The Kempe Center

CHILD ABUSE RESPONSE & EVALUATION
(CARE) NETWORK

CARE Network

Training Survey Assessment

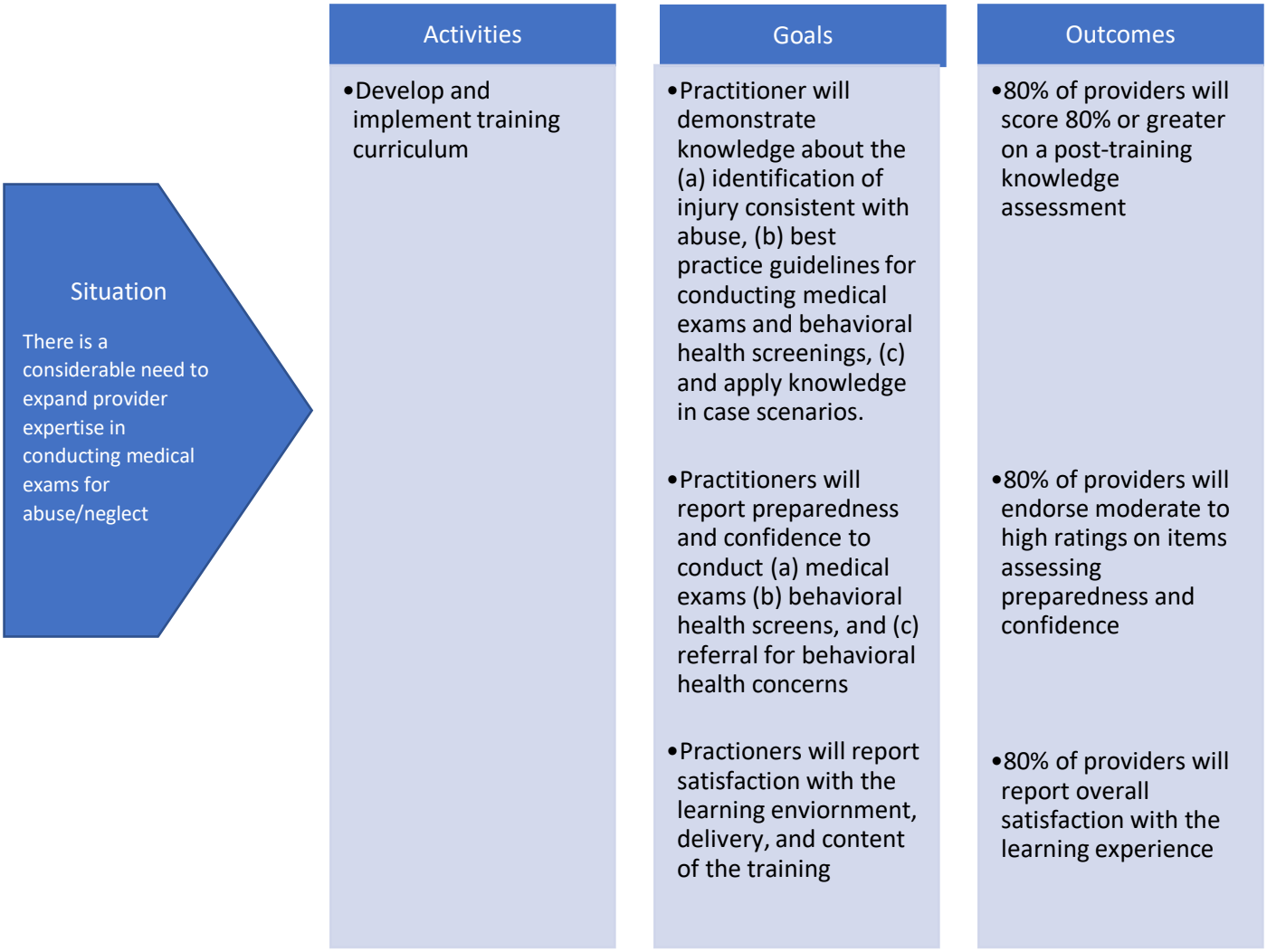
Training Dates: 05.03.2020 & 05.04.2020
Date of analysis: 8.10.2020
Date of report: 8.27.2020

Introduction

The purpose of the CARE Network is to expand the number, and capacity, of heath care providers in their respective communities, who can conduct medical exams and behavioral health screenings in cases of suspected physical abuse, sexual abuse, or neglect for children. The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect serves as the Resource Center for the Network. The Resource Center activities include:

