all stages of life (CDC, 2018). In the military, sexual violence remains pervasive and often goes unreported. However, in fiscal year 2017, the Department of Defense reported that there was a 10% increase in sexual assaults. This increase in reporting happened across all four branches of service. For fiscal year 2017, the Department of Defense received 6,769 reports of sexual assault involving service members, which was a 9.7% increase as compared to the 6, 172 reports made in the previous

year. (U.S. Department of Justice. *Criminal Victimization in the United States, 2008Statistics table 2018).*

Concepts, Models, and Theories

The International association of Forensic Nursing (IAFN, 2016)) provides important and valuable evidence in their protocol of the need for support of victims of sexual assault. Once patients arrive to the clinic or emergency department; nurses must evaluate, stabilize, and treat life-threatening and serious injuries. A victim-centered care approach is vital to the success of the entire exam process. To provide a victim-centered approach, nurses must respond in a timely, sensitive, appropriate, and respectful manner. It is highly recommended that nurses:

1. Give sexual assault patients priority as an emergency case.
2. Always Ensure patient privacy.
3. Address the unique circumstances of each patient and adapt the exam.
4. Be aware of issues commonly faced by victims; develop culturally sensitive responses.
5. Recognize the importance of resources and victim services within the exam process.
6. Accommodate the patients' request to have friend, family, or other personal support system.
7. Accommodate patients' request for examiner of a specific gender as much as possible during the exam.
8. Address and assess patients' safety concerns upon arrival to clinic.

9. Respect and assess patients' priorities.
10. Provide information in a way that the patient may understand it, in their language and provide written information so that they may review it later.
11. Prior to conducting any procedure or exam, explain to each patient in a language they can understand what the purpose is and what it involves.
12. Address physical comfort needs prior to discharging the patient.
13. Ensure informed consent of each patient as appropriate throughout the exam.
14. First perform a prompt and competent medical assessment. Then provide care to acute injuries. ensuring trauma care is addressed before collection of forensic evidence.
15. Contact victim advocates as they can offer services to patients.
16. Discuss the probability of pregnancy with patients of childbearing age.
17. With their consent, administer a pregnancy test to all patients of childbearing age.
18. Discuss treatment options with patients in their respective language.
19. Consider the need for Sexually Transmitted Infection (STI) testing
20. Encourage patients to accept prophylaxis against STIs if indicated
21. Encourage follow-up on STI exams, testing, counseling, & immunizations.
22. Discuss concerns about HIV infection.
23. Address issues related to medical discharge and their follow-up care.

24. Nurses can coordinate with advocates, law-enforcement, and other stakeholders to discuss a range of other concerns/issues with patient prior to being discharged.

One of the leading guiding principles of the IAFN is the delivery of a patient-centered approach when caring for each victim of sexual assault. This approach is used to ensure the patient's needs are addressed, improve each victim's outcomes, and minimize the chance that the patient develops long term psychological concerns. There are countless psychological effects that continue long after the sexual trauma occurs. The evidence-based patient-centered approach includes services such as medical and legal services, crisis intervention, support groups, and access to several community resources (International Association of Forensic Nurses, 2016).

The theoretical models used to guide this doctoral project were the *Walden University Manual for Clinical Practice Guideline Development* (May,2019), Knowles theory of Adult Learning, and Benner's Model of Skill Acquisition in Nursing. Walden University Manual for Clinical Practice Guideline Development required a systematic method. The Appraisal of Guidelines Research and Evaluation (AGREE) II provided the structure that the DNP used to drive the development of Clinical Practice Guidelines. The AGREE II consisted of six domains:

Domain 1: Scope and purpose

Domain 2: Stakeholder involvement

Domain 3: Rigor of development

Domain 4: Clarity of presentation

Domain 5: Applicability

Domain 6: Editorial independence

To meet the learning outcomes of this project, the Knowles' Theory of Adult Learning was used. Knowles believed that adults wanted to know why they needed to learn something. Because of this, the educator can help learners understand how knowledge is important to their lives (McEwin and Wills, 2014). There are six key principles that Knowles assumed of adult learners:

1. Need to know: Adults want to know why they need to learn something.
2. Self-concept: As people mature, their self-concept moves from being dependent to one of being self-directed.
3. Experience: As people mature, they accrue a large amount of experience that serves as rich resources for learning.
4. Readiness to learn: Real-life problems or circumstances create a readiness to learn in the adult.
5. Orientation to Learning: As a person matures, his/her perspective changes from postpone application of knowledge, to immediacy of application.
6. Motivation: Adults are primarily motivated by a desire to solve practical and immediate problems (McEwin & Wills, 2014).

