ARTICLE:

SUMMARY:
The purpose of this study was to:
1. Assess medical professionals’ ability to recognize normal and abnormal exam findings
2. Determine which factors in education, clinical experience, and expert review are correlated with greater accuracy in recognition and interpretation of clinical findings

Subjects/Design:
The survey used in this study was pilot tested at two major conferences for medical providers. Additional expert review resulted in a final selection of high quality photographs and clear wording of questions. There were 20 cases of suspected child sexual abuse included in the online survey. In 10 of the cases, participants were provided with only the child’s age and the reason for the examination. In the other 10 cases, more case information was included with the photographs. All questions were multiple-choice or true/false, and was open from July-December 2007.

An invitation to participate in the survey was sent to the following individuals:
1. Members of the Ray E. Helfer Society
2. Members of the Section on Child Abuse and Neglect of the American Academy of Pediatrics
3. Members of the Special Interest Group on Child Abuse of the Academic Pediatrics Association
4. Members of the International Association of Forensic Nurses (IAFN)

Complete responses were obtained from 197 participants:
- 118 physicians - 60%
- 43 Sexual Assault Nurse Examiners (SANE) registered nurse - 22%
- 33 Advanced Practice Nurses (APN) – 17%
- 2 Nurses (non-SANE)
- 1 Physician Assistant

Experience in the field:
- Less than 5 years – 25%
- 5-15 years – 48%
- More than 15 years – 26%
**Findings:**

1. Child Abuse Pediatricians had significantly higher scores compared to SANE nurses regarding correct identification of normal findings
2. Factors that were significantly correlated with a higher total score:
   a. Training – completing a child abuse fellowship
   b. Self-study – reads *The Quarterly Update*
   c. Memberships – Ray E. Helfer Society
   d. Specialty – Child Abuse Pediatrician
   e. Experience – Higher total number of CSA examinations performed and higher number of examinations done per month
3. Except for Child Abuse Pediatricians, total scores were significantly lower for those participants who examined fewer than 5 children monthly
4. Three variables were associated with higher total and subscale scores:
   a. Reading *The Quarterly Update*
   b. Self-identification as a Child Abuse Pediatrician
   c. Review of cases at least quarterly by an expert in child sexual abuse medical evaluation
5. Survey participants who self-identified as Pediatric Emergency Medicine Physicians had significantly lower total scores than the overall group of first-time takers


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