

Chapter 1 : Bruce Borkosky forensic psychologist, expert witness - Records FAQs

The Medical Record as a Forensic Resource contains valuable information on the basics of malpractice and personal injury litigation as well as how the medical chart review can be integral to the proper adjudication of a case.

How to Handle Conflicting Medical Opinions? With a Forensic Approach, of Course! With conflicting opinions from professionals, what data should I rely upon to perform a beneficial service? To resolve discrepancies I first ask myself, why is an FCE being used for this specific claim? The utility of this type of scientifically based evaluation, the training sources, performance methods, test protocols and standards to measure them are numerous. Professionals may have opposing views for their own reasons but I must be able to articulate their reports into vocationally-relevant terminology and tell a story about meaningful and gainful work. It seems that in essence, by having a functional capacity evaluation a person is likely to be put in a position of deciding whether he or she is willing to return to work. From what I know, there are approximately 10 different types of commonly used functional capacity evaluations. Sometimes I can, sometimes I cannot. I feel fortunate of connections with several physical therapists allowing insight into their clinical practice. I analyze and compare FCEs! I note whether the FCE report is readable and user friendly. Does it make sense? I look for descriptors regarding the results of testing in relation to real jobs. Are there concrete and realistic recommendations regarding strengths and weaknesses in relation to performing physical demand levels of various work situations? I definitely look for the goals and expectations for the evaluation, and whether maximum and consistent effort was made by the evaluatee. Continuing on with analyzing and comparing FCEs! For example in one report, the therapist discussed lower extremity activities, when in fact it was an upper extremity injury. I try really hard to make sense of most things and situations! If I am able to square an FCE in my mind after careful and prolonged study, is it possible the claimant could do the same? Regardless, I try to comprehend all reports, noting the one I understand the most. This topic is another blog in itself. If I am able to provide a doctor ideally the most recent treating occupational health or rehabilitation doctor detailed information directly related to a specific occupation or line of work and any resources that could help understand how such work is performed in a smart, safe and effective manner, many benefits arise. This certainly helps solidify my vocational opinion and make recommendations. Yet, this type of opportunity is not frequently available certainly is though with a life care plan! Please know I always search for a way to best express my vocational opinion. Often I hear verbatim what one doctor wrote in their restrictions. Ask an employer if they have a job that involves no lifting over 20 pounds, no twisting, no bending, no stooping, no this, no that etc. The evaluatee who responds to me in this fashion using verbatim restrictive words needs future vocational counseling. The ability to explain who you are and what you can do from a functional perspective to help a business make or save money is what is conducive to a successful job search. Restrictions should never be the focus of job placement. Counseling is especially important if the individual is searching for a job, requiring job seeking skills training on how to or how not to disclose. While staying true to my convictions and firm beliefs that a person can work if the person wants to work and has the capacity to work, I need to understand the dichotomy between science and clinical practice is more imagined than real. If healthcare professionals submit conflicting reports on the same individual, I need to be able to resolve inconsistencies to better understand and appreciate the opinions offered. It is not my role to determine which opinion is correct. I strive to extend the value of FCEs in the litigation process. Need a life care plan? Together my knowledge with those of other experts, contributes to decisions about the economic losses, or damages, for which the person receives compensation. Give me a call and let me get to work for you!

Chapter 2 : Display event - The Medical Record as a Forensic Resource Webinar

The Medical Record as a Forensic Resource describes what a medical record is, what it should contain and how to acquire, review, and report on its content. It contains valuable information on the basics of malpractice and personal injury litigation as well as how the medical chart review can be integral to the proper adjudication of a case.