Benner's Model of Skill Acquisition in Nursing is a theoretical model that was first published in 1984. This model outlines five stages of skill acquisition: novice, advanced beginner, competent, proficient, and expert. Benner's model has been specifically cited for utilization in clinical specialization and staff development programs

(McEwin & Wills, 2014). Clinical nurses in emergency departments are independent adult learners that actively engage in the teaching and learning process. They are self-motivators and will be eager to apply what they learn. For these reasons, the Benner model is a good fit for implementing CPGs.

Relevance to Nursing Practice

The American Association of Colleges of Nursing (AACN, 2006) discusses DNP essential VI which specifies improvement of patient and population health outcomes by the collaboration of various professionals. The development of this practice guideline aligned with this competency as it focused on delivering prompt, evidence-based patient care to victims of sexual assault.

Nurses contribute to treating injuries, managing the risk of sexually transmitted diseases, and the referral to the forensic examiner is made when the patient request a forensic exam for evidence collection. Although nurses care for physiological effects, there are also silent effects that occur to sexual assault survivors such as anxiety, depression shame, decreased self-worth, and post-traumatic stress disorder (PTSD) (Basile et al, 2016)). Nurses play a vital role as part of the sexual assault response team. The rapid response to the injured patient following a sexual assault is crucial to the patient's well-being. Nurses should work collaboratively with the Sexual Assault Response Coordinators, and Sexual Assault Victim Advocates along with the Sexual Assault Nurse Forensic Examiners.

Local Context and Background

At the local level there was a robust program for patients who were victims of sexual assault to include nurses and physician assistants who were Sexual Assault Medical Forensic Examiners (SAMFE), Victim Advocates (VA), Victims' Legal Council (VLC), and investigators that represented civilians, active duty members and their families for all branches of service. However, what was lacking was the proper care at the very initial encounter and the care the patient received from healthcare providers when the patient visited the hospital or clinic prior to the patient being seen by the forensic examiner. At the local level, there was an average of four to seven victims of sexual assault who chose to go to the local hospital or clinic for care.

Developing an evidence-based clinical practice guideline will bridge the gap between the initial crisis intervention care the patient receives prior to the care received by subject matter experts in the field of forensics. The initial care that victims of sexual assault receive from a nurse is crucial and will set the tone for proper healing (Centers for Disease Control and Prevention (CDC), 2018.

According to the evidence-based literature I reviewed, there were three clear stages on how to provide support and care for victims of sexual assault. Stage one included providing victim-centered services such as the initial care a survivor received at an emergency room or clinic. This approach went hand in hand with the evidence-based research indicating the need and importance of support for this special and vulnerable population. The goal per IAFN was to improve survivor outcomes and mitigate long-term adverse health concerns.

Sexual assault victims encounter a range of feelings that are sometimes not recognized by their healthcare provider or themselves. Several other factors such as culture, racism, and stigma of the assault play a significant role in the victim's recovery post assault. (Bonugli, Brackley, Williams, and Lesser, 2010). Since each survivor of sexual trauma reacts to their trauma differently, having trained health care personnel that can reassure the patient that emotional reactions vary and provide information regarding available resources such as counseling is vital.

Definition of Terms

Sexual Assault: Sexual behavior or conduct without the consent of the recipient (United States Department of Justice, 2016).

SANE/SAMFE: Sexual Assault Nurse Examiner/Sexual Assault Medical Forensic Examiner: A Registered Nurse who has completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced a sexual assault (IAFN, 2017).

Effects of Sexual Assault: Longstanding psychological and emotional problems affecting the victim and others directly involved with the victims (Sloan, 2016).

Role of the DNP Student

My role as a DNP scholar was to identify the gap in care for sexual assault victims, I wrote this proposal, ensured to follow the policies and procedures of Walden University, and was vested in the development of the clinical guidelines for this project and implementation at the local clinic. The III DNP Essential of the American Association of Colleges of Nursing (AACN, 2016) discusses the role of the DNP nurses

as scholar- practitioners who use evidence-based practice to improve patient care. Nursing practice embodies the holistic approach of patient care delivery taking care of not only science application, but also human caring and human needs. Another important nursing essential is related to clinical prevention and population health for improving the Nation's health (AACN, 2006). The application of clinical prevention and population health is vital to achieving the national goal for improving the health status of the United States population (AACN, 2006).

