



# myCasereview Protocol for Notification Regarding Multiple Misclassifications

Nationally, fewer than 5% of non-acute exams are abnormal. Clinicians who report more than 10% of their cases as abnormal may be over-calling non-specific findings, which could mislead an investigation. If clinicians primarily conduct 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. When a pattern of misclassification emerges, Midwest Regional Children's Advocacy Center (MRCAC) will notify the Children's Advocacy Center with whom the clinician is working of this pattern.

## Rationale

1. To ensure clinicians do not misclassify findings on physical examinations of child sexual abuse
2. To notify the Children's Advocacy Center (CAC) working with 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

1. Although the myCasereview program is an anonymous online peer review, which means that the clinician and reviewer are anonymous to one another, MRCAC's Medical Program Manager (MPM) can access the identities of the clinician and the reviewer to assign cases.
2. When a pattern emerges (three cases or more) where a clinician has misclassified a finding on a physical examination, the MPM will contact the CAC Director to inform them of the misclassifications to ensure additional training and/or mentorship for the clinician.
3. The MPM will also notify the clinician to let them know that this is being brought to the attention of the CAC Director and recommend additional training and peer review resources to improve their skills.

4. In the rare occasion that the clinician continues to misclassify cases after remedial action has been taken, the MRCAC's 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 MRCAC. In addition, the MRCAC will notify all necessary parties of the concern regarding the clinician's diagnostic accuracy.

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