Midwest Regional Medical Academy

Midwest Regional CHILDREN'S ADVOCACY CENTERS

PROTOCOL, TRAINING, AND TECHNOLOGY GUIDELINES FOR THE MEDICAL STANDARD - 2013

Overall Goals for Medical Protocol:

1. Identify clear guidelines on the types of medical services provided by your CAC and the accessibility of your medical staff for such services
2. A process should be put in place to test for STIs and pregnancy when indicated
3. All acute cases of abuse should be assessed as soon as possible
4. Address forensic evidence collection and chain of custody
5. An exam for suspected sexual abuse should be a health-related visit and not just for evidence collection
6. Addressing the child's additional health issues should become the norm and not the exception
7. Guidelines and processes for follow-up exams should be put in place
8. All medical protocol needs to follow the medical standard minimums

Training Guidelines for Medical Providers:

1. Didactic training that covers examination positions (supine, lateral, knee chest, etc), examination techniques (gathering of forensic evidence, samples for STI testing, labial traction, use of cotton swab with pubertal females to demonstrate edges of hymen, foley catheter, etc).
2. Viewing ***multiple*** examples of:
    a. anatomical variants
    b. acquired or developmental conditions that mimic abuse
    c. accidental trauma and sexual abuse trauma
    d. STIs, including information on each STI and on forensic evidence
3. Training should have an observational clinical component to teach exam techniques and history taking
4. Providers should be familiar with the Adams et al (2007) medical guidelines article

Best Practices Recommendations:

1. Examiners who have performed less than 100 exams and/or have less than 1 year of experience should have 100% of their cases reviewed by an expert or peer who is more experienced. This includes all photodocumentation and case notes.
2. Supervision can decrease when providers demonstrate competence with recognizing the variations in normal. Supervision should continue for exams that are unclear or possibly abnormal.
3. All examiners should have abnormal exams peer reviewed.
4. For clinicians who cannot prescribe medications within their scope of practice, a medical director in their community who is comfortable supporting the work they do should be identified.
5. CAC Directors are encouraged to have their medical providers maintain a quality improvement activity log (which is not part of a medical record [i.e a list of activities they participate in that improves practice skills, etc]). In the event of a practice audit the log provides tangible evidence that a provider participates in quality improvement practices such as peer review.
6. CAC Directors are encouraged to track how often the medical provider(s) at their centers are making use of peer review services. A provider should be able to estimate the percentage of the exams they

have diagnosed as "abnormal" or “diagnostic of abuse”. Nationally, less than 5% of non-acute exams are abnormal. If the center’s number is above 10%, the provider might be over-calling non-specific findings, which could mislead an investigation. If a center performs primarily acute assault exams, the number of abnormal exams may be in the 15-20% range, but anything more would indicate the need for better peer review, supervision, or additional education. If Directors find that their center’s positive numbers are higher than expected, they can contact MRCAC for advice about how to obtain these services for their medical providers. Contact information can be found at www.mrcac.org

Medical exam photodocumentation equipment:

The following are equipment *suggestions* for photodocumentation of medical exams. All exams must be photodocumented, preferably in a digital format. Equipment costs will vary. Equipment needs in general should include: a colposcope or digital camera or digital videocamera that can provide at least 10X magnification is necessary. CACs may want to contact their IT professional/department (if applicable) for additional suggestions appropriate to their respective center.

More specific suggestions:

1. Genital photos
    a. Colposcope with mounted DSLR camera or video camera
    b. Camera specs: 35 mm DLSR camera with 15+ megapixel resolution, 50 or 60 mm prime lens with macro capability (minimum focusing distance < 12 cm, capable of "1:1" photography), Ring flash OR LED ring light

    OR

    c. Digital video camera system and tripod with focusing rails
2. Body photography (can be the same as the camera above but nice to have a separate one.)
    a. 35 mm DSLR camers with 15MP+ resolution
    b. 50 or 60 mm prime lens with macro capability
    c. Ring flash
    d. Battery grip with portrait shutter button. (Not essential but nice feature)
3. Misc photographic supplies
    a. ABFO #2 (American Board of Forensic Odontology Standard # 2 -- standard ruler for body photography)
    b. Extra batteries and battery chargers
    c. Memory cards (minimum 4 GB) for each camera plus a spare
    d. Data transfer cables and HDMI cables for the camera
4. External monitor (Nice but nonessential)
    a. HDMI capable computer monitor
    b. Mount that allows the monitor to be in portrait configuration. (Some monitors come with this)
    c. Micro HDMI to HDMI converter
    d. 10-15 ft HDMI cable
5. Exam furniture
    a. Backless rolling stool for the examiner
    b. Exam table with lithotomy stirrups