The implementation of this project brought about positive social change by closing the gap in the care of sexual assault victims. As an experienced emergency room nurse, Sexual Assault Nurse Examiner (SANE) and Sexual Assault Medical Forensic Examiner (SAMFE) Program Manager, I was able to identify problems in my most recent work setting that could benefit from implementation of Clinical Practice Guideline Development (CPGD). I was the Sexual Assault Medical Forensic Examiner Program Manager at the local hospital. The area of deficit was the initial care that patients received by nurses at the local healthcare facility prior to the care they received by the SAMFE in the emergency room. To improve patient care delivery, positive evidence-based change had to take place.

Experience at previous health care organizations as an emergency room nurse and SANE specialty has helped me see the importance of written evidence-based guidelines. Guidelines were important for the local clinical settings where some patients chose to disclose their sexual assault. Healthcare team members, to include nurses, interacted with survivors and were often the ones who answered immediate questions.

Since sexual assault may have long- lasting effects both physiologically and psychologically; it was important to ensure evidence-based guidelines were in place (Basile, K., DeGue, S., Jones, K., 2016).

Summary

Sexual violence is an egregious crime and causes many negative physiological and psychological effects that may have an everlasting impact on each survivor. Guaranteeing that there were clinical guidelines in place for nurses who were the first to interact with patients who were victims of sexual assault was an important step in ensuring survivors develop trust in the healthcare system and received competent and evidence based nursing care.

Section 3: Collection and Analysis of Evidence

Introduction

The local nursing practice problem identified was the lack of consistent guidance to ensure proper nursing care for victims of sexual assault. This lack of knowledge may be detrimental both physically and emotionally for victims of sexual violence. The purpose of this doctoral project was to discuss and address the gap in training with regards to the care nurses provided victims of sexual assault.

The steps that were taken to address the gap in nursing practice included development of clinical practice guidelines to be implemented by the local clinical facility in providing quality medical practice. The development of the CPG was based on the *Walden Manual for Clinical Practice Guideline Development* (Walden University, n.d., 2019), existing guidelines by the International Association of Forensic Nursing (IAFN), and literature review findings. For this portion of the proposal, the following subsections were included: Practice-focused question, source of evidence, analysis and synthesis, and summary.

Practice-Focused Question

Practice focused question: Will a CPG for ER staff nurses who are not certified SANE nurses result in an improvement in quality and efficiency of care provided to sexual assault victims?

Developing clinical practice guidelines pertaining to the proper care of sexual assault victims helped improve nursing knowledge, reduced anxiety, and provided safe, evidence-based medical care to patients presenting as victims of sexual assault The goal

of this CPG project was to improve the initial care that victims of sexual assault receive. The International Association of Forensic Nursing (IAFN, 2016) protocol emphasizes the importance of initial care that victims of sexual assault receive not only for physical but also for emotional care.

Sources of Evidence:

The purpose of this doctoral project was to identify and address the gap in lack of clinical practice guidelines for nurses on the immediate care of patients who are victims of sexual crimes. This was accomplished by developing clinical practice guidelines delineated in the Walden Manual for Clinical Guideline Development (Walden University, 2019). CPG Development required an organized method of researched literature. The Appraisal of Guidelines Research and Evaluation (AGREE) II provided the outline that the DNP used to guide the development of clinical practice guidelines and allowed for assessment of the guideline developed (Walden University, 20-19). Sources of evidence for the CPG project that I developed include evidence and research from the U. S. Department of Justice – *A National Protocol for Sexual Assault Medical Forensic Examinations International Association of Forensic Nurses*- website, the IAFN website, searches on Medline and CINAHL databases, and IAFN researched evidence from peer reviews. Key terms searched included: *sexual assault, rape, evidence-based practice guidelines, sexual violence, sexual abuse, sexual trauma.*

Analysis and Synthesis

Clinical guidelines were developed to provide nurses with the knowledge and evidence needed to deliver effective and safe care to special populations. The AGREE II

provided a framework for the DNP to use and guide the development of Clinical Practice Guidelines. The AGREE II was also used to assess the quality of the guideline that was developed (Walden University, 2019). The AGREE II was both reliable and valid consisting of 23 important items structured within 6 areas. An expert panel of nursing and medical educators, SANE, and SAMFE providers were convened to evaluate the CPG for efficacy and efficiency in the clinical setting.