1. Recruit designated health care providers to perform medical and behavioral health screenings for suspected cases of child physical or sexual abuse or neglect by building infrastructure, collaborating with local behavioral health providers, and providing technical assistance to the CARE Network
2. Develop practice standards for the CARE Network
3. Develop a steam-lined medical and behavioral health referral process, including coordinated hand-offs to available resources
4. Establish an efficient structure that considers geography and identified community needs to ensure a coordinated response to suspected cases of physical or sexual abuse or neglect
5. Encourage participation and enhance the role of medical providers in multidisciplinary teams in local communities to provide input for the Care Network
6. Collaborate with existing programs in local communities to provide education, training, collaborative mentorship, and support for designated providers serving children in their communities, including education and training about risk and protective factors associated with child abuse and neglect and resources for families to address their health and social needs
7. Collect and analyze data to identify and monitor outcomes of the CARE Network and to guide ongoing program analyses, resulting in the development of best practices that encourage continuous improvement and fidelity of the CARE Network's standards of care
8. Report annually to the Executive Directors of CDPHE and CDHS on activities of the CARE Network

To date, board certified specialists in the field of child abuse and neglect recruited interested and eligible providers to join the Network, developed practice standards for medical exams, and conducted a two-day virtual training conference. Note that the training was originally designed to be an in-person training but was moved to a virtual format due to COVID-19. Attendees were provided instruction and practice opportunities in identifying injuries consistent with unintentional injury, sentinel injuries, sexual abuse injuries, abusive head trauma, trauma focused screening, special medical care needs of children in out of home care, obtaining social histories, guidelines for best practice conducting and documenting exam findings, and court testimony guidance. See below for training goals and expected outcomes.



After completion of the 2-day training, learners completed a survey designed to assess outcomes noted above. The survey included items to assess learning satisfaction, quality of the training presentations (by facilitator), preparedness and confidence, and content knowledge. Learners were also asked to identify potential barriers and challenges to participating in the Network and/or providing medical exams and behavioral health screenings and referrals.

Conference Attendance. Forty-six participants registered for the conference - 40 attended. Of those, 33 (82.5%) indicated they intended to become a designated providers (DP) in the Network. The survey response rate was excellent (90%) with 36 attendees completing the post-training assessment.

Survey results are summarized below.

MEDICAL TRAINING of ATTENDEES

Table 1. Medical Training Status of Learners

	Number	Percentage
Physician (MD, DO)	15	42%
Registered Nurse (RN) with SANE or FNE Certification	8	22%
Nurse Practitioner (NP)	5	14%
Registered Nurse (RN) without SANE or FNE Certification	4	11%
Physician's Assistant (PA)	3	8%
Forensic Nurse Practitioner (FNP) with SANE Certification	1	3%

LEARNER SATISFACTION

Figure 2. Learning Satisfaction with Training Experience

97% of learners were ***extremely satisfied*** with the overall training experience

100% of learners indicated this training will improve outcomes for patients

100% of learners indicated their competence conducting exams for abuse/neglect was reinforced or improved

92% of learners indicated they are leaving with ideas to improve the way they conduct abuse/neglect exams

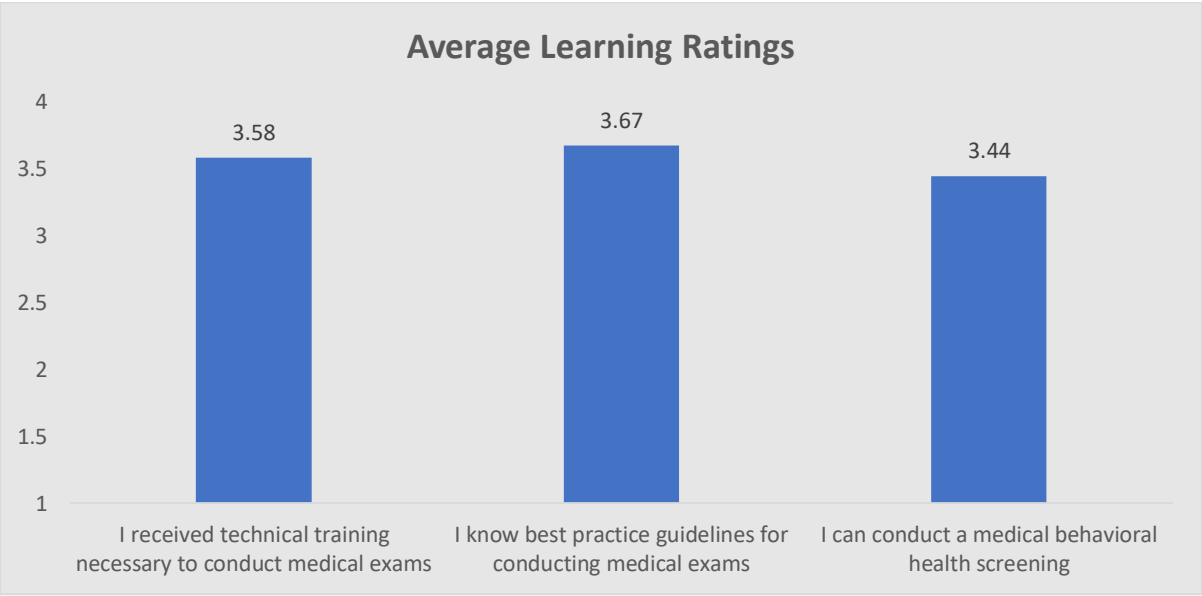
Quality of Presentations. Respondents were asked to rate the quality of each presentation on a scale of 1 (poor) to 5 (excellent). The average rating across the 9 presentations was 4.85 (*SD* = .21; range = 4.1-5.0).

