



Research paper

The impact of peer review on paediatric forensic reports



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ARTICLE INFO

Article history:

Received 16 April 2016

Received in revised form

20 June 2016

Accepted 10 July 2016

Available online 14 July 2016

Keywords:

Forensic

Report

Jargon

Grammar

Paediatric

ABSTRACT

Objectives: To retrospectively evaluate the common grammar and spelling errors of the medico-legal reports written by the doctors at the Victorian Forensic Paediatric Medical Service (VFPMS) in both Royal Children's Hospital (RCH) and Monash Medical Centre. The reports were evaluated at two points in time; before and after peer review. The aim of the study was to ascertain whether peer review improved the grammar and spelling in VFPMS medico-legal reports.

Methods: Draft VFPMS reports are sent to the VFPMS medical director for peer review. The current study sampled 50 reports that were sent consecutively to Dr. Anne Smith from 1st of May 2015. The 50 corresponding final reports were then retrieved from the VFPMS database. The 50 pairs of draft and final reports were scored using a 50-point scoring system. The scores of the draft reports were compared to the scores of the final report to assess if there was a change in quality as measured using an explicit criteria audit of report structure, simple grammar, jargon use and spelling. The audit did not include evaluation of the validity of forensic opinions. The overall scores were statistically analysed using descriptive statistics and a paired T-test.

Results: The scores of the reports improved by 2.24% when the final reports were compared to the draft reports ($p < 0.001$).

Conclusion: The peer-review process resulted in a significantly higher quality of medico-legal reports. The report writing and peer-review process could be assisted by an abbreviated version of the checklist used for the audit.

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1. Introduction

143,023 children received child protection services in Australia during 2013–2014.¹ From this group, 40,844 children were the subjects of substantiated reports.¹ When child protection services become involved, a forensic medical evaluation and opinion might be needed. The forensic medical evaluation of the child and family is complex and involves detailed documentation and determination of possible mechanism of injury.² The evaluation must also include the psychosocial environment in which the child lives.² Medico-legal reports are written to help lawyers, judges and jurors understand the medical science involved with a case, so a verdict can be reached in relation to criminal and child protection matters.³

The Victorian Forensic Paediatric Medical Service (VFPMS) provides multidisciplinary assessment and medical care for children and young people across Victoria, Australia. VFPMS services are called upon when child abuse, assault and neglect are suspected. The service functions to assist the children, their families, Child Protection, Victoria Police and the Courts.

A medico-legal report is generated for every child seen by the service. This report details important aspects of history, examination and investigations and provides an opinion on the likelihood of child abuse. The report plays a vital role in determining a child's ongoing safety, as it can guide interventions by the statutory child protection agency, the children's court and the criminal justice system. The consequences of intervention or lack of intervention can have an immense impact on the children, family and accused persons involved in each case. Therefore, the quality of VFPMS medico-legal reports needs to be at a very high standard. The style in which the reports are written must be easy to read for an audience from a non-science background.³ Peer review can help refine how authors express forensic opinions, make recommendations and explain history and examination findings. Resnick & Soliman

List of abbreviations: VFPMS, Victorian Forensic Paediatric Medical Service; RCH, Royal Children's Hospital.

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(2012), who discuss planning and writing forensic psychiatric reports encourage the writers to think about the audience.⁴ They claim that even though a report might be carefully planned, if it does not convey relevant information to the audience, the report is useless.⁴ They address medical terminology in particular, by stating that the report writer needs to define and explain medical jargon and procedures to the audience.⁴ This is important, as the legal audience is ‘overwhelmingly non-medical’.⁵

Howes et al. (2013) investigated the actual readability of conclusions in reports written by forensic scientists who conduct glass analysis.^{3,6} They found that even though forensic scientist reports are intended for a non-science level, the readability of these reports were more suitable for an audience with a tertiary level education in Science.⁶ A more recent study by the same authors found that there was a lack of definition applied to both scientific terms and non-specialist terms with specialist meaning.³ They also noted that links between terms were not elaborated upon and acronyms were used without expansion.³ Similarly, Grisso (2010) compiled discrete faults that reviewers encountered in 62 forensic reports written by 36 forensic mental health professionals.⁷ Grisso then converted them to statements in order to guide report writers.⁷ Under the subheading ‘organisation and style’ Grisso (2010) claims that reviewers advise writers to use ‘language that will be understood by non-clinicians’ and should ‘simplify complex concepts and professional technical terms’.⁷ The reviewers also state that writers should improve the ‘professional appearance’ of the document by avoiding ‘typographical errors, incomplete sentences and colloquialisms’.⁷ Errors and medico-legal jargon in reports can confuse the reader and can distract the reader from the key information provided in the reports. Also, vague or ambiguous words can be deliberately mischaracterized by the opposing attorneys.⁴

