



**Midwest
Regional**

CHILDREN'S ADVOCACY
CENTER

Midwest Regional National Peer Review

This project was supported by Grant #15PJDP-22-GK-03060-JJVO awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.



The Midwest Regional CAC National Peer Review program offers the following types of peer review:

- **Forensic Interview Peer Review**
 - ✦ 27 different calls, different days and times
- **Spanish Speaking Forensic Interview Peer Review**
 - ✦ 2 different calls monthly
- **Individuals with Disabilities Forensic Interview Peer Review**
 - ✦ 1 call monthly
- **Medical Peer Review**
 - ✦ 4 different calls each month
- **SANE Peer Review**
 - ✦ 2 different calls each month

Core Communities

CACs are assigned to Core Communities so that they are with the same group each month. The benefits include getting to know your peers, sense of community in sharing feedback, and balanced calls. Sites are asked to “opt out” if they are not able to attend their regularly scheduled peer review call rather than register each month.

Equipment Requirements

It's easy to participate! All you need is a computer with high-speed internet access with either a built-in microphone, camera and speakers or attached speakers and webcam.

Individual CAC Responsibilities

- Commit to participate each month with your core community on your scheduled call.
- Communicate if you are unable to be on your scheduled call.
- Be prepared to present a case during your scheduled presentation time.
- Be present on the peer review call if your case is being shared so that you can answer questions, provide history and receive feedback.

Practice Calls

All sites presenting interviews for forensic interview peer reviews are required to schedule a practice call.

Practice calls help to ensure the video and audio quality are sufficient for the actual peer review. This also serves as a trial run to make sure you feel comfortable loading and playing your interview and to answer any questions.

What Kind of Case Should I Choose?

For Forensic Interview Peer Review/ Spanish Speaking Forensic Interview Peer Review, or Interviewing Individuals with Disabilities Forensic Interview Peer Review.

- Choose a case that you want constructive feedback on.
- Choose a closed case if at all possible.
- Don't choose one of your best interviews as you already know you did well on that. Choose one where you would like feedback on how to do things differently or suggestions on how to handle a certain age group, etc.

HOW DO I Make Sure I Receive Notifications?

To ensure you receive all program email notifications, please add our emails to your Safe Sender List.

Midwest Regional uses different platforms that send out automated emails and notifications.

Please save the following emails to your Safe Sender List:

- noreply@salesforce.com
- mrcacoutreachcoordinator@gmail.com

Help sheet found here for Outlook and Gmail:
<https://bit.ly/mrcac-safesend>

How Do I Join?

Each month you will receive an email with your agenda and link to join the peer review call.

(Example)

Hello,

This message contains the links and documents you will need to participate in your upcoming peer review session.

Log in with your customized confidentiality agreement and attendance record link:

<https://mrcac.tfaforms.net/f/FIPR2ndTuesday2pmCST-Confidentiality?CI=customlink>

Provide feedback to the interviewer:

<https://mrcac.tfaforms.net/f/PRfeedback>

Complete the session evaluation

If you need to opt-out of this call, please use the link below:

<https://mrcac.tfaforms.net/f/ReschedPR>

Thanks!

How Do I Log On?

On the day of the call, enter your name as well as the name of anyone else at your site that is joining you on the call.

This serves as an attendance sheet as well as a confidentiality form.



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Forensic Interview Peer Review Sign-In + Confidentiality Form 2nd Tuesday 10-11:30 Central

This form serves as an attendance sheet and confidentiality agreement.

Please make sure to fill out all required information for all attendees. Once you click the **Submit** button, you will be directed to the scheduled Webex session.

I/We agree to keep confidential any and all case information presented during this peer review session. This information is to be used as a part of the professional consultation process and is not to be shared outside.

For HIPAA compliance, I/we agree to:

- View the peer review in a private room so that images/videos cannot be viewed by others.
- Use earbuds/headphones so that the audio is not broadcast to people not participating in the peer review.

Full Name of the Participating Organization/CAC: *

First Name: *

Last Name: *

Accessing The Call From The Form

You will see a “Thank you” message.

Click on the link where it says “click here.”

Thank you for completing this sign in form, which serves as your attendance and your confidentiality agreement.

Please note the instructions to access your call below:

Please click on the following link to access your peer review session: [**CLICK HERE**](#)

In case you get disconnected from Microsoft Teams and have to rejoin after completing the Sign-in Confidentiality Form:

1. Reconnect via this message if you joined via the web browser. Keep this browser window open and click on **CLICK HERE** above to take you back to the Microsoft Teams Meeting.

