

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 poisoning

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



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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

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 |

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

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.