



# Entrustable Professional Activities

## EPA 1 for Child Abuse Pediatrics

### EPA 1: Provide Subspecialty Medical Evaluation for Children and Adolescents Who Are Suspected Victims of Sexual Abuse or Assault

#### Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to perform with direct supervision and coaching
3. Trusted to perform with indirect supervision and discussion of case details for most simple and some complex cases
4. Trusted to perform with indirect supervision but may require discussion of case details for a few complex cases
5. Trusted to perform without supervision

#### Description of the Activity

Child abuse pediatricians need to be able to perform comprehensive medical evaluations for children and adolescents in cases of suspected acute and nonacute sexual abuse/assault.

The specific functions which define this EPA include:

1. Obtaining a medical history from parent(s)/caregiver(s)
2. Obtaining a medical history from children and adolescents based on developmental capabilities and emotional state
3. Completing a comprehensive physical examination, including forensic evidence collection when indicated
4. Reviewing and synthesizing information from additional sources such as prior medical and investigative records
5. Applying in-depth knowledge in the field to formulate an appropriate differential diagnosis
6. Applying in-depth knowledge in the field to make a diagnosis, implement a focused diagnostic workup and a management plan
7. Documenting an accurate and timely medical evaluation including use of photo documentation, video recording, or other technology when appropriate
8. Engaging in bidirectional communication with family members, other health providers, child protective agency staff, and/or other community members as appropriate
9. Providing ethical, comprehensive, comprehensible expert written reports and/or oral testimony as appropriate for the medical-legal interface of child abuse pediatrics

#### Judicious Mapping to Domains of Competence

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Personal and Professional Development



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### Competencies Within Each Domain Critical to Entrustment Decisions

PC 4:	Interviewing patients
PC 5:	Performing complete physical exams
PC 8:	Performing procedures
PBLI 9:	Educating others
ICS 1:	Communicating with patients/families
ICS 2:	Demonstrating insight into emotion

### Context for the EPA

**Rationale:** Child abuse pediatricians must be able to provide medical evaluation and management for children and adolescents who may have experienced sexual abuse/assault, including acute and nonacute cases. Communication with children, families, medical providers, and community agency professionals regarding the medical evaluation is an essential aspect.

**Scope of Practice:** The patient population includes children and adolescents referred to child abuse pediatricians for consultative evaluation of child sexual abuse/assault. Consultative evaluation may occur in the outpatient, inpatient, or telemedicine settings, and include expert case review. Child abuse pediatricians may be asked to testify in courts related to the medical evaluation.

### Curricular Components That Support the Functions of the EPA

1. Obtaining a medical history from parent(s)/caregiver(s)
  - Obtains a complete medical history from the parent(s)/caregiver(s) in a nonjudgmental manner
  - Inquires about family support systems
  - Discusses safety of child in the caregiving environment(s)
  - Screens the mental health of supportive parent(s)/caregiver(s) and arranges for crisis intervention and therapies as indicated
2. Obtaining a medical history from children and adolescents based on developmental capabilities and emotional state
  - Obtains abuse/assault narrative using child-friendly, developmentally appropriate, forensic interview technique, if not available from an alternative source
  - Interviews school-age children and adolescents privately as indicated by best practice
  - Obtains a complete medical, social, and family history, including discussion on safety
  - Respects the right of an adolescent to seek confidential reproductive health care as part of the approach to their overall care
  - Screens the mental health of the child/adolescent and arranges for crisis intervention and therapies as indicated
3. Completing a comprehensive physical examination, including forensic evidence collection when indicated



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- Explains examination, including need for digital recording of anogenital exam, to child and caregiver, in a developmentally appropriate format, and addresses questions or concerns
  - Respects a child's right to refuse examination, including forensic evidence collection and testing for sexually transmitted infections
  - Completes a comprehensive physical examination
  - Employs appropriate anogenital examination technique for child's age and degree of pubertal development
  - When indicated, collects forensic evidence or partners with other medical providers providing care for the acutely sexually assaulted/abused child to complete forensic evidence collection, according to jurisdictional standards
  - Distinguishes normal variants and medical conditions from findings indicative of trauma
4. Reviewing and synthesizing information from additional sources including but not limited to prior medical records and investigative information
- Reviews forensic interview summary or similar report regarding child's disclosure
  - Reviews relevant medical records and information from other multidisciplinary team members
  - Synthesizes information from all appropriate sources and incorporate information into medical decision making
5. Applying in-depth knowledge in the field to formulate an appropriate differential diagnosis
- Applies in-depth medical knowledge to each child's case, formulating a differential diagnosis.
  - Medical knowledge includes:
    - Normal variants
      - Variations of the hymen: annular hymen, crescentic hymen, imperforate hymen, microperforate hymen, septate hymen, redundant hymen
      - Any notch or cleft in the superior half of the hymen
      - Superficial notch in the inferior half of the hymen
      - Smooth, narrow posterior rim of hymen
      - Periurethral or vestibular bands
      - Intravaginal ridge
      - External ridge on the hymen
      - Mucosal bump, mound, or tissue tag on the hymen
      - Linea vestibularis
      - Diastasis ani
      - Perianal skin tag
      - Hyperpigmentation of the labia minor or perianal tissues
      - Dilation of the urethral opening
    - Medical conditions which are commonly due to causes other than sexual abuse/assault
      - Erythema of the genital tissues
      - Increased vascularity of the hymen and vestibule
      - Labial adhesion



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- Friability of the posterior fourchette
- Vaginal discharge
- Molluscum contagiosum
- Anal fissure
- Venous congestion/pooling of the perianal area
- Anal dilatation in children with pre-disposing factors
  
