MCN CP - CSA PEER REVIEW – LEARNING OUTCOMES TRACKER 2017

PEER REVIEW
24 January 2017

Present
Clare Ketteridge – Chair, Michal Kaim, Shabana Khalid, Jenny Fusaro, Susan Kidd, Lindsay Logie, Jane Macdonell, Rachel Miller, Priyanjith Perera, Barbara Stewart, Clare Sumner, Nicola Wright

LEARNING POINT	ACTION	REVIEW
1. Include 'purple book' text in reports eg to give reasons for why there is a 'normal examination'		
2. Legal definition of 'vagina' is whole area between labia		
3. 'First void' urine for Chlamydia – 1st part of pass, not 1st thing in am.		
4. Be careful with words and be prepared to qualify eg 'healing'		
5. Consider involving SALT for VRI esp in children with neurodevelopmental issues.		

PEER REVIEW
28 February 2017

Present
Shabana Khalid– Chair, L Cosgrove, Elaine Crummey, Kathleen Duffin, Jenny Fusaro, Kranti Hiremath, Dan Hufton, Clare Ketteridge, Susan Kidd, Lindsay Logie, Jane Macdonell, Ailis Orr, Priyanjith Perera, Lesley Ross, Claire Sumner, Nicola Wright, Jill Yates

LEARNING POINT	ACTION	REVIEW
1. Vulval and anal warts IRD process should usually take place. Typing doesn't help.		
2. Pallor of perineal area can be consistent with lichen sclerosis		
3. Streptococcal infection can present with demarcated erythemaotus area with 'punched out' lesions		
4. Use plastic swabs to delineate the hymen and for vaginal swabs		

PEER REVIEW
28 March 2017

Present
Susan Kidd – Chair, E Crummey, J Fusaro, T Giannakopoulou, L Logie, C Ketteridge, C Kirk, J McGill, R Miller, P Perera, L Ross, C Sumner, N Wright

LEARNING POINT	ACTION	REVIEW
1. Put pillow under knees in prone position with bottom up to get good view of hymen. Attempt to apply traction at each examination regardless of view.		
2. There is no evidence that stool in rectum can contribute to anal dilatation.		
3. On taking swab be clear when taking external surface swabs or internal swabs. Can take extra swabs but needs described where swabs taken from exactly, if extra swabs taken.		
4. In situations where need to re-examine clinically and forensically a child 7-13years, very distressed and may need EUA. Consider discussion with paediatric surgeons at RHSC if adult gynaecology not keen to pursue.	To discuss with gynaecology colleague Leads that in future EUA as joint examination may be more appropriate. LL & NW may take forward.	
5. Be aware of warning signs of when you may not be coping and what strategies you can employ to help.		

PEER REVIEW
25 April 2017

Present
L Logie– Chair, S Clegg, K Hiremath, S Khalid, S Kidd, H MacInnes, A Orr, Priyanjith Perera, B Stewart, C Sumner, E Wood

LEARNING POINT	ACTION	REVIEW
1. - Use green filter re scans - Use different positions -Condier JPFE escalation during SME		
2. Intranasal diamorphine – consider for exam		

PEER REVIEW
23 May 2017

Present
Jane Macdonell – Chair, E Crummey, T Giannakopoulou, M Kaim, C Ketteridge, S Kidd, H MacInnes, P Perera, C Sumner, N Wright, J Yates

LEARNING POINT	ACTION	REVIEW
1. See for second time if distressed for JPFE • Take samples of debris • Do forensic swabs of skin over breast bruises – up to 1 week		
2. Involve gynae when vaginal foreign object. Remember GA - FM		

PEER REVIEW
27 June 2017

Present
Susan Kidd – Chair, A Chillingworth, J Fusaro, T Giannakopoulou, M Kaim, C Ketteridge, L Logie, J Macdonell, R Miller, P Perera, L Ross, N Wright,

LEARNING POINT	ACTION	REVIEW
1. 4 year old with labial fusion. Management long term.	Consider urological implication	
2. 14 year old forensic sampling – low vaginal swabs, as well as external and high vaginal swabs		
3. Awareness of CSE vulnerabilities	Need to consider wider picture re consent	
4. Consent / Capacity 14 year old female / 19 year old	Need to consider wider picture re consent	
5. Usefulness of removing parent from room to get accurate history	Need to consider wider picture re consent	
6. Difficulty of post-exam contact with travelling family – Chalmers helpful		
7. Use of appropriate HepB accelerated vaccine programme		

PEER REVIEW
25 July 2017

No Learning Outcomes received

PEER REVIEW
22 August 2017

Present
Charlotte Kirk – Chair, S Clegg, S Kidd, L Logie, J Macdonell, H MacInnes, R Miller, A Orr, A Peet, C Sumner, S Tait, S Wilson

LEARNING POINT	ACTION	REVIEW
1. Leaflet for Paed – Lichen Sclerosis	H MacInnes	
2. Reflex anal dilatation – difficulties of interpretation when stool in rectum		
3. PEP packs in hospital A&Es available following a JPF	Check whether in A&E Dept – RHSC	
4. If PEP considered, Dr Jones or Glasgow Doctor need to be consulted before giving any – Check New Guidelines	ALL Doctors	

PEER REVIEW
26 September 2017

Present
L Logie – Chair, S Clegg, J Fusaro, M Kaim, C Ketteridge, S Kidd, J Macdonell, H McInnes, R Miller, P Perera, C Sumner, S Tait

LEARNING POINT	ACTION	REVIEW
1. Review the DVD before the patient leaves. In this case could have considered further exam in prone position at the time rather than bringing back at later date.		
2. Genital warts – flowchart from Kirsten Healy. Should always have an IRD but need a balanced approach.	J Macdonell and S Tait to discuss with Kirsten Healy	
3. Lichen sclerosis leaflet	H MacInnes to share with Dermatology and agree wording.	

PEER REVIEW
24 October 2017

No Learning Outcomes received

PEER REVIEW
28 November 2017

Present
J Macdonell – Chair, A Chillingworth, L Cosgrove, C Ketteridge, S Khalid, S Kidd, L Logie, H MacInnes, J McGill, A Orr, P Perera, S Shearer, J Street, C Sumner, S Tait, J Yates

LEARNING POINT	ACTION	REVIEW
1. Consider avoiding the term 'catheter' – tube with balloon		
2. Consider carefully whether follow-up is necessary after acute assault (for re-examination).		
3. Use evidence from purple book appropriately		