Medical Forensic History-Taking and Documentation of the Medical Forensic Examination
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As stated in the National Protocol for Sexual Assault Medical Forensic Examinations , " This history, obtained by asking patients detailed forensic and medical questions related to the assault, is intended to guide the exam, evidence collection, and laboratory analysis. It is important to understand that the location of a SANE program may influence the content of a standardized examination report form. For a patient evaluated in an emergency department, the provider who performs the initial medical screening examination may obtain information such as chronic medical problems and medications from the patient. For a SANE providing care in a community setting, obtaining a history of current medical conditions is necessary in order to give safe care. When creating or revising a form, it is important to decide how the information will assist in the care of the patient. For example, the crime lab may use the descriptions of the type of evidence collected to determine what type of analysis will be employed. Prosecutors may use the descriptions of the type of contact described by the patient to determine what criminal charges will be filed against the suspect. While input of team members is important, the goal of a form is ultimately to assist the nurse in providing comprehensive and safe health care to the patient, which includes identifying any sites of injury or locations where medical forensic evidence can be collected. Below is a list of suggested content for a sexual assault examination form. Chief complaint including acute complaints of pain or bleeding. Allergies to medications, food, and latex. Pertinent medical history, recent anal-genital injuries, surgeries, or diagnostic procedures, blood-clotting history, and other pertinent medical conditions or treatment. History of assault time, date, location, and what occurred. Acts that demonstrate threats or lack of consent use of weapon, restraints, strangulation, or verbal threats. History of drug or alcohol use prior to or during the assault. History of loss of consciousness or awareness. Details of all physical contact, including genital or oral contact. Recent consensual sexual activity important for issues on DNA recovery, as well as pregnancy implications for the victim. This is not an exhaustive list, but it includes many of the topics that are typically covered by state or jurisdictional sexual assault examination forms. It is important to get enough medical history to make sure the SANE can provide safe care and treatment. For example, some nurses feel documenting the use of an antidepressant may later be used to imply the patient is mentally ill or making up the assault. As a health care provider, the SANE must put the health care needs of the patient first, and make sure the patient is not at risk for suicide or other self-harm. Knowing about antidepressant or other medication use informs the nurse with regard to risk of subsequent problems or potential interactions with medications that may be offered at the time of the exam. Children and Patients With Cognitive Disabilities The medical forensic history-taking of a child or an adult with a cognitive disability, like all other patients, is a critical component of the examination. In some cases, the patient may use nonverbal communication, in other cases, the child or adult may be at a developmental level incapable of obtaining a successful or accurate history of event e. While SANEs should not be held to the standard of forensic interviewers, experience and training in developmentally appropriate history-taking and familiarity with strategies to enhance understanding and engagement of people with cognitive disabilities is important. Accompaniment During an Examination It is appropriate to allow the patient to have a support person with them throughout the examination. Who that support person is will help determine their role in the examination. A victim advocate can provide support, and in many cases, can provide the added benefit of offering comprehensive, longer term services to aid the victim. In many communities, they are an essential component of the SART. Typically, community-based advocates are able to speak with the patient with a greater degree of confidentiality which can be jurisdictionally dependent. Although family members may be supportive of the victim, they should not be relied on to provide emotional accompaniment during the

examination. It should be recognized that family members might also be experiencing emotional trauma and distress related to the assault. Recognize that if the patient does prefer a family member to be with them during the exam, both should be aware of the implications of that. It will be necessary to inform them that they may potentially be required to testify in criminal justice proceedings as a witness. The patient may also be reluctant to disclose the details of the assault in the presence of family members, and the patient should be informed that some of the questions asked during the exam will be intimate in nature. In some cases, the family member may be the offender. When the patient is a minor, the child should still be asked if they would like a support person in the exam room with them. As another option, the patient may want the supportive individual in the room for the exam, but not while the history is being obtained. A personal care attendant may accompany some patients with disabilities.

Chapter 3 : Medical Records - Forensic Document Services

The Medical Record as a Forensic Resource is an absolute must-have for both those who work in the legal field and need to develop a competency in medical chart review.

Bibliographic record and links to related information available from the Library of Congress catalog. Contents data are machine generated based on pre-publication provided by the publisher. Contents may have variations from the printed book or be incomplete or contain other coding. What is the medical chart CQ 2. Acquiring the Medical Chart Karen Fielder 3. Release of Medical Records CQ 4. Face Sheet CQ 7. Consent Forms CQ 8. Living Will CQ 9. Pre-admission Records CQ Ambulance Call Report CQ Emergency Department Record CQ Admission Note CQ Physician Orders CQ Progress Note CQ Anesthesia Note CQ Procedure Note CQ Discharge Summary CQ Radiology Report CQ Laboratory Report CQ Autopsy Report CQ Nursing Note CQ Medical Policies CQ Incident Reports CQ Medication Errors Kim Zammit Tampering with the Medical Record CQ Malpractice Issues CQ Pain and Suffering CQ Personal Injury Cases CQ Appendix 1 - Medico-legal Terminology CQ Appendix 2 - Medical Abbreviations CQ Medical records -- Access control -- United States. Medical records -- Law and legislation -- United States. Medical jurisprudence -- United States. Forms and Records Control -- methods. Forensic Medicine -- methods.

