CERTIFIED SEXUAL ASSAULT NURSE EXAMINER-PEDIATRIC (SANE-P) PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which statement about early latent syphilis is true?

A. It has no symptoms

B. It presents with a rash on the palms

C. It causes urethral discharge

D. It is associated with fever and malaise

2. When documenting pain during examination, what context should be provided?

A. Weather at the time

B. Area of pain and amount of pressure used during exam

C. Time since last meal

D. The patient's favorite color

3. Which stage is described as industry versus inferiority?

A. Industry vs Inferiority

B. Identity vs Confusion

C. Trust vs Mistrust

D. Autonomy vs Shame and Doubt

4. SANE must be aware of and responsive to which group who may have had contact with the perpetrator?

A. Siblings

B. Parents

C. Guardians

D. Other children

5. Trichomoniasis discharge is best described as

A. Frothy, malodorous, yellow-green

B. Clear and odorless

C. Thick and white

D. Bloody

6. Documentation should include which information to avoid implying the patient was asked leading questions?

A. The time of interview

B. The interview location

C. The consent form used

D. The question that was asked of the patient

7. How is the evaluation described in the care model?

A. Completed

B. Ongoing

C. Initiated

D. Delayed

8. Under Federal Rule 704, opinions on the ultimate issue are

A. Permissible

B. Always inadmissible

C. Only admissible if the witness is a physician

D. Only permissible in civil cases

9. What is the primary purpose of the medical screening exam in DFSA?

A. Rule out emergency medical conditions

B. Provide a comprehensive picture of overall health

C. Determine criminal liability

D. Document social history

10. Pregnant women taking nPEP have an increased risk of which adverse outcome?

A. neural tube defects

B. down syndrome

C. congenital heart defects

D. cleft palate

Answers

1. A
2. B
3. A
4. D
5. A
6. D
7. B
8. B
9. A
10. A

Explanations

1. Which statement about early latent syphilis is true?

A. It has no symptoms

B. It presents with a rash on the palms

C. It causes urethral discharge

D. It is associated with fever and malaise

Early latent syphilis is an infection that's been present for less than a year but has no outward signs or symptoms. That silent nature is why the correct statement is that it has no symptoms. The other descriptions align with other stages or conditions: a rash on the palms is characteristic of secondary syphilis, urethral discharge points to other sexually transmitted infections like gonorrhea or chlamydia, and fever with malaise is more typical of the systemic features that can occur with secondary syphilis or the early active phases, not the latent stage. In early latent, serologic tests are positive, even though there are no clinical signs.

2. When documenting pain during examination, what context should be provided?

A. Weather at the time

B. Area of pain and amount of pressure used during exam

C. Time since last meal

D. The patient's favorite color

When documenting pain during an examination, note exactly where the pain occurs and the amount of pressure used to provoke it. This combination gives a clear, reproducible context for tenderness and helps others understand the finding or use it in future care or testimony. Factors like weather, last meal, or a patient's favorite color don't inform the pain response during the exam and aren't relevant to the documentation. In practice, you'd record the location of pain and the level of pressure that elicited it (for example, pain in a specific area with light to moderate palpation, with the patient's reported intensity or observable reactions).

3. Which stage is described as industry versus inferiority?

A. Industry vs Inferiority

B. Identity vs Confusion

C. Trust vs Mistrust

D. Autonomy vs Shame and Doubt

In Erikson's framework, the school-age years bring the stage of industry versus inferiority. During this time children are learning to master new skills—reading, writing, math, sports, arts—and they gauge their success by comparing themselves with peers and by the feedback they receive from teachers and parents. When they experience genuine progress, consistent effort, and encouragement, they develop a sense of industry, feeling capable and competent to take on tasks. If experiences are challenging without support—frequent failures, harsh criticism, or feelings of not measuring up—they may develop a sense of inferiority, doubting their abilities and avoiding challenges. This contrasts with stages in infancy (trust vs mistrust), early childhood (autonomy vs shame and doubt), and adolescence (identity vs role confusion).

4. SANE must be aware of and responsive to which group who may have had contact with the perpetrator?

A. Siblings

B. Parents

C. Guardians

D. Other children

In SANE practice, the aim is to recognize that a person who has harmed one child may have had contact with and pose risk to other children as well. This means clinicians must be aware of and responsive to other children who may have interacted with the perpetrator, in settings like family, school, daycare, or the community, not just the patient in front of them. The correct choice reflects this broader vigilance: perpetrators who abuse a child often have access to or influence over additional children, so identifying and addressing those potential victims is essential for safety, timely reporting, and planning further forensic assessment. By actively checking for other children who may have had contact with the perpetrator, SANE can help protect them, coordinate with child protective services, and ensure appropriate resources are available. While siblings or guardians are relevant considerations in a family context, the emphasis here is on other children beyond the immediate patient who might also be exposed, ensuring a broader protective net and thorough investigation.

