



Entrustable Professional Activities

EPA 3 for Child Abuse Pediatrics

EPA 3: Provide Subspecialty Medical Evaluation in Cases of Suspected Child Neglect and Other Forms of Child Maltreatment

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 who may have been neglected or maltreated in other ways.

This includes but is not limited to the following concerns:

- Failing to provide supervision that is developmentally appropriate which may result in harm to the child
- Failing to protect the child from individuals who may threaten the child's health and well-being, such as allowing access to known perpetrators of abuse
- Failing to provide a safe environment that minimizes exposure to psychosocial risk factors such as domestic violence, substance abuse, and criminal activity
- Failing to meet the child's basic needs including food, shelter, hygiene
- Failing to meet the child's medical, mental health, or educational needs which may result in adverse outcomes
- Exposing children and youth to drugs and/or other toxins
- Engaging in child abuse in the medical setting (i.e., medical child abuse/pediatric condition falsification)
- Engaging in other types of maltreatment, such as emotional abuse, torture, or intentional poisonings

The specific functions which define this EPA include:

1. Knowing the psychosocial contributions to general child neglect
2. Differentiating various presentations of neglect
3. Demonstrating competent clinical assessment and management of neglect victims
4. Taking a leadership role in the interprofessional aspects of the evaluation of child neglect involving social workers, state agency workers, school personnel, mental health professionals, and law enforcement

Judicious Mapping to Domains of Competence

- Patient Care
 Medical Knowledge



Entrustable Professional Activities

EPA 3 for Child Abuse Pediatrics

- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions

PC 1:	Gathering information
PC 6:	Using optimal clinical judgment
PC 7:	Developing management plans
ICS 1:	Communicating with patients/families
P 1:	Taking on the values of the profession
SBP 5:	Working in interprofessional teams
SBP 7:	Advocating for the promotion of health

Context for the EPA

Rationale: Neglectful care of children and adolescents includes opposing ends of a spectrum, from inattentive care of a child to inappropriate over-engagement of the medical system for unnecessary care, each of which can result in harm to pediatric patients. Neglect is a form of child maltreatment often rooted in social complexity. The assessment of child neglect demands an understanding of the unique aspects of its etiology and clinical presentation, as well as the ability to generate a differential diagnosis and understand common outcomes in child neglect victims. Key areas of neglect include general neglect, medical child abuse, and ingestions/poisonings.

Scope of Practice: Child abuse pediatricians are responsible for leading the multidisciplinary team in the course of these evaluations and should be able to characterize caregiver contributions to the child's presentation, discern genuine disease from the effects of abusive caregiving, and guide a multidisciplinary medical team as well as an interprofessional investigative team through the necessary evaluation of cases of neglect, ingestion/poisoning, and medical child abuse. 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. Knowing the psychosocial contributions to general child neglect
 - Recognizes patient, family, and environmental characteristics contributing to neglect, including: family violence, child age, substance use, parental support systems, likelihood of comorbid abuse, parental capacity, mental health conditions, exposure to medications and toxins, access to health care and other services, cultural and/or language barriers, and safety of the home environment
 - Differentiates between concerns due to neglect versus concerns due to poverty and limited resources
 - Recognizes the balance between patient and parent autonomy and the need for child protection in cases of medical neglect



Entrustable Professional Activities

EPA 3 for Child Abuse Pediatrics

- Knows that a child can also be abused in the medical setting if a caregiver's actions result in excessive, unnecessary, medical care that may be harmful to the health and well-being of the child and this may constitute neglect
2. Differentiating various presentations of neglect
 - Failure to provide
 - Failure to protect
 - Nutritional neglect and failure to thrive (FTT)
 - Educational neglect
 - Supervisory neglect
 - Physical neglect
 - Medical neglect, including dental and mental health conditions
 - Medical child abuse
 - Ingestions/poisonings
 3. Demonstrating competent clinical assessment and management of neglect victims
 - Completes a comprehensive physical examination, including identification of malnutrition (under- and overfeeding), appropriate hygiene and self-care, and care for routine and emergent health needs
 - Measures, documents, and reviews growth parameters and developmental milestones in the evaluation of child neglect
 - Differentiates between a child with poor health status from medical neglect and a child with a chronic condition refractory to treatment
 - Initiates a workup for FTT, including consideration of common differential diagnoses such as: psychosocial dwarfism, constitutional growth delay, primary underlying or predisposing medical conditions, and accidental or unintentional neglect
 - Identifies signs and symptoms of dental neglect
 - Recognizes environmental risk factors, such as unsafe sleep settings, for child fatalities
 - Recognizes appropriate testing modalities for infants/children exposed to illicit substances
 - Includes toxic ingestion in the differential diagnosis for a child with altered mental status
 - Distinguishes between intentional poisoning and unintentional toxic ingestion
 - Differentiates between vulnerable child syndrome, appropriate health care utilization, and medical child abuse
 - Creates a comprehensive timeline to analyze the child's lifelong pattern of interaction with medical systems for cases with concern for medical child abuse
 - Identifies when a separation test is indicated as part of a diagnostic evaluation for medical child abuse
 4. Taking a leadership role in the interprofessional aspects of the evaluation of child neglect involving social workers, state agency caseworkers, school personnel, mental health professionals, and law enforcement
 - Discerns reportable neglect that has adverse outcomes and nonreportable neglect caused by poverty and other environmental factors
 - Differentiates between appropriate home schooling and educational neglect
 - Differentiates between an institutional (medical or educational) failure to address a learning or behavior disorder and parental failure to follow the treatment plan



Entrustable Professional Activities

EPA 3 for Child Abuse Pediatrics

- Differentiates between educational system failure and parental failure to follow educational recommendations
- Recognizes a child with concerns for sensory deprivation
- Differentiates between medical neglect and system-related barriers to medical care
- Educates interprofessional colleagues on best practices in addressing the child's needs
- Leads a multidisciplinary medical team in discussion of the case review and in achieving consensus for management among medical care and therapy providers, for cases of medical child abuse

Problems **generally** within the scope of child abuse pediatrics practice (based on prevalence and potential morbidity) where the role of the child abuse pediatrician is to recognize, evaluate, and treat:

- Child abuse pediatricians should be involved for any cases with concerns of neglect, child abuse in the medical setting, or intentional ingestions/poisonings that would benefit from a coordinated, comprehensive, and collaborative evaluation and treatment plan for the child.

Problems that **generally** require consultation, where the role of the child abuse pediatrician is to recognize and collaborate with interprofessional and interdisciplinary colleagues. This list depends greatly on context in which one practices. Child abuse pediatricians practicing in areas where access to other subspecialists is limited will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed.

- Pediatric endocrinology will likely be consulted for evaluation of children with possible underlying or predisposing endocrine conditions related to presentations of failure to thrive or neglect.
- Pediatric gastroenterologists may be involved for evaluation of children with possible underlying or predisposing conditions related to failure to thrive or neglect.
- Pediatric genetics-metabolism will likely be consulted for evaluation of children with possible underlying or predisposing genetic-metabolic conditions related to presentations of failure to thrive or neglect.
- Dental professionals may be consulted for evaluation and treatment of dental neglect.
- Pediatric toxicologist may be consulted for evaluation and treatment of children with ingestions/poisonings.
- Mental health professionals will likely be consulted for all children with concern for psychological impacts related to neglect, child abuse in the medical setting, or intentional ingestions/poisonings.
- Child welfare professionals will likely be included for all cases that require report to child welfare as part of mandatory reporting.
- Medical examiners will likely be included for all cases of suspected neglect contributing to death.
- Law enforcement professionals may be included for all cases that may include concern for criminal charges related to neglect and other forms of child maltreatment.

EPA Authors

Bruce E. Herman, MD (lead), Joanne N. Wood, MD, MSHP (lead), Christine E. Barron, MD, Marcella M. Donaruma, MD, Lori D. Frasier, MD, Antoinette L. Laskey, MD, MPH, Mary E. Moffatt, MD, Aditee P. Narayan, MD, MPH, Philip V. Scribano, DO, MSCE, Suzanne P. Starling, MD

Curricular Components Authors

Mary E. Moffatt, MD and Aditee P. Narayan, MD, MPH (co-leads), Christine E. Barron, MD, Marcella M. Donaruma, MD, Lori D. Frasier, MD, Bruce E. Herman, MD, Suzanne P. Starling, MD