

Case Portfolio and Compendium of Validated Evidence (COVE)

Curriculum

This curriculum sets out the knowledge criteria, generic professional skills and attitudes, competencies and evidence required for the objectives in each module. It also suggests training and support that candidates may find useful.

It should be studied by candidates, their clinical validators and educational supervisors.

1. MODULE ONE: INITIAL CONTACT

Objective 1: To be able to formulate an appropriate response to a request for a forensic examination

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
<p>Medical</p> <p>Assessment and management including history relating to:</p> <ul style="list-style-type: none"> – Acute injuries – Intoxication – PEPSE – Emergency contraception – Mental health e.g. suicide risk 	<p>Communication skills</p> <p>Ability to liaise effectively with the police or other legal authorities</p> <p>Ability to liaise effectively with other clinical and professional colleagues</p> <p>Ability to undertake accurate documentation</p>	<p>Ascertain the relevant information from the caller:</p> <ul style="list-style-type: none"> – Timing of the incident – Nature of the assault – Number of assailants – Number of complainants – Age – Complicating medical and psychiatric factors – Stage of police / social work i.e. enquiries <p>Take account of other potential constraints when</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <ul style="list-style-type: none"> – Case based discussion (NICBD) <p>Direct observation</p> <p>Document review</p> <p>Single Best Answer (SBA)</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations including:</i></p> <ul style="list-style-type: none"> – <i>STIF course</i> – <i>Forensic course approved by the examiners (approval to be reviewed annually)</i> – <i>Faculty of Family Planning and Reproductive</i>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
		<p>formulating management plan including:</p> <ul style="list-style-type: none"> - Other work load - Issues of consent - Level of competency and availability of other potential examiners (including Geography) - Forensic integrity - Availability of appropriately equipped Medically fit for purpose premises - Need for an appropriate trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on complainant and scene - Use of early evidence kits - Minimisation of risk of cross contamination - Balancing medical and forensic needs 	<p>Objective Structured Clinical Examination (OSCE)</p> <p>Supervisor signature</p>	<p><i>Health Care EC guidance April 2006</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested Training and support
		<ul style="list-style-type: none"> – Awareness of complainants' safety and psychological needs and those of their dependants – Specific plan for complainant assessment whether imminent or deferred 		

MODULE ONE cont'd

Objective 2: To be able to formulate and communicate the initial management plan

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Forensic</p> <ul style="list-style-type: none"> - Early evidence - Nature of the assault (inc assailant type/ number involved) - Persistence of evidence - Suitability of premises - Preservation of evidence <p>Legal</p> <ul style="list-style-type: none"> - Capacity - Age - Documentation and disclosure <p>Practitioner</p> <ul style="list-style-type: none"> - Level of expertise - Health and safety - Resources e.g. paediatrician if necessary 	<p>Organisational</p> <p>Effective organisation to enable the optimum pathway to address:</p> <ul style="list-style-type: none"> - The medical needs of the complainant - The forensic requirements of the case - Any specific needs arising from disability or communication difficulties of the complainant. <p>Interpersonal skills</p> <ul style="list-style-type: none"> - Ability to maintain impartiality, objectivity and avoid discrimination - Appreciate the limits of personal expertise - Appreciate the health and safety 	<p>Ascertain the relevant information from the caller:</p> <ul style="list-style-type: none"> - Timing of the incident - Nature of the assault - Number of assailants - Number of complainants - Age - Complicating medical and psychiatric factors - Stage of police / social work i.e. enquiries <p>Take account of other potential constraints when formulating management plan including:</p> <ul style="list-style-type: none"> - Other work load - Issues of consent - Level of competency and availability of other potential examiners (including Geography) - Forensic integrity - Availability of appropriately 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <ul style="list-style-type: none"> - Case based discussion (NICBD) <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

<ul style="list-style-type: none"> - Are you fit to examine in terms of tiredness etc. but no one else available 	<p>implications of the case including personal safety</p>	<p>equipped Medically fit for purpose premises</p> <ul style="list-style-type: none"> - Need for an appropriate trained interpreter <p>Ensure management plan will result in optimal:</p> <ul style="list-style-type: none"> - Preservation of forensic evidence on complainant and scene - Use of early evidence kits - Minimisation of risk of cross contamination - Balancing medical and forensic needs - Awareness of complainants' safety and psychological needs and those of their dependants - Specific plan for complainant assessment whether imminent or deferred 		
---	---	--	--	--