Chapter 4 : Computerized medical records: forensic issues Part 2

This webinar's focus will be the medical chart as evidence. CDA Senior Attorney Amanda Martin will cover what a medical chart is, common medical abbreviations, the different types of medical charts, how to examine medical charts and review notes and reports, a discussion of medication errors, how to determine what is missing from a medical chart, and claims of tampering or falsification.

Our staff can provide a transition plan for assuming contracted responsibilities from a previous contractor. Through our experience we can provide expert consultation about morgue planning and construction of new medical examiner facilities. Our staff has been integral in the development of mass casualty and mass disaster plans and have been involved in both tabletop and hands-on disaster training. Our staff has developed forensic investigation and autopsy standards that fulfill the legal requirements of state and county agencies and provided training in death investigation and autopsy technical services as well as set guidelines that fulfill the needs of the law enforcement agencies that interact with our facilities. This includes deaths caused by any type of violence or trauma, suddenly when in apparent health, deaths of infants and children, deaths related to employment or job injuries, persons in jail or custody, deaths believed to represent a public health threat, or deaths caused by abuse or neglect. The following list represents the most common types of deaths that will fall under medical examiner jurisdiction: Any type of homicidal violence gunshot wounds, stab wounds, blunt trauma from beating, strangulation, etc. Suicidal injuries gunshot wounds, overdose, etc. Blunt trauma from motor vehicle collisions Overdose from prescription medication or illicit drugs, no matter the duration of hospitalization Trauma from falls including subdural hematomas and hip fractures Sudden death in persons with no known medical history Sudden death in children or infants, even those with known medical history Any indication or suspicion of neglect or abuse Any person in custody or incarcerated Any of the above types, regardless of the time elapsed between the traumatic event and death e. We generally make a determination of jurisdiction at the time the death is reported; however, some complex or unusual cases may require more time perhaps several hours before a determination of Medical Examiner jurisdiction is made. The reporting individual will need to have the following minimum information about the deceased: Medical examiner investigators may request additional or more detailed information. County medical examiners are physicians appointed to the post who are responsible for certification of cause and manner of death in cases of unusual, unexpected, or unnatural deaths, which include homicides, suicides, accidents, and deaths in otherwise healthy people. Many such cases may require an autopsy for accurate and complete determination of the cause of death. Once the decision has been made to order an autopsy, the county medical examiner then refers the decedent to a regional forensic center in which the autopsy will be performed by a board-certified forensic pathologist. By law, facilities performing forensic autopsies in the state of Tennessee must be accredited by the National Association of Medical Examiners NAME , which assures that nationally-accepted standards for our investigations are being satisfied. When the autopsy has been concluded, a death certificate will be completed by the forensic pathologist to accompany the body to the funeral home. Frequently, additional testing or information will need to be provided in order for a final determination of cause and manner of death to be made. In such circumstances, an initial death certificate reflecting the pending status of the case will be issued, followed by a delayed certification of death indicating the final results of the autopsy and death investigation. Performance of a forensic autopsy will not hinder or delay a funeral, including open-casket services. After the autopsy and all ancillary testing have been concluded, a formal autopsy report will be issued. This process usually takes several weeks to complete. A certified copy of the autopsy report can be provided after a written request with payment has been received. This can also be requested and paid for by clicking here. Although the written autopsy report is considered a matter of public record, photographs taken during the autopsy and death scene investigation are not, and will not be released without an order issued by the court. Private or family requested autopsies may be obtained for decedents who would not otherwise require autopsy by statute. Although families may request an autopsy for many reasons, some of the most common circumstances include: According to family request, the autopsy examination may include complete

examination of all organ systems or may be limited to a specific area of concern. A completed and signed authorization for autopsy with full payment must be received prior to the remains being transported to our facility for examination. Ancillary studies including toxicology and histology may be performed at the discretion of the consulting forensic pathologist. A final autopsy report typically takes several weeks to complete. All autopsies are performed by experienced forensic pathologists who are either board certified or board eligible by the American Board of Pathology. In most circumstances, the autopsy procedure can be completed and the decedent released to the funeral home for final disposition within 24 hours. If the hospital does not offer autopsy services, or if the family desires the examination be performed by a third party, Forensic Medical provides professional autopsy services by experienced forensic pathologists. Hospital ordered autopsies require the following: Autopsy authorization signed by the legal next-of-kin, hospital administrator, and a witness. The treating physician will typically contact the forensic pathologist before the autopsy with specific questions or concerns that he or the family would like addressed by the examination. The pathologist will provide a written preliminary report of the gross diagnoses within 48 hours after the autopsy. Forensic Medical abides by all Joint Commission on Accreditation of Healthcare Organization standards established for hospital autopsies. Forensic Medical typically does not provide a copy of the autopsy report directly to the family. The hospital, by signing the authorization for autopsy, accepts financial responsibility for the autopsy fee. In general, the autopsy examination is completed within 24 hours after the body arrives where the examination is to occur.

