

MCN CSA PEER REVIEW – LEARNING OUTCOMES TRACKER 2013

MCN CSA PEER REVIEW

22 January 2013

Present

Helen Hammond (Chair)

Charlotte Kirk

Elaine Crummey

Sarah Clegg

LEARNING POINT	ACTION	Review
1. If giving Post Coital Contraception (PCOC) – must give there and then	All	
2. Good practice to use colposcope when passing speculum for internal swabs.	All	

MCN CSA PEER REVIEW

26 February 2013

Present

Charlotte Kirk (Chair)

Aysel Crocket (by VC)

Elaine Crummey

Shabana Khalid

Susan Kidd

Jane Macdonell

Helen MacInnes

Lesley Ross

Dorothy Yeates (by VC)

LEARNING POINT	ACTION	Review
1. New post coital contraceptive is – ulipristal/ella 1 (effective for 5 days). Better to use if assault >72 hours.	Now in MCN guidelines	

MCN CSA PEER REVIEW

26 March 2013

Present

Linday Logie (Chair)

Anna Chillingworth

Sarah Clegg

Aysel Crocket

J Fuscro (by VC)

Heather Graham (by VC)

Helen Hammond

Shabana Khalid

Helen MacInnes

Susan McGill

Lesley Ross
Dorothy Yeates (by VC)

LEARNING POINT	ACTION	REVIEW
1. Bubble bath/shampoo use with vulvo vaginitis	Advise carers to limit use. Review leaflets from Borders	
2. Turning a child over for more clarification of hymen	All	
3. Removing Patient ID during the rest of the DVD recording	All	
4. Hymen should be described as width rather than depth	All	

MCN CSA PEER REVIEW
30TH April 2013

Present

Charlotte Kirk

Lesley Ross

Helen McInnes

Elaine Crummey

Jane Macdonell (Chair)

Susan Kidd

Lindsay Logie

Anna Chillingworth

LEARNING POINT	ACTION	REVIEW
1. Tanner Pubertal stages for new proforma Lothian consent form	CK to send to JEM for incorporation	May COG meeting. Decision to laminate and keep with colposcope for reference.
2. The differential diagnoses of intermittent PV bleeding	HMCI	Any decent textbook will give this – wide differential
3. Consider the list of cases to go out to all participants	JEM to email Susan McGill	Complete June.
4. Consent form for use in paediatric 'gynae' cases	CK to circulate the Edinburgh form	Lorraine Johnston circulated
5. Hep B and Ullipristal (Ella one) not available in A+E	CK to email A+E, Susan McGill , Agenda ZP	RHSC – access via clinical co-ordinator St John's – Sarah Clegg to sort out
6. IRD - Check that GP has not done all appropriate investigation and treatments as this may avoid unnecessary SME	All	
7. Ullipristal and drug interactions	Check BNFc HMCI to circulate J Paterson's presentation	

MCN CSA PEER REVIEW
25 June 2013

Present

Charlotte Kirk (Chair)
Jane Macdonell
Lindsay Logie
Anna Chillingworth
Kirsen Healy
Susan Kidd
Susan McGill
Stephanie Shearer
Aysel Crocket
Sarah Clegg
Lesley Ross
A. Orr

LEARNING POINT	ACTION	Review
1. Focusing on hymen, when medical goes on/child moves etc.	All	
2. Developmental age important in deciding on whether to VRI a child	All	
3. For <u>all</u> examinations an audit form must be completed, regardless of whether DVD recording	All	
4. Be aware of chronology on some more of the vulnerable children/more time spent	All	

MCN CSA PEER REVIEW
20 August 2013

Present

Jane Macdonell (Chair)
Susan McGill
Charlotte Kirk
Lesley Ross
Helen MacInnes
Shabana Khalid
Elaine Crummey
Lindsay Logie
Aysel Crocket
Ola Elmasry
Stefan Unger

LEARNING POINT	ACTION	REVIEW
1. Think about sand as a cause if vaginal redness/soreness		
2. Complete MCN data forms timely and return to MCN within 1 month of examination.		
3. Consent for over 14 year olds.		

	Request parent be present/give consent.		
4.	Allow more time for examinations of young people with additional needs.		

MCN CSA PEER REVIEW

24 September 2013

Present

Aysel Crocket (Chair)

Jane Macdonell

Susan McGill

Susan Kidd

Lesley Ross

Elaine Crummey

Stefan Unger

Nicola Wright

Jenny Fusaro – by VC

Dorothy Yeates – by VC

LEARNING POINT	ACTION	REVIEW
1. Describe what constipation means when taking history. Unusual findings on examination – consider medical review. Consider IRD for child perpetrator.		
2. STI screen can be debated ? NAAT urine could be reassuring and non-invasive		
3. Even given clear history of rape and when both doctors can see hymenal transections, try to demonstrate findings by teasing out hymen with cotton bud.		

MCN CSA PEER REVIEW
22 October 2013

Present

Lindsay Logie (Chair)
Anna Chillingworth
Ola Elmasry
Clare Ketteridge
Susan Kidd
Charlotte Kirk
Elaine Crummey
Jane Macdonell
Helen MacInnes
Susan McGill
Jill Yates

By VC:

Aysel Crocket
Jenny Fusaro
Dorothy Yeates
Kirsty Wilson (Medical Student)

LEARNING POINT	ACTION	REVIEW
<u>For Info:</u> MCN CSA Website been developed. All sort of useful links and minutes are now available.		
1. 4 year old girl with general discomfort/moist and red vulva	Ask about urinary symptoms, ?incomplete voiding, consider ultrasound	
2. 13 year old girl. Acute JPFE delay in arranging medical could alter findings on examination	Could offer follow-up appointment to see if any changes after 2/52 and combine with STI screen.	
3. 5 year old girl. JPFE. Worrying history, genitalia normal. Bruises on back could be recorded on colposcope.		
4. Very difficult case to manage without nursing support. 2 ½ year old female, SW, CPO.	Define mechanism for obtaining nursing type support in RHSC for SCAN	

MCN CSA PEER REVIEW
26 November 2013

No Learning Outcomes provided.

MCN CSA PEER REVIEW
17 December 2013

Present

Aysel Crocket (VC)
Jenny Fusaro (VC)
Clare Ketteridge
Susan Kidd
Lindsay Logie
Jane Macdonell
Helen MacInnes
Susan McGill
Ailis Orr
Lesley Ross
Nicola Wright
Dorothy Yeates (VC)

LEARNING POINT	ACTION	REVIEW
1. In JPF's – need to think what we want to achieve in an examination.		
2. Difficulties in single Dr Examinations.		
3. Only use CHI @ Vega recording for identification.		