Maryland CHAMP Peer Review Recommendations
9/1/10

Definitions

A **Maryland CHAMP Provider** refers to any physician or pediatric forensic nurse (FNE-P, PNP, etc) who performs medical evaluations of children with suspected abuse in the State of Maryland in conjunction with local law enforcement and child protective services. CHAMP providers may or may not receive salary support from the CHAMP program.

An **Evaluation** refers to an in-person assessment, where a medical exam is completed.

A **Case Consultation** refers to a review of medical records and other documents, including laboratory studies, x-rays, etc. in order to provide an assessment about the likelihood of child maltreatment. Case reviews do not involve a medical exam by the CHAMP provider.

CHAMP Faculty refers to CHAMP members responsible for leading the program.

In order to assure and maintain the highest quality care for Maryland children with suspected maltreatment, CHAMP recommends that all clinicians who evaluated children for suspected maltreatment participate in peer review. After much discussion, CHAMP has established the following guidelines for peer review participation. These guidelines are intended to apply to all Maryland clinicians who provide medical care to children with suspected maltreatment. These guidelines are **mandatory** for CHAMP providers who receive salary support from CHAMP.

(1) CHAMP recommends that ALL provider evaluations be peer reviewed, and feedback given, until the provider has completed at least 50 exams. Until this time, his/her assessment will not be considered final until review by two faculty members has occurred.

(2) Once 50 evaluations have been completed, the number and frequency of cases to be reviewed may be adjusted based on the level of comfort of the consultant and the faculty.

(3) CHAMP recommends that all ***abnormal and questionable*** evaluations be peer reviewed by at least one member of the CHAMP faculty even after the completion of 50 evaluations.

(4) CHAMP recommends that all Case Consultations be reviewed by at least one member of the CHAMP faculty until the provider has completed 15 case consultations. Until this time, his/her assessment will not be considered final until review by at least one faculty member has occurred.

(5) CHAMP recommends that all Case Consultations be documented using a standard format, such as TeleCAM to facilitate the peer review process.

(6) Those providers who get salary support from CHAMP must adhere to this policy for continued support.

Peer review recommendations are based upon published standards for both physicians and SAFE nurses that include statements about the importance of ongoing peer review. These standards are summarized below:

Adams JA, et al. Guidelines for medical care of children who may have been sexually abused. *J Pediatr Adolesc Gynecol.* 2007;20:163-172.

- "The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal…The qualified provider is encouraged to participate in… Ongoing peer review, at a regional or national level if not available locally…and Quality assurance activities.

- In cases where the examining nurse believes the child's examination shows signs of recent trauma or residua of trauma, we recommend that the photographic record be reviewed by a qualified medical provider, as defined above, before conclusions are transmitted to the family or to the social service or law enforcement representative who requested the examination."

U.S. Department of Justice Office on Violence Against Women. *National Training Standards for Sexual Assault Medical Forensic Examiners.* Washington, D.C.: U.S. Department of Justice; 2006.

- "Quality assurance and peer review processes should be implemented in some form to help maintain the highest quality care for patients."

- Recommendations for Clinical Practice Content:
  - "Practice in documentation/chart review and involving colleagues in the review process, with the goal of improving documentation."
  - "Ongoing education (both refresher courses and advanced training), supervision, and mentoring to facilitate consistently high-quality performance by SAFEs."

National Children's Alliance Standards for Accredited Members, Revised 2008. www.nationalchildrensalliance.org The National Children's Alliance is an organization that supports communities in developing a comprehensive response to child maltreatment. It provides accreditation to child advocacy centers that meet its standards.

These standards were recently updated, and now require a peer-review process for medical evaluations as follows:

Standard: "The CAC and/or MDT provide opportunities for those who conduct medical evaluations to participate in ongoing training and peer review.
The medical provider should be familiar and keep up-to-date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect and the Centers for Disease Control and Prevention.