Chapter 5 : Medical Records

This books seeks to bridge the gap of understanding between the legal world and the world of medicine, providing insight into the creation of the medical chart for non-medical professionals, such as.

Exclusive Nationwide Panel curated by MDs over 25 years Board Certified, Actively Practicing Clinicians Discuss your case with a physician the first time you call Superior expert identification and selection Doctor-to-Doctor discussion of your case needs Superior Results I have used AMFS for years for identifying and engaging highly qualified and credible expert witnesses. The responsiveness and professionalism of the AMFS medical directors and staff helps streamline the expert locating process and adds real value to the cause of my clients. AMFS is an indispensable resource for my practice. You are providing an exceptionally valuable service to the trial lawyers of America. I have found their network of experts to be exceptional. I have hired quite a number of experts, in various fields, through AMFS, over the years. The experts have been very well qualified. The company always responds to all communications right away. I would recommend AMFS as a very good source of expert witnesses. He turned a near disaster into a forward fumble. We are very happy with the results. As we all know, things can get a little crazy in the trenches and it is good to know you have some people that can cut through the red tape and make things happen. They have provided me with qualified medical experts, who have all been accomplished physicians with large successful practices. Their in-house Medical Directors have been a valuable resource in helping me understand the medical issues of my cases. Most important is the level of service, it is fantastic. I have recommended AMFS to some of my closest professional friends, and would recommend their services to anyone looking for medical-legal consultation or expert physicians. Boston, MA AMFS has consistently provided top-notch experts for my cases with one phone call and spared me countless wasted hours. I would recommend their services to anyone who is looking for clarification of medical matters, determining which cases to pursue and engaging professional, quality medical experts for all medical-legal matters. You saved us a great deal of time and we were especially appreciative of your ability to accommodate our rushed scheduling. In preparing for my medical cases, I have used many different companies that provide referrals for medical experts. I can say without a doubt that AMFS has provided me with the absolute best service compared to any other company. The staff at AMFS has always been very attentive to my needs and questions. They always respond very promptly to my inquires and my requests. AMFS does more than simply communicate through email or provide the name of an expert to be used in a specific case. The people at AMFS take the time to actually speak with me over the phone, answer my questions, provide advice and whatever assistance I may need in my medical cases. AMFS has always connected me with a highly competent medical expert whenever I had a quick question that needed to be answered. It has been very clear to me that the people at AMFS actually care not only about the success of my case as a trial lawyer but also about helping my clients obtain justice. Thanks to the efforts, professionalism, competence and courtesy of the AMFS staff, my medical cases have gone very well and my clients have been given the best chances of winning. I cannot recommend a better company. AMFS is the best that I have worked with. R is perhaps the best expert I have ever had the pleasure of working with. He is superbly knowledgeable, prepared, and accessible, plus he is very pleasant and credible. Their staff is always responsive, the cases interesting, and I learn a great deal from the cases. It has been a most pleasant addition to my practice. Extremely professional and organized. Payment for services was prompt. Orthopedic Surgeon Denver, CO One of the most important things about AMFS that has always been true over all the years I have worked with them is that while they are primarily concerned about providing their clients with the most accurate and useful information and opinions that can lead to successful outcomes, they have no hesitation in supporting an opinion that a case has no merit and should not be aggressively pursued. I have never felt any type of influence to recommend that litigation should or should not be pursued for any other reason than the facts of the case. The interaction, information process, delivery of necessary documents, is always accompanied by a thorough evaluation and follow up.

Chapter 6 : Leadership â€“ Forensic Medical

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Chapter 7 : AMFS | Medical Expert Witnesses

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Chapter 8 : Table of contents for The medical record as a forensic resource

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Chapter 9 : Bruce Borkosky forensic psychologist, expert witness - Resources

ELECTRONIC MEDICAL RECORDS: found in a forensic image of a medical record may be more helpful. a shared pool of configurable computing resources (e.g.