Quality of Training Modalities. Respondents were asked to rate the helpfulness of each training modality (lectures, panel discussions, case studies, demonstrations, and pre-meeting reading materials) on a scale of 1 (not at all helpful) to 4 (very helpful) The average rating across the five modalities was 3.78 (*SD* = .26; range = 2.8 – 4.0).

SKILL AQUISITION

Confidence in Acquisition of Skills. Learners were asked to rate the extent to which they agreed they were confident in overall skill and knowledge acquisition on a scale of 1 (strongly disagree) to 4 (strongly agree). The average rating across items was 3.65 (*SD* = .44; range = 3.0-4.0). See Figure 3 for average ratings by items.

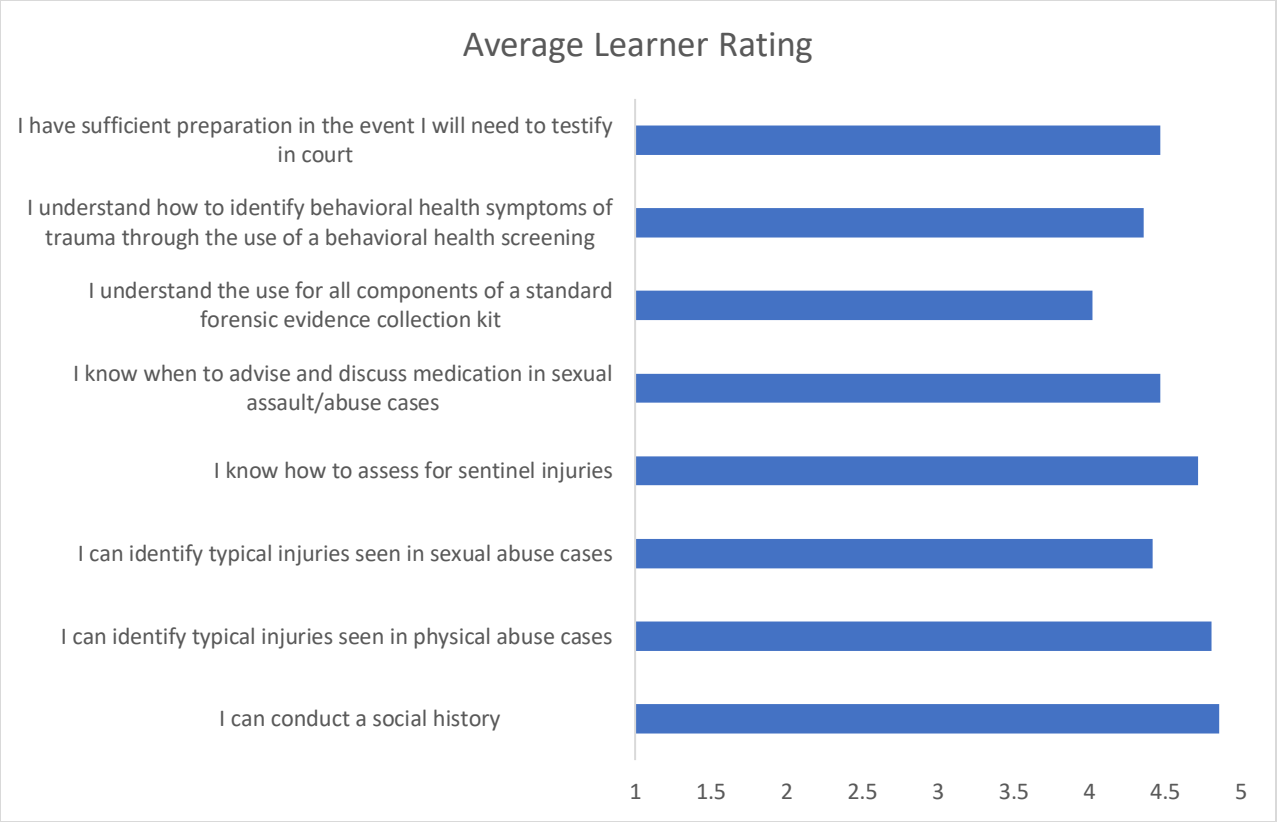
Figure 3. Learning Ratings of Overall Skill Acquisition



