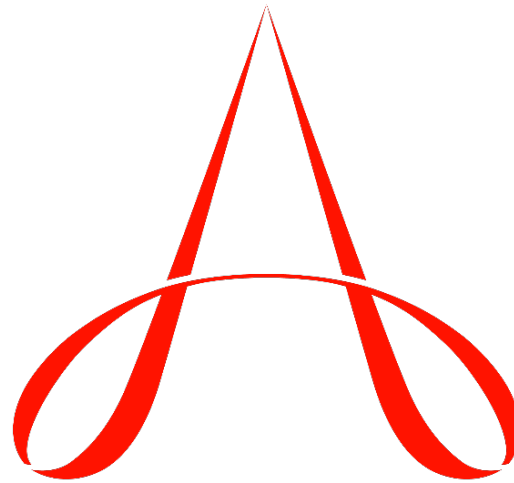




Supplemental Guide: Child Abuse Pediatrics



ACGME

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Milestones Supplemental Guide

This document provides additional guidance and examples for the Child Abuse Pediatrics Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Work Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

Additional tools and references, including the Milestones Guidebook, Clinical Competency Committee Guidebook, and Milestones Guidebook for Residents and Fellows, are available at the end of this document as well as on the [Resources](#) page of the Milestones section of the ACGME website.

Patient Care 1: History

Overall Intent: To gather patient history with the level of detail and focus required for the individual patient

Milestones	Examples
<p>Level 1 <i>Gathers information strictly following a template</i></p> <p><i>Identifies the need for additional information</i></p>	<ul style="list-style-type: none"> ● Relies on a standard template to ask questions when taking the history of a four-month-old with a fracture from a reported fall from a bed, and is unable to focus the history based on the chief complaint ● Understands that mother is providing history, but father was the only caregiver present when patient fell off bed and he may be able to provide additional history
<p>Level 2 <i>Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses</i></p> <p><i>Identifies and collects additional information from all available sources</i></p>	<ul style="list-style-type: none"> ● Uses elements of the chief complaint and review of systems, appropriately focuses information gathering to characterize details regarding fall, including position of patient, height of the bed, and flooring surface ● Contacts father and/or scene investigator to gather additional history
<p>Level 3 <i>Filters, prioritizes, and synthesizes a thoroughly detailed history to develop a differential diagnosis for simple presentations</i></p> <p><i>Interprets information from relevant sources</i></p>	<ul style="list-style-type: none"> ● Uses an organized and descriptive approach to discuss a four-month-old with a fracture after a reported fall off of a bed with the supervisor; takes a focused history to generate a likely diagnosis ● Incorporates some social determinants of health or other social screening questions when performing history ● Considers additional history provided by father and/or scene investigator when developing differential diagnosis
<p>Level 4 <i>Filters, prioritizes, and synthesizes the history, recognizing and probing for subtle clues to develop a differential diagnosis for complicated presentations</i></p> <p><i>Synthesizes information from relevant sources for medical decision making</i></p>	<ul style="list-style-type: none"> ● Recognizes during history taking the need for a thorough developmental assessment and nuanced risk factors of family history of metabolic bone disease, and gathers the necessary information to further inform diagnosis ● Incorporates a detailed but related social history including social determinants of health and other factors that could be contributing to the patient’s presentation ● Probes for information that was missed by primary practitioners such as mechanics of the injury and past medical history significant for prior fracture ● Incorporates information from other historians, as well as prior evaluation for metabolic bone disease, into diagnosis

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<p>Level 5 <i>Consistently and efficiently filters, prioritizes, and synthesizes the history, recognizing and probing for subtle clues to develop a differential diagnosis for complicated presentations</i></p>	<ul style="list-style-type: none"> ● Synthesizes multiple sources of history while completing further evaluation for occult injury and underlying metabolic bone disease on most patients and efficiently communicates impression to multidisciplinary team
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Case-based discussions ● Direct observation ● Guided self-reflection ● Medical record (chart) review ● Multisource feedback ● Verbal presentations on bedside rounds or in clinic setting
<p>Curriculum Mapping</p>	<ul style="list-style-type: none"> ●
<p>Notes or Resources</p>	<ul style="list-style-type: none"> ● The multidisciplinary team includes partner agencies, such as child protective services and law enforcement. ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Christian, Cindy W, Committee on Child Abuse and Neglect, American Academy of Pediatrics. 2015. “The Evaluation of Suspected Child Physical Abuse.” <i>Pediatrics</i>. 136(3): 583. https://doi.org/10.1542/peds.2015-0356. ● Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.

Patient Care 2: Physical Exam	
Overall Intent: To gather objective information, recognizing normal and abnormal physical findings while engaging the patient/patient's family using appropriate behavioral and developmental techniques, and considering information gleaned from patient history	
Milestones	Examples
<p>Level 1 <i>Performs fundamental physical examination and identifies the need for photo documentation</i></p> <p><i>Performs a rote physical examination using a strict head-to-toe approach</i></p>	<ul style="list-style-type: none"> ● Performs an exam without visualizing sublingual frenulum for a two-year-old with concern for physical abuse ● Identifies need to take pictures of bruising to buttocks ● Begins with head, eyes, and ears during a head-to-toe exam of a two-year-old rather than starting with a chest/heart exam while the patient is calm ● Performs labial separation during female genital exam for suspected sexual abuse, but needs guidance with additional exam techniques to visualize all relevant anatomic structures
<p>Level 2 <i>Performs complete physical examination with basic photo documentation and identifies variants and abnormal findings</i></p> <p><i>Performs a physical examination with consistent use of a developmentally appropriate approach</i></p>	<ul style="list-style-type: none"> ● Distinguishes congenital dermal melanocytosis from bruising for two-year-old with concern for physical abuse ● Takes single picture of a bruise without measuring device; picture may be blurry and/or poorly illuminated ● Correctly identifies anatomical hymen variations in prepubertal females being evaluated for suspected sexual abuse, including a crescentic versus annular orifice
<p>Level 3 <i>Performs complete physical examination with focus on areas of concern, adequate photo documentation as indicated, and interprets normal variants and abnormal findings</i></p> <p><i>Performs a physical examination using trauma-informed strategies to maximize patient cooperation and comfort</i></p>	<ul style="list-style-type: none"> ● Completes physical exam including TEN-4-FACESp (torso, ears, neck, frenulum, angle of jaw, cheeks (fleshy), eyelids, subconjunctivae, and patterned) areas ● Takes single picture of a bruise with measuring device in good focus ● Seeks consent for physical exam of a 14-year-old girl with suspected sexual abuse and provides guidance of what to expect during exam
<p>Level 4 <i>Performs complete physical examination with quality photo documentation and selects advanced maneuvers for optimal examination</i></p> <p><i>Consistently performs a trauma-informed physical examination that is developmentally</i></p>	<ul style="list-style-type: none"> ● Utilizes labial traction and/or knee-chest techniques for anogenital exam when posterior hymen not visualized with labial separation alone ● Takes at least three pictures of diagnostic quality of bruise with measuring device and body area clearly identified ● Uses distraction techniques appropriately, such as examining the favorite stuffed animal to decrease anxiety in a toddler

<p><i>appropriate and maximizes patient cooperation and comfort</i></p>	<ul style="list-style-type: none"> ● Discusses exam and findings with adolescent patient without caregiver present ● Recognizes that differences in skin pigmentation can affect the appearance of certain rashes or dermatologic conditions, and pays careful attention when examining patients with darker skin
<p>Level 5 <i>Performs a complete physical examination with quality photo documentation, using multiple techniques to detect and integrate key physical examination findings to distinguish differential diagnoses</i></p>	<ul style="list-style-type: none"> ● Uses saline, cotton-tipped applicator, or Foley bulb to visualize hymen ● Incorporates history, other portions of the physical examination, and pertinent literature to distinguish among causes of lesion(s), from common to rare, while examining a patient with a cutaneous finding ● Repositions patient and/or takes photos of diagnostic quality during exam of patient who is continuously moving or minimally cooperating
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Case-based discussions ● Chart/medical record audit ● Direct observation ● Guided self-reflection ● Multisource feedback
<p>Curriculum Mapping</p>	<ul style="list-style-type: none"> ●
<p>Notes or Resources</p>	<ul style="list-style-type: none"> ● Photo documentation includes: videography and digital still ● Quality photo documentation can be peer reviewed to assess diagnostic accuracy ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Christian, Cindy W, Committee on Child Abuse and Neglect, American Academy of Pediatrics. 2015. “The Evaluation of Suspected Child Physical Abuse.” <i>Pediatrics</i>. 136(3): 583. https://doi.org/10.1542/peds.2015-0356. ● Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics. https://doi.org/10.1542/9781610023597. ● Pierce, Mary Clyde, Kim Kaczor, Sara Aldridge, Justine O’Flynn, and Douglas J. Lorenz. 2010. “Bruising Characteristics Discriminating Physical Child Abuse from Accidental Trauma.” <i>Pediatrics</i>. 125(1): 67-74. doi:10.1542/peds.2008-3632.

Patient Care 3: Organization and Prioritization of Patient Care Overall Intent: To organize and appropriately prioritize patient needs to optimize patient outcomes	
Milestones	Examples
Level 1 Organizes patient care for an individual patient when prompted	<ul style="list-style-type: none"> ● Consults on an immobile infant with a femur fracture and requires discussion with supervising physician prior to providing any recommendations to the medical care team
Level 2 Organizes patient care responsibilities by focusing on individual (rather than multiple) patients	<ul style="list-style-type: none"> ● Consults on an infant with a femur fracture and concurrently receives a consult for an infant in the intensive care unit (ICU) with a subdural hemorrhage; finishes the consult on the femur fracture prior to starting the consult for the infant in the ICU ● Manages patients in series rather than in parallel
Level 3 Organizes and prioritizes the simultaneous care of patients with efficiency; anticipates and triages urgent and emergent issues	<ul style="list-style-type: none"> ● Evaluates an infant with a femur fracture and receives a consult from the ICU for an infant with a subdural hemorrhage; completes the history for the femur fracture and while waiting for the recommended skeletal survey results, begins the consult for the infant with subdural hemorrhage in the ICU
Level 4 Organizes, prioritizes, and delegates patient care responsibilities, even when patient volume approaches the capacity of the individual or facility	<ul style="list-style-type: none"> ● Delegates to a social worker to communicate with child protective services (CPS) and to residents to communicate with the consulting team about the recommendation for skeletal survey after completing the history and examination of an infant with a femur fracture before going to the ICU for the next consult; follows up on skeletal survey results and communicates with the multidisciplinary team for each consult
Level 5 Serves as a role model and coach for organizing patient care responsibilities	<ul style="list-style-type: none"> ● Reviews care of multiple patients as well as teaching points with the consulting team, and follows up with caregiver as additional information is available from the diagnostic workup
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussions ● Direct observation ● Guided self-reflection ● Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. "Entrustable Professional Activities for Subspecialties." https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Covey, Stephen. 1989. <i>The Seven Habits of Highly Effective People</i>. New York, NY: Simon & Schuster. ● Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.

- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Patient Care 4: Clinical Reasoning	
Overall Intent: To integrate collected data (e.g., history (including social determinants of health), physical, laboratory/diagnostic if available) to make an informed and appropriately broad differential diagnosis	
Milestones	Examples
Level 1 <i>Presents clinical facts (e.g., history, exam, tests, consultations) in the order they were elicited</i>	<ul style="list-style-type: none"> ● Recites all information elicited from patient/patient’s family/data ● Inconsistently filters out extraneous/non-contributory details ● Occasionally misses details in the medical history ● Functions as a “reporter”
Level 2 <i>Generates an unfocused differential diagnosis based on the clinical facts; acknowledges cognitive biases</i>	<ul style="list-style-type: none"> ● Suggests extensive evaluation for a bleeding disorder in a patient with patterned bruising ● Considers child abuse as part of the differential diagnosis, but is not more specific in terms of the differential diagnosis ● Explains rationale for extensive bleeding evaluation based on prior experience of evaluating patients with non-patterned bruising
Level 3 <i>Organizes clinical facts to compare and contrast diagnoses being considered and appraises cognitive biases, resulting in a prioritized differential diagnosis</i>	<ul style="list-style-type: none"> ● Develops an informed differential diagnosis that considers clinical patterns of bruising, age of patient, mobility, and history provided ● States that “this is a six-year-old female with a single, linear bruise to the proximal, lateral thigh that she reports is from a fall into the picnic table, but there is a history of family violence. Most likely diagnosis is accidental injury, but we will screen for current intimate partner violence (IPV).” ● Considers contribution of factors such as food insecurity, inability to afford medications, and other social factors when evaluating for possible medical neglect
Level 4 <i>Integrates clinical facts into a unifying diagnosis(es); reappraises to avoid diagnostic error and bias</i>	<ul style="list-style-type: none"> ● Uses new information from consultants or investigative personnel to revisit and adjust diagnosis to avoid diagnostic error ● Comfortably compares and contrasts several diagnoses and uses supporting evidence-based literature to determine which is the most likely in a given patient ● Counsels a runaway teen with recurrent sexual assault in the context of adverse childhood events and minor sex trafficking (instead of labeling the patient as “delinquent”)
Level 5 <i>Role models and coaches the organization of clinical facts to develop a prioritized differential diagnosis, including life threatening diagnoses, complex presentations, and complex clinical presentations</i>	<ul style="list-style-type: none"> ● Articulates clinical reasoning in a way that allows insight into an expert’s clinical decision making ● Presents to medical care team and explains: "Patient is a six-month-old with subdural and retinal hemorrhages currently in the ICU. We were consulted for concerns of abusive head trauma. The history is that the infant had a complex fall while in the arms of father. He has a few scattered posterior-pole retinal hemorrhages and a focal subdural hemorrhage underlying a linear skull fracture. Injuries are consistent with an accidental fall.”
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussions ● Chart/medical record audit

	<ul style="list-style-type: none"> ● Direct observation ● Guided self-reflection ● Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Academy of Pediatrics. “Child Abuse and Neglect Policy Collection.” https://publications.aap.org/pediatrics/collection/673/Child-Abuse-and-Neglect?_ga=2.158491251.852524130.1663946859-1888066807.1628184002?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000. Accessed 2022. ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Choudhary, Arabinda Kumar, Sabah Servaes, Thomas L. Slovis, Vincent J. Palusci, Gary L. Hedlund, Sandeep K. Narang, Joëlle Anne Moreno, et al. 2018. “Consensus Statement on Abusive Head Trauma in Infants and Young Children.” <i>Pediatric Radiology</i>. 48(8): 1048-1065. doi: 10.1007/s00247-018-4149-1. Epub 2018 May 23. PMID: 29796797. ● Christian, Cindy W, Committee on Child Abuse and Neglect, American Academy of Pediatrics. 2015. “The Evaluation of Suspected Child Physical Abuse.” <i>Pediatrics</i>. 136(3): 583. https://doi.org/10.1542/peds.2015-0356. ● Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics. https://doi.org/10.1542/9781610023597. ● Narang, Sandeep K., Amanda Fingarson, James Lukefahr, and AAP Council on Child Abuse and Neglect. 2020. “Abusive Head Trauma in Infants and Children.” <i>Pediatrics</i>. 145(4):e20200203. https://doi.org/10.1542/peds.2020-0203. ● Pierce, Mary Clyde, Kim Kaczor, Douglas J. Lorenz, Gina Bertocci, Amanda K. Fingarson, Kathi Makoroff, Rachel P. Berger, et al. 2021. “Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics.” <i>JAMA Network Open</i>. 4(4): e215832. doi: 10.1001/jamanetworkopen.2021.5832.

Patient Care 5: Patient Management	
Overall Intent: To lead the outpatient health care team in the creation of a comprehensive, patient-centered management plan based on multiple patient factors, including social factors and varied patient backgrounds, regardless of complexity	
Milestones	Examples
Level 1 <i>Participates in the creation of management plans</i>	<ul style="list-style-type: none"> ● Suggests sexually transmitted infection (STI) testing and antibiotics based on previous patient encounters ● Repeats consultant’s written recommendations verbatim
Level 2 <i>Develops a general management plan for common and simple diagnoses</i>	<ul style="list-style-type: none"> ● Identifies STIs and correct treatment but fails to adjust management plan to address recurrent infection, inquire about patient safety and sexual practices, or perform additional testing such as pregnancy screening. ● Calls child protective services and states the plan but doesn’t integrate their assistance in assessing patient safety
Level 3 <i>Develops a multidisciplinary management plan for common and simple diagnoses</i>	<ul style="list-style-type: none"> ● Identifies STIs and correct treatment, adjusts management plan to address recurrent infection, inquires about patient safety and sexual health history, and performs pregnancy screening ● Calls child protective services to state the plan and requests evaluation of patient safety in current setting
Level 4 <i>Develops and implements informed multidisciplinary management plans for complicated and/or complex diagnoses, with the ability to modify plans as necessary</i>	<ul style="list-style-type: none"> ● Identifies and treats STIs, screens for human trafficking, and coordinates with child protective services to ensure a safe environment for patient ● Implements treatment plan created cooperatively with patient to see obstetrics and gynecology for long-acting reversible contraception or management of unexpected pregnancy
Level 5 <i>Serves as a role model and coach for development of multidisciplinary management plans for complicated and/or complex diagnoses, with the ability to modify plans as necessary</i>	<ul style="list-style-type: none"> ● Recognizes medical care team members’ discomfort and bias toward the patient and redirects discussion to trauma-informed care of the patient, including consideration of social determinants of health ● Shares an error of clinical reasoning in order to correct treatment plan and educate the medical care team ● Develops programs for at-risk youth for medical care team approach to prevention, testing, and treatment of STIs
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussion ● Chart/medical record audit ● Direct observation ● Guided self-reflection ● Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> ●

Notes or Resources

- This subcompetency refers to care completed in the clinic, such as foster care clinic, non-acute sexual abuse clinic, physical abuse clinic, etc. where the child abuse pediatrician is the primary managing physician.
- American Academy of Pediatrics. “Child Abuse and Neglect Policy Collection.” https://publications.aap.org/pediatrics/collection/673/Child-Abuse-and-Neglect?_ga=2.158491251.852524130.1663946859-1888066807.1628184002?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000. Accessed 2022.
- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- Szilagyi, Moira A., David S. Rosen, David Rubin, Sarah Zlotnik, Council on Foster Care, Adoption, and Kinship Care, Committee on Adolescence, and Council on Early Childhood. 2015. “Health Care Issues for Children and Adolescents in Foster Care and Kinship Care.” *Pediatrics*. 136 (4): e1142–e1166. <https://doi.org/10.1542/peds.2015-2656>

Patient Care 6: Provides Consultative Care Overall Intent: To provide integrated and comprehensive consultative care for patients in the inpatient and outpatient settings	
Milestones	Examples
Level 1 <i>Respectfully receives a consultation request and clarifies consultation question, with guidance</i> <i>Repeats impression from other consultants verbatim</i>	<ul style="list-style-type: none"> ● Requires prompting from supervising physician to clarify an unclear question from the consulting physician regarding a patient with facial bruising ● Professionally declines a request for a consultation when receiving a call about a non-patterned shin bruise in a mobile toddler ● Repeats the impression from another specialist that the femur fracture was caused when the patient's leg was caught in the crib slats without consideration of plausibility
Level 2 <i>Independently clarifies consultation question and respectfully responds</i> <i>Generates recommendations, with guidance</i>	<ul style="list-style-type: none"> ● Independently asks for patient's age and developmental status when receiving a call from a consulting physician regarding a patient with facial bruising ● Recommends a skeletal survey and head computed tomography (CT) after discussion of case with supervising physician
Level 3 <i>Identifies the indications for the consultation and verifies understanding of recommendations with the medical team</i> <i>Independently generates recommendations for a simple case</i>	<ul style="list-style-type: none"> ● Discusses with social worker the low likelihood of abuse for a patient with simple parietal skull fracture with plausible short fall history without any additional risk factors, and documents reasoning ● Recognizes need for full consultation on infant with skin findings of unclear etiology ● Educates the consulting team about indication for additional imaging for an infant with a known fracture
Level 4 <i>Effectively conveys consultative assessment and rationale to the medical team</i> <i>Independently generates recommendations for a complex case</i>	<ul style="list-style-type: none"> ● Recommends additional genetic consultation in infant with subdural hemorrhage, multiple fractures, and family history of osteogenesis imperfecta (OI) and explains rationale to consulting team ● Recommends management plan for incidental finding of a chronic subdural hemorrhage in an infant with enlarging head circumference
Level 5 <i>Is identified as a role model for the provision of consultative care across the spectrum of case complexity</i>	<ul style="list-style-type: none"> ● Effectively serves as a resource for junior fellow prior to speaking with supervising physician ● Actively performs case-based teaching with residents and medical students ● Educates hospital staff members about sources of possible bias regarding family of patient with concerns for abusive head trauma
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussion ● Chart/medical record audit ● Direct observation

	<ul style="list-style-type: none"> • Guided self-reflection • Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • Chen, Debbie C., Eli M. Miloslavsky, Ariel S. Winn, and Jakob I. McSparron. 2018. “Fellow as Clinical Teacher (FACT) Curriculum: Improving Fellows’ Teaching Skills During Inpatient Consultation.” <i>MedEdPortal</i>. 14:10728. https://doi.org/10.15766/mep_2374-8265.10728. • François, José. 2011. “Tool to Assess the Quality of Consultation and Referral Request Letters in Family Medicine.” <i>Canadian Family Physician</i>. 57(5): 574-575. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093595/. • Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. • Michael, Sarah H., Steven Rougas, Xiao C. Zhang, and Brian Clyne. 2019. “A Content Analysis of the ACGME Specialty Milestones to Identify Performance Indicators Pertaining to the Development of Residents as Educators.” <i>Teaching and Learning in Medicine</i>. 31:424-433. DOI: 10.1080/10401334.2018.1560298. • Podolsky, Anna, David T. Stern, and Lauren Peccoralo. 2015. “The Courteous Consult: A CONSULT Card and Training to Improve Resident Consults.” <i>Journal of Graduate Medical Education</i>. 7(1):113-7. doi: 10.4300/JGME-D-14-00207.1. https://www.ncbi.nlm.nih.gov/pubmed/26217436.