2. Reconnect via the Microsoft Teams web page that appears after you click on the **CLICK HERE** link above.

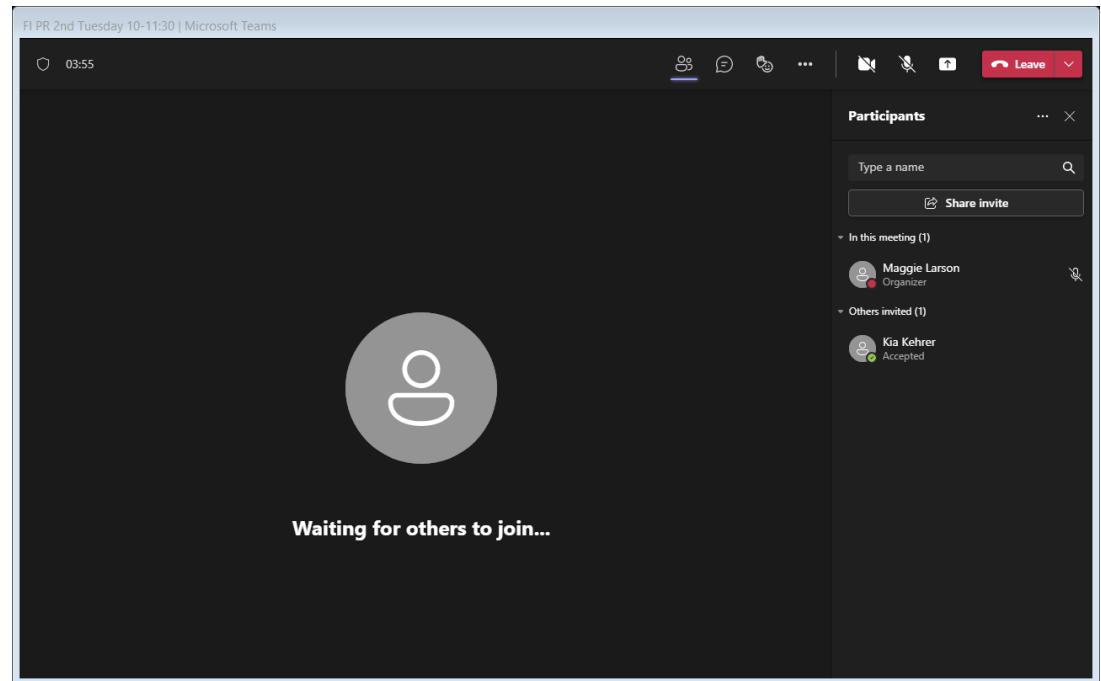
Click to download [Peer Review Reconnect Tip Sheet**](#)*

Following the peer review session, please fill out the online evaluation. You will receive a link for that evaluation via email following the session. Also, please remember to complete and return the written feedback tool.

Entering The Call

You will have been directed to a new page where you will enter the actual peer review call. You will be asked to enter your name /CAC, and your email.

You can join the call 10 minutes prior to the start time. This will give you plenty of time to log on, adjust your computer's microphone and camera and prepare.



What If I Can't Attend?

If your site is unable to join the regular call with your core community, you have the option to "opt out" and select an alternative call to participate in, or you can cancel for that month. While we expect your site to participate most months, we understand that unforeseen circumstances may arise.



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2025 Peer Review Schedule Change

Thank you for letting us know that your site won't be able to join its core community this month.

Please complete this form to indicate if your site is fully opting out of this month's sessions **or** if you'd like to try to join another community this month.

Please enter your information below.

First Name *

Last Name *

Organization Name *

Email Address *

Phone *

Mark the peer review sessions you need to change this month.

Check all that apply, but please click **ONLY** on the peer review sessions that your site will be opting out of this month **or** the sessions you want to reschedule.

Peer Review Type(s) *

☐ Medical Peer Review


☐ SANE Peer Review

☐ Interviewing Individuals with Disabilities Peer Review

After The Call

After the call, you will receive an email link to complete an evaluation.

Please complete the evaluation as your feedback is very important to us.



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Forensic Interview Peer Review Evaluation

Participation Date *

Click on the calendar or manually type in the date with this format - MM/DD/YYYY then click the X in the top right corner of the calendar to close it.

Please rate the presenting site regarding their preparedness to present, including if the photo/video documentation were sufficient to offer feedback. *

☐ Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied

When the case was finished, was there enough time for the presenter to receive feedback? *

☐ Yes ☐ No

Did the peer review increase your knowledge or provide you with helpful tips? *

☐ Yes ☐ No

How will the information learned in this peer review impact your practice and/or increase your skills? *

For Forensic Interviewing Peer Review Calls

In addition to verbal feedback, there is also the opportunity to provide written feedback. You will be provided with a written feedback tool as an attachment and/or link option with your registration email.

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Forensic Interview Peer Review Feedback Form

☐ Save my progress and resume later | [Resume a previously saved form](#)

Interview Information

| | |
|----------------------------|----------------------|
| Name of Interviewer * | Age of Child |
| <input type="text"/> | <input type="text"/> |
| Date of Peer Review Call * | Site of Interview |
| <input type="text"/> | <input type="text"/> |

Interview Set Up

| | |
|--|----------------------------------|
| Introduces self; explains role/equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Comments <input type="text"/> |
| FI/child seated appropriately for camera recording <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Comments <input type="text"/> |

For Medical & SANE Peer Review Calls

In order for us to be in compliance with the AMA and ANCC granting organizations, we must have all attendees complete either a conflict of interest form (ANCC for nurses) or Disclosure Form (CME for physicians, PNP's).

Please make sure you complete a disclosure form (CME) or conflict of interest form (ANCC) at the beginning of each year. The form will be attached to your email that contains your link to join and the agenda.

Please return the completed form to Maggie.Larson@childrensmn.org.

Certificate

You will be able to type in your name and the date of your peer review and then receive a PDF of your certificate at the conclusion of the evaluation.



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Certificate of Attendance

This is to certify that

Maggie Larson

participated in the Midwest Regional National Peer Review activity titled

Forensic Interview Peer Review

on

12/13/2021

A handwritten signature in black ink, appearing to read "Jordan B", followed by a horizontal line.

Jordan Benning, MEd

Project Director
www.mrcac.org



Make sure you save your agendas and certificates of attendance for future retrieval as your CAC will need these when applying for accreditation/reaccreditation through the National Children's Alliance (NCA).