



myCasereview Program

PROTOCOL FOR NOTIFYING CAC DIRECTOR OF MULTIPLE MISCLASSIFICATIONS

Overall Goals for Notification When There is a Pattern of Misclassifications:

1. To ensure clinicians do not misclassify findings on physical examinations of child sexual abuse.
2. To notify the Children's Advocacy Center (CAC) who utilize the enrolled medical provider when there is a pattern of misclassified examination findings (false-positives or false-negatives)
3. To ensure clinicians know that ultimately they are representing the CAC and that it is our responsibility to notify the CAC Director if there appears to be a pattern of misclassification

Protocol:

- a. Although the myCasereview program is an anonymous online peer review, the clinician is NOT anonymous to the Administrator. The clinician and reviewer will always be anonymous to each other, but in order to assign cases, the Administrator has access to the name of the clinician and the reviewer.
- b. When there appears to be a pattern, i.e. three cases or more, where a clinician has misclassified a finding on a physical examination, the Administrator of the mycasereview program will make contact with the CAC Director to inform them of the misclassifications to ensure that further action can be taken with the provider for additional training and/or mentorship.
- c. The Administrator of myCasereview will also notify the clinician to let them know that this is being brought to the attention of the CAC Director and offer additional training and peer review resources to improve their skills.
- d. Suggestions may be made to the clinician and or CAC Director, depending on the circumstances.
- e. In the rare occasion that the clinician continues to misclassify cases after remedial action has been taken, the Midwest Regional CAC Medical Academy executive team reserves the right to either institute an action plan and/or to unenroll the clinician from the myCasereview platform and any other medical programming offered by the Midwest Regional Children's Advocacy Center. In addition, the Midwest Regional CAC will notify all necessary parties of the concern regarding the clinician's diagnostic accuracy.

IMPORTANT: 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 a need for additional peer review, supervision or additional education.