2. MODULE TWO: HISTORY

Objective 1: To be able to obtain appropriate consent

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Be able to obtain appropriate consent for:</p> <ul style="list-style-type: none"> – Examination – Release of information – Photo documentation – Audit of information – Research and review – Use of anonymised data for teaching <p>Awareness of the consequences of assessing ‘Gillick’ competency</p> <p>Legal</p> <p>Understand the core principles of:</p> <ul style="list-style-type: none"> – Mental Capacity Act [2005] 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Communication skills and assessment of informed consent includes:</p> <ul style="list-style-type: none"> • Awareness that the patient may subjectively feel coerced to consent (i.e. ensure consent is consistent & voluntary) • Provide appropriate information to ensure informed consent is valid • Defer assessment of consent if the patient is intoxicated (i.e. 	<p>Assess capacity to consent</p> <p>Formulate an appropriate management plan if consent unobtainable.</p> <p>Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant.</p> <p>Address child protection needs of complainant and other children where appropriate</p> <p>Ability to conduct a Mental State Examination</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <ul style="list-style-type: none"> – Case based discussion (NICBD) <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually) GMC</i></p> <p><i>Good Medical Practice</i></p> <ul style="list-style-type: none"> – <i>Consent: patients and doctors making decisions together</i> – <i>0-18 years: guidance for all doctors</i> – <i>Confidentiality: Protecting and Providing Information</i> – <i>Acting as an expert witness</i>

	<p>ensure consent is consistent & voluntary)</p> <ul style="list-style-type: none">• Ability to document consent in a systematic and clear manner			<i>Tutorials</i>
--	---	--	--	------------------

MODULE TWO cont'd

Objective 2: To be able to take an accurate and appropriate history of the incident

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>Understand the core principles of:</p> <ul style="list-style-type: none"> - Mental Capacity Act [2005] - Sexual Offences Act [2003] <p>Hearsay evidence</p> <p>Understand the police process including awareness and consequences of the use of closed and open questions</p>		<p>Take and document a relevant history of event from police/complainant including:</p> <ul style="list-style-type: none"> - Use of proformas - Avoiding leading questions 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	

MODULE TWO cont'd

Objective 3: To be able to take an accurate and relevant medical history

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p><u>MEDICAL</u></p> <p>Be able to take a competent and relevant medical history including:</p> <ul style="list-style-type: none"> - Medical/ surgical - Dermatological - Gynaecological/sexual/ contraceptive - Paediatric/adolescent - Bowel - Dermatological - Mental health, including self-harm - Allergies - Current medications, including use of over the counter - Recreational drugs (including alcohol) - Address safeguarding needs of complainant and other children where appropriate <p>Be able to identify common drug interactions.</p>	<p>Ability to communicate in a sensitive and empathic manner</p>	<p>Demonstrate ability to acquire a psychiatric history using a standardised approach</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Tutorials in obtaining a psychiatric history</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> - Know the common effect of drugs/alcohol and post-traumatic stress on recollection of events and medical history <p>Practitioner</p> <p>GMC guidance on confidentiality and consent</p> <p>Level of expertise</p> <p>Health and safety</p>				

3. MODULE THREE: EXAMINATION

Objective 1: To be able to carry out a thorough, sensitive examination with regards to the therapeutic needs of a person complaining of or suspected to be a victim of a sexual assault

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>Recognition, assessment and management relating to:</p> <ul style="list-style-type: none"> – life threatening conditions (first aid) – Mental state including suicide risk – Intoxication or withdrawal of drugs. <p>Describe normal genital and anal anatomy and recognize abnormalities and their aetiologies including</p> <ul style="list-style-type: none"> – Congenital – Pathological – Infection – Surgical – And injuries (including healed injuries) 	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Demonstrate the use of open questions when gaining a mental state examination</p>	<p>On a case by case basis ensure appropriate approach to examination including:</p> <ul style="list-style-type: none"> – Selection of an appropriate environment – Preparation of necessary equipment, paperwork, and other materials e.g. swabs prior to commencing physical examination – Flexibility as the examination progresses <p>Be able to recognise and manage any medical problems that need immediate urgent medical treatment including:</p> <ul style="list-style-type: none"> – Provision of basic life support. 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p> <p><i>Training in conducting mental state examinations</i></p> <p><i>Training in the structured assessment of risk of self-harm and suicide</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> - Explain normal child development and factors which may affect this, including .the effects of age and hormonal status on development especially of genitalia including: - Normal anogenital anatomy - Normal variations and common congenital abnormalities - Tanner staging <p>The issues pertinent to adolescent e.g.</p> <ul style="list-style-type: none"> - Risk taking behaviours - Common mental health problems e.g. self-harm, eating disorders, depression <p>And how that will affect your assessment and management</p> <p>Signs and symptoms of STIs</p>		<ul style="list-style-type: none"> - Summons of appropriate and timely help - Transfer of complainant to services providing appropriate care - Risk identification including basic assessment of mental state. <p>Be able to recognise common signs and symptoms of intoxication or withdrawal of drugs</p> <ul style="list-style-type: none"> - Be able to carry out a full physical examination that - Takes account of possible on going medical problems - Takes account of injuries which may be due to assault - Accurately identifies and documents injuries so as to aid in the determination of 		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Relevant surface anatomy e.g. correct terminology for anatomical reference points</p> <p>Definition and recognition of differing types of injury including:</p> <ul style="list-style-type: none"> - The presence or absence of factors which may affect their aging (including the problems of different degrees of pigmentation) - The differential diagnosis of findings e.g. dermatological conditions that may mimic injury. <p>Management of forensic evidence including:</p> <ul style="list-style-type: none"> - Current persistence data - Recovery methods of trace evidence - Issues of cross contamination 		<p>their possible causation and age.</p> <ul style="list-style-type: none"> - Thoroughly and accurately documents positive and negative findings with regards to the known account of the alleged assault. <p>Be able to take appropriate forensic samples and ensure</p> <ul style="list-style-type: none"> - Minimal cross contamination - Appropriate labelling and packaging of forensic and /or STI samples with regard to the chain of evidence and admissibility of evidence. <p>Be proficient in</p> <ul style="list-style-type: none"> - The use of a speculum for vaginal examination - The use of a proctoscope for rectal examination - Venepuncture 		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Role of photo documentation including:</p> <ul style="list-style-type: none"> - Potential uses and limitations - Use of highly sensitive images and issues regarding consent, how and when they are taken, storage, confidentiality and disclosure <p>Legal</p> <p>Requirements of documentation e.g. dated, timed signed</p> <p>Management of forensic samples including:</p> <ul style="list-style-type: none"> - Labelling and storage - Maintaining the integrity of the chain of evidence <p>Management of information gathering during the forensic examination including:</p> <ul style="list-style-type: none"> = The significance and response to additional 		<p>Be able to take or arrange appropriate photo documentation that ensures</p> <ul style="list-style-type: none"> - Admissibility as evidence - Preservation of confidentiality of the complainant storage of those images is in keeping with local protocols for highly sensitive images <p>Be able to communicate examination findings</p> <ul style="list-style-type: none"> - To the complainant including the natural history and or implications of both positive and negative findings - To those with a need to know within the limits of the consent process. 		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>information given during the examination, either spontaneously or as a result of additional history taking in the light of examination findings</p> <p>= Revalidation of consent as the examination progresses</p> <p>Practitioner</p> <p>The risk of vicarious trauma to self and others e.g. self-awareness</p> <p>Role of chaperone</p> <p>Personal safety</p> <p>Minimisation of risks of transmission of infectious diseases e.g. good infection control</p>				