- Conditions mistaken for abuse
  - Urethral prolapse
  - Lichen sclerosis et atrophicus
  - Vulvar ulcers
  - Erythema, inflammation, or fissuring of vulvar or perianal tissues due to non-sexually transmitted infection
  - Rectal prolapse
  - Failure of midline fusion
  - Visualization of the pectinate/dentate line
  - Partial dilatation of the external anal sphincter while the internal sphincter remains closed, resulting in deep creases of the perianal skin
  
- Anogenital findings lacking expert consensus on interpretation with respect to sexual abuse/assault
  - Complete anal dilatation without predisposing factors
  - Deep notch, including with extension nearly to the base, in the inferior half of the hymen
  
- Findings caused by trauma and/or sexual contact
  - Acute trauma to external anogenital tissues due to accidental or non-accidental injury
    - Acute laceration or bruising of the labia, penis, scrotum, perianal tissues, or perineum
    - Acute laceration of the posterior fourchette or vestibule, without involvement of the hymen
  
  - Healing injuries to external anogenital tissues
    - Perianal scar
    - Posterior fourchette or fossa navicularis scar
  
  - Acute or healed anogenital tissue trauma
    - Hymenal petechiae, bruising, abrasions
    - Acute hymen laceration
    - Healed hymenal transection/complete cleft between the 4 and 8 o'clock position
    - A segment of hymen with absence of tissue, extending to the base, in the inferior half of the hymen
    - Vaginal laceration
    - Perianal laceration



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6. Applying in-depth knowledge in the field to make a diagnosis and implement a focused diagnostic workup and a management plan
  - Performs appropriate microbiological testing and interprets results of diagnostic testing in the context of the medical history
  - Offers appropriate prophylactic medications and treats any sexually transmitted infections
  - Offers pregnancy prophylaxis after discussion with patient and family
  - Forensically interprets findings in the context of the child's disclosure or presenting history
  - Formulates a diagnosis congruent with current evidence-based guidelines
  - Formulates a comprehensive plan of care for the abused/assaulted child, including referral to evidence-based, trauma-focused mental health therapy
  - Appropriately diagnoses and manages medical conditions that may be confused for findings related to sexual abuse/assault
  - For expert case review, bases forensic interpretation and diagnosis on review of all available documentation and/or laboratory testing results and examination imaging
7. Documenting an accurate and timely medical evaluation including use of photo documentation, video recording, or other technology when appropriate
  - Documents anogenital examination with imaging modality offering magnification
  - For expert case review, inspects imaging collected by medical provider performing anogenital exam, critically analyze exam findings, and recognizes limitation of ability to comment on imaging that does not capture a documented finding
8. Engaging in bidirectional communication with family members, other health providers, child protective agency staff, and/or other community members as appropriate
  - Employs language that is understandable to explain the medical evaluation, forensic interpretation, and plan of care to children and families
  - Supports emotional responses of patients and families as they encounter uncertainties related to medical, investigative, and legal processes
  - Reports and explains medical information including the forensic interpretation, to other medical providers and/or to community agency professionals, employing language that is understandable
  - Participates as a leader of the medical multidisciplinary team
  - Participates as a member of the community-based multidisciplinary team
9. Providing ethical, comprehensive, comprehensible expert written reports and/or oral testimony as appropriate for the medical-legal interface of child abuse pediatrics
  - Reports medical information in an ethical and responsible manner to community agency professionals as appropriate to the case
  - Provides ethical, comprehensive, comprehensible expert written reports to communicate the medical evaluation
  - Provides ethical testimony regarding the medical evaluation, based on scientific evidence



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Problems **generally** within the scope of the child abuse subspecialist.

- Child abuse pediatricians should be involved in cases with concerns of sexual abuse/assault that would benefit from a coordinated, comprehensive, and collaborative evaluation and treatment plan for the child. Such cases would include reported concern for acute sexual abuse/assault, reported concern for prior sexual abuse/assault, reported concern for behaviors concerning for sexual abuse/assault in young or developmentally delayed children (e.g., inappropriate sexualized behaviors, inappropriate sexual knowledge, unusual changes in emotional state that may be related to concerns for sexual abuse/assault), reported concerns for abnormal genital exam (e.g., vaginal discharge, genital bleeding, abnormal appearance of genital anatomy, genital trauma), reported exposure to an alleged perpetrator who may have sexually abused/assaulted other children, reported concern that the child may have been left unsupervised in a setting with high risk for sexual abuse/assault (e.g., home with drug use/manufacture/trafficking, prostitution, homelessness), reported concern for drug facilitated sexual abuse/assault, reported concern for child pornography, or reported concern for human trafficking.

Problems that **generally** require consultation. This list depends greatly on context in which one practices.

- In some cases, collaboration with other disciplines is necessary in the evaluation of suspected child sexual abuse/assault. For instance, pediatric gynecology would often be involved in the evaluation of genital trauma requiring operative exploration and/or repair, or for evaluation under anesthesia of retained foreign body not amenable to removal in the clinic setting, or for evaluation of abnormal genital anatomy that may require surgery. Pediatric dermatology or pediatric gynecology may be involved in cases of children with symptomatic or complicated anogenital warts requiring treatment for eradication. Adolescents seeking reproductive health care may require referral to adolescent medicine for provision of continuity of primary care. Child and adolescent psychiatry, child psychology, or pediatric mental health therapists would often be involved with children requiring emotional and behavioral assessment related to the concerns for sexual abuse/assault. A unique aspect of the field is the interdisciplinary interaction of child abuse pediatrics, child welfare services, law enforcement, and the judicial system, particularly when there are concerns for sexual abuse/assault, human trafficking, or child pornography.

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