Medical Knowledge 1: Clinical Knowledge	
Overall Intent: To demonstrate medical and scientific knowledge and apply it to the care of pediatric patients	
Milestones	Examples
Level 1 <i>Demonstrates basic medical knowledge</i>	<ul style="list-style-type: none"> • Identifies normal versus abnormal vital signs for pediatric patients of different ages • Differentiates between normal and delayed developmental milestones in a pediatric patient
Level 2 <i>Links basic medical knowledge to clinical cases</i>	<ul style="list-style-type: none"> • Identifies that a two-week-old infant is developmentally incapable of rolling off of a bed, then uses pertinent positives and negatives from history and physical exam to offer reasonable diagnostic possibilities • Explains how social determinants of health impact families' behaviors and access to medical and community resources
Level 3 <i>Applies medical knowledge to simple cases to guide patient evaluation</i>	<ul style="list-style-type: none"> • Creates an evaluation plan for a nine-month-old child with a simple skull fracture after falling out of a shopping cart; uses clinical pathways/guidelines/order sets when appropriate • Uses a social determinants of health framework to maximize patient care in common scenarios
Level 4 <i>Integrates a breadth of medical knowledge that includes complex cases to guide patient evaluation</i>	<ul style="list-style-type: none"> • Creates an evaluation plan for a nine-month-old with extensive subdural hemorrhage after reported fall from a swing, appropriately adapting from clinical pathways/guidelines/order sets; recognizes and modifies recommendations appropriate to changes in clinical condition • Considers systemic issues of diversity, equity, and inclusion when making recommendations
Level 5 <i>Teaches at multiple levels, drawing from a breadth of medical knowledge that spans the continuum of simple to complex cases</i>	<ul style="list-style-type: none"> • Teaches other learners about typical and atypical presentations of child maltreatment • Educates multidisciplinary team on situations in which social determinants of health or diversity, equity, and inclusion issues are present and how they can affect patient care and contribute to practitioner implicit bias • Demonstrates commitment to lifelong learning; stays up to date on current literature and often cites newest clinical guidelines for management
Assessment Models or Tools	<ul style="list-style-type: none"> • Case-based discussion • Direct observation • Guided self-reflection • SITE • Medical record (chart) audit
Curriculum Mapping	<ul style="list-style-type: none"> •

Notes or Resources

- American Academy of Pediatrics. “Child Abuse and Neglect Policy Collection.” https://publications.aap.org/pediatrics/collection/673/Child-Abuse-and-Neglect?_ga=2.158491251.852524130.1663946859-1888066807.1628184002?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000. Accessed 2022.
- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- Berkowitz, Carol D. 2021. *Berkowitz’s Pediatrics: A Primary Care Approach*, 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.
<https://doi.org/10.1542/9781610023733>.
- Christian, Cindy W, Committee on Child Abuse and Neglect, American Academy of Pediatrics. 2015. “The Evaluation of Suspected Child Physical Abuse.” *Pediatrics*. 136(3): 583. <https://doi.org/10.1542/peds.2015-0356>.
- Jenny, Carole, ed. 2011. *Child Abuse and Neglect: Diagnosis, Treatment, and Evidence*. St. Louis, MO: Elsevier Publishing.
- Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. *Child Abuse: Medical Diagnosis and Management*, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Medical Knowledge 2: Diagnostic Evaluation	
Overall Intent: To order/recommend diagnostic tests and subspecialty consultations (if appropriate), tailoring the evaluation to patient complexity, severity of illness, and the most likely diagnosis(es); to interpret results accurately within the context of the clinical picture	
Milestones	Examples
<p>Level 1 Lists basic evaluation plan of diagnostic testing and consultation for simple/typical cases, with prompting</p> <p><i>Reports results of diagnostic studies</i></p>	<ul style="list-style-type: none"> ● Evaluates a six-week-old infant with a clavicle fracture without reported history and recommends skeletal survey; after discussion with supervising physician about potential differential diagnoses, recognizes that neuroimaging is indicated ● States the x-ray report without discussion of fracture acuity
<p>Level 2 Develops a broad evaluation plan for simple cases</p> <p><i>Identifies significant diagnostic study results</i></p>	<ul style="list-style-type: none"> ● When evaluating an eight-month-old for failure to thrive: <ul style="list-style-type: none"> ○ Obtains a birth history, diet history (including formula mixing), and growth charts from primary care practitioner; reviews results of newborn screen ○ Recommends that consulting team obtain: blood work for congenital infections, electrolytes, and thyroid function; urine analysis; feeding evaluation with swallow study; and stool studies ○ Suggests immediate report to child protective services prior to integrating available information into diagnostic impression ● Recognizes that an abnormal sweat test or abnormal newborn screen could indicate the cause of failure to thrive
<p>Level 3 Develops a prioritized plan for simple cases and a broad evaluation plan for complex cases</p> <p><i>Interprets significant diagnostic study results</i></p>	<ul style="list-style-type: none"> ● Evaluates a developmentally appropriate three-year-old with a nondisplaced, spiral fracture of the mid-tibia and a history of a simple fall and recommends no additional workup after complete physical exam identifies no other injuries ● Evaluates a developmentally appropriate 11-month-old with a nondisplaced, spiral fracture of the mid-tibia without history of trauma, found to have ear bruising and patterned buttock bruising, and recommends the consulting team obtain full skeletal survey, neuroimaging, and blood work screening for abdominal trauma ● Interprets healing posterior rib fractures on skeletal survey as unrelated to a simple fall and as concerning for abuse ● Considers racial disparities to minimize bias in ordering of labs and tests in the evaluation of child maltreatment
<p>Level 4 Prioritizes and optimizes an evaluation plan for simple and complex cases based on risks, benefits, indications, and alternatives to clarify the diagnosis(es)</p>	<ul style="list-style-type: none"> ● Evaluates a nine-month-old with a femur fracture without medical history who is found to have osteopenia on skeletal survey; obtains a complete family history; recommends that consulting team obtain appropriate blood work for bone health; analyzes results prior to determining additional recommendations

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<p><i>Interprets significant diagnostic study results while considering study limitations</i></p>	<ul style="list-style-type: none"> ● Interprets low vitamin D levels in conjunction with other normal lab values while recognizing the clinical relevance in the context of a fracture ● Considers social determinants of health and the impact on family functioning when evaluating for neglect
<p>Level 5 <i>Educates others about risks, benefits, indications, and alternatives to guide diagnostic decision making</i></p> <p><i>Teaches others to interpret significant diagnostic study results and consider study limitations</i></p>	<ul style="list-style-type: none"> ● Explains to a junior learner the risks of settling on an abuse diagnosis too early and lists additional history and exam information that may be necessary to guide diagnostic decision making ● Explains to other medical personnel the nuances of mandatory reporting based on individual state statutes ● Advocates on a systemic level to minimize bias from abuse evaluations
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Chart/medical record audit ● Case-based discussions ● Direct observation ● Guided self-reflection ● Multisource feedback ● Subspecialty In-Training Examination (SITE)
<p>Curriculum Mapping</p>	<ul style="list-style-type: none"> ●
<p>Notes or Resources</p>	<ul style="list-style-type: none"> ● American Academy of Pediatrics. “Child Abuse and Neglect Policy Collection.” https://publications.aap.org/pediatrics/collection/673/Child-Abuse-and-Neglect?_ga=2.158491251.852524130.1663946859-1888066807.1628184002?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000. Accessed 2022. ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics. https://doi.org/10.1542/9781610023597.

Systems-Based Practice 1: Patient Safety	
Overall Intent: To engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals	
Milestones	Examples
<p>Level 1 <i>Demonstrates knowledge of common patient safety events</i></p> <p><i>Demonstrates knowledge of how to report patient safety events</i></p>	<ul style="list-style-type: none"> ● Lists common patient safety events such as missed case of abuse, patient misidentification, or medication errors ● Lists “patient safety reporting system” or “patient safety hotline” as ways to report safety events
<p>Level 2 <i>Identifies system factors that lead to patient safety events</i></p> <p><i>Reports patient safety events through institutional reporting systems (simulated or actual)</i></p>	<ul style="list-style-type: none"> ● Identifies a missed child abuse case that occurred because the infant was not undressed for the exam ● Reports missed child abuse case using the appropriate institutional reporting mechanism
<p>Level 3 <i>Participates in analysis of patient safety events (simulated or actual)</i></p> <p><i>Participates in disclosure of patient safety events to patients and families (simulated or actual)</i></p>	<ul style="list-style-type: none"> ● Participates in department morbidity and mortality presentations ● Participates in root cause analyses (mock or actual) ● With the support of an attending or risk management team member, participates in the disclosure of an inaccurate diagnosis of injury
<p>Level 4 <i>Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)</i></p> <p><i>Discloses patient safety events to patients and families (simulated or actual)</i></p>	<ul style="list-style-type: none"> ● Actively participates by presenting patient information in a simulated or actual root cause analysis related to an inaccurate diagnosis of injury or missed case of abuse ● Following consultation with risk management and other team members, independently discloses an inaccurate diagnosis of injury
<p>Level 5 <i>Actively engages teams and processes to modify systems to prevent patient safety events</i></p> <p><i>Role models or mentors others in the disclosure of patient safety events</i></p>	<ul style="list-style-type: none"> ● Leads a medical care team to work on improved examination of children in the emergency department ● Conducts a simulation demonstrating techniques and approaches for disclosing patient safety events ● Teaches a course about the fellow’s role in disclosure of patient safety events
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Case-based discussions ● Direct observation ● Guided self-reflection

	<ul style="list-style-type: none"> ● Medical record (chart) audit ● Multisource feedback ● Simulation
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Guralnick, Susan, Stephen Ludwig, and Robert Englander. 2014. “Domain of competence: Systems-Based Practice.” <i>Academic Pediatrics</i>. 14: S70-S79. https://doi.org/10.1016/j.acap.2013.11.015. ● Institute of Healthcare Improvement: http://www.ihp.org/Pages/default.aspx. Accessed 2020. ● Singh, Ranjit, Bruce Naughton, John S. Taylor, Marlon R. Koenigsberg, Diana R. Anderson, Linda L. McCausland, Robert G. Wahler, Amanda Robinson, and Gurdev Singh. 2005. “A Comprehensive Collaborative Patient Safety Residency Curriculum to Address the ACGME Core Competencies.” <i>Medical Education</i>. 39(12): 1195-204. DOI: 10.1111/j.1365-2929.2005.02333.x.

<p align="center">Systems-Based Practice 2: Quality Improvement</p> <p>Overall Intent: To understand and implement quality improvement methodologies to improve patient care</p>	
Milestones	Examples
Level 1 <i>Demonstrates knowledge of basic quality improvement methodologies and metrics</i>	<ul style="list-style-type: none"> • Describes SMART (Specific, Measurable, Attainable, Realistic, Time-bound) aim • Describes components of a “Plan-Do-Study-Act” cycle
Level 2 <i>Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)</i>	<ul style="list-style-type: none"> • Describes a quality improvement (QI) project to improve human papillomavirus (HPV) vaccination rates within a practice site
Level 3 <i>Participates in local quality improvement initiatives</i>	<ul style="list-style-type: none"> • Participates in a divisional quality improvement project to improve HPV vaccination rates • Participates in an ongoing interdisciplinary project to improve vaccination rates for HPV
Level 4 <i>Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project</i>	<ul style="list-style-type: none"> • Serves as lead investigator for an institutional QI project to improve HPV vaccination rates, coordinating and educating local participants and managing data collection • Develops and implements a QI project to improve the process of getting toddlers into exam gowns in the emergency department • In developing a quality improvement project, considers team bias and social determinants of health in the patient population
Level 5 <i>Creates, implements, and assesses quality improvement initiatives at the institutional or community level</i>	<ul style="list-style-type: none"> • Initiates and completes a quality improvement project to improve county HPV vaccination rates in collaboration with the county health department and shares results through a formal presentation to the community leaders • Develops and implements a quality improvement project to improve HPV vaccination rates within a practice site, including engaging the office team, assessing the problem, articulating a broad goal, developing a SMART aim, collecting data, analyzing, and monitoring progress and challenges
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Portfolio • Poster or other presentation • Team evaluations • Guided self-reflection • Manuscript/publication
Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • AAP. Bright Futures. https://www.aap.org/en/practice-management/bright-futures. Accessed 2022.