4. MODULE FOUR: AFTERCARE

Objective 1: To be able to provide appropriate:

- information and guidance to complainants about aftercare
- immediate care at the time of the forensic examination
- ongoing follow-up and support for a complainant, including referral to other agencies

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>The risk of unplanned pregnancy</p> <p>Risk of pregnancy depending on timing of incident from Last menstrual period (LMP) within menstrual cycle and any on-going contraception</p> <p>Types of post coital contraception available and their efficacy, side effects and risks</p> <p>Contraindications to methods and interaction with other medication</p> <p>Rules governing use with respect to</p> <ul style="list-style-type: none"> - LMP 	<p>Ability to be sensitive to emotional state of complainant and tailor advice and communication appropriately</p> <p>Ability to discuss risks with complainants about risks of ill-health relating to sexual assault, and the side effects, efficacy and risks of treatment</p> <p>Ability to provide appropriate medication</p> <p>Ability to formulate management plan for on-going care, including involving complainant in decision-making and ensuring they understand it e.g. written and verbal information</p>	<p>Provide appropriate aftercare for a complainant who has been sexually assaulted, including:</p> <ul style="list-style-type: none"> - Informing regarding the risks of unintended pregnancy and acquisition of sexually transmitted infection and blood-borne viruses - Provision of pregnancy testing, hormonal contraception and prophylactic interventions (e.g. antibiotics/antivirals and vaccines) according to local/national guidelines with discussion of side effects, efficacy and risks 	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work/case-based discussion</i></p> <p><i>Attachments in community reproductive and sexual health, and genitourinary medicine services</i></p> <p><i>Appropriate courses approved by examiners such as Sexually Transmitted Infections Foundation course, Diploma of Faculty of Family Planning course</i></p> <p><i>Tutorials</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> - Other unprotected sex or previous use of hormonal Emergency contraception in same menstrual cycle - Vomiting after hormonal contraception - Management after use <p>Local services and referral pathways for contraception</p> <p>The risks of sexually transmissible infection (STI)</p> <p>Risks of acquisition of STI according to nature of assault</p> <p>Incubation periods, natural history and management of chlamydia, gonorrhoea and <i>Trichomonas vaginalis</i></p> <p>Antibiotic prophylaxis recommended for complainants of sexual assault including</p> <ul style="list-style-type: none"> - Side effects 	<p>Ability to access and provide appropriate written information</p> <p>Ability to liaise with other agencies</p>	<ul style="list-style-type: none"> - Discussion of importance of on-going medical care and important triggers to access services - Formulate and implement plan for follow-up including referral to other services 		

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> – Contraindications to treatments and interaction with other medication – Local services and referral pathways for on-going care relating to STIs <p>The risks of blood-borne viruses (BBVs)</p> <p>Knowledge of local services, protocols and referral pathways for immediate and on-going care relating to BBVs</p> <p>Risks of acquisition of HIV according to nature of assault and risk status of assailant</p> <p>Use of post-exposure prophylaxis for HIV including:</p> <ul style="list-style-type: none"> – At what level of risk it should be offered and when 				

