

CHILD ABUSE PEDIATRICS

Department of Pediatrics

SCOPE OF PRACTICE

PGY-4 – PGY-6

Subspecialty training in Child Abuse Pediatrics (CAP) may take place after satisfactory completion of an accredited program in pediatrics. The CAP subspecialty program provides three years of training to acquire proficiency in evaluating and managing children at risk of or experiencing any form of abuse or neglect. The goal is for participating fellows to acquire expertise and skills in clinical practice, teaching, research, and administrative functions related to child abuse pediatrics, so that graduating fellows will have sufficient expertise to act as independent consultants in the field, capable of pursuing an academic or clinical career.

The Child Abuse Pediatrics Training Program at MUSC does not make distinctions in the Scope of Practice between PGY-4, -5 and -6 Residents. As trainees progress, they are encouraged to assume greater degrees of independence, suited to their knowledge and skill level. Successful progress is evaluated and mentored by the supervising faculty, in the discharge of the responsibilities noted below:

Child Abuse Pediatrics Clinical Standards

- Evaluate inpatients and outpatients (including ER visits) in a timely manner for which child abuse pediatric consultation is requested.
- Prepare a thorough written forensic summary of clinical, laboratory, and radiographic findings of child abuse patients.
- Document the findings and recommendations of the child abuse consultation team in the patient chart or the electronic medical record.
- Coordinate the diagnostic, therapeutic, and forensic (related to court) services provided to child abuse service patients.
- Communicate outpatient visit assessments and recommendations of the child abuse pediatric team expeditiously to the requesting physician(s) and/or involved community professionals (including law enforcement and social services).

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- Communicate inpatient assessments and recommendations of the child abuse consultation team expeditiously to the requesting physician(s) and/or any involved community professionals (including law enforcement and social services).
- Become proficient performing prepubertal and pubertal anogenital exams using photo documentation including digital photography (and/or colposcopy or colposcopic alternative system), performing sexual assault/ evidence collection protocols, using appropriate techniques to test for sexually transmitted infections, and photo documenting physical findings effectively for forensic use, if needed.
- Acquire the knowledge to interpret results from laboratory studies, diagnostic tests, imaging studies (including xrays, CT scans, MRIs), and subspecialty exams (including ophthalmologic examinations, autopsy results).
- Become proficient evaluating and managing the following problems: anogenital trauma, sexually transmitted infections, acute and chronic sexual abuse, child neglect (physical, medical, supervisory, exposure to domestic violence), prenatal and perinatal abuse (exposure to illicit drug), medical child abuse (also known as Munchausen Syndrome by Proxy), sudden unexpected child deaths, and child physical abuse.
- Become proficient in knowledge of epidemiology of childhood injuries/family violence/child abuse and neglect, biomechanics of injury, forensic pathology related to fatal child abuse, principles of toxicology, community social services/child protection systems, foster care, child death review teams, laws and legal procedures related to child abuse (mandatory reporting, forensic investigation, role of law enforcement, expert testimony including related ethical issues, civil and criminal justice systems, local and national child abuse statutes, legal definitions of abuse, standards of evidence), and child abuse prevention.

Educational Standards

- Supervise and teach medical students and residents (PL1-3) rotating with the child abuse team.

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- Attend organized teaching conferences, including Pediatric Grand Rounds, MUSC CAP Division didactics, journal clubs, inpatient multidisciplinary team weekly case conferences, outpatient multidisciplinary team weekly case conferences held at participating child advocacy centers, or Pediatric Sexual Assault Nurse Examiner didactics.
- Prepare and deliver educational talks for MUSC CAP Division didactics, Pediatric Sexual Assault Nurse Examiner didactics, Department of Pediatric Morning Report conferences, Department of Pediatric Resident Academic Half-Day conferences, our Multidisciplinary Team Partners or South Carolina Child Abuse Medical Response System providers meeting.
- Develop a research project with the guidance of a research mentor. The fellow is expected to complete a “work product” which can be any of the following:
 - A peer-reviewed publication in which the fellow played a substantial role
 - An in-depth manuscript describing a **completed** project
 - A thesis or dissertation written in connection with the pursuit of an advanced degree
 - An extramural grant application that has either been accepted or favorably reviewed
 - A progress report for projects of exceptional complexity, such as a multi-year clinical trial
 - A critical meta-analysis of the literature
 - A systematic review of clinical practices
 - A critical analysis of public policy
- An educational curriculum development project with assessment component
- Organize minimum of every six-month Scholarship Oversight Committee meetings and document the results of the meeting.

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- Organize and present the results of fellow research to the MUSC CAP faculty and other division participants, to the regional statewide child abuse network (South Carolina Child Abuse Medical Response System), and to the national Helfer Society at the annual meeting or other national meeting (if appropriate).

- Attend an annual regional child abuse meeting (if possible.), and the annual Ray Helfer Society meeting (academic child abuse national society).

- Fellows can be evaluated after each clinical activity by
 - the attending physician(s) who supervise them
 - residents and medical students under their supervision
 - other healthcare providers (nurses, nurse practitioners, social workers, therapists)
 - professionals requesting their consultation (including law enforcement, community social services)
 - self-reflection

Evaluations from faculty are based on the ACGME competency areas. Evaluations from staff and other providers are based on professionalism standards. These are collected electronically. All evaluations are reviewed with the fellow at least every 6 months by the Program Director. Copies of these reviews are placed in each fellow's file to be reviewed at any time.