The standards for the expert panel reviewers include their years of experience and knowledge as Subject Matter Experts (SME's) in forensic, emergency, psychiatric nursing, physician assistant experience, and as healthcare educators. The subject matter expert team for the clinical practice guideline review included Sexual Assault Forensic Examiners, emergency room physician assistants, psychiatric nurses and medical education with over 10 years of medical experience. All expert participation was voluntary. The personal information of the participants was not used in this project. As the project leader I have over 20 years of nursing experience, approximately 10 years of emergency nursing experience and over 6 years of forensic nursing experience.

Summary

Section 3 provided the local problem, gap in practice and the practice focused question. The literature reviewed discussed adverse effects both physically and psychologically to victims of sexual assault. The Development of clinical practice guidelines for nurses at the local clinic for the initial care of sexual assault victims was important. It helped build a trusting relationship between patient and nurse; in turn improving patient care outcomes and patient satisfaction. It ensured that patients

developed trust. Nurses were often the first to interact with patients after their sexual assault. It was important for nurses to identify the patient in crisis and deliver prompt, compassionate, and detailed care (Center for Disease Control, 2018).

Section 4: Findings and Recommendations

Introduction

Across the globe and at the local level, sexual assault and sexual violence continues to be problematic. This egregious crime affects millions of people each year. Without proper care, sexual assault survivors may end up with adverse medical and psychological health outcomes. The gap in practice I identified was the lack of a CPG for staff emergency room nurses (that are not qualified Sexual Assault Forensic Examiners) to follow in the initial encounter with the sexual assault survivor that enter their department. I studied this practice issue with the following practice-focused question in mind: Will a Clinical Practice Guideline (CPG) for ER staff nurses who are not Sexual Assault Nurse Examiner (SANE) result in an improvement in quality and efficiency of care provided to sexual assault victims?

In support of this DNP project, the sources of evidence I used for the CPG development included evidence and research from the U. S. Department of Justice – *A National Protocol for Sexual Assault Medical Forensic Examinations International Association of Forensic Nurses*- website, the IAFN website, searches on Medline and CINAHL databases, and IAFN researched evidence from peer reviews. Further, the CPG development required an organized method of researched literature. This was accomplished by developing clinical practice guidelines delineated in the Walden Manual for Clinical Guideline Development (Walden University, 2019). The Appraisal of Guidelines Research and Evaluation (AGREE) II provided the outline that the DNP used to guide the development of clinical practice guidelines and allowed for assessment of the

guideline developed (Walden University, 20-19). The purpose of this doctoral project was to identify and address the gap in nursing practice and develop clinical practice guidelines for staff nurses on the initial care of patients who have been sexually assaulted. The goal was to improve nursing knowledge, reduce anxiety among staff nurses and patients alike, and provide consistent, thorough, and safe patient-centered evidence-based care to survivors of sexual assault.

Findings and Implications

The goal of the CPG development was to provide evidence-based guidelines to the emergency room staff nurses in the immediate care of sexual assault survivors. The staff nurse will use an evidence-based algorithm that is simple to follow and will ensure that the survivor receives prompt, safe, patient-centered care prior to the care received by the forensic examiner.

The Appraisal of Guidelines Research and Evaluation II (AGREE) provided the structure that the DNP used to guide the development of Clinical Practice Guidelines. The AGREE II consisted of 5 domains: 1-Scope and Purpose, 2-Stakeholder Involvement, 3- Rigor of Development, 4- Clarity of Presentation, 5- Applicability, and 6- Editorial Independence. Content experts who rated the CPG using the AGREE II included a professor and psychiatric nurse practitioner who worked with sexual assault survivors, a professor who has completed extensive work and published scholarly articles regarding sexual violence, physician assistants who were sexual assault forensic examiners, as well as a certified sexual assault victim advocate. The content expert panelist reviewed, appraised, and approved the clinical practice guideline. The matrix

included shows the raw composite scores of all 5 content expert reviewers. I used the raw composite results to identify areas of strength, areas of limitations and areas of revision. The composite scores among the five reviewers ranged from 82.2% to 95.5% across the 6 different domains, with an overall average of 90.1%. Based on feedback, all raters recommended the use of the CPG. The AGREE II instrument tool does not give specifics of threshold for composite scores that require adjustment to the guidance (AGREE Next Steps Consortium, 2017). As noted in the matrix below and based on an expert panel reviewer, I determined that stakeholder involvement in Domain 2 and applicability in Domain 5 needed to be addressed and revised. Therefore, I revised the guideline based on the content expert panel feedback.