Note. 1 = strongly disagree; 4 = strongly agree

Confidence in Acquisition of Specific Skills. Learners were asked to rate the extent to which they agreed they were confident in specific skill training and knowledge acquisition on a scale of 1 (strongly disagree) to 5 (strongly agree) for each of 8 items. The average rating across items was 4.51 (*SD* = .37; range = 3.75-5.0). See Figure 4 for average ratings by items.

Figure 4. Learning Ratings of Specific Skill Acquisition



Note. 1 = strongly disagree; 5 = strongly agree

97% of learners indicated they were confident they could meet training and peer review requirements of the CARE Network

KNOWLEDGE ASSESSMENT

A project developed post-training knowledge assessment was developed in order to assess relevant and critical knowledge associated with (a) identification of abuse/neglect and (b) best practice procedures for conducting exams and behavioral health assessments. The assessment was comprised of 32 items and included true/false statements, scenario-based questions, and general knowledge items. The assessment was scored as the number of correct items out of 32. Across respondents, the average number of correct items was 27.44 (*SD* = 3.29; range = 16.0-31.0).

92% of learners correctly answered 80% or more of the 32 items.

SUMMARY

OUR TRAINING OBJECTIVES INCLUDED THE FOLLOWING GOALS

- 80% of providers will score 80% or greater on a post-training knowledge assessment
- 80% of providers will endorse moderate to high ratings on items assessing preparedness and confidence
- 80% of providers will report overall satisfaction with the learning experience

The survey data and scores on the knowledge assessment indicate we met, or exceeded, all three of the training goals. Training continues through monthly ECHO sessions, case reviews, and mentor feedback.

Representative Learner Quotes

“This has been a great refresher for me. I feel more up-to-date and there is some research and new thought about abusive head trauma that I learned. Thank you!”

“Dr. Abdoo's lecture was invaluable in terms of teaching about the genital exam and what is normal, in addition to signs of trauma. I am definitely more confident in my ability to exam a child in a safe and comfortable manner along with being able to recognize pathology.”

“The information I learned from the physical abuse lecture was invaluable. Signs to look for and screening evaluations that should be performed”

“I have learned new information, solidified things I had learned before, and now have a new community to work with.”

“The availability of structured screening tools for behavioral health will better identify the needs of our patients.”

“I believe [the Care Network] will improve outcomes by having providers feeling more confident in their knowledge and understanding of the system. Learning about how systems are set up differently in different areas was very helpful. Also now I feel we have the inertia to reach out and work to improve the barriers needed to better care for our patients with concern for neglect or abuse.”

“I think this training will improve recognition and evaluation of child physical abuse and neglect and will also empower providers to confidently conduct these evaluations throughout the state of Colorado.”

