MCN CSA PEER REVIEW – LEARNING OUTCOMES TRACKER 2016

MCN CSA PEER REVIEW
26 January 2016

Present
Sarah Clegg – Chair, Jenny Fusaro, Kranti Hiremath, Alastair Howie, Jane Macdonell, Helen MacInnes, Susan McGill, Samantha Narro, Ailis Orr, Priyanjith Perera, Lesley Ross, Barbara Stewart

LEARNING POINT	ACTION	REVIEW
1. Catheter usage in pubertal girls	Instruction DVD to be put on the MCN Website	
2. Serum/Urine HCG now available to order on TRAK		

MCN CSA PEER REVIEW
23 February 2016

Present
Claire Ketteridge – Chair, Jenny Fusaro, Kranti Hiremath, Michal Kaim, Lindsay Logie, Jane Macdonell, Susan McGill, Ruth Ross

LEARNING POINT	ACTION	REVIEW
1. Using (balloon) catheter gives a good image		
2. use the language and verbatim of the child's description of events on incident and description of anatomy	Use these descriptions in the conclusion of the report	
3. Difficult to examine a teenager		

MCN CSA PEER REVIEW
22 March 2016

Present
Charlotte Kirk – Chair, Aysel Crocket, Elaine Crummey, Susan Kidd, Lindsay Logie, Jane Macdonell, Helen MacInnes, Susan McGill, Rachel Miller, Ailis Orr, Lesley Ross, Barbara Stewart

LEARNING POINT	ACTION	REVIEW
1. consider impact of systems on doctors who work in the service infrequently	Review documentation about e-IRD	LL
2. Doctor in ED should be encouraged to examine body part of children with presenting complaint.	On call CP doctor to challenge involvement. Discussed at the next ED teaching session	ALL BS/CK/SK
3. Communication difficulties with police	Lothian CP Lead to discuss	LL

4.	No catheter available at Royal Victoria	Forensic Physicians d/w that setting	JG
5.	Noted terminology of static and dynamic and dilatation and its interpretation	NA	NA
6.	Screening for autoimmune problems in children with lichen sclerosis et atrophium	NA	NA
7.	Presence of play specialist supported the examination of child	NA	NA

MCN CSA PEER REVIEW
26 April 2016

Present
Shabana Khalid – Chair, Sarah Clegg, Aysel Crocket, Elaine Crummey, Daniela Ellis, Susan Kidd, Lindsay Logie, Susan McGill, Priyanjith Perera, Breda Wilson

LEARNING POINT		ACTION	REVIEW
1.	Normal examination does not exclude sexual intercourse.		
2.	More FGM education required – L Logie and S Kidd already on course	LL & SK to feedback	
3.	Debate as to whether pre pubertal boys can maintain an erect penis for penetration.	S Kidd to ask endocrinologist	

MCN CSA PEER REVIEW
24 May 2016

Present
Jill Yates – Chair, Aysel Crocket, Ruth Gibbs, Thoma Giannakopoulou, Kranti Hiremath, Michal Kaim, Clare Ketteridge, Jane Macdonell. Susan McGill, Ailis Orr, Lesley Ross

LEARNING POINT		ACTION	REVIEW
1.	Useful to have play specialist		
2.	Knee-chest position helpful if hymen difficult to view		
3.	Debate on age range – should paediatricians be involved with older than 16 years who may be vulnerable but have no other paediatric requirement.		

THERE IS NO LEARNING OUTCOME FOR JUNE 2016

MCN CSA PEER REVIEW
26 July 2016

Present
Ailis Orr – Chair, Elaine Crummey, Shabana Khalid, Lindsay Logie, Jill Yates, Jenny Fusaro, J Cline, Susan McGill

LEARNING POINT	ACTION	REVIEW
1. Anal warts are difficult to interpret, purple book gives some guidance, typing of HPV unhelpful.		
2. Perineal hymens can heal very quickly		
3. Remember to use the green light – can be helpful in historic CSA cases to see scars.		
4. Re quality of DVDs across VC locations is poor with pixilation when bridge used. If only one off-site location, phone directly – DVD quality is much better.		