The results of this study could contribute to social change at the local level by providing prompt evidence-based care to survivors of sexual violence, reducing stress and anxiety among staff nurses and patients alike and increasing knowledge and confidence among staff nurses.

Table 1

AGREE II Content Expert Scores

Scoring System: 1 = Lowest Possible Quality / 7 = Highest Possible Quality						
	Content Expert 1	***Content Expert 2***	***Content Expert 3***	***Content Expert 4***	***Content Expert 5***	***Domain Composite Score***
Domain 1: Scope and Purpoe						
1. The overall objective(s) of the guideline is (are) specifically described.	6	7	4	7	7	
2. The health question (s)covered by the guideline is (are) specifically described.	7	7	7	7	7	**94.4%**
3. The population (patients,public, etc.) to whom the guidance is meant to apply is specifically described.	7	6	7	7	7	
Domain 2: Stakeholder Involvement						
4. The guideline development group includes individuals from all relevant professional group.	7	6	2	7	6	
5. The views and preferences of the target population (patients, public, etc.) have been sought.	7	6	1	5	7	**82.2%**
6. The target users of the guideline are clearly defined.	7	7	7	7	7	
Domain 3: Rigour of Development						
7. Systematic methods were used to search for evidence.	6	7	7	7	7	
8. The criteria for selecting the evidence are clearly described.	7	7	7	7	7	
9. The strengths and limitations of the body of evidence are clearly described.	7	7	6	7	7	
10. The methods for formulating the recommendations are clearly described.	7	7	4	7	7	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.	6	6	7	7	7	**94.6%**
12. There is an explicit link between the recommendations and the supporting evidence.	7	7	6	7	7	
13. The guideline has been externally reviewed by experts prior to its publication.	7	7	7	7	7	
14. A procedure for updating the guideline is provided.	6	6	4	7	7	
Domain 4: Clarity of Presentation						
15. The recommendations are specific and unambiguous.	6	7	7	7	7	
16. The different options for management of the conditions or health issue are clearly presented.	6	7	2	7	7	**91.1%**
17. Key recommendations are easily identifiable.	6	7	7	7	7	
Domain 5: Applicability						
18. The guideline describes facilitators and barriers to its application.	6	7	4	6	6	
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.	6	6	6	7	7	
20. The potential resource implications of applying the recommendations have been considered.	6	6	1	5	7	**82.5%**
21. The guideline presents monitoring and/or auditing criteria.	7	6	7	6	7	
Domain 6: Editorial Independence						
22. The views of the funding body have not influenced the content of the guideline.	6	7	N/A	7	7	
23. Competing interests of guideline development group members have been recorded and addressed.	6	7	N/A	7	7	**95.8%**
Overall Guideline Assessment						
1. Rate the overall quality of this guideline.	7	7	5	7	7	
2. I would recommend this guideline for use.	Yes	Yes-w/Mod	Yes-w/Mod	Yes	Yes	

Implications for Social Change

Survivors of sexual assault are faced with subsequent long-term psychological, physiological, and social effects (IAFN, 2016). Staff nurses play a vital role as part of the sexual assault response team. The rapid response to the injured patient following a sexual assault is crucial to the patient's well-being (International Association of Forensic Nurse Protocol, 2016). This project aligns with Walden's positive social change since developing clinical practice guidelines for nurses will have lifelong impact on sexual assault survivors.

The International Association of Forensic Nurses (2016) highlighted the value of patient-centered care that is built on mutual trust between the healthcare system and survivor. The implementation of clinical practice guidelines brought about positive social change by closing the gap in the care of sexual assault victims. The implications of positive social change are numerous given the fact that sexual assault victims have experienced incredible trauma both physically and mentally. Furthermore, positive social change would not only impact patients, but also their families and society at large. Walden University places an emphasis on being champions of positive social change. For Walden, social change is not simply two spoken words or part of an overused hash tag on social media. It is a mindset that Walden alumni aspire to with the aim of stimulating progressive change.

