

CHILD ABUSE PEDIATRICS

Department of Pediatrics

SCOPE OF PRACTICE

PGY-4 – PGY-6

Subspecialty training in Child Abuse Pediatrics (CAP) may take place after satisfactory completion of an accredited program in pediatrics. The CAP subspecialty program provides three years of training to acquire proficiency in evaluating and managing children at risk of or experiencing any form of abuse or neglect. The goal is for participating fellows to acquire expertise and skills in clinical practice, teaching, investigative research, and administrative functions related to child abuse pediatrics, so that graduating fellows will have sufficient expertise to act as independent consultants in the field, capable of pursuing an academic or clinical career.

The Child Abuse Pediatrics Training Program at MUSC does not make distinctions in the Scope of Practice between PGY-4, -5 and -6 Residents. As trainees progress, they are encouraged to assume greater degrees of independence, suited to their knowledge and skill level. Successful progress is evaluated and mentored by the supervising faculty, in the discharge of the responsibilities noted below:

Child Abuse Pediatrics Clinical Standards

- Examine inpatients and outpatients (including ER visits) in a timely manner for which child abuse pediatric consultation is requested.
- Prepare a thorough written legible (in most cases typed) forensic summary of clinical, laboratory, and radiographic findings of child abuse consult patients.
- Document the findings and recommendations of the child abuse consultation team in the patient chart or the electronic medical record (currently Epic).
- Round daily with the child abuse attending and other members of the child abuse inpatient consultation service.
- Coordinate the diagnostic, therapeutic, and forensic (related to court) services provided to child abuse service inpatients and outpatients.

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- Communicate outpatient visit assessments and recommendations of the child abuse pediatric fellow and attending physician expeditiously to the requesting physician(s) and involved community professionals (including law enforcement and social services).
- Communicate inpatient assessments and recommendations of the child abuse consultation team expeditiously to the requesting physician(s) and any involved community professionals (including law enforcement and social services).
- Become proficient performing prepubertal and pubertal anogenital exams using photo documentation including digital photography and colposcopy (or colposcopy alternative systems), performing sexual abuse/rape evidence collection protocols, using appropriate techniques to test for sexually transmitted infections, and photo documenting physical findings effectively for forensic use if needed.
- Acquire the knowledge to interpret results from laboratory studies, diagnostic tests, imaging studies (including xrays, CT scans, MRIs), and subspecialty exams (including ophthalmologic examinations, autopsy results).
- Become proficient evaluating and managing the following problems: anogenital trauma, sexually transmitted infections, acute and chronic sexual abuse, child neglect (physical, medical, supervisory), prenatal and perinatal abuse (exposure to illicit drug use and domestic violence), medical child abuse (also known as Munchausen Syndrome by Proxy), sudden unexpected child deaths, child physical abuse.
- Become proficient in knowledge of epidemiology of childhood injuries/family violence/child abuse and neglect, biomechanics of injury, forensic pathology related to fatal child abuse, principles of toxicology, community social services/child protection systems, foster care, child death review teams, laws and legal procedures related to child abuse (mandatory reporting, forensic investigation, role of law enforcement, expert testimony including related ethical issues, civil and criminal justice systems, local and national child abuse statutes, legal definitions of abuse, standards of evidence), and child abuse prevention.

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Educational Standards

- Supervise and teach students and residents (PL1-3) assigned to the child abuse consultation service.
- Attend teaching conferences, including Pediatric Grand Rounds, MUSC CAP Division Rounds, Journal Club, inpatient multidisciplinary team weekly case conferences, outpatient multidisciplinary team weekly case conferences held at participating child advocacy centers, Didactic Conference to include Research Conferences.
- Prepare and deliver educational talks for MUSC CAP Division Rounds and Department of Pediatric Morning Report Conferences, and Department of Pediatric Resident Noon Conferences, Pediatric Grand Rounds (at least once).
- Develop research project with the guidance of research mentor. The fellow is expected to complete any of the following:
 - Draft a protocol and complete a clinical or basic science research project
 - Draft a case report or case series with a review of the literature
 - Design and complete a quality improvement project
- Organize minimum of every six month Scholarship Oversight Committee meetings and document the results of the meeting.
- Organize and present the results of fellow research to the MUSC CAP faculty and other attendees of division research conference, to the regional statewide child abuse network (South Carolina Child Abuse Medical Response System), and to the national Helfer Society at the annual meeting or other national meeting (if appropriate).
- Draft a manuscript related to fellow research activity.

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- Attend if possible an annual regional child abuse meeting (i.e. MUSC Sara Schuh Child Abuse Conference), and the annual Ray Helfer Society meeting (academic child abuse national society).
- Fellows are evaluated after each clinical activity by
 - the attending physician(s) who supervise them
 - residents and medical students under their supervision
 - other healthcare providers (nurses, nurse practitioners, social workers, therapists)
 - professionals requesting their consultation (including law enforcement, community social services)
 - patients as appropriate (due to some families participating in assessments only when compelled by investigating agencies).
 - self-reflection

Evaluations are based on the 6 ACGME competency areas and are recorded in the *E-Value system or using paper, with copies placed in each fellow's file to be reviewed at any time. All evaluations are reviewed with the fellow every 6 months by the Program Director.