Elective Rotation: Child Abuse, Neglect and Advocacy Residents: Pediatric residents at the PL1, PL2, PL3 levels Prerequisites: Any prior pediatric rotations or experience.
Primary Goals
GOAL: Child Abuse and Neglect (Prevention). Understand the pediatrician's role in preventing child abuse and neglect.
1 : Identify child-related, caretaker-related and environmental factors that place a child at risk for physical abuse, sexual abuse, neglect or psychological/emotional abuse.
2 : Screen for and identify risk factors that predispose children to abuse/neglect (e.g., previously abused parent, lack of social support/isolation) and recognize that abuse is present in all socioeconomic, racial, ethnic and religious groups.
3 : Incorporate routine practice strategies for decreasing the risk of abuse and neglect for children, including mobilization of social support systems.
4 : Implement anticipatory guidance counseling for parents and children that may reduce the possibility of abuse and neglect (e.g., discussion of age-appropriate behavior; management of a crying infant to avoid shaken impact syndrome; need for appropriate standards of supervision and discipline; teaching children "safe touch" rules, etc.).
5 : Provide consistent and effective counseling to parents that will motivate them to implement preventive measures against child abuse in their lives and homes.
6 : After counseling parents or family members on sensitive topics such as potentially abusive behaviors, evaluate their responses and consider alternative approaches to education or intervention, if warranted.
7 : Advocate for child abuse prevention by supporting community prevention efforts, working with local professional or communication organizations, or organizing collaborative projects with other health care providers.
GOAL: Child Abuse and Neglect (Normal vs. Abnormal). Differentiate normal from pathologic conditions and perform appropriate screening in the office for child abuse and neglect.
1 : Recognize that cultural and ethnic practices may be misinterpreted in the evaluation of child abuse and neglect (e.g., traditional and home remedies such as coining and moxibustion that can be confused with abuse) with special attention to issues of stereotyping.
2 : Identify variations in elicited symptoms, behaviors and physical findings of child abuse, and improve clinical skills to effectively differentiate non-abusive from abusive conditions.
3 : Differentiate common physical findings such as bruises associated with play activity or widespread dermal melanocytosis (Mongolian spots) from potentially intentional bruises or other signs of inflicted trauma.
4 : Identify common variants of normal genital anatomy.

5 : Identify, evaluate and respond appropriately to common signs and symptoms indicative or suggestive of child abuse: 1. Abusive head trauma, retinal hemorrhages or intracranial bleeds 2. Multiple fractures in different stages of healing, or any fracture in infants or non-ambulatory children 3. Fractures in non-ambulatory children or in unusual locations such as the ribs 4. Patterned bruising 5. Immersion or patterned burns 6. Presence of sexually transmitted disease in prepubertal children 7. Sexual acting-out in a prepubertal child
GOAL: Child Abuse and Neglect (Undifferentiated Signs and Symptoms). Evaluate and treat or refer children with presenting signs and symptoms that may indicate child abuse and neglect.
1 : Recognize that common complaints such as non-specific somatic pain, new onset enuresis, or sudden changes in temperament may indicate a child who has been the victim of physical or sexual abuse.
2 : Recognize that certain injuries, such as burns or fractures, result from trauma that may be either inflicted or accidental. Elicit and verify historical, physical and laboratory and developmental information to evaluate mechanism and cause.
3 : Recognize that certain outcomes, such as pregnancy or sexually transmitted disease, may result from either sexual abuse or consensual intercourse, depending upon the chronological and developmental age of the patient and perpetrator/partner.
4 : Interpret the significance of the presence or absence of physical findings in the context of the specific case, considering the history (especially that obtained from the child), social situation, child's developmental age and the examination findings.
5 : When evaluating a source patient, recognize that other children may have been victimized, and that one child may be the victim of more than one form of abuse and neglect.
GOAL: Child Abuse and Neglect (Conditions Generally Referred). Recognize, provide initial management for and refer appropriately children whom you suspect may be victims of, or at risk for, physical abuse, sexual abuse, neglect or other forms of maltreatment.
1 : Describe the historical, physical examination, laboratory and radiological findings for cases of physical abuse, sexual abuse and neglect.
2 : Interview, in a sensitive and professional manner, without being judgmental or accusatory, the caregiver of a child when abuse or neglect is suspected.
3 : Interview and examine a child who is potentially physically abused or neglected in a sensitive and proficient manner, including use of proper forensic techniques in the collection of evidence.
4 : Interview and examine a child who is potentially sexually abused in a sensitive and proficient manner, addressing issues of timing, setting, appropriate professional personnel and equipment (e.g., colposcope, lab services) and documentation requirements.
5 : Describe state laws for reporting child abuse and neglect in your area, and report at least one case to the local child welfare agency, including completion of supporting documentation.
6 : Discuss the role of various social and legal systems for victims of abuse and neglect, including child protective services, advocacy centers, law enforcement, guardians ad litem, child

protection specialists and child abuse experts.

