PROJECT GOALS AND METHODOLOGY[1]

Project Goals and Objectives

The direction of the project was dictated by three major goals: (1) consistency with the law; (2) utilization of the best available medical information and resources; and (3) usefulness to those involved in the medical screening of patrol officer candidates. These goals were translated into the following objectives for the manual:

1. Examination and evaluation protocols that promote the *individualized assessment* of each candidate, rather than categorical, exclusionary criteria.
2. Direct links between a candidate's medical status and his/her ability to safely perform specific patrol officer job functions.
3. Decision-making guidelines consistent with risk management criteria permitted by state and federal law.
4. Guidance based on valid medical information, including medical literature, epidemiological studies, and the in-depth input of medical specialists.
5. Detailed coverage of commonly-detected medical conditions, rather than cursory coverage of all possible conditions.
6. Proper partitioning of the roles of physician and hiring authority in the medical screening process.
7. Promotion of diagnostic procedures that are reliable, valid, and cost efficient.
8. Usefulness to medical screening physicians in both form and substance.
9. A format that simplifies the process of creating and distributing future updates.

Development of Medical Protocol Chapters.

The manual's examination and evaluation protocols were developed through a collaborative, iterative procedure involving the in-depth participation of medical experts from a wide range of specialties. Spearheading this effort were Dr. R. Leonard Goldberg, Assistant Medical Director for the City of Los Angeles and Dr. Stephen G. Weyers, Medical Officer for the California State Personnel Board. Both of these physicians have extensive experience conducting and overseeing the medical screening of patrol officer candidates. Their key roles in this project included developing the draft protocol chapters, providing medical leadership during specialist panel meetings, and revising the chapters per the decisions reached during these meetings.

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Step 1: Development of the Draft Protocol Chapters. A protocol chapter was drafted for each body system according to a predetermined format that included:

- Identification of medical conditions commonly observed among patrol officer candidates;
- A brief description of the implications of these medical conditions for performance as a patrol officer;
- General screening recommendations for all candidates to detect the presence of relevant conditions;
- Specific considerations and recommended evaluation protocols for each highlighted condition.

Extensive medical literature reviews were conducted in the course of developing each protocol chapter. Concurrent with drafting the protocols, questions for specialists were generated for discussion during the panel meetings.

Step 2: Selection of Medical Specialists. Once drafted, a protocol chapter was submitted to a panel of specialists. The criteria for selecting specialists for these panels included:

(1) Extensive experience and expertise in their medical specialty;

(2) Expertise that complemented that of the other panelists to ensure that all highlighted conditions were adequately reviewed;

(3) Experience in occupational screening issues;

(4) An interest in the development of public policy and guidance; and

(5) An ability to work in an interactive small group setting.

Several methods were used to locate potential panelists. First, national health organizations were contacted (e.g., American Diabetes Association, American Heart Association, American Cancer Society) and invited to nominate specialists who met the above criteria. Second, names of prominent, published specialists were identified during the review of the medical literature. Third, nominations were solicited from major medical schools, research institutions, and medical societies.

A complete list of the medical experts who served on the specialist panels is located in Appendix B.

Step 3: Conduct of Panel Meetings.[2] Several weeks prior to each panel meeting, the participating specialists were sent a set of materials to review, including: (1) the draft protocol chapter and attendant questions; (2) an overview of the project goals and procedures; (3) a brief description of the legal issues involved in developing medical screening guidelines; (4) a description of patrol officer job demands and

[2] Instead of a panel meeting, specialists conducted independent reviews of the protocol chapter for Dermatology.

working conditions; and (5) research articles, case studies, or other ancillary information deemed useful to participants. Participants were asked to carefully review all materials in advance of the panel meeting.

Initial panel meetings were 1-2 days in length. Participants included the oversight physicians (Drs. R. Leonard Goldberg and Stephen Weyers), the medical specialists, and the project manager (Shelley Spilberg). Experts in complementary fields (e.g., legal firearms, etc.) were included as appropriate.

Each meeting began with a brief orientation session which included an overview of the project, the role of medical screening examinations in the selection of patrol officers, and a review of pertinent legal issues and job demands. The panelists spent the remainder of the meeting performing a collaborative, detailed review of the draft protocol. The recommendations of the group were recorded for incorporation into the next iteration of the chapter. To the greatest extent possible, these recommendations were substantiated by citation to the medical literature.

Step 4: Post-Panel Revisions. Each draft chapter was revised, per the recommendations of the panelists, by the physician who authored the earlier version. This version was then sent back to the panelists, who reviewed it to ensure that it fully and accurately reflected their recommendations. Their feedback was incorporated into the third and last substantive iteration of the chapter.

Step 5: Continued Updates. In keeping with its intended purpose as a living document, specific chapters have undergone revision to reflect medical advances and legal developments. The procedures for creating these updates is similar to that used to create the initial chapter; however, specialists' input is so often acquired through mailed correspondence, unless a face-to-face meeting is deemed necessary.