- Institute of Healthcare Improvement: <http://www.ihl.org/Pages/default.aspx>. Accessed 2020.
- Murtagh Kurowski, Eileen, Amanda C. Schondelmeyer, Courtney Brown, Christopher E. Dandoy, Samuel J. Hanke, and Heather L. Tubbs Cooley. 2015. "A Practical Guide to Conducting Quality Improvement in the Health Care Setting." *Current Treatment Options in Pediatrics*. 1:380-392. <https://doi.org/10.1007/s40746-015-0027-3>.

Systems-Based Practice 3: System Navigation for Patient-Centered Care – Coordination of Care Overall Intent: To effectively navigate the health care system; to adapt care to a specific patient population to ensure high-quality patient outcomes	
Milestones	Examples
Level 1 Lists the various interprofessional individuals involved in the patient’s care coordination	<ul style="list-style-type: none"> ● Identifies important members of the medical care team for a suspected abusive head trauma patient in the pediatric intensive care unit, including the surgical team, social workers, dietitians, nursing, and other subspecialists involved in the care of the patient ● Recognizes implicit bias as a contributor to health care disparities ● Identifies access to care, home environment, and insurance coverage as social determinants of health
Level 2 Coordinates care of patients in routine clinical situations, incorporating interprofessional teams with consideration of patient and family needs	<ul style="list-style-type: none"> ● Coordinates follow-up skeletal survey and outpatient child abuse pediatrics clinic appointment for an abusive head trauma patient ● Discusses placement requirements of infant with multiple subspecialty follow-ups with child protective services
Level 3 Coordinates care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams, and incorporating patient and family needs and goals	<ul style="list-style-type: none"> ● Works with social worker and child protective services to coordinate multiple outpatient follow-up appointments for an infant with abusive head trauma who resides in a rural setting with limited transportation options ● Recognizes that minoritized communities may have additional barriers to health care access and identifies beneficial resources as needed
Level 4 Coordinates interprofessional, patient-centered care among different disciplines and specialties, actively assisting families in navigating the health care system	<ul style="list-style-type: none"> ● Leads multidisciplinary team case review that includes additional subspecialists (genetics, neurology, hematology), social work, child protective services, law enforcement, and primary care team to review likely diagnosis and patient placement ● Leads case coordination with the patient’s family and includes appropriate subspecialists, physical therapist/occupational therapist, nutrition, child life, mental health resources, chaplain services, the primary care physician, etc.
Level 5 Coaches others in interprofessional, patient-centered care coordination	<ul style="list-style-type: none"> ● Provides scripting to other care practitioners highlighting the importance of clear communication with the patient’s family about concern for abuse and setting expectations for next evaluation steps ● Encourages other care practitioners to cluster appointments for patients who may have transportation difficulties
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussion ● Direct observation ● Entrustable Professional Activities ● Guided self-reflection ● Medical record (chart) audit ● Multisource feedback ● Review of discharge planning documentation

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Curriculum Mapping	•
Notes or Resources	<ul style="list-style-type: none">• American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics.• Skochelak, Susan E., Maya M. Hammond, Kimberly D. Lomis, Jeffrey M. Borkan, Jed. D. Gonzalo, Luan E. Lawson, and Stephanie R. Starr. 2020. <i>AMA Education Consortium: Health Systems Science</i>, 2nd ed. Elsevier.

Systems-Based Practice 4: System Navigation for Patient-Centered Care – Transitions in Care Overall Intent: To effectively navigate the health delivery system during transitions of care to ensure high-quality patient outcomes	
Milestones	Examples
Level 1 <i>Uses a standard template for transitions of care/hand-offs</i>	<ul style="list-style-type: none"> • Provides only name and diagnosis for an inpatient consult to on-call colleague without providing context, ongoing issues, or contingency plans
Level 2 <i>Adapts a standard template, recognizing key elements for safe and effective transitions of care/hand-offs in routine clinical situations</i>	<ul style="list-style-type: none"> • Routinely uses a standardized hand-off tool for a stable inpatient consult, verbalizes a basic understanding of active problems, and provides basic contingency plans to on-call colleague
Level 3 <i>Performs safe and effective transitions of care/hand-offs in complex clinical situations, and ensures closed-loop communication</i>	<ul style="list-style-type: none"> • Communicates need for head CT, skeletal survey, and trauma labs with emergency department practitioner when transferring an infant with concerning injury found during outpatient evaluation and requests notification of study results • Communicates with inpatient team about child protective services and law enforcement involvement for an infant being admitted for additional work-up after consultation from emergency department • Completes the hand-off for a patient with a child abuse assessment to the primary care physician with a succinct summary, and a timeline for outpatient follow-up and repeat testing
Level 4 <i>Performs and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems</i>	<ul style="list-style-type: none"> • Proactively coordinates with genetics team to follow up on OI results that are still pending at time of discharge and provides subsequent communication with the family/caregivers and child protective services • Seeks out appropriate practitioners to facilitate the transition of an infant with ongoing child maltreatment evaluation to different geographical region; ensures a thorough hand-off, including child protective services and law enforcement involvement, to the identified new medical practitioners
Level 5 <i>Coaches others in improving transitions of care within and across health care delivery systems to optimize patient outcomes</i>	<ul style="list-style-type: none"> • Designs and implements standardized hand-off educational sessions for medical practitioners at (regional/national) conference • Role models use of language that non-medical professionals can clearly understand during transitions of care
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Multisource feedback • Simulation • Review of sign-out tools, use and review of checklists
Curriculum Mapping	<ul style="list-style-type: none"> •

Notes or Resources

- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- Got Transition. “Clinician Education and Resources.” <https://www.gottransition.org/resources-and-research/clinician-education-resources.cfm>. Accessed 2020.
- I-PASS. I-PASS Materials. <https://www.ipassinstitute.com/hubfs/I-PASS-mnemonic.pdf>. Accessed 2022.
- Matern, Lukas H., Jeanne M. Farnan, Kristen W. Hirsch, Melissa Cappaert, Ellen S. Byrne, and Vineet M. Arora. 2018. “A Standardized Handoff Simulation Promotes Recovery from Auditory Distractions in Resident Physicians.” *Simulation in Healthcare*. 13(4): 233-238. DOI: 10.1097/SIH.0000000000000322
- Starmer, Amy J., Nancy D. Spector, Rajendu Srivastava, Daniel C. West, Glenn Rosenbluth, April D. Allen, Elizabeth L. Noble, et al. “Changes in Medical Errors after Implementation of a Handoff Program.” *New England Journal of Medicine*. 371:1803-1812. DOI: 10.1056/NEJMsa1405556

Systems-Based Practice 5: Population and Community Health	
Overall Intent: To promote and improve health across communities and populations through patient care and advocacy, including public education and elimination of structural racism	
Milestones	Examples
Level 1 <i>Demonstrates awareness of population and community health needs and disparities</i>	<ul style="list-style-type: none"> ● Identifies social determinants of health, such as poverty and structural racism ● Lists adverse childhood experiences ● Acknowledges that social and racial disparities exist in the evaluation and diagnosis of child maltreatment
Level 2 <i>Identifies specific population and community health needs and disparities; identifies local resources</i>	<ul style="list-style-type: none"> ● Screens patients for adverse childhood experiences and acknowledges social determinants of health and the impact of structural racism for individual patients ● Discusses health disparities and identifies local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office for family who needs nutrition resources
Level 3 <i>Uses local resources effectively to meet the needs and reduce health disparities of a patient population and community</i>	<ul style="list-style-type: none"> ● Consistently refers patients to therapeutic mental health services as needed ● Promotes local resources and programs aimed at improving health disparities
Level 4 <i>Adapts practice to provide for the needs of and reduce health disparities of a specific population</i>	<ul style="list-style-type: none"> ● Participates in an advocacy project to improve health care access and/or decrease practices that support structural racism ● Initiates discussion of structural racism during the review of cases with colleagues and multidisciplinary team ● Partners with local food bank to meet the needs of families experiencing food insecurity
Level 5 <i>Advocates at the local, regional, or national level for populations and communities with health care disparities</i>	<ul style="list-style-type: none"> ● Engages in a project providing training to local pediatric practitioners on the impact of structural racism in the evaluation and diagnosis of child maltreatment ● Participates in longitudinal discussions with local, state, or national government policy makers to eliminate structural racism and reduce health disparities ● Participates in a multi-center research project on the effects of race/ethnicity versus structural racism in the evaluation and diagnosis of child maltreatment
Assessment Models or Tools	<ul style="list-style-type: none"> ● Analysis of process and outcomes measures based on social determinants of health and resultant disparities ● Case-based discussions ● Direct observation ● Guided self-reflection ● Medical record (chart) audit ● Multisource feedback ● Portfolio assessment
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Academy of Pediatrics. "Advocacy." https://services.aap.org/en/advocacy/. Accessed 2020.

- American Academy of Pediatrics. “Bright Futures”. <https://www.aap.org/en/practice-management/bright-futures>. Accessed 2022.
- American Academy of Pediatrics. “Child Welfare Report: Final Recommendations.” <https://www.aap.org/en/advocacy/child-welfare-report/final-recommendations/>. Accessed 2022.
- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- Blankenburg, Rebecca, Patricia Poitevien, Javier Gonzalez del Rey, Megan Aylor, John Frohna, Heather McPhillips, Linda Waggoner-Fountain, and Laura Degnon. 2020. “Dismantling Racism: Association of Pediatric Program Directors’ Commitment to Action.” *Academic Pediatrics*. 20(8): 1051-1053. doi: 10.1016/j.acap.2020.08.017.
- Centers for Disease Control and Prevention. “Fast Facts: Preventing Adverse Childhood Experiences.” https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Ffacestudy%2Ffastfact.html. Accessed 2020.
- CommonHealth ACTION. 2016. “Leveraging the Social Determinants to Build a Culture of Health.” https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/RWJF_SDOH_Final_Report-002.pdf. Accessed 2020.
- DallaPiazza, Michelle, Mercedes Padilla-Register, Megana Dwarakanath, Elyon Obamedo, James Hill, and Maria L. Soto-Greene. 2018. “Exploring Racism and Health: An Intensive Interactive Session for Medical Students.” *MedEdPORTAL*. 14:10783. https://doi.org/10.15766/mep_2374-8265.10783.
- Johnson, Tiffani J. 2020. “Intersection of Bias, Structural Racism, and Social Determinants with Health Care Inequities.” *Pediatrics*. 146(2): e2020003657. <https://doi.org/10.1542/peds.2020-003657>.
- MedEdPORTAL. “Anti-Racism in Medicine Collection.” <https://www.mededportal.org/anti-racism>. Accessed 2020.
- Trent, Maria, Danielle G. Dooley, Jacqueline Dougé, Section on Adolescent Health, Council on Community Pediatrics, Committee on Adolescence, Robert M. Cavanaugh, et al. 2019. “The Impact of Racism on Child and Adolescent Health.” *Pediatrics*. 144(2):e20191765.