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<ul style="list-style-type: none"> – Organisation of commencement of medication, – Efficacy, side effects, drug interactions and risks of post-exposure prophylaxis following sexual exposure (PEPSE) <p>Use of Hepatitis B vaccination to reduce acquisition including:</p> <ul style="list-style-type: none"> – To whom it should be offered – Timing for commencement – Accelerated courses for vaccination <p>The risk of psychological morbidity</p> <p>Recognition of range of psychological responses to experience of sexual assault; including the most commonly found mental disorders e.g. depressive disorders, acute stress reaction, adjustment</p>				

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>disorder, post-traumatic stress disorder</p> <p>The importance of optimal early management and its relation to long term outcomes</p> <p>Informing the complainant of the range of responses and their normality</p> <p>Local services and referral pathways for on-going care relating to psychological morbidity including mental health services, GP and voluntary agencies</p> <p>Managing unintended pregnancy</p> <p>Diagnosis according to timing of incident</p> <ul style="list-style-type: none"> - Using a pregnancy test including the need to repeat if too soon - Disclosure of pregnancy - Possible outcomes for historical incident 				

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>including termination, miscarriage or child</p> <p>Informing the complainant regarding options according to gestation, if pregnant</p> <p>Local services and referral pathways for on-going care relating to unintended pregnancy</p>				

5. MODULE FIVE: STATEMENT

Objective 1: To be able to write a comprehensive and technically accurate statement in the prescribed form, that can be understood by a lay person

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Legal</p> <p>The structure of the courts in the UK</p> <p>The burden of proof in different legal proceedings.</p> <p>The core principles of</p> <ul style="list-style-type: none"> – Criminal Procedure Rules – Civil Procedure Rules <p>The roles of witnesses including:</p> <ul style="list-style-type: none"> – Witness to fact – Professional Witness – Expert Witness <p>The rules of Hearsay evidence</p> <p>Writing a witness statement including:</p>	<p>Ability to communicate in a sensitive and empathic manner</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality</p> <p>Compliance with time limits set for preparation and production of witness statement.</p>	<p>Be able to write a statement that is appropriate for the purpose for which it has been requested, including the appropriateness of the expression of opinions</p> <p>Give technically accurate information in terms understandable to a lay person.</p> <p>Use contemporaneous notes as the basis for the report and clearly indicate all sources of information</p> <p>Include appropriate body diagrams as part of the witness statement.</p> <p>Be able to indicate in the statement when disclosure</p>	<p>Compendium of Validated Evidence</p> <p>Case portfolio</p> <p>Case based discussion (NICBD)</p> <p>Direct observation</p> <p>Document review</p> <p>SBA</p> <p>OSCE</p> <p>Supervisor signature</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisation</i></p> <p><i>Court skills course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p>

<ul style="list-style-type: none"> - Construction according to its intended use - Technical accuracy - Appropriateness of expression of opinions - Clarity between fact and opinion - Use of terms understood by lay persons <p>Importance of contemporaneous notes in writing the statement and identification of all sources of information</p> <p>History of the allegation as given</p> <p>Incomplete disclosure of information held</p> <p>Concordance of content of contemporaneous medical notes and content of witness statement</p> <p>Inclusion of an appropriate medical history</p> <p>Inclusion of an account of the examination and both positive and negative findings</p>		<p>of information held has not been complete.</p> <p>Where an opinion has been requested and it is appropriate to give that opinion, be able to clearly separate fact and opinion and be able to express an opinion within the limits of expertise</p>		
--	--	--	--	--

<p>The use of body diagrams</p> <p>Take account of</p> <ul style="list-style-type: none"> = Mental Capacity Act = Sexual Offences Act = Offences Against the Person Act = Legal definitions of consent = Issues around disclosure of highly sensitive images. <p>GMC guidelines on confidentiality</p> <p>Level of expertise</p> <p>Time management</p> <p>Resources including an accurate and relevant curriculum vitae, access to secure electronic storage</p>				
--	--	--	--	--

6. MODULE SIX: THE COURT

Objective 1: To prepare and give effective oral evidence in court within the limits of expertise

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Medical</p> <p>GMC Guidelines on confidentiality</p> <p>Be able to identify any medical or technical information and issues:</p> <ul style="list-style-type: none"> – Raised in any pre-trial disclosure or conference, OR – Raised in the content of your witness statement. <p>And be able to consolidate your knowledge about them.</p> <p>Be able to identify possible challenges arising from the content of your witness statement.</p> <p>Understanding the court</p>	<p>Communication skills including clarity with sensitivity to the knowledge and understanding of the person /persons with whom you are communicating and the setting</p> <p>Ability to maintain impartiality, objectivity and a non-judgemental attitude and avoid discrimination</p> <p>Work within limits of confidentiality time management</p>	<p>To be able to identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.</p> <p>To be able to participate in informed discussion with lawyers and experts about the medical and technical information and issues.</p> <p>Be able to present oral evidence in court including responding to cross-examination and to questions and challenges arising from evidence given in court.</p> <p>Be able to explain in lay terms the content of a witness statement</p> <p>Be able to use simple aids e.g. body maps, when</p>	<p>Case portfolio</p> <p>NICBD</p> <p>Written statement under controlled conditions</p>	<p><i>Work based discussion</i></p> <p><i>Case based discussion</i></p> <p><i>Professional organisations</i></p> <p><i>Forensic course approved by the examiners (approval to be reviewed annually)</i></p> <p><i>Tutorials</i></p> <p><i>Court Skills Course</i></p>