5. Trichomoniasis discharge is best described as

A. Frothy, malodorous, yellow-green

B. Clear and odorless

C. Thick and white

D. Bloody

Trichomoniasis discharge is best described as frothy, malodorous, and yellow-green. The infection causes an inflamed, bubbly Exudate that mixes with secretions, giving a foamy texture and a foul odor, often with a yellow-green color. This contrasts with candidiasis, which typically has thick, white, cottage-cheese–like discharge, and with bacterial patterns that are usually thinner and may have a fishy odor rather than being frothy. Bloody discharge is not characteristic of trichomoniasis and would point toward other causes such as cervical irritation or trauma.

6. Documentation should include which information to avoid implying the patient was asked leading questions?

A. The time of interview

B. The interview location

C. The consent form used

D. The question that was asked of the patient

Capturing the exact questions asked during the interview demonstrates that the exploration was neutral and non-suggestive. By documenting the verbatim prompts and prompts in sequence, you show that you used open-ended, developmentally appropriate prompts first and avoided leading suggestions, which helps protect the patient and preserves the interview's credibility in legal and clinical review. Context like where and when the interview occurred or which consent form was used provides background but does not show whether the questioning itself was neutral; the actual wording is what indicates whether the patient was steered. In short, including the exact questions asked is the most effective way to avoid implying that the patient was subjected to leading questions.

7. How is the evaluation described in the care model?

A. Completed

B. Ongoing

C. Initiated

D. Delayed

In the care model, evaluation is understood as an ongoing process throughout the child's care, not a one-time event. This supports a trauma-informed, patient-centered approach where information can emerge over time, injuries may be identified or re evaluated, and safety, medical, and psychosocial needs are continually reassessed and adjusted. That's why ongoing is the best description. A completed evaluation would imply no further data collection after the initial assessment, which isn't appropriate in pediatric SANE practice. Initiated describes the start of the evaluation but not its sustained, continuous nature. Delayed implies postponing assessment, which can compromise safety and timely care.

8. Under Federal Rule 704, opinions on the ultimate issue are

A. Permissible

B. Always inadmissible

C. Only admissible if the witness is a physician

D. Only permissible in civil cases

Under Federal Rule 704, opinions on the ultimate issue are permissible. The rule explicitly says that testimony in the form of an opinion or inference is not objectionable merely because it embraces the ultimate issue to be decided by the trier of fact. This allows experts to offer conclusions that help the jury reach a verdict, rather than forcing the jury to assume all interpretation themselves. The main caveat is for criminal cases: an expert cannot state opinions about the defendant's mental state that constitute an element of the crime, which is addressed separately in 704(b). But in general, ultimate-issue opinions are allowed, and the other choices—that they're always inadmissible, that only physicians can offer them, or that they're only permissible in civil cases—do not fit the rule.

9. What is the primary purpose of the medical screening exam in DFSA?

A. Rule out emergency medical conditions

B. Provide a comprehensive picture of overall health

C. Determine criminal liability

D. Document social history

The main idea is prioritizing safety and stabilization. In a DFSA situation, the medical screening exam is focused on identifying and addressing any urgent or life-threatening medical conditions first—things like injuries, head trauma, internal injury, dehydration, pregnancy risk, or effects of intoxication—that require immediate care. By ruling out and treating these emergencies, the patient is stabilized and protected, which is essential before any forensic documentation or evidence collection occurs. This screening isn't about judging criminal liability or documenting a full overall health or social history; those aspects are handled later as part of comprehensive care and the forensic process. Once emergent medical needs are managed, a more thorough assessment can proceed, including injury documentation and other relevant information.

10. Pregnant women taking nPEP have an increased risk of which adverse outcome?

A. neural tube defects

B. down syndrome

C. congenital heart defects

D. cleft palate

The main concept is that certain antiretroviral regimens used for post-exposure prophylaxis can carry a small but real risk of birth defects when exposure occurs around conception or very early in pregnancy. Exposure to dolutegravir-containing regimens at conception has been associated with an increased risk of neural tube defects, which are congenital malformations of the brain or spinal cord that develop in the first weeks of gestation. This is why neural tube defects are the adverse outcome linked to nPEP in this context—the neural tube forms very early, so periconception exposure to specific ARVs can influence this risk. Down syndrome, congenital heart defects, and cleft palate occur for various reasons and are not linked as specifically or reliably to periconception ARV exposure in the same way, so they are not the best answer here.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://sanep.examzify.com

We wish you the very best on your exam journey. You've got this!