Systems-Based Practice 6: Physician Role in Health Care Systems	
Overall Intent: To understand the physician’s role in health systems science to optimize patient care delivery, including cost-conscious care	
Milestones	Examples
Level 1 <i>Engages with patients and other providers in discussions about cost-conscious care and key components of the health care delivery system</i>	<ul style="list-style-type: none"> ● Considers the differences in cost for a failure-to-thrive patient in the hospital versus being closely followed as an outpatient ● Recognizes that the need for medical evaluation remains the same regardless of the payor status ● Identifies how implicit biases contribute to unnecessary medical evaluations
Level 2 <i>Identifies the relationships between the delivery system and cost-conscious care and the impact on the patient care</i>	<ul style="list-style-type: none"> ● Considers the cost versus the utility of universal screening for STIs ● Articulates the benefit of patients coming to outpatient clinic for non-emergent child maltreatment evaluations instead of seeking care in the emergency department
Level 3 <i>Discusses the need for changes in clinical approaches based on evidence, outcomes, and cost-effectiveness to improve care for patients and families</i>	<ul style="list-style-type: none"> ● Discusses risks and benefits of pursuing sedated magnetic resonance imaging (MRI) in the setting of a normal head CT and abnormal neurological examination of a six-month-old infant with facial bruising ● Considers health care disparities in pursuit of evidence-based care ● Explores with medical care team the cost-effectiveness of not obtaining abdominal CT in a well-appearing patient with mildly elevated liver function tests
Level 4 <i>Advocates for the promotion of safe, quality, and high-value care</i>	<ul style="list-style-type: none"> ● Works collaboratively with medical care team and other consultants to use a cost-effective approach when assessing for rare mimics of child abuse ● Assesses the value of repeat STI testing in a population of sexually abused children
Level 5 <i>Coaches others to promote safe, quality, and high-value care across health care systems</i>	<ul style="list-style-type: none"> ● Implements a clinical decision support tool in the EHR to improve recognition and evaluation of child maltreatment ● Coordinates with regional health care systems to implement policies for obtaining skeletal surveys based on injury and age-based criteria ● Educates colleagues on cost-effectiveness of bleeding evaluation in patient with bruising
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Medical record (chart) audit ● Patient satisfaction data ● Patient safety conference ● Portfolio assessment ● Review and guided reflection on costs accrued for individual patients or patient populations with a given diagnosis
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes and Resources	<ul style="list-style-type: none"> ● Agency for Healthcare Research and Quality (AHRQ). Measuring the Quality of Physician Care. https://www.ahrq.gov/talkingquality/measures/setting/physician/index.html Accessed 2022.

- American Academy of Pediatrics. “Child Abuse and Neglect Policy Collection.” https://publications.aap.org/pediatrics/collection/673/Child-Abuse-and-Neglect?_ga=2.158491251.852524130.1663946859-1888066807.1628184002?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000. Accessed 2022.
- American Academy of Pediatrics. “Practice Management.” <https://www.aap.org/en/practice-management/>. Accessed 2022.
- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- American College of Physicians. “Newly Revised: Curriculum for Educators and Residents (Version 4.0).” <https://www.acponline.org/clinical-information/high-value-care/medical-educators-resources/newly-revised-curriculum-for-educators-and-residents-version-40>. Accessed 2020.
- American College of Radiology “ACR Appropriateness Criteria.” <https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>. Accessed 2022.
Note: Focus on section for Suspected Physical Abuse – Child.
- The Commonwealth Fund. “State Health Data Center.” http://datacenter.commonwealthfund.org/?_ga=2.110888517.1505146611.1495417431-1811932185.1495417431#ind=1/sc=1. Accessed 2020.
- Dzau, Victor J., Mark McClellan, Sheila Burke, Molly J. Coye, Thomas A. Daschle, Angela Diaz, William H. Frist, et al. 2017. “Vital Directions for Health and Health Care: Priorities from a National Academy of Medicine Initiative.” *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201703e>.
- Crow, Byron, Sami G. Tahhan, Curtis Lacy, Jule Grzankowski, and Juan N. Lessing. 2020. “Things We Do for No Reason™: Routine Correction of Elevated INR and Thrombocytopenia Prior to Paracentesis in Patients with Cirrhosis.” *Journal of Hospital Medicine*. 16(2): 102-104. <https://doi.org/10.12788/jhm.3458>.

Systems-Based Practice 7: Legal Principles Related to Child Maltreatment	
Overall Intent: To establish and apply the foundation of legal knowledge required for the competent and ethical practice of child abuse pediatrics	
Milestones	Examples
Level 1 <i>Demonstrates basic understanding of legal systems relevant to child maltreatment</i>	<ul style="list-style-type: none"> ● Recognizes basic legal terms related to procedure in the courts and legal documents
Level 2 <i>Identifies statutes and court procedures relevant to child maltreatment</i>	<ul style="list-style-type: none"> ● Accesses relevant state statutes ● Knows state-specific age of sexual consent and statutory rape laws ● Understands state-specific reporting mandates
Level 3 <i>Applies knowledge of the statutes and court procedures to patient evaluation</i>	<ul style="list-style-type: none"> ● Makes recommendations for acute sexual assault evaluation based on statutory rape laws ● Recommends referral to child protective services based on state-mandated reporter laws
Level 4 <i>Integrates knowledge of the statutes and court procedures to multidisciplinary team interactions</i>	<ul style="list-style-type: none"> ● Advises and coordinates reproductive health care for patient with pregnancy resulting from sexual assault ● Consistently demonstrates knowledge of Health Insurance Portability and Accountability Act (HIPAA) exceptions in the discussions of medical information with multidisciplinary team members
Level 5 <i>Advances knowledge of statutes and court procedures relevant to child maltreatment through dissemination of scholarly activity and advocacy</i>	<ul style="list-style-type: none"> ● Authors an op-ed on state child maltreatment laws and impact on patient care ● Provides collaborative educational presentation with attorneys, including mock trial for regional multidisciplinary team members on child maltreatment case
Assessment Models or Tools	<ul style="list-style-type: none"> ● Assessment of case presentation ● Case-based discussions ● Direct observation ● Simulation ● Guided self-reflection ● Portfolio assessment
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Academy of Pediatrics Committee on Medical Liability and Risk Management. 2005. <i>Medicolegal Issues in Pediatrics, 7th ed.</i> American Academy of Pediatrics. DOI: https://doi.org/10.1542/9781581107012. ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Miller, Aaron J., Sandeep Narang, Philip Scribano, Christopher Greeley, Carol Berkowitz, John M. Leventhal, Lori Frasier, and Daniel M. Lindberg. 2020. “Ethical Testimony in

Cases of Suspected Child Maltreatment: The Ray E. Helfer Society Guidelines." *Academic Pediatrics*. 20(6):742-745. doi: 10.1016/j.acap.2020.02.011. Epub 2020 Feb 14. PMID: 32068125.

- Paul, Stephan R., Sandeep K. Narang, Committee on Medical Liability and Risk Management, William McDonnell, Robin L. Altman, Steven A. Bondi, and Jon Mark Fanaroff. 2017. "Expert Witness Participation in Civil and Criminal Proceedings." *Pediatrics*. 139 (3): e20163862.
- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice Overall Intent: To incorporate evidence and apply it to individual patients and patient populations	
Milestones	Examples
Level 1 <i>Develops an answerable clinical question and demonstrates how to access available evidence, with guidance</i>	<ul style="list-style-type: none"> ● Needs help with creating a searchable question in reference to the differential diagnosis for a subdural hemorrhage ● Uses UpToDate to search for answers to clinical questions ● Accesses available evidence using unfiltered resources, retrieving a broad array of related information
Level 2 <i>Independently articulates clinical question and accesses available evidence</i>	<ul style="list-style-type: none"> ● Independently identifies “What is the incidence of neonatal subdural hemorrhage from birth trauma?” as a focused, answerable question ● Uses PubMed to search for the answer to a clinical question and appropriately filters results
Level 3 <i>Locates and applies the evidence, integrated with patient preference, to the care of patients</i>	<ul style="list-style-type: none"> ● Obtains, appraises, and applies evidence to create appropriate differential diagnosis for subdural hemorrhage in a neonate ● Efficiently searches and filters evidence-based literature, retrieving information that is specific to the clinical question
Level 4 <i>Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence to guide care tailored to the individual patient</i>	<ul style="list-style-type: none"> ● Routinely applies evidence to the care of individual patients or populations to improve their clinical practice ● Discusses with patients’ families occult injury screening practices informed by the evidence-based literature ● Recognizes that social determinants of health are confounding factors in the literature base
Level 5 <i>Coaches others to critically appraise and apply evidence for complex patients</i>	<ul style="list-style-type: none"> ● Provides guidance to junior learners on formulating questions, searching for the best available evidence, appraising evidence, and applying that information to the care of patients ● Participates in the development of clinical guidelines/pathways ● Role models creating efficient and effective search strategies to answer clinical questions
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Guided self-reflection ● Presentation evaluation ● Scholarly activity portfolio ● SITE
Curriculum Mapping	<ul style="list-style-type: none"> ●

Notes or Resources	<ul style="list-style-type: none">● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics.● Duke University. “Evidence-Based Practice.” https://guides.mclibrary.duke.edu/ebm/home. Accessed 2020.● Guyatt, Gordon, Drummond Rennie, Maureen O. Meade, and Deborah Cook. 2015. <i>Users’ Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice</i>, 3rd ed. USA: McGraw-Hill Education. https://jamaevidence.mhmedical.com/Book.aspx?bookId=847. Accessed 2020.● US National Library of Medicine. “PubMed® Online Training.” https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. Accessed 2020.
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Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth Overall Intent: To continuously improve patient care based on self-evaluation and lifelong learning	
Milestones	Examples
Level 1 <i>Participates in feedback sessions</i> <i>Develops personal and professional goals, with assistance</i>	<ul style="list-style-type: none"> ● Attends scheduled feedback sessions ● Develops a plan with supervising physician to assess own use of follow-up skeletal surveys ● Acknowledges own implicit/explicit biases, with assistance
Level 2 <i>Demonstrates openness to feedback and performance data</i> <i>Designs a learning plan based on established goals, feedback, and performance data, with assistance</i>	<ul style="list-style-type: none"> ● Acknowledges concerns about timely note completion and works with supervising physician to develop goals for improvement ● After reviewing the use of STI testing in the clinic during an annual review, integrates feedback to develop individual education plan ● Devises a plan to explore biases and how they impact patient care and professional relationships
Level 3 <i>Seeks and incorporates feedback and performance data episodically</i> <i>Designs and implements a learning plan by analyzing and reflecting on the factors which contribute to gap(s) between performance expectations and actual performance</i>	<ul style="list-style-type: none"> ● Evaluates frequency of STI testing in own clinic sessions to ensure current guidelines are being followed ● Identifies problems performing colposcopy on adolescents and devises a learning plan that incorporates feedback on technique from all clinical staff and practitioners ● Recognizes own implicit biases that affected care for a transgender male seeking evaluation after sexual assault and seeks out additional trainings
Level 4 <i>Seeks and incorporates feedback and performance data consistently</i> <i>Adapts a learning plan using long-term professional goals, self-reflection, and performance data to measure its effectiveness</i>	<ul style="list-style-type: none"> ● Initiates a quarterly chart audit to ensure appropriate prescribing of HIV prophylaxis for acute sexual assault victims ● Adapts learning plan to improve knowledge of HIV prophylaxis based on personal reflection, feedback, and patient data
Level 5 <i>Role models and coaches others in seeking and incorporating feedback and performance data</i> <i>Demonstrates continuous self-reflection and coaching of others on reflective practice</i>	<ul style="list-style-type: none"> ● Leads an initiative to improve prescription of HIV prophylaxis by all clinic practitioners ● Meets regularly with practitioners to review individual practice habits and develop their quality improvement goals
Assessment Models or Tools	<ul style="list-style-type: none"> ● 360 evaluations ● Direct observation

	<ul style="list-style-type: none"> ● Guided self-reflection ● Medical record (chart) audit ● Review of learning plan
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Burke, Anne E., Bradley Benson, Robert Englander, Carol Carraccio, and Patricia J. Hicks. 2014. “Domain of Competence: Practice-Based Learning and Improvement.” <i>Academic Pediatrics</i>. 14(2): S38-S54. DOI: https://doi.org/10.1016/j.acap.2013.11.018. ● Lockspeiser, Tai M., Su-Ting T. Li, Ann E. Burke, Adam A. Rosenberg, Alston E. Dunbar 3rd, Kimberly A. Gifford, Gregory H. Gorman, et al. 2016. “In Pursuit of Meaningful Use of Learning Goals in Residency: A Qualitative Study of Pediatric Residents.” <i>Academic Medicine</i>. 91(6):839-846. DOI: 10.1097/ACM.0000000000001015. ● Lockspeiser, Tai M., Patricia A. Schmitter, J. Lindsey Lane, Janice L. Hanson, Adam A. Rosenberg, and Yoon Soo Park. 2013. “Assessing Residents’ Written Learning Goals and Goal Writing Skill: Validity Evidence for the Learning Goal Scoring Rubric.” <i>Academic Medicine</i>. 88(10):1558-1563. DOI: 10.1097/ACM.0b013e3182a352e6.