Knowledge criteria	Generic professional skills and attitudes	Competencies	Evidence	Suggested training and support
<p>Attendance at court including:</p> <ul style="list-style-type: none"> - Court procedure - The anatomy of a trial <p>Giving evidence including:</p> <ul style="list-style-type: none"> - Pre-trial disclosure - The role of the participants in a trial - The different roles of the witness to fact, the professional witness and the expert witness <p>Core principles of:</p> <ul style="list-style-type: none"> - Limitations of confidentiality - Rules of Evidence - Hearsay Evidence <p>The powers of the court with respect to witnesses.</p> <p>Presentation</p> <p>Time Management</p>		<p>giving oral evidence in Court.</p> <p>Appreciate and stay within limits of expertise in respect of professional and expert witnesses</p>		

Educational Supervisor

JOB DESCRIPTION

EDUCATIONAL SUPERVISOR

Job Purpose:

The educational supervisor is the individual who is responsible for guiding and monitoring the progress of a candidate for the completion of the COVE and the case portfolio. He/she may be in a different department, or in a different organisation from the candidate. Every candidate must have a named educational supervisor to sign off the documentation; it is the candidate's responsibility to engage his/her educational supervisor.

Key Responsibilities:

1. The educational supervisor must familiarise him/herself with the structure of the LFFLM (SOM), the curriculum and the educational opportunities available to candidates.
2. The educational supervisor where possible should:
 - a. Have previous experience of being an educational supervisor.
 - b. Have some understanding of educational theory and practical educational techniques.
 - c. Ensure that an appropriate Clinical Validator signs off the component.
3. The educational supervisor should, whenever possible, ensure that the candidate is making progress with completion of the case portfolio.
4. The educational supervisor should meet the candidate as soon as possible after the decision to commence a case portfolio to:
 - a. Establish a supportive relationship;
 - b. Indicate to the candidate:
 - i. That he/she is responsible for his/her own learning;
 - ii. The structure of their work programme set against the curriculum;
 - iii. The educational opportunities available;
 - iv. The assessment system;
 - v. The portfolio.
 - c. Meet the candidate to check progress and sign off completed sections of the portfolio to meet the requirements of the assessment system.

Person Specification for Educational Supervisor*

Attributes	Essential	Desirable
Qualifications	GMC or NMC full registration Specialist or General Practitioner registration or MFFLM	Postgraduate qualification in education
Knowledge and Skills	<p>Knowledge of management and governance structures in medical education and training and awareness of recent changes in the delivery of medical education and training nationally and locally.</p> <p>Follow GMC standards: http://www.gmcuk.org/Standards for curricula and assessment systems 0410.pdf 48904896.pdf for further information.</p> <p>Experience as an educational supervisor.</p> <p>Enthusiasm for delivering training.</p> <p>Effective communications skills, motivating and developing others, approachability, good interpersonal skills.</p> <p>Significant experience in examining victims of sexual assault.</p>	

* GMC requirements state that Education Supervisor training will be mandatory for doctors from 31 July 2016.

Compendium of Validated Evidence (COVE)

NAME OF CANDIDATE:	
START DATE:	
COMPLETION DATE:	
NAME(S) OF EDUCATIONAL SUPERVISOR(S): (See also guidelines on supervision)	
NAMES OF CLINICAL VALIDATOR(S): (See also guidelines on supervision)	See individual sheets and Appendix

Contents

Guidance	31
Clinical Validator(s)	31
Educational Supervisor(s)	31
The Compendium of Validated Evidence (COVE)	32
Purpose	32
When to start	32
Competencies	32
Meeting your Educational Supervisor	32
Contact during Assessment	33
How to complete the COVE	33
General Notes	33
For Validators and Supervisors	33
For Candidates	34
Courses that may be attended	34
Module 1	35
Module 2	39
Module 3	45
Module 4	48
Module 5	51
Module 6	54
Appendix – Record of clinical validators’ signatures	57

Guidance

Introduction

1. This guidance should be read in conjunction with the Guide to the LFFLM (SOM), including the Regulations and Syllabus.

Clinical Validator(s)

2. Candidates require one or more clinical validators. The role of the clinical validator is purely to certify the candidate's satisfactory completion of the modules set out in the Compendium of Validated Evidence (COVE).
3. Clinical Validators must declare any conflict of interest.
4. It may be necessary to have different clinical validators for different modules or parts of each module. It is the candidate's responsibility to identify and obtain the cooperation of their own clinical validators. Normally the Clinical Validator will not be a contemporary candidate for the LFFLM (SOM) certificate; should the need arise, the prior permission of the Chief Examiner must be obtained (via the FFLM website).

