



Entrustable Professional Activities

Curricular Components Supporting EPA 3 for Child Abuse Pediatrics

Curricular Components That Support the Functions of EPA 3: Provide Subspecialty Medical Evaluation in Cases of Suspected Child Neglect and Other Forms of Child Maltreatment

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
 - 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



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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
 - 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



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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.

Curricular Components Authors

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