Practice-Based Learning and Improvement 3: Teaching Overall Intent: To develop skills as an educator for both medical care and multidisciplinary team members	
Milestones	Examples
Level 1 <i>Teaches junior learners in the clinical setting</i>	<ul style="list-style-type: none"> ● During a clinical encounter, discusses fracture mechanics with junior learners
Level 2 <i>Teaches junior learners in the didactic setting</i>	<ul style="list-style-type: none"> ● Provides lecture on mandatory reporting for junior learners
Level 3 <i>Teaches medical care team and/or multidisciplinary team on basic concepts</i>	<ul style="list-style-type: none"> ● Prepares fracture mechanics lecture, employing adult learning principles, for multidisciplinary team (which includes medical and non-medical professionals)
Level 4 <i>Teaches medical care team and/or multidisciplinary team on advanced concepts</i>	<ul style="list-style-type: none"> ● Creates and presents a didactic lecture, with embedded audience response questions to verify understanding, about disorders of bone metabolism and mimics of abuse to emergency department colleagues
Level 5 <i>Designs and implements curricula or learning activities for medical care team and/or multidisciplinary team</i>	<ul style="list-style-type: none"> ● Organizes and presents a series of lectures, employing adult learning principles and audience participation techniques, as part of the educational program for local law enforcement on child abuse pediatrics
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation by faculty members ● Educational products ● Guided self-reflection ● Learner evaluations
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Professionalism 1: Professional Behavior	
Overall Intent: To demonstrate ethical and professional behaviors; to promote these behaviors in others; to use appropriate resources to manage professional dilemmas	
Milestones	Examples
<p>Level 1 <i>Identifies expected professional behaviors and potential triggers for lapses</i></p> <p><i>Identifies the value and role of child abuse pediatrics as a vocation/career</i></p>	<ul style="list-style-type: none"> ● Asks supervising physician for feedback on own communication with clinic/hospital staff members when handling multiple patient activities and feeling overwhelmed ● Acknowledges the importance of child abuse pediatricians in providing unbiased assessments of child maltreatment
<p>Level 2 <i>Demonstrates professional behavior with occasional lapses</i></p> <p><i>Demonstrates accountability for patient care as a child abuse pediatrician, with guidance</i></p>	<ul style="list-style-type: none"> ● Arrives on time to clinic most of the time, and recognizes the negative impact on clinic staff members when arriving late to clinic ● With prompting, discusses results of genetic testing with patient’s family
<p>Level 3 <i>Maintains professional behavior in increasingly complex or stressful situations</i></p> <p><i>Fully engages in patient care and holds oneself accountable</i></p>	<ul style="list-style-type: none"> ● Demonstrates caring and compassionate behaviors with patients, patients’ families, colleagues, and staff members during a hectic day ● Maintains professional composure when challenged by an upset family during discussion on child abuse diagnosis
<p>Level 4 <i>Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others</i></p> <p><i>Exhibits a sense of duty to patient care and professional responsibilities</i></p>	<ul style="list-style-type: none"> ● Models respect and compassion for patients and promotes the same from colleagues by actively identifying professional behavior ● Assists colleagues when the clinic is busy, without prompting ● Speaks up in the moment when observing unprofessional behavior within the health care team and uses reporting mechanisms to address it
<p>Level 5 <i>Models professional behavior and coaches others when their behavior fails to meet professional expectations</i></p> <p><i>Extends the role of the child abuse pediatrician beyond the care of patients by engaging with the community, specialty, and medical profession as a whole</i></p>	<ul style="list-style-type: none"> ● Discusses the need to be on time with a junior learner who continues to be late, making a plan together to address the underlying issues contributing to the learner’s tardiness ● Develops education and/or modules on microaggressions and bias ● Collaborates with city library system to develop protocol for recognition and reporting of child maltreatment
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Direct observation ● Guided self-reflection ● Multisource feedback

Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • Below are resources that define professionalism and seek to focus it on what key knowledge, skills, and attitudes are required to ensure public trust and promote integrity within the profession. It is important to note a historical context in which the informal and formal assessment of “professionalism” has extended beyond these ideals to negatively impact the careers of women, LGBTQIA+ people, and underrepresented minorities in medicine. Explicitly, examples of this have included the way in which women, minoritized learners, and LGBTQIA+ learners have been targeted for certain forms of self-expression of racial, ethnic, or gender identity. The assessment of professionalism should seek to be anti-racist and eliminate all forms of bias. • AbdelHameid, Duaa. 2020. “Professionalism 101 for Black Physicians.” <i>New England Journal of Medicine</i>. 383(5): e34. doi:10.1056/NEJMp2022773. • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • American Board of Pediatrics. “Medical Professionalism.” https://www.abp.org/content/medical-professionalism. Accessed 2020. • American Board of Pediatrics. “Teaching, Promoting, and Assessing Professionalism Across the Continuum: A Medical Educator’s Guide.” https://www.abp.org/professionalism-guide. Accessed 2020. • Bynny, Richard L., Douglas S. Paauw, Maxine Papadakis, and Sheryl Pfeil. 2017. <i>Medical Professionalism Best Practices: Professionalism in the Modern Era</i>. Menlo Park, CA: Alpha Omega Alpha Medical Society. https://www.alphaomegaalpha.org/wp-content/uploads/2022/01/Monograph2018.pdf. ISBN: 978-1-5323-6516-4. • Levinson, Wendy, Shiphra Ginsburg, Frederic W. Hafferty, and Catherine R. Lucey. 2014. <i>Understanding Medical Professionalism</i>. New York, NY: McGraw-Hill Education. https://accessmedicine.mhmedical.com/book.aspx?bookID=1058. • Osseo-Asare, Aba, Lilanthi Balasuriya, Stephen J. Huot, et al. 2018. “Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace.” <i>JAMA Network Open</i>. 1(5): e182723. doi:10.1001/jamanetworkopen.2018.2723. • Paul, Dereck W. Jr., Kelly R. Knight, Andre Campbell, and Louise Aronson. 2020. “Beyond a Moment - Reckoning with Our History and Embracing Antiracism in Medicine.” <i>New England Journal of Medicine</i>. 383: 1404-1406. doi:10.1056/NEJMp2021812 https://www.nejm.org/doi/full/10.1056/NEJMp2021812.

Professionalism 2: Ethical Principles	
Overall Intent: To recognize and address or resolve common and complex ethical dilemmas or situations	
Milestones	Examples
Level 1 <i>Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics</i>	<ul style="list-style-type: none"> ● Recognizes that medical evaluation for concerns of physical abuse may be indicated despite a parent’s refusal ● Explains to adolescent patient the limits of confidentiality during history taking with regard to child maltreatment
Level 2 <i>Applies ethical principles in common situations</i>	<ul style="list-style-type: none"> ● Articulates how the principle of “do no harm” applies to obtaining verbal assent for the anogenital examination from an adolescent presenting after acute sexual assault
Level 3 <i>Analyzes complex situations using ethical principles to address conflict/controversy; seeks help when needed to manage and resolve complex ethical situations</i>	<ul style="list-style-type: none"> ● With guidance, offers prophylactic treatment options after acute sexual assault, while balancing discord in patient’s and patient’s family’s choice ● Participates in discussion with medical care team regarding organ donation in cases of fatal abusive head trauma
Level 4 <i>Manages and seeks to resolve ethical dilemmas using appropriate resources (e.g., ethics consultations, literature review, risk management/legal consultation)</i>	<ul style="list-style-type: none"> ● Appropriately participates in ethics consult to discuss end-of-life care for a patient with abusive head trauma and poor prognosis ● Uses institutional resources, including social work and risk management, when a caregiver chooses to have the patient leave the hospital against medical advice
Level 5 <i>Called upon by others to consult in cases of complex ethical dilemmas; identifies and seeks to address system-level factors that induce or exacerbate</i>	<ul style="list-style-type: none"> ● Is a member of the hospital ethics committee ● Provides education to hospital staff members regarding trauma-informed care of patients presenting with ethically challenging medical concerns
Assessment Models or Tools	<ul style="list-style-type: none"> ● Case-based discussions ● Direct observation ● Guided self-reflection ● Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● American Board of Pediatrics. “Medical Professionalism.” https://www.abp.org/content/medical-professionalism. Accessed 2020. ● American Medical Association. “Ethics.” https://www.ama-assn.org/delivering-care/ethics. Accessed 2020.

- Bynny, Richard L., Douglas S. Paauw, Maxine Papadakis, and Sheryl Pfeil. 2017. *Medical Professionalism Best Practices: Professionalism in the Modern Era*. Menlo Park, CA: Alpha Omega Alpha Medical Society. <https://www.alphaomegaaalpha.org/wp-content/uploads/2022/01/Monograph2018.pdf>. ISBN: 978-1-5323-6516-4.
- Carroll, Ricki S., Eliza Hirst, Mark Hudson, Molly Shaw, Stephanie A. Deutsch. 2020. "End-of-Life Medical Decision-Making for Children in Custody: A Collaborative, Multi-Stakeholder Practical Approach." *Child Abuse & Neglect*. 103: 104441. <https://doi.org/10.1016/j.chiabu.2020.104441>.
- Deutsch SA, Teeple E, Dickerman M, Macaulay J, Collins G. For victims of fatal child abuse, who has the right to consent to organ donation?. *Pediatrics* September 2020; 146 (3): e20200662. doi:10.1542/peds.2020-0662
- Levinson W, Ginsburg S, Hafferty FW, Lucey CR. *Understanding Medical Professionalism*. New York, NY: McGraw-Hill Education; 2014.