Educational Supervisor(s)

5. Candidates also require one or more educational supervisors. The role of the educational supervisor, who must be an FFLM-accredited Educational Supervisor (for a current list please email forensic.medicine@fflm.ac.uk), is to certify completion of the modules by signing the appropriate sheet in the COVE. Their signature is the evidence of completion of all of the components signed off by the clinical validators.
6. In the event that more than one educational supervisor is necessary to assist in completing a single module, the module should be signed off by the supervisor who has had the greater involvement.
7. Educational supervisors are expected to:
 - a. Have significant experience in examining victims of sexual assault;
 - b. Have experience in the field of education and training;
 - c. Have some experience as an educational supervisor;
 - d. Ensure that an appropriate Clinical Validator signs off the component;
Adhere to GMC standards: <http://goo.gl/efbbMo> for further information.
 - e. Declare any conflict of interest.

The Compendium of Validated Evidence (COVE)

Purpose

8. Training and assessment for the programme are intended to achieve professional competency. The assessment programme should emphasise the attitude, skills and knowledge required to manage a complainant of sexual assault competently. This qualification is intended for those who are preparing to become experts with further experience. The curriculum is laid out in modules for ease of completion but each module links with other modules to form an integrated whole.

When to start

9. You should become familiar with the whole content of the COVE, and that it should be commenced as soon as possible.
10. Completion of the COVE to the standard required by the LFFLM (SOM) confirms an appropriate range and level of current clinical experience.

Competencies

11. You should become familiar with the whole content of the curriculum. Each module has specific competencies, as listed in the curriculum. Each must be achieved regardless of your particular discipline e.g. paediatrician, forensic clinician etc. Once you have achieved a competency your clinical validator should be asked to sign it off.
12. The case based discussions are based on randomly-selected notes and the skills demonstrated in the direct observations, but not exclusively so and can include anything within the syllabus.
13. Validators must not to sign off a competency until they are sure that the standard required has been reached. They may find it helpful to indicate in the performance feedback section those components which they feel are requirements before a signature can be given. For those candidates who meet the requirements, validators may wish to make recommendations for further improvement or commendations where exceptional skill has been demonstrated.
14. If a competency is not achievable because of circumstances beyond control of the candidate or validator, then a note should be made to this effect and the Chairman of the Examination Committee informed.

Meeting your Educational Supervisor

15. You will need to arrange a meeting with your educational supervisor as soon as you can at the start of your programme in order to plan how you will acquire or validate the skill set necessary for each of the modules. The COVE should be taken to that initial meeting to assess your needs.

16. You should also have read through the curriculum so that you will be able to agree with the educational supervisor the various clinical placements that are required to complete your programme.

Contact during Assessment

17. You should arrange regular contact with your educational supervisor during your assessment to review your progress.
18. He/she will need to sign off each module of your portfolio.

How to complete the COVE

19. The COVE sets out the modules and the objectives within the modules, and indicates the evidence, which must be current, required for each objective. Each element should be signed-off by the clinical validator and confirmed using the record sheets at the end. Once the requirements for each module have been fulfilled, the educational supervisor should sign off the Completion of Module table.
20. Where competency is to be demonstrated by case-based discussion, the validator's role is to evaluate the candidate's normal practice. He or she should therefore review a minimum of six randomly-selected case notes from the last six months of the candidate's practice, in addition to the cases prepared as part of the case portfolio. The case discussions are based on the sample documentation and observed skills, but the discussion can include anything in the syllabus. N.B. Case notes are required for modules 1, 2, 5 and 6.
21. The COVE can be submitted independently of the Case Portfolio.
22. This will take place when the COVE and the case portfolio have been approved and the OSCE passed.

General notes

23. For Validators and Supervisors:

At all times the candidate must be observed to:

- a. Display tact, empathy and respect for the complainant;
- b. Respect confidentiality;
- c. Be non-judgemental;
- d. Take into account equality and diversity issues;
- e. Communicate appropriately and with clarity ;
- f. Respect dignity;
- g. Be aware of the need for a chaperone;

- h. Liaise appropriately and work in conjunction with other professionals and units;
- i. Understand risk management.

24. For Candidates:

All candidates must demonstrate an awareness of:

- a. The roles and supervision requirements of other professionals in the team e.g. nurses, counsellors, youth workers;
- b. Clinical governance issues related to specific clinical services;
- c. Local and national standards, guidelines and performance indicators;
- d. The role of support groups and voluntary agencies;
- e. Child protection regulations.

Courses that may be attended

25. Candidates may find attendance at one or more of the following courses useful:

- a. FFLM or RCPCH approved forensic course (please refer to the relevant websites: www.fflm.ac.uk and www.rcpch.ac.uk for details).
- b. Court room skills course.
- c. Sexually transmitted infection foundation course (STIF).
- d. RCPCH Child Protection Level 3.