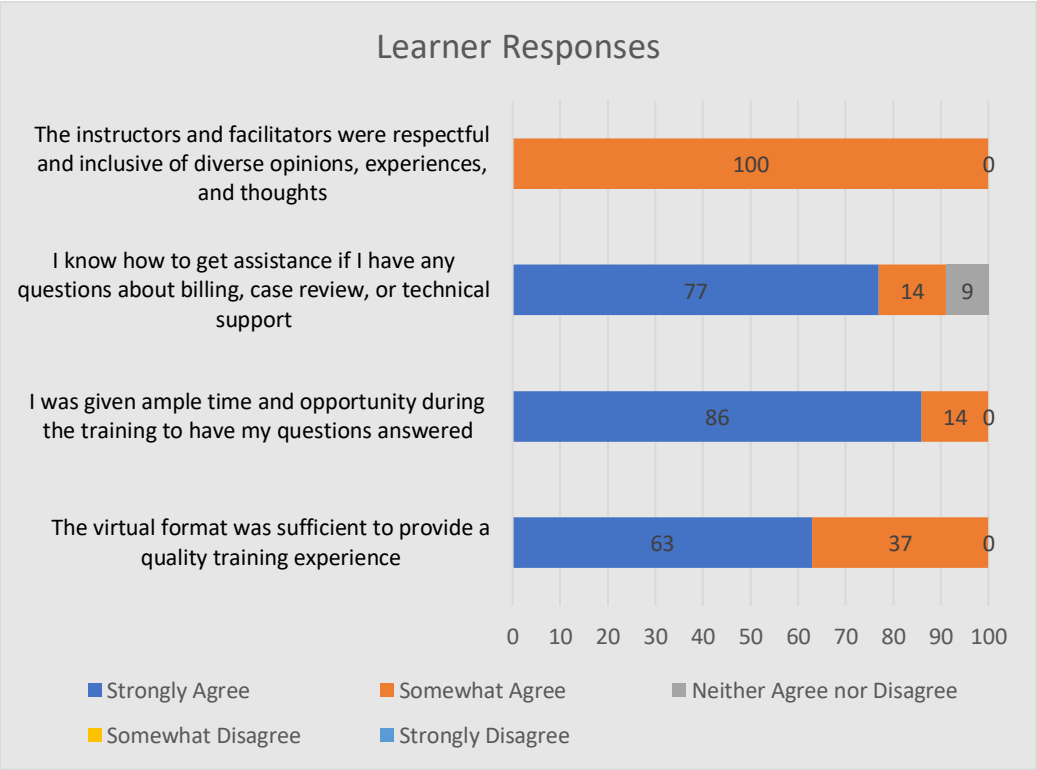
“Better care closer to home”

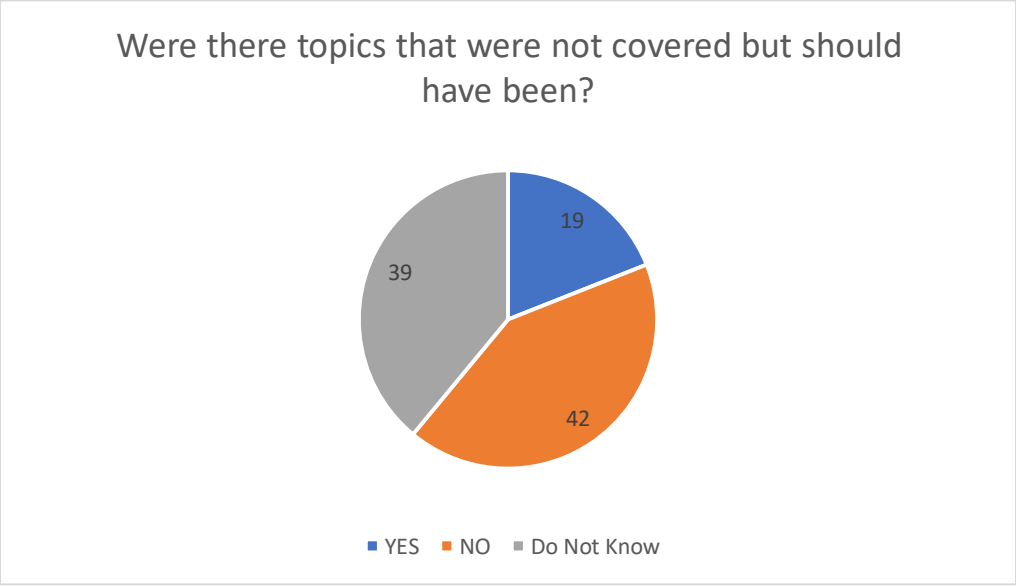
“I will be able to communicate and advocate more specifically and effectively to community partners about the importance of the medical exam when there is an allegation or suspicion of abuse. Also by following the best practices covered in the training, children will receive the most timely and appropriate healthcare for their safety and well-being.”

Appendix A.

Quality Improvement Items

We included a number of items to help identify areas for improvement in future trainings. See below for graphical representation of relevant training items.





What topics would you like to see addressed?

Photography -- just a short presentation on tips would be great

I would have liked to have some information about human trafficking. I do think that this is a concern even in these very young children with child pornography, etc.

medical abuse

More specifics about network communication among members and how a case would be presented to a mentor (e.g. using technology). It was a very quick logistics overview at the end.

