

## CAC Director Resource:

### Orienting Your Medical Provider to the CAC and Multidisciplinary Team

This document is designed to assist the CAC Director in orienting the medical provider who will be conducting medical evaluations for children seen at their center either on-site or off-site and as an employee, through a linkage agreement, or through a contract. It is not uncommon for a new medical provider to think that their only task is to provide medical examinations. It is important that they understand the full scope of their responsibilities so that they understand what they are taking on in this capacity as part of the Multidisciplinary Team (MDT). This document is a high-level outline of the different responsibilities they may be asked to undertake and can be added to in greater detail to help to orient them to the other multidisciplinary team members in the context of your community.

The CAC director should review the content below with the medical provider during recruitment and onboarding.

## Explanation of the CAC Model

It is helpful to provide a brief history of the CAC Model and structure within which the medical provider will be operating. Help them understand the difference between each of the models and why your community chose the one that you use. Describe each of the disciplines that make up the Multidisciplinary Team, their role in the investigation and treatment of child abuse and when/how the medical provider will be expected to work with them.

- Review the Multidisciplinary Team's Memorandum of Understanding (MOU) and operating guidelines.
- Share your CAC Model that the medical provider will be expected to operate within.
  - 501c3 nonprofit
  - Program of an umbrella agency (nonprofit)
  - Hospital-based
  - Government-based

- Let the medical provider know what disciplines make up your Multidisciplinary Team.
  - Child protection
  - Law enforcement
  - District Attorney's Office
  - Mental health
  - CAC staff
  - Forensic interviewer
  - Victim advocacy
  - Crime lab
  - Medical providers
- Describe the level of collaboration that will be required in team meetings, one-on-one consultations and case review.
  - Describe a typical case review meeting and how the medical provider can benefit from attending and lending their expertise even on cases where they may have not seen the child for a medical evaluation.
  - Have them add future meeting dates and locations to their calendar.
- Provide them with an average number of cases they will be expected to carry on a weekly, monthly and annual basis to get a sense of workload.

## Supervision and Management

Be clear about who the medical provider will be accountable to for the children seen at your center. This may be multiple individuals including a trained supervisor who can provide their medical expertise as well as the CAC Director or management at your organization.

- Explain who the medical provider reports to when serving the children who come through your CAC.
  - Medical director
  - Advisory board
  - CAC director

## Education and Peer Review Requirements

Provide an overview of the NCA Standards for Accreditation and give them a copy of the [Medical Standard](#) and the [Midwest Regional CAC Medical Standard Assistance Tool](#). Discuss the education and peer review requirements. Provide details about what education and other professional development they will need to complete prior to providing services and during their tenure working with the CAC.

- Foundational education requirement: minimum of 16 hours formal didactic training in child abuse
- Continuing education requirements:
  - Minimum of 8 hours of continuing education in the area of child sexual abuse every two years.
    - Note that other team members have similar requirements.
    - Provide suggestions for accessing education opportunities (on-line vs. in-person).
- Outline the expectations for supervision and expert case review. At a minimum, providers must have at least 50% of abnormal cases reviewed by an expert. Refer to the [Medical Standard Assistance Tool](#).
  - Share available peer and expert review options (in-house; local; statewide, national; [myCasereview](#))
  - Disclose the requirement that at least 50% of abnormal cases must be reviewed by a medical expert. Refer to the medical expert section in the [NCA Standards](#) document you have provided.
  - All abnormal cases must be logged. Provide them with a [sample log](#) or refer to the appendix in the [NCA Standards](#).

### Important Considerations for Abnormal Cases

HIPAA allows for the release of medical information to an investigator for a state mandated maltreatment investigation but only the information that pertains to the investigation.

## MDT Protocol Review as it Pertains to Medical Evaluations

Spend time discussing the unique aspects of the Child Abuse Medical Evaluation and walk them through the protocol and case flow of a child seen at the CAC. Include expectations for communicating results with the MDT and participating in case review meetings as discussed previously.

- Provide the expected response time from when a call comes in from an MDT partner to when a child is scheduled for exam.
  - Establish Acute vs Non-Acute response times and what falls within each of these categories.
- Discuss expected components of a Child Abuse Medical Evaluation.
  - Head to toe exam, including genital exam
  - Review of records
  - Medical interview of caregiver and child
    - Avoid duplication of the forensic interview.
    - Avoid leading questions, and ask open-ended questions.
    - Interview child separate from caregivers, if possible.
    - Only ask for enough information to complete the medical evaluation; this is not a forensic interview.
  - Photodocumentation (colposcopy, digital)
    - Both sexual and physical abuse
  - STI testing and treatment
    - Laboratory (internal vs. sending out)
  - Perform other medical procedures, as indicated.
  - Make referrals to other specialists, as indicated.
  - Communicate results of the exam back to MDT and child and non-offending caregiver.
- Review current billing/coding procedures.
  - Discuss who is responsible for billing for these exams.

## Expert Witness Testimony

Explain to the medical provider that they will likely be called in to serve as an expert witness on cases they have seen. Walk them through a typical court process and answer any questions they may have about the experience. Invite them to observe an upcoming trial and connect with other MDT members who can share their experience as a witness.

- Discuss compensation for court testimony and time away from work.
- Introduce them to your District Attorney's Office and discuss the court preparation process and what they will need to know when called to court.

## Training

At times, the lead medical provider will be tasked with training and supervising other medical professionals or community partners. This is especially true if it is a physician who is supervising SANE nurses or if they will be responsible for a medical fellow.

- Share expectations regarding training other medical professionals, including notification of the medical director of any clinicians they may oversee.
- Discuss opportunities for training community professionals.

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