7 : Describe the legal and social system that deals with child abuse, including court proceedings, and consult and cooperate with members of the child abuse multidisciplinary response team that are available to you in your community.

8 : Recognize and appropriately counsel a child, caregivers, and clinical staff regarding the psychological effects that they may experience when the diagnosis of child abuse is considered.

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Core Pediatric Topics

GOAL: Gathering Data by Physical Examination. Perform an appropriate physical exam, demonstrating technical proficiency and sensitivity to the needs of the child and parent, as well as the clinical situation.

1 : Discuss and demonstrate successful verbal and physical strategies for conducting physical examinations in children of different ages, with attention to each of the following components:

1. Age and developmental stage (e.g., modify physical and verbal approach to diminish fears and demystify exam using: lap exam, sequence other than head to toe, age-appropriate vocabulary for play, distraction and explanation, respect for modesty by ensuring privacy)
2. Temperament (e.g., proceed slowly and cautiously when approaching a "slow-to-warm-up" child)
3. Parent-child relationship (e.g., enlist office personnel to adequately restrain child if parent unable or unwilling)
4. Previous frightening medical encounters (e.g., adjust pace and sequence to diminish

anxiety for child with history of painful procedures)
2 : Determine whether resistance to examination is normal and expected (e.g., based upon age or stage-related fears) or pathologic and unexpected (e.g., patient may be previously undiagnosed victim of sexual abuse).
3 : Recognize when clinical situations require a complete examination and when a focused examination is more appropriate; perform the appropriate maneuvers and sequence to address each circumstance adequately.
4 : Display sensitivity to the needs of the child and parent/guardian when performing physical examinations by adapting approach/components of examination to setting and clinical situation (e.g., concerns arising from fears; modesty; privacy or confidentiality needs; significant pain, distress or illness; ethnic, cultural, religious/spiritual or health beliefs; language barriers; sensory, physical or mental impairments).
Pediatric Competencies
GOAL: Pediatric Competencies in Brief. Demonstrate high standards of professional competence while working with potentially abused or neglected patients.
Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
1 :Use a logical and appropriate clinical approach to the care of patients in the setting of suspected abuse, applying principles of evidence-based decision-making and problem-solving.
2 :Provide sensitive support to patients and their families in the setting of suspected abuse.
3 :Provide effective preventive health care and anticipatory guidance to patients and families in the setting of suspected abuse.
Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.
1 :Demonstrate a commitment to acquiring the knowledge needed for care of children in the setting of suspected abuse.
Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.
1 :Provide effective patient education, including reassurance, for conditions common to in the setting of suspected abuse.
2 :Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.
3 :Develop effective strategies for teaching students, colleagues and other professionals.
4 :Maintain accurate, legible, timely and legally appropriate medical records in this clinical setting.
Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1 :Identify standardized guidelines for diagnosis and treatment of conditions common in the setting of suspected abuse, and adapt them to the individual needs of specific patients.
3 :Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.
Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.
1 :Demonstrate personal accountability to the well being of patients (e.g., following up on lab results, and writing comprehensive notes).
2 :Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
3 :Adhere to ethical and legal principles, and be sensitive to diversity.
Competency 6: Systems – Based Practice. Understand how to practice high quality health care and advocate for patients within the context of the healthcare system.
1: Define the role of a child advocate and describe ways in which a pediatrician can advocate for children.
2: Explain why children need child advocates (e.g., children can not speak for themselves).
3: Describe the existing and potential relationship between the pediatrician and child protective agencies (social worker, police, ACS) that serve children and families.
4: Demonstrate a working knowledge of non-medical systems that influence and direct care for children, including the criminal justice, child protection, and substitute care systems (foster care agencies).
5:Discuss barriers to health and health care for children in one's own community and some strategies to overcome these, including action the pediatrician can take, what the role of local and national government agencies should be, and community resources that are available to lessen or overcome the barriers
Source Adapted from Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb.