



# Entrustable Professional Activities

## EPA 4 for Child Abuse Pediatrics

### EPA 4: Provide Subspecialty Medical Evaluation in Cases of Suspected Child Physical Abuse

#### 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 possible physical abuse.

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. Reviewing and synthesizing information from additional sources including but not limited to prior medical records and investigative information
4. Completing a comprehensive physical examination using photo documentation, video recording, or other technology when appropriate
5. Applying in-depth knowledge in the field to implement a focused diagnostic workup
6. Applying in-depth knowledge in the field to formulate an appropriate differential diagnosis
7. Applying in-depth knowledge in the field to formulate an appropriate final diagnosis and management plan
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
MK 2:	Practicing EBM
ICS 3:	Communicating with health professionals
ICS 5:	Consultative role
PPD 8:	Dealing with uncertainty

### Context for the EPA

**Rationale:** Child abuse pediatricians must be able to evaluate and manage all forms of child physical abuse, identify mimickers of physical abuse, and ensure clear communication throughout the process with patients, families, medical providers, law enforcement, child protective investigators, and the legal field.

**Scope of Practice:** The patient population includes all children referred to child abuse pediatrics for the evaluation of child physical 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. Obtaining a medical history from parent(s)/caregiver(s)
  - Obtains a detailed history from parent(s)/caregiver(s) using a nonjudgmental approach
  - Determines specific clinical questions to differentiate abuse from non-abuse
2. Obtaining a medical history from children and adolescents based on developmental capabilities and emotional state
  - Obtains a detailed history from the patient using a nonjudgmental approach
  - Determines specific clinical questions to differentiate abuse from non-abuse
  - Asks questions in a forensically appropriate manner that conforms to the developmental capabilities and the emotional state of the patient
  - Utilizes ancillary services such as forensic interviews to gather historical data
3. Reviewing and synthesizing information from additional sources, including, but not limited to, prior medical records and investigative information
  - Identifies additional sources of information
  - Obtains a detailed history from additional sources
    - Birth records
    - Existing medical and mental health records
    - Information from in-home service providers
    - Child protective investigators
    - Law enforcement
    - Judicial system



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- Addresses the social, developmental, behavioral, and mental health needs of the patient in the context of the family with attention to their health literacy and financial resources
4. Completing a comprehensive physical examination using photo documentation, video recording, or other technology when appropriate
    - Completes a comprehensive examination
    - Distinguishes normal variations from abnormal findings
    - Identifies pattern injuries
    - Identifies mimics of child physical abuse
  5. Applying in-depth knowledge in the field to implement a focused diagnostic workup
    - Applies fund of knowledge and best evidence from the literature to synthesize an appropriate workup
    - Identifies medical testing necessary to determine the diagnosis
    - Identifies historical information needed to determine the diagnosis
  6. Applying in-depth knowledge in the field to formulate an appropriate differential diagnosis
    - Demonstrates a breadth and depth of knowledge in the field
    - Demonstrates the ability to appropriately apply knowledge to each clinical case
    - Knowledge base encompassing a broad differential diagnosis including accidental trauma, inflicted trauma, birth trauma, mimics, and the biomechanics of:
      - Head trauma
      - Cutaneous injuries
      - Musculoskeletal injuries
      - Visceral injury
      - Ear, nose, throat, neck, mouth, and face injuries
      - Ophthalmologic findings and injuries
  7. Applying in-depth knowledge in the field to formulate an appropriate final diagnosis and management plan
    - Interprets physical exam findings in the context of history
    - Synthesizes information into a final diagnosis
    - Collaborates to provide a management plan focused on the safety of that child and other children in the same environment
  8. Engaging in bidirectional communication with family members, other health providers, child protective agency staff, and/or other community members as appropriate
    - Provides clear bidirectional communication to everyone involved in a case
    - Prioritizes transparent communication with families regarding concerns for abuse as appropriate
    - Clearly communicates the diagnosis and the supporting information to all involved in a contextually appropriate manner
    - Supports emotional responses of patients and families as they encounter uncertainties related to medical, investigative, and legal processes



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- Provides clear recommendations to patient, family members, other health providers, child protective agency, law enforcement, prosecutors, and community providers, when appropriate
9. Providing ethical, comprehensive, comprehensible expert written reports and/or oral testimony as appropriate for the medical–legal interface of child abuse pediatrics
- Completes comprehensive written reports that will be utilized by all involved health care providers, child welfare agencies, law enforcement, attorneys, and involved community service providers
  - Understands and interacts with the legal system for the various court processes
  - Provides ethical testimony based on scientific evidence

Problems **generally** within the scope of child abuse pediatrics practice where the role of the child abuse pediatrician is to recognize, evaluate, and treat:

- Child abuse pediatricians should be involved in cases with concerns of physical abuse that would benefit from a coordinated, comprehensive, and collaborative evaluation and treatment plan for the child. Such cases would include head injuries, thoracoabdominal trauma, genital injuries, skin and soft tissues injuries, skeletal trauma, and the evaluation of critically ill children in which no underlying cause has been determined.

Problems requiring co-management with another specialty or subspecialty.

- In some cases, collaboration with other disciplines is necessary in the evaluation of suspected child physical abuse. For instance, neurosurgery would often be involved in the evaluation of abusive head trauma, and Orthopedics in the evaluation of skeletal injury. Pediatric radiology should be involved for interpretation of radiologic studies. Children with complicated bleeding disorders may require hematologic consultation, and genetics could be involved in cases of children with suspected metabolic disorders. In cases of child fatality, a child abuse pediatrician may work closely with a forensic pathologist. A unique aspect of the field is the interdisciplinary interaction of child abuse pediatrics, child welfare services, law enforcement, and the judicial system.

### 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-lead), Christine E. Barron, MD, Marcella M. Donaruma, MD, Lori D. Frasier, MD, Bruce E. Herman, MD, Suzanne P. Starling, MD