Ackerman (2006), who writes in regard to forensic psychiatric reports, claims that the audience can be broken into Mental health professionals, Non-mental health professional (e.g. lawyers) and non-professionals.⁸ Ackerman makes recommendations on how to tailor reports for each audience type.⁸ However, when the audience includes all 3 domains, the report should be targeted at non-mental health professionals who do not have much knowledge in the mental health area (8). Harvey (2006) asked recent psychology graduates what factors in writing psychological reports (non-forensic) made them difficult to understand for readers.⁹ Similar to Ackerman, the graduates claimed that writing to multiple audience groups was challenging.⁹ This was because they were unsure how to make the reports readable to lay person such as the parents whilst also trying to convey a message to other health professionals.⁹ The graduates had reservations about ‘watering down’ technical terms into non-technical terms, as this might make the writer lose credibility as a mental health professional.⁹ However, Harvey investigated non-forensic reports and whether medical practitioners writing forensic reports share similar feelings is uncertain.⁹ Finkel (2011) claims that this ‘watering down’ is crucial when writing medical reports on child sexual abuse.¹⁰ A clear, understandable report with minimum jargon is important and can reduce the need to appear in court.¹⁰ A poorly written report might also result in adverse scrutiny in regards to the report which can take attention away from the case itself.¹⁰

In comparison to the literature the current study focuses on the readability and effectiveness of VFPMS reports, focusing on errors in jargon use, grammar and spelling. A document titled ‘tips for report writing’ was written and uploaded onto the VFPMS website in December 2014 by Dr. Anne Smith. This document details the common grammar and spelling errors seen in reports and how to avoid medico-legal jargon. Avoiding these errors is vital to decrease ambiguity, increase clarity and keep the reader’s focus on the content of the report. The VFPMS paediatricians have been made

aware of this document. As a further check for quality, the Medical Director of VFPMS or her delegate reviews all reports prior to release but the focus of this review is the validity of forensic opinion rather than grammar.

The aim of this project was to evaluate the extent to which the peer-review process improves the structure, use of grammar and spelling within VFPMS reports in regards to the criteria mentioned within the ‘tips for report writing’ document. An improvement in score within these criteria can mean that the reports are of a high quality and readability after peer-review.

2. Hypotheses

The current study hypothesis is that the peer-review process results in a significant improvement to the structure, use of grammar and spelling within VFPMS reports as determined by an increased score based on a criteria audit. The null hypothesis is that the peer-review process makes no difference to the quality of the VFPMS reports as determined by criteria-based score.

3. Method

3.1. Data source

The study was a retrospective case-file review study conducted at The Royal Children’s Hospital (RCH), a tertiary paediatric service and teaching hospital in Melbourne, Australia. 100 VFPMS reports were selected; 50 draft reports before peer review and the 50 respective final reports after peer review. The draft reports were written between 5th May 2015 – 5th June 2015. The start date of 1st May 2015 was randomly selected then 50 draft reports that were sent sequentially to the author after this date were included in the study. Only one report was excluded because it did not contain a hospital unit record number. Paediatric consultants and fellows that worked at RCH and Monash Medical Centre who wrote these reports had sent them for peer-review to Dr. Anne Smith’s secure work email. The draft reports were password protected. Dr. Anne Smith sent the draft reports to the author of the current study for analysis. Authors of draft reports received suggestions for changes from the reviewer as “tracked changes” and comments in order that the authors could accept or reject changes and alter or edit reports as they deemed appropriate. The corresponding final reports were collected from the VFPMS database of final medico-legal reports. Only VFPMS staff had access to the VFPMS database containing these confidential reports.

3.2. Scoring system and measured outcomes

A 50 point scoring system was developed using the ‘tips for report writing’ document on the VFPMS website (How to write medicolegal reports for VFPMS). The reports were scanned using a “word find” option on Microsoft Word and then read in search of errors mentioned on the checklist. The scoring system contained 50 criteria that were scored 0 if an error is made or 1 if an error is not made. These criteria were broken into the following 5 categories: “report structure”, “use of medical jargon/phrases often misused by doctors”, “use of current police and child protection terms”, “simple grammar” and “spelling”. The audit did not include evaluation of the validity of forensic opinions. The criteria list is included in [Table 1](#).

A score of 1 was given only if

- 1) A specified word or phrase was used and spelled correctly
- 2) If an incorrect word or phrase was not used at all. Incorrect words or phrases were permitted if they were quotes clearly indicated within quotation marks.

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