Recommendations

Clinical practice guideline development addresses the gap in practice for emergency room staff nurses regarding the initial care of victims of sexual assault

victims. Based on the review of the literature and best practices, Walden's Manual for Clinical Practice Guideline Development (Walden University, n.d.), as well as the feedback from the content expert panelist, I tailored the recommended guideline to the specific needs of men and women 18 years of age and older who are survivors of sexually violent crimes.

Strengths and Limitations of the Project

Several strengths were identified during the development of this project. To begin with, there was the benefit to the target population, that of receiving prompt evidence-based care by emergency room staff nurses. The project Military Treatment Facility (MTF) and other key stakeholders at the potential implementation site provided a valuable opportunity of support as the key stakeholders at the facility were very supportive. Lastly, having content expert reviewers to provide feedback using the AGREE II tool for scoring the clinical practice guideline developed was a strength as it allowed to solidify my research as well as allowed me to revise and refine the clinical practice guideline and the accompanying addendum.

Limitation of the Doctoral Project

Despite the prevalence of sexual assault, there exists a lack of standardized guidance on the immediate care of sexual assault survivors. The planning was limited to planning only as such, the outcome cannot be determined. However, I plan to distribute the information to the local Medical Treatment Facility (MTF) leadership and key stakeholders.

Dissemination to the Broader Nursing Profession

The development and promotion of this guideline serves two main purposes. First, as support and advocacy for survivors who have been sexually assaulted and to educate and guide staff emergency room nurses on the initial care of this vulnerable population. Furthermore, sharing the results and findings of this guideline with key stakeholders is essential if this project is to benefit adult sexual assault survivors. I can utilize my platform as a scholar practitioner in a couple of ways to include sharing the CPG and findings by publishing in a journal such as the *International Association of Forensic Nursing Journal*, as well as presenting the findings at the IAFN annual conference.

Section 5: Dissemination Plan

My focus in this project, was to develop a clinical practice guideline for the initial care of sexual assault survivors. I will develop a final report and disseminate the information with the local organization leadership, nurses, and other key medical stakeholders once my project is approved by the Chief Academic Officer at Walden University. The revised clinical practice guideline developed in this project will then be presented to key stakeholders at the local MTF. Success of the implementation of the CPG is contingent upon a full understanding of the use by nurses which will be accomplished by a presentation at staff meetings. The presentation of the CPG and its intended use to emergency room nursing staff at the local MTF will allow for an opportunity for clarification on the process and other questions the nurses may have about providing care to survivors of sexual assault.

Analysis of Self

As a Scholar-Practitioner

DNP Essential III discusses the role of DNP nurses as scholar-practitioners who use evidence-based practice to improve patient care. Additionally, DNP Essential V examines and speaks to healthcare advocacy and policy. As an experienced emergency room nurse, forensic nurse examiner, and stakeholder in this specialized nursing field, I see it as my obligation and duty to advocate for and improve the care of sexual violence victims since nurses play a vital role in the sexual assault response team. According to the IAFN Protocol for the care of victims of sexual assault (2016), the rapid response to injured patients following a sexual assault is crucial to their physical and psychological

well-being. To that end, CPG's will serve as a method of translating evidence into practice, thereby resulting in improved patient care outcomes (White, Dudley Brown & Terhaar, 2016).

As a Project Manager

As the project leader I have over 10 years of emergency room experience and over 6 years of forensic nursing experience, the care of victims of sexual assault has come a long way since the existence of forensic nurses and providers. However, I have observed that there is still a gap in care for the initial encounter and care prior to the patient receiving services from the forensic nurse. This project will empower emergency room nurses with the basic knowledge on the initial care of this vulnerable population.

Summary

The development of this clinical practice guideline has served as an avenue for personal professional growth while concurrently shedding light on a serious public health disparity. Experiencing sexual violence profoundly impacts each survivor's well-being, lifelong health, and opportunity (CDC, 2018). The gap in practice identified is the lack of proper nursing care that victims of sexual assault receive when first arriving to the emergency room. Nurses play a vital role as part of the sexual assault response team. Front line nurses have an obligation to care and advocate for victims of sexual violence. The goal of the project was to develop a clinical practice guideline to bridge the gap between the initial crisis intervention care the patient receives prior to the care received by the subject matter experts in the field of forensics. The International Association of Forensic Nurses emphasis that the goal of all stakeholders who care for victims of sexual

assault is to improve survivor outcomes and mitigate long-term adverse health concerns. The content expert reviewers played a crucial role in reviewing, analyzing, and offering suggestions on strategies and recommendations to make the CPG successful.