Help to refute "junk science" and review of landmark articles to have basic knowledge of.

trauma informed care, ipv

Please indicate what we could do to improve this training

More breakout sessions. Lectures in morning and more interactive learning in the afternoon.

The material was all great. An in person format would have been best but I understand that in the middle of a pandemic that wasn't possible

I would love an in person training next time, but I think you all did a great job adapting to the digital format

Examples of the documentation/final reports that we be asked to submit- how much time will the exam/interview take.

I think taking this virtually was a big task and was done very well overall. If it continues virtually, consider separating the days. It was a long two days in a row of staring at a screen!

Looking forward to chair yoga

More time on specific topics would have been great, especially social history taking and neglect, but overall thought we covered a lot of good content in a short amount of time. I liked the case discussions and the amount of time allotted for those.

Maybe a little longer breaks, spread it out over 3 half days instead of 2 full days if going to have to do a virtual training again. I would also love the opportunity to do in-person training somehow, especially for sexual assault evidence collection. Otherwise was great!

More case reviews!

The circumstances were beyond anyone's control, but I felt like the presentations were rushed to try to get everything in to a "virtual" space. I think if it would have been a live training it would have been much better. However, it was still exceptional.

I was very impressed for how well done this was for a virtual training. I think knowing a little more about the CARE Network at the very beginning could have been helpful framing.

Meet in person whenever it is possible

I think I will need to sit on this question for a while. Right now I can't think of anything that needs improvement, but as I walk with the program I'm sure there will be things that I now feel

should have be added or expanded. Good presentation and wonderful how you were able to adapt to CoVid19.

For being computer based, its hard to complain. It was great. I really wish it had been in person, but this is for my own personal learning style.

Given the constraints of the corona panic, the virtual format was great. In person will be better next time.

not sure what a demonstration was I don't think we had any! cannot wait to do one in person .

I thought it was excellent!

Not much, I'm looking forward to in person training once COVID is over.

I think it was a little long for two days of virtual training. Also I recommend discussing the CARE Network Logistics in the beginning instead of at the end.

I am looking forward to more in person networking and learning, along with direct mentorship.

I hope we get to do it in person next time!

The in person training would have been great, but this is more flexible, so I don't know which is actually better.

Would love to have the opportunity to meet in person when possible

More photo review including sequelae of injuries that aren't acute (i.e. if we are identifying them a significant amount of time after the actual event), and more time for breakout sessions with case studies. Do more of the breakout sessions in the afternoons when it is harder to listen to lectures. More attention needs to be paid to structural vulnerability/inequity that families are facing especially in the context of issues like neglect, and the ways that our biases as physicians can come into play when doing these assessments. Especially when most of us as providers are white.

I understand time was limited but I would have liked more time to explain why some abnormal findings were abnormal. For example, some of the partial or complete transections and hymenal exam findings.

Probably give more time for the case studies for sexual abuse since it does not come up as often as physical abuse, I wish we had more time to discuss with the experts. I would have also liked to see the CARE logistics talk first rather than at the end since it sets up why we are all here. I was a little confused by the backgrounds since we have a lot of people in the field who are experts I felt like I lost sight of what the goal of training was.

At some point maybe address the "junk science" that comes up in cases- I'm especially thinking of AHT cases.

It was great!

The training was excellent!

Clearly an in-person experience would be preferable, but was not possible this time!

the online was great, in person training would be better

More training and in-person to practice and review

Anticipated Barriers

Learners were asked if they anticipated barriers or challenges as a designated provider in the CARE Network.

Table 2. Anticipated Barriers or Challenges

	Definitely yes	Probably yes	Might or might not	Probably not	Definitely not
Providing medical exams for abuse/neglect	14%	5%	22%	31%	28%
Making referrals when behavioral heath concerns are identified on screening	8%	6%	22%	42%	22%
Meeting CARE Network requirements	6%	11%	22%	36%	25%

Describe what barriers or challenges you anticipate

I think I checked the wrong boxes, no barriers

Emergency room setting is not always the best to spend hours with patients.

We do not have a system of providing exams for physical abuse and neglect in our community.

I am planning to use these skills for performing exams on children from families who are seeking asylum, some of which will not be in the immediate aftermath of the event impacting them.

System barriers - timing of getting patient seen in timely manner, communicating concern between referral source and provider, scheduling appropriate time in clinic

currently our hospital the SANEs only see sexual assault patient and are rarely consulted for physical abuse and neglect.

I work in a primary care setting and don't always have immediate appointments available.