Module 1
Topic: Initial Contact

Objective 1: Formulate a response to a request for a forensic examination

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained Signature NB see Note 1 below	Competence attained Date
Mod1:1	Accurate documentation	Case review 6 randomly-selected, anonymised cases by validator over 6 months			
Candidates are reminded that case based discussions are based on 6 randomly-selected case notes, specific observations and/or cases in the case portfolio.					
Mod1:2	Assess including history relating to:	Direct Observation			
Mod1:2.1	– Acute injuries	Direct Observation			

Mod1:2.2	– Intoxication	Direct Observation			
Mod1:2.3	– PEPSE	Direct Observation			
Mod1:2.4	– Emergency contraception	Direct Observation			
Mod1:2.5	– Mental health e.g. suicide risk	Direct Observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod1:3	Take into account age and stage of development of the complainant	Case-based discussion			
Mod1:4	Take into account use of early evidence kit	Case-based discussion			
Mod1:5	Take into account nature of the assault (inc. assailant type/ number involved)	Case-based discussion			
Mod1:6	Take into account persistence of evidence	Case-based discussion			
Mod1:7	Take into account suitability of premises available for examination	Case-based discussion			

Mod1:8	Take into account preservation of evidence	Case-based discussion			
Mod1:9	Take account of other potential constraints when formulating management plan	Case-based discussion			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 1: Initial Contact – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 2
Topic: History

Objective 1: Obtain consent

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Competence attained Date
Mod2:Ob1:1	Accurate documentation	Sample of 6 cases			
Mod 2:Ob 1:2	Obtain consent for examination	Direct Observation			
Mod 2:Ob 1:3	Obtain consent for release of information	Direct Observation			
Mod 2:Ob 1:4	Obtain consent for photo documentation	Direct Observation			
Mod 2:Ob 1:5	Obtain consent for audit of information	Direct Observation			

Mod 2:Ob 1:6	– Research and peer review	Direct Observation			
Mod 2:Ob 1:7	Obtain consent for use of anonymised data for teaching	Direct Observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod2:Ob1:8	Assess capacity to consent (including 'Gillick' competency)	Case-based discussion			
Mod2:Ob1:9	Formulate an appropriate management plan if consent unobtainable.	Case-based discussion			
Mod2:Ob1:10	Understand the limits of and maintain confidentiality as appropriate and discuss this with complainant.	Case-based discussion			

Note 1 – For this document to be accepted by the Chief Examiner's Committee all signatures must be added with validator's details to the COVE appendix

Objective 2: To take an accurate and appropriate history of the incident

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date competence achieved
Mod2:Ob2:1	Take and document a relevant history of event from police including:	Direct observation			
Mod2:Ob2:1:1	– Use of proformae	Direct Observation			
Mod2:Ob2:2	Take and document a relevant history of event from complainant/ parent with regard to other factors e.g. age and capacity including:	Direct observation			
Mod2:Ob2:2:1	– Use of proformae	Direct Observation			
Mod2:Ob2:2:2	– Avoiding leading questions	Direct Observation			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Objective 3: To take a relevant and accurate medical history including, where appropriate:

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod2:Ob3:1	Medical/surgical	Direct observation			
Mod2:Ob3:2	Dermatological	Direct Observation			
Mod2:Ob3:3	Gynaecological/ sexual/contraceptive	Direct Observation			
Mod2:Ob3:4	Paediatric / adolescent	Direct Observation			
Mod2:Ob3:5	Bowel	Direct Observation			
Mod2:Ob3:6	Mental health, including self-harm	Direct Observation			

Mod2:Ob3:7	Current medications including use of over the counter	Direct Observation			
Mod2:Ob3:8	Allergies	Direct Observation			
Mod2:Ob3:9	Recreational drugs (including alcohol)	Direct observation			
Mod2:Ob3:10	Address child safeguarding and protection needs of complainant and other children where appropriate	Direct observation			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 2: History – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 3
Topic: Examination

Objective 1: Carry out a thorough sensitive examination with regards to the therapeutic and forensic needs of a person complaining of or suspected of being a victim of a sexual assault.

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod3:1	Prepare the necessary equipment paperwork and other materials e.g. swabs prior to commencing physical examination	Direct observation			
Mod3:2	Accurately identify and document injuries in order to aid in the determination of their possible causation and age.	Direct observation			
Mod3:3	Thoroughly and accurately document positive and negative findings with regards to the known account of the alleged assault.	Direct observation			

Mod3:4	Risk identification including basic assessment of mental state.	Direct observation			
Mod3:5	Carry out a full physical examination that takes account of possible ongoing medical problems and takes account of injuries which may be due to assault	Direct observation			
Mod3:6	Be able to take accurately labelled forensic samples and ensure minimal cross contamination	Direct observation			
Mod3:7	Assess child development and relevant contributing factors including effects of age and pubertal status particularly with regard to external genitalia	Direct observation			
Mod3:8	Communicate findings to the police	Direct observation			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 3: Examination – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 4
Topic: Aftercare

Objective 1: Provide:

- Information and guidance to complainants about aftercare
- Immediate care at the time of the forensic medical examination
- Ongoing follow-up and support for a complainant, including referral to other agencies

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod4:1	Discuss with the complainant where appropriate the risks of unintended pregnancy	Direct observation			
Mod4:2	Discuss with the complainant risks of acquisition of sexually transmitted infection and blood-borne viruses	Direct observation			
Mod4:3	Risk-assess need for, and provide as necessary, emergency hormonal contraception	Direct observation			

