



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



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

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

**Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.*

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.