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Appendix A: Clinical Practice Guideline Addendum

Nursing Clinical Practice Guideline Development for the Initial Care of Sexual Assault Survivors

Problem Statement:

There is a high prevalence of sexual assault at the local community level and globally. According to the Centers for Disease Control and Prevention 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetime. Furthermore, recent estimates put the total cost of rape at $122,461 per victim. (CDC, 2018).

Multiple years of experience as an emergency room nurse, SANE and SAMFE at multiple locations (state-side and overseas) has shown me that there is a gap in the initial care of sexual assault victims from the nursing perspective. This gap in nursing practice exists between the time the patient enters the medical facility for care and until the transfer of patient care to the forensic or SANE provider. Countless observations of staff such as doctors, physician assistants, nurses and victim advocates, patient reaction and direct staff and patient input has also indicated that this gap in care exists.

Practice Focused Question:

Will a Clinical Practice Guideline for emergency room staff nurses who are not certified SANE nurse result in improvement in quality and efficiency of the initial care provided to sexual assault victims?

Purpose:

To develop clinical practice guidelines for emergency room staff nurses on the initial care of adult patients who have been sexually assaulted by utilizing a victim-centered approach.

Objectives:

1. Equip staff emergency room nurses with the basic knowledge of the initial care of sexual assault survivors.
2. Provide prompt, consistent, thorough, and safe evidence-based care to survivors of sexual assault.
3. Reduce anxiety among staff nurses and patients alike.

Guideline Utilization and Implications:

The emergency room nurses are often the first line of defense for sexual assault victims when they enter a medical treatment facility. However, staff nurses often do not have specific training with this type of trauma which can lead to improper care of this vulnerable and special population. Furthermore, a SANE or SAMFE nurse or Physician Assistant qualified professional is often not co-located at the medical facility, leading to delays in care. This guideline serves as a resource for permanent or per diem staff nurses with the emphasis on providing adult patient-centered and trauma-informed care to the survivor of a sexual assault. Patient-centered care is a holistic approach to healthcare that focuses on the individual patient's well-being in all aspects including their emotional, mental, social, and financial needs.

The International Association of Forensic Nursing protocol and the National Protocol for Sexual Assault Medical Forensic Examinations both emphasize the importance of initial patient-centered care that is provided in a prompt, high quality, sensitive manner. Care of sexual assault survivors is nationally mandated by the Violence Against Women Act (VAWA) (gender neutral act). Application of this CPG does not require additional funding or resources, as it can be simply instituted by existing members of the health care system. This guideline is simply a tool to streamline initial patient-centered care processes.

Sources of Evidence and Search Criteria:

CINAHL and Medline databases were used for systematic informational searches. Specific information was sought regarding sexual assault and the care of those affected by it. **Key search terms included:** *Sexual assault, rape, sexual violence, evidence-based practice guidelines, initial care of sexual assault victims, sexual trauma*

Strengths and limitations of body of evidence:

Strengths: In the United States, sexual violence affects millions of people each year (CDC, 2018). Therefore, there are many sources pertaining to this disparity and special patient population.

Limitations: Despite the prevalence of sexual assault, there exists a lack of standardized guidance on care protocols across the larger healthcare enterprise.

Link between the recommendations and the supporting evidence:

The International Association of Forensic Nursing (IAFN) and A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents emphasizes the importance of physiological and psychological high quality, patient centered initial and on-going care that victims of sexual violence receive.

https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf

Advice and/ or Tools on How the Recommendations can be put into Practice:

The Emergency Nurses Association (ENA) have teamed up with the International Association of Forensic Nurses (IAFN) in a Joint Position Statement with regards to the care of adult and adolescent sexual assault patients in the emergency care setting (Katie Bush, MA, RN, CEN, SANE-A, 2016). The U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents document is intended and directed primarily toward facilities and their medical personnel and provides guidance to other key responders. Key responders include nurses, Nurse Practitioners, and Physician Assistants. These two evidence-based documents contain a wealth of information guiding the medical and forensic care of this vulnerable population.

https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/joint-statements/adultandadolescentsexualassaultpatientser.pdf?sfvrsn=234258f1_6

https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf

External Reviews:

This guideline will be assessed by multiple appraisers with expertise in Sexual Assault, prevention, and response. Among these individuals are Sexual Assault Victim Advocates, SANE, SAMFE, clinical educators, and Physician Assistants.

Appendix B: Clinical Practice Guideline