Mod4:4	Risk-assess need for prophylactic interventions (e.g. antibiotics / antivirals and vaccines) and provide as necessary according to local/national guidelines with discussion of side effects efficacy and risks	Direct observation			
Mod4:5	Discuss the importance of on-going medical care and important triggers to access services	Direct observation			
Mod4:6	Formulate and implement plan for follow-up including referral to other services	Direct observation			
Mod4:7	Assess emotional well-being and suicide risk	Direct observation			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 4: Aftercare – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 5
Topic: Statement

Objective 1: Write a comprehensive and technically accurate statement in the prescribed form that can be understood by a lay person

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Mod5:1	Use of contemporaneous notes as the basis for the report and clearly indicate all sources of information	Direct observation			
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod5:2	Write a statement that is appropriate for the purpose for which it has been requested	Case-based discussion			
Mod5:3	Give technically accurate information in terms understandable to a lay person	Case-based discussion			
Mod5:4	Include appropriate body diagrams as part of the witness statement	Case-based discussion			

Mod5:5	Indicate in the statement when disclosure of information held has not been complete.	Case-based discussion			
Mod5:6	"Where an opinion has been requested and it is appropriate to give that opinion be able clearly to separate fact and opinion and be able to express an opinion within the limits of expertise	Case-based discussion			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 5: Statement – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

Module 6
Topic: Court

Objective 1: Prepare and present oral evidence in court

Label	Skills	Evidence required See para 18	Performance feedback (If competence not yet achieved list tasks to be completed)	Competence attained signature NB See Note 1 below	Date Competence achieved
Candidates are reminded that case discussions are based on the 6 randomly-selected case notes, the direct observations and / or cases in the case portfolio.					
Mod6:1	Identify the medical and technical information and issues arising from a witness statement and any pre-trial disclosure.	Case-based discussion			
Mod6:2	Explain in lay terms the content of a witness statement	Case-based discussion			
Mod6:3	Understand the court system and the role of the forensic clinician within it including:	Case-based discussion			

Mod6:3:1	- Pre-trial conferences	Case-based discussion			
Mod6:3:2	- Responding to additional material including expert evidence presented to you pre-trial or during the trial	Case-based discussion			
Mod6:4	Explain the structure of the courts in the UK	Case-based discussion			
Mod6:5	Explain the burden of proof in different legal proceedings	Case-based discussion			
Mod6:6	Explain the core principles of the Criminal Procedure Rules and the Civil Procedure Rules	Case-based discussion			

Note 1 – For this document to be accepted by the Chief Examiner’s Committee all signatures must be added with validator’s details to the COVE appendix

Completion of Module 6: Court – To be completed by the Educational Supervisor

I confirm that all components of the module have been satisfactorily completed

Name (please print)	
Hospital/Site name and address	
GMC/NMC number	
Email address	
Signature	
Date	

COVE APPENDIX

RECORD OF CLINICAL VALIDATORS' SIGNATURES				
Clinical validators should sign off each module or objective, as appropriate, against the individual labels in the left hand column.				
Module & Objective Label	Hospital/ Site/ Venue	Name of clinical validator (please print)	Signature of clinical validator	GMC/NMC number of clinical validator
Mod1:1				
Mod1:2				
Mod1:2:1				
Mod1:2;2				
Mod1:2:3				
Mod1:2:4				
Mod1:2:5				
Mod1:3				
Mod1:4				

Mod1:5				
Mod1:6				
Mod1:7				
Mod1:8				
Mod1:9				
Mod2;Ob1:1				
Mod2;Ob1:2				
Mod2;Ob1:2				
Mod2;Ob1:3				
Mod2;Ob1:4				
Mod2;Ob1:5				
Mod2;Ob1:6				

Mod2;Ob1:7				
Mod2;Ob1:8				
Mod2;Ob1:9				
Mod2;Ob1:10				
Mod2;Ob2:1				
Mod2;Ob2:1:1				
Mod2;Ob2:2:				
Mod2;Ob2:2:1				
Mod2;Ob2:2:2				
Mod2;Ob3:1				
Mod2;Ob3:2				

Mod2;Ob3:3				
Mod2;Ob3:4				
Mod2;Ob3:5				
Mod2;Ob3:6				
Mod2;Ob3:7				
Mod2;Ob3:8				
Mod2;Ob3:9				
Mod2;Ob3:10				
Mod3:1				
Mod3:2				
Mod3:3				
Mod3:4				

Mod3:5				
Mod3:6				
Mod3:7				
Mod3:8				
Mod4:1				
Mod4:2				
Mod4:3				
Mod4:4				
Mod4:5				
Mod4:6				
Mod4:7				

Mod5:1				
Mod5:2				
Mod5:3				
Mod5:4				
Mod5:5				
Mod5:6				
Mod6:1				
Mod6:2				
Mod6:3				
Mod6:3:1				
Mod6:3:2				
Mod6:4				

Mod6:5				
Mod6:6				