The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal. An advanced medical consultant is generally accepted to be a physician or advanced practice nurse who has considerable experience in the medical evaluation and photodocumentation of children suspected of being abused, and is involved in scholarly pursuits which may include conducting research studies, publishing books or book chapters on the topic, and speaking at regional or national conferences on topics of medical evaluation of children with suspected abuse.

The above must be demonstrated through the following *Continuous Quality Improvement* Activities:

- Ongoing education in the field of child sexual abuse consisting of a minimum of 3 hours per every 2 years of CEU/CME credits
- Photodocumented examinations are reviewed with advanced medical consultants. Review of all exams with positive findings is strongly encouraged."

More Detailed Information Regarding Support from the Literature

From Joyce Adams, MD:

Medical Providers

The child sexual abuse medical provider who is responsible for the interpretation of findings, diagnosis and treatment of alleged sexual abuse should have relevant training and clinical experience as listed below:

1. The qualified child sexual abuse medical provider can be a physician, nurse practitioner, or physician assistant, in pediatric medicine, pediatric emergency medicine, pediatric gynecology, or family medicine.
2. The provider should have formal training in the medical evaluation of suspected child sexual abuse, including didactic medical education, practical experience conducting evaluations, and mentoring, as needed, by an established expert in the field.
3. The provider should be familiar and keep up to date with published research studies on findings in abused and non-abused children, specificity for sexual transmission of infections in children, and guidelines and recommendations from the AAP Committee on Child Abuse and Neglect and the CDC.
4. The provider should be able to demonstrate substantial experience and proficiency in the child sexual abuse medical evaluation, and have a clear understanding of the differential diagnosis of physical findings that could be mistaken for abuse.
5. The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal. An established expert is generally accepted to be a physician who has considerable experience in the medical evaluation of children using a colposcope for magnification and photodocumentation, is involved in academic pursuits in the field such as conducting research studies, publishing books or book chapters on the topic, and is speaking regularly at national conferences on topics of medical evaluation of children with suspected sexual abuse. The Ray E. Helfer Society and the Section on Child Abuse and Neglect of the AAP can both be helpful in identifying such experts for providers needing a consultation.

The qualified provider is encouraged to participate in:

- Ongoing educational activities, including regular attendance at conferences at which presentations and updates are given on the specific topic of medical evaluation of suspected child sexual abuse.
- Ongoing peer review, at a regional or national level if not available locally.
- Quality assurance activities.
- Collaboration with a multidisciplinary team.
- The child sexual abuse medical provider should be readily available to testify in court.
- The child sexual abuse medical provider is encouraged to have an active role in the community response to child sexual abuse.

Nurse Examiners

In cases where the examining nurse believes the child's examination shows signs of recent trauma or residua of trauma, we recommend that the photographic record be reviewed by a qualified medical provider, as defined above, before conclusions are transmitted to the family or to the social service or law enforcement representative who requested the examination.

Adams JA, et al. Guidelines for medical care of children who may have been sexually abused. J Pediatr Adolesc Gynecol. 2007;20:163-172.

From U.S. DOJ:

Jurisdictions and examiner programs should consider how to enhance competencies of SAFEs after the initial didactic training and clinical practice. Continuing education is necessary to build upon SAFEs' knowledge; keep them current with technology, science, documentation, and promising practices; and refresh skills that were gained in basic training. One-on-one supervision and mentoring is critical to allow veteran examiners to evaluate the individual performance of newer SAFEs, answer case-specific questions that arise, and consider how to promote their professional development. Quality assurance and peer review processes should be implemented in some form to help maintain the highest quality care for patients.

Practice in documentation/chart review and involving colleagues in the review process, with the goal of improving documentation.

Ongoing education (both refresher courses and advanced training), supervision, and mentoring to facilitate consistently high-quality performance by SAFEs.

U.S. Department of Justice Office on Violence Against Women. National Training Standards for Sexual Assault Medical Forensic Examiners. Washington, D.C.: U.S. Department of Justice; 2006.