MCN CSA PEER REVIEW
23 August 2016

Present
Lindsay Logie – Chair, M Arora, D Beattie, Elaine Crummey, Jenny Fusaro, Thoma Giannakopoulou, R Gibbs, Susan Kidd, Charlotte Kirk, Ailis Orr, Jane Macdonell, P Perera, Susan McGill, Claire Sumner

LEARNING POINT	ACTION	REVIEW
1. If child/family are too anxious at the first appointment, do persevere and try to see them again. We should offer a medical in cases of concerning sexualised behaviour		
2. Type I FGM – importance of a supportive adult for the child – when GIRFEC works well it is good.		
3. Make sure not to start recording on the DVD when the list of all CHI numbers is visible		
4. A variety of perineal lesions – considering a differential of herpes or syphilis with infectious causes		
5. Importance of following a sensible time course of events with SW and Police investigations inc VRI taking place before medical.		

MCN CSA PEER REVIEW
27 September 2016

Present
Susan Kidd – Chair, Sarah Clegg, Elaine Crummey, Jenny Fusaro, Thomai Giannakopoulou, Kranti Hiremath, Charlotte Kirk, P Perera, Jane Macdonell, Jessica Street, Barbara Stewart, Lesley Ross

LEARNING POINT	ACTION	REVIEW
1. examination is left lateral position for anal findings		
2. Interpretation of normal findings important		
3. Capacity for VRI interviewing can impact on planning for JPFME		
4. Input from play team helpful for Acorn clinic	Feedback to Play Team Manager	
5. PCR from vesicular fluid is sensitive		
6. Eumovate cream for Lichen sclerosis – twice a day thin amount		
7. Dentate line can look like anal laceration	Include this in training – normal findings	

MCN CSA PEER REVIEW
25 October 2016

Present
Lindsay Logie – Chair, Ellen Golightly, Kranti Hiremath, Shabana Khalid, Susan Kidd, Rachel Miller, Ailis Orr, Priyanjith Perera, Alex Scott, Barbara Stewart, Claire Sumner

LEARNING POINT	ACTION	REVIEW
1. Remember to uses left lateral position for anal examination as appropriate	Audit plan to see difference in position for anal examination	
2. Remember forensic swabs: 1) external vaginal – 20 seconds, firm pressure 2) Low vaginal 3) Defining hymen/anatomy with swabs 4) Speculum/ high vaginal 5) Don't use water until after forensic swabs taken 6) Don't use catheter until taken forensic swabs		
3. Need to see hymen opening however brief		

4. Remember to place child on front (prone) position as appropriate - Remember to scan while anatomy including urethra		

MCN CSA PEER REVIEW
22 November 2016

Present
Jane Macdonell – Chair, Sarah Clegg, Jessica Street, Michal Kaim, Jenny Fusaro, Lindsay Logie, Fiona Wood, Steph Shearer, Barbara Stewart, Jill Yates, Clare Ketteridge, Shabana Khalid, Susan Kidd, Claire Sumner, P Perera, Nicola Wright

LEARNING POINT	ACTION	REVIEW
1. If embarking on a medical examination before VRI there must be a clear discussion between a senior member of paediatric staff and senior police officer over the appropriateness and timing of the medical		
2. Terminology – 'Attenuation' of the hymen should only be used where there is a documented change in the width of the posterior portion of the hymen following an injury i.e. an examination has occurred prior to an injury and compared to an examination post injury. Otherwise the term 'narrow' should be used(Purple Book)		
3. Reminder - An absent or narrow posterior hymenal rim seen in the supine position should be confirmed in the knee chest prone position in the prepubertal child (Purple Book)		
4. Reminder – If anal dilatation is found – describe this in terms of immediate / static or dynamic and qualify if external or total and whether stool is visible or not		
5. Best practice – if anal findings are seen in the supine knee chest position then re-examine in the left lateral position		

MCN CSA PEER REVIEW
13 DECEMBER 2016

Present
Charlotte Kirk – Chair, Anna Chillingworth, Jenny Fusaro, Thomai Giannakopoulou, M Kaim, Shabana Khalid, Lindsay Logie, Jane Macdonell, P Perera, Barbara Stewart, Claire Sumner

LEARNING POINT	ACTION	REVIEW
1. Accurate history helpful – need to consider history from young children too.		
2. Finalise DVDs when at RVH		
3. It is agreed with management that we have priority for room 12/colposcope for urgent child protection exams at RHSC. - May need to remind nursing staff or nursing management		
4. Risk assessment for BBVs – asking thorough history including asking young person about alleged perpetrator		
5. Anal findings – examine in both knee chest and left lateral		
6. Narrow posterior rim of hymen – examine to prone position too.		
7. In writing reports – important to include history/disclosure as important evidence		