Professionalism 3: Accountability/Conscientiousness	
Overall Intent: To take responsibility for one’s own actions and the impact on patients and other members of the health care team	
Milestones	Examples
Level 1 <i>Performs tasks and responsibilities, with prompting</i>	<ul style="list-style-type: none"> • Responds to reminders from program administrator to complete work hour logs • After being informed by the program director that too many conferences have been missed, changes habits to meet the minimum attendance requirement • Completes patient care tasks after prompting from a supervising physician
Level 2 <i>Performs tasks and responsibilities in a timely manner in routine situations</i>	<ul style="list-style-type: none"> • Completes administrative tasks by specified due date • Answers pages and emails promptly with rare exceptions
Level 3 <i>Performs tasks and responsibilities in a thorough and timely manner in complex or stressful situations</i>	<ul style="list-style-type: none"> • Identifies multiple competing demands when caring for patients, triages tasks, and seeks help from other team members
Level 4 <i>Coaches others to ensure tasks and responsibilities are completed in a thorough and timely manner in complex or stressful situations</i>	<ul style="list-style-type: none"> • Offers junior learner tips on task prioritization • Leads clinic team during hectic days, delegating tasks to ensure that all tasks are completed for safe and thorough patient care
Level 5 <i>Creates strategies to enhance others’ ability to efficiently complete tasks and responsibilities</i>	<ul style="list-style-type: none"> • Develops online form that populates directly into EHR to streamline clinic flow
Assessment Models or Tools	<ul style="list-style-type: none"> • Compliance with deadlines and timelines • Direct observation • Guided self-reflection • Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • American Board of Pediatrics. “Medical Professionalism.” https://www.abp.org/content/medical-professionalism. Accessed 2020. • American Medical Association. “Ethics.” https://www.ama-assn.org/delivering-care/ama-code-medical-ethics. Accessed 2020. • Code of conduct from fellow/resident institutional manual • Expectations of fellowship program regarding accountability and professionalism

Professionalism 4: Well-Being	
Overall Intent: To identify resources to manage and improve well-being	
Milestones	Examples
Level 1 <i>Recognizes the importance of addressing personal and professional well-being</i>	<ul style="list-style-type: none"> ● Acknowledges how individual response to participating in a physical abuse consult impacts well-being and may impact the approach to patients seen later the same day ● Recognizes the importance of discussing professional well-being with a faculty mentor ● Appreciates that personal stress may require discussion of a change in schedule
Level 2 <i>Describes institutional resources that are meant to promote well-being</i>	<ul style="list-style-type: none"> ● Identifies well-being resources for learners and faculty members available through the institution and nationally ● Meets with program director to discuss Family Medical Leave Act options when expecting a child
Level 3 <i>Recognizes institutional and personal factors that impact well-being</i>	<ul style="list-style-type: none"> ● Recognizes threats to personal safety in the workplace and uses practices to mitigate them ● Appreciates the tension between professional and personal responsibilities
Level 4 <i>Describes interactions between institutional and personal factors that impact well-being</i>	<ul style="list-style-type: none"> ● Discusses a plan to mitigate the tension between a busy schedule and personal time ● Recognizes how microaggressions in the workplace are impacting performance or engagement in patient care
Level 5 <i>Coaches and supports colleagues to optimize well-being at the team, program, or institutional level</i>	<ul style="list-style-type: none"> ● Leads divisional efforts to address clinician well-being ● Leads a team debrief after a challenging consult or patient death; shares strategies for self-care ● Develops an affinity group to provide support for self and others to explore the impact of microaggressions and biases
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Group interview or discussions for team activities ● Individual interview ● Institutional online training modules ● Self-assessment and personal learning plan
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● This subcompetency is not intended to evaluate a fellow’s well-being, but to ensure each fellow has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being. ● Accreditation Council for Graduate Medical Education. “Well-Being Tools and Resources.” https://dl.acgme.org/pages/well-being-tools-resources. Accessed 2022.

- American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” <https://www.abp.org/content/entrustable-professional-activities-subspecialties>. Accessed 2022.
Note: Focus on section for Child Abuse Pediatrics.
- American Board of Pediatrics. “Medical Professionalism.” <https://www.abp.org/content/medical-professionalism>. Accessed 2020.
- Hicks, Patricia J., Daniel Schumacher, Susan Guralnick, Carol Carraccio, and Ann E. Burke. 2014. “Domain of Competence: Personal and Professional Development.” *Academic Pediatrics*. 14(2 Suppl): S80-97. <https://doi.org/10.1016/j.acap.2013.11.017>.
- Local resources, including employee assistance programs

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication Overall Intent: To tailor communication to the needs of patients and families	
Milestones	Examples
Level 1 <i>Demonstrates respect and attempts to establish rapport</i> <i>Attempts to adjust communication strategies based upon patient/family expectations</i>	<ul style="list-style-type: none"> ● Introduces self and supervising physician, explains role, identifies patient and others in the room, and engages relevant parties in health care discussion ● Identifies need for trained interpreter for families with limited English proficiency
Level 2 <i>Establishes a therapeutic relationship in straightforward encounters</i> <i>Adjusts communication strategies as needed to mitigate barriers and meet patient/family expectations</i>	<ul style="list-style-type: none"> ● Uses nonjudgmental language to discuss sexual history of an adolescent ● Asks for and uses patient’s pronouns ● Ensures that a distraught teenager with genital herpes understands that the outbreak will be self-limited but acknowledges uncertainty of future outbreaks and discusses risks/benefits of prophylactic medication ● Asks transgender patients their preferred word for their genitalia
Level 3 <i>Establishes a culturally competent and therapeutic relationship in most encounters</i> <i>Communicates with sensitivity and compassion, elicits patient/family values, and acknowledges uncertainty and conflict</i>	<ul style="list-style-type: none"> ● Obtains adolescent sexual history from a patient presenting after sexual abuse while promoting trust, respect, and understanding ● Recognizes that mispronouncing a patient’s name might be experienced as a microaggression; apologizes to the patient and seeks to correct the mistake
Level 4 <i>Establishes a therapeutic relationship in straightforward and complex encounters, including those with ambiguity and/or conflict</i> <i>Uses shared decision making with patient/family to make a personalized care plan</i>	<ul style="list-style-type: none"> ● Engages caregivers who refuse skeletal survey, addressing concerns for radiation exposure and reviewing risks/benefits ● When suggesting timeline for follow-up, considers caregiver availability, patient school schedule, and transportation
Level 5 <i>Mentors others to develop positive therapeutic relationships</i> <i>Models and coaches others in patient- and family-centered communication</i>	<ul style="list-style-type: none"> ● Role models gender-affirming medical care for all patients ● Develops a curriculum on patient- and family-centered communication
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Case-based discussions ● Guided self-reflection

Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • Association of American Medical Colleges MedEdPORTAL. “Anti-Racism in Medicine Collection.” https://www.mededportal.org/anti-racism. Accessed 2022. • Laidlaw, Anita, and Jo Hart. 2011. “Communication Skills: An Essential Component of Medical Curricula. Part I: Assessment of Clinical Communication: AMEE Guide No. 51.” <i>Medical Teacher</i>. 33(1): 6-8. https://doi.org/10.3109/0142159X.2011.531170. • Makoul, Gregory. 2001. “Essential Elements of Communication in Medical Encounters: the Kalamazoo Consensus Statement.” <i>Academic Medicine</i>. 76(4): 390-393. https://journals.lww.com/academicmedicine/Fulltext/2001/04000/Essential Elements of Communication in Medical.21.aspx#pdf-link. • Makoul, Gregory. 2001. “The SEGUE Framework for Teaching and Assessing Communication Skills.” <i>Patient Education and Counseling</i>. 45(1): 23-34. https://doi.org/10.1016/S0738-3991(01)00136-7. • National LGBTQIA+ Health and Education Center: https://www.lgbtqiahealtheducation.org/.

Interpersonal and Communication Skills 2: Interprofessional and Team Communication Overall Intent: To communicate effectively with the medical care team and/or the multidisciplinary team	
Milestones	Examples
Level 1 <i>Respectfully requests a consultation, with guidance</i> <i>Identifies the members of the interprofessional team</i>	<ul style="list-style-type: none"> ● Places a dermatology referral for a patient in foster care clinic with skin lesion of unknown etiology after discussing with supervising physician ● Acknowledges the contribution of each member of the multidisciplinary team
Level 2 <i>Clearly and concisely requests consultation by communicating patient information</i> <i>Participates within the interprofessional team</i>	<ul style="list-style-type: none"> ● Independently places a dermatology referral for a patient in foster care clinic with skin lesion of unknown etiology without submitting a specific question ● Discusses discharge plan with social work and case management for a patient with child protective services involvement
Level 3 <i>Formulates a specific question for consultation and tailors communication strategy</i> <i>Uses bi-directional communication within the interprofessional team</i>	<ul style="list-style-type: none"> ● Recommends dilated eye exam in a patient with abusive head trauma with consideration of clinical clearance by other subspecialists ● Contacts the infectious disease clinic to ensure that follow-up appointment is made after patient started on HIV post-exposure prophylaxis (PEP)
Level 4 <i>Coordinates consultant recommendations to optimize patient care</i> <i>Facilitates interprofessional team communication</i>	<ul style="list-style-type: none"> ● Facilitates interprofessional care conference for a patient diagnosed with medical child abuse ● Discusses plan with neurology to taper seizure medications and works with gastroenterology to reassess ongoing need for feeding tube for a patient diagnosed with medical child abuse
Level 5 <i>Maintains a collaborative relationship with referring providers that maximizes adherence to practice recommendations</i> <i>Coaches others in effective communication within the interprofessional team</i>	<ul style="list-style-type: none"> ● Mediates a conflict between different members of the multidisciplinary team ● Effectively addresses racial discrimination or microaggressions
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct observation ● Case-based discussions ● Guided self-reflection

	<ul style="list-style-type: none"> ● Multisource feedback ● Simulation
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Green, Matt, Teresa Parrott, and Graham Cook. 2012. “Improving Your Communication Skills.” <i>BMJ</i>. 344:e357. https://doi.org/10.1136/bmj.e357. ● Henry, Stephen G., Eric S. Holmboe, and Richard M. Frankel. 2013. “Evidence-Based Competencies for Improving Communication Skills in Graduate Medical Education: A Review with Suggestions for Implementation.” <i>Medical Teacher</i>. 35(5):395-403. https://doi.org/10.3109/0142159X.2013.769677. ● Roth, Christine G., Karen W. Eldin, Vijayalakshmi Padmanabhan, and Ellen M. Freidman. 2019. “Twelve Tips for the Introduction of Emotional Intelligence in Medical Education.” <i>Medical Teacher</i>. 41(7): 1-4. ● The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Interpersonal and Communication Skills 3: Conflict Management	
Overall Intent: To recognize and manage conflicts in medical care teams, multidisciplinary teams, and team-based activities	
Milestones	Examples
Level 1 Supports activities of medical care team and/or multidisciplinary team members and communicates findings and recommendations	<ul style="list-style-type: none"> • Presents a four-month-old with spiral femur fracture at multidisciplinary team meeting and defers to supervising physician when caseworker insists that injury is accidental
Level 2 Recognizes communication conflicts in medical care teams and/or multidisciplinary teams	<ul style="list-style-type: none"> • Leads the discussion, but asks supervising physician to be present during call to child protective services caseworker who questions the diagnosis
Level 3 Recognizes differing opinions and goals of medical care team and/or multidisciplinary team members and sustains working relationships in the face of conflict	<ul style="list-style-type: none"> • Communicates with trauma service regarding need for abdominal CT in the context of elevated liver function test (LFT) in an otherwise well-appearing child
Level 4 Manages resolution of conflicts in a team-based setting or participates in the resolution of systems-level conflicts	<ul style="list-style-type: none"> • Independently communicates medical reasoning to multidisciplinary team who are questioning the diagnosis of child maltreatment • Contacts child protective services supervisor to express concern regarding child safety • Mediates conflict within multidisciplinary team about differing opinions on diagnosis of maltreatment
Level 5 Designs research or quality improvement projects to improve team-based evaluation	<ul style="list-style-type: none"> • Develops a quality improvement initiative aimed at streamlining communication between medical teams and child protective services
Assessment Models or Tools	<ul style="list-style-type: none"> • Case-based discussions • Direct observation • Guided self-reflection • Multisource feedback
Curriculum Mapping	<ul style="list-style-type: none"> •
Notes or Resources	<ul style="list-style-type: none"> • American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. • Jenny, Carole, ed. 2011. <i>Child Abuse and Neglect: Diagnosis, Treatment, and Evidence</i>. St. Louis, MO: Elsevier Publishing. • Katkin, Julie P., Susan J. Kressly, Anne R. Edwards, James M. Perrin, Colleen A. Kraft, Julia Richerson, Joel S. Tieder et al. 2017. “Guiding Principles for Team-Based Pediatric Care.” American Academy of Pediatrics Policy Statement. <i>Pediatrics</i>. 140(2): e20171489. https://doi.org/10.1542/peds.2017-1489.

- Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. *Child Abuse: Medical Diagnosis and Management*, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Interpersonal and Communication Skills 4: Communication within Health Care Systems Overall Intent: To effectively communicate using a variety of tools and methods	
Milestones	Examples
<p>Level 1 <i>Records accurate information in the patient record</i></p> <p><i>Identifies the importance of and responds to multiple forms of communication (e.g., in-person, electronic health record (EHR), telephone, email)</i></p>	<ul style="list-style-type: none"> ● Updates documentation and recommendations after discussion with supervising physician ● Responds to a page in a timely manner ● Responds to a program-related administrative email in a timely manner
<p>Level 2 <i>Records accurate and timely information in the patient record</i></p> <p><i>Selects appropriate method of communication, with prompting</i></p>	<ul style="list-style-type: none"> ● Provides organized and accurate documentation that supports the treatment plan and limits extraneous information ● Uses “declines anogenital exam” instead of “refused anogenital exam” to avoid bias or stigmatized language ● Calls primary team with urgent request for labs after reminder from supervising physician
<p>Level 3 <i>Concisely documents updated, prioritized, diagnostic and therapeutic reasoning in the patient record</i></p> <p><i>Aligns type of communication with message to be delivered (e.g., direct and indirect) based on urgency and complexity</i></p>	<ul style="list-style-type: none"> ● Documents complex clinical thinking and planning and is concise, but does not incorporate contingency planning ● Calls child protective services urgently when results from follow-up skeletal survey change assessment ● Emails patient's hematologist with non-urgent question rather than paging hematologist on call
<p>Level 4 <i>Documents diagnostic and therapeutic reasoning, including anticipatory guidance</i></p> <p><i>Demonstrates exemplary written and verbal communication</i></p>	<ul style="list-style-type: none"> ● Documents accurate, organized, and concise assessment and recommendations; reflects complex clinical reasoning and frequently incorporates contingency planning for new findings that arise on recommended evaluation ● Communicates effectively and proactively with collaborating physicians and multidisciplinary team about communication gaps to prevent recurrence

<p>Level 5 Models and coaches others in documenting diagnostic and therapeutic reasoning</p> <p><i>Coaches others in written and verbal communication</i></p>	<ul style="list-style-type: none"> ● Leads teams by using a range of effective tools and methods of communication that fit the context of a broad variety of clinical encounters ● Designs and facilitates the improvement of systems by integrating effective communication among teams, departments, and institutions ● Leads a team to implement consistent documentation of patient pronouns/names into EHR
<p>Assessment Models or Tools</p>	<ul style="list-style-type: none"> ● Case-based discussions ● Direct observation ● Guided self-reflection ● Medical record (chart) audit ● Multisource feedback
<p>Curriculum Mapping</p>	<ul style="list-style-type: none"> ●
<p>Notes or Resources</p>	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Bierman, Jennifer A., Kathryn Kinner Hufmeyer, David T. Liss, A. Charlotta Weaver, and Heather L. Heiman. 2017. “Promoting Responsible Electronic Documentation: Validity Evidence for a Checklist to Assess Progress Notes in the Electronic Health Record.” <i>Teaching and Learning in Medicine</i>. 29(4): 420-432. https://doi.org/10.1080/10401334.2017.1303385. ● Glick, Alexander F., Lauren Z. Foster, Michael Goonan, Louis H. Hart, Sadia Alam, and Rebecca E. Rosenberg. 2022. “Using Quality Improvement Science to Promote Reliable Communication During Family-Centered Rounds.” <i>Pediatrics</i>. 149(4): e2021050197. https://doi.org/10.1542/peds.2021-050197. ● Haig, Kathleen M., Staci Sutton, and John Whittington. 2006. “SBAR: A Shared Mental Model for Improving Communications Between Clinicians.” <i>Joint Commission Journal on Quality and Patient Safety</i>. 32(3):167-75. https://doi.org/10.1016/s1553-7250(06)32022-3. ● Jewell, Jennifer A., and Committee on Hospital Care. 2016. “Standardization of Inpatient Handoff Communication.” American Academy of Pediatrics Clinical Report. <i>Pediatrics</i>, 138(5), e20162681. https://doi.org/10.1542/peds.2016-2681. ● Laskey, Antoinette, and Andrew Sirotnak, eds. 2019. <i>Child Abuse: Medical Diagnosis and Management</i>, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics. https://doi.org/10.1542/9781610023597. ● Pavitt, Sara, Anne McHugh, Kevin Chi, Kim Hoang, Elizabeth Lippner, Jennifer Tsai, Rachel Goldstein, Hannah Bassett, and Nivedita S Srinivas. “Improving Inpatient Consult Communication Through a Standardized Tool.” <i>Pediatrics</i>. 147(5): e20200681. https://doi.org/10.1542/peds.2020-0681.

- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Interpersonal and Communication Skills 5: Medicolegal Communications	
Overall Intent: To effectively communicate information gathered and opinions generated during child maltreatment evaluations with multidisciplinary team members in the legal setting	
Milestones	Examples
Level 1 <i>Discusses the role of the child abuse pediatrician in the child protective and legal systems</i>	<ul style="list-style-type: none"> Explains role of child abuse pediatrician during a legal proceeding as distinct from the investigative members of the multidisciplinary team
Level 2 <i>Meets with attorneys, law enforcement, and/or child protective services to discuss case findings, with supervision</i>	<ul style="list-style-type: none"> Provides case details and assessment for two-month-old with a bruise using minimal medical jargon but relies on supervising physician to address broader differential diagnosis and clinical reasoning
Level 3 <i>Independently meets with attorneys, law enforcement, and/or child protective services to discuss case findings</i>	<ul style="list-style-type: none"> Provides case details and assessment for two-month-old with a bruise without medical jargon and can address broader differential diagnosis and clinical reasoning independently
Level 4 <i>Prepares and presents ethical testimony based on widely accepted evidence-based literature for a case proceeding (actual or mock)</i>	<ul style="list-style-type: none"> Uses abusive head trauma consensus statement during testimony/preparation of written reports regarding a four-month-old with intracranial hemorrhage
Level 5 <i>Prepares and presents ethical testimony based on widely accepted evidence-based literature for a spectrum of complex case proceedings</i>	<ul style="list-style-type: none"> Develops ethical testimony to address novel alternative hypotheses
Assessment Models or Tools	<ul style="list-style-type: none"> Case-based discussions Court transcript review Direct observation Guided self-reflection Multisource feedback Simulation
Curriculum Mapping	<ul style="list-style-type: none">
Notes or Resources	<ul style="list-style-type: none"> American Board of Pediatrics. "Entrustable Professional Activities for Subspecialties." https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. Miller, Aaron J., Sandeep Narang, Philip Scribano, Christopher Greeley, Carol Berkowitz, John M. Leventhal, Lori Frasier, and Daniel M. Lindberg. 2020. "Ethical Testimony in Cases of Suspected Child Maltreatment: The Ray E. Helfer Society Guidelines." <i>Academic Pediatrics</i>. 20(6):742-745. doi: 10.1016/j.acap.2020.02.011. Epub 2020 Feb 14. PMID: 32068125.

- Narang, Sandeep K., and John D. Melville. 2014. "Legal issues in child maltreatment." *Pediatric Clinics of North America*. 61(5):1049-58. <https://doi.org/10.1016/j.pcl.2014.06.016>. Epub 2014 Jul 30. PMID: 25242715.
- Paul, Stephan R., Sandeep K. Narang, and Committee on Medical Liability and Risk Management. 2017. "Expert Witness Participation in Civil and Criminal Proceedings." *Pediatrics*. 2017 Mar;139(3): e20163862. <https://doi.org/10.1542/peds.2016-3862>. Epub 2017 Feb 20. PMID: 28219967.
- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

Interpersonal and Communication Skills 6: Difficult Conversations Overall Intent: To effectively have difficult discussions with patients and their families/caregivers	
Milestones	Examples
Level 1 <i>Identifies communication about diagnosis as a key element of patient evaluation</i>	<ul style="list-style-type: none"> ● Understands need to update patients’ families/caregivers directly with MRI results and how this contributes to the diagnosis
Level 2 <i>Participates in the delivery of information about diagnosis, recommendations, and multidisciplinary team process</i>	<ul style="list-style-type: none"> ● Relays MRI results to patient’s family/caregiver and begins conversation about abuse concerns and need to report, with supervising physician input ● Provides recommendations directly to consulting team after discussion with supervising physician
Level 3 <i>Delivers information about diagnosis, recommendations, and multidisciplinary team process; acknowledges emotional responses of patients and patients’ caregivers</i>	<ul style="list-style-type: none"> ● With minimal input from supervising physician, explains to the patient’s family that child abuse is the most likely diagnosis and that child protective services and law enforcement will be notified ● Provides tissues to crying family members without addressing their emotional distress
Level 4 <i>Tailors communication of diagnosis, recommendations, multidisciplinary team process, and medical uncertainty; attends to emotional responses of patients and patients’ caregivers</i>	<ul style="list-style-type: none"> ● Adjusts communication with patient’s family/caregivers based on the perceived level of understanding or emotional distress ● Pauses when patient’s family/caregiver becomes visibly distraught and empathizes before continuing with discussion of MRI findings and diagnosis of abuse
Level 5 <i>Coaches others in the communication of difficult information about diagnosis, recommendations, and multidisciplinary team process</i>	<ul style="list-style-type: none"> ● Develops a simulation module to teach communication of diagnosis of child maltreatment
Assessment Models or Tools	<ul style="list-style-type: none"> ● 360 evaluations ● Case-based discussions ● Direct observation ● Guided self-reflection
Curriculum Mapping	<ul style="list-style-type: none"> ●
Notes or Resources	<ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for Subspecialties.” https://www.abp.org/content/entrustable-professional-activities-subspecialties. Accessed 2022. Note: Focus on section for Child Abuse Pediatrics. ● Back, Anthony, Robert Arnold, and James Tulsky. 2009. <i>Mastering Communication with Seriously Ill Patients</i>. Cambridge: Cambridge University Press.

- Breuner, Cora Collette, and Megan A. Moreno. 2011. "Approaches to the Difficult Patient/Parent Encounter." *Pediatrics* 127 (1): 163–169. <https://doi.org/10.1542/peds.2010-0072>.
- Childers, Julie W., Anthony L. Back, James A. Tulsy, and Robert M. Arnold. 2017. "REMAP: A Framework for Goals of Care Conversations." *Journal of Oncology Practice*. 13(10): e844-e850. doi:10.1200/JOP.2016.018796.
- Levetown, Marcia, and the Committee on Bioethics. 2008. "Communicating with Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information." *Pediatrics*. 121(5): e1441-60. <https://doi.org/10.1542/peds.2008-0565>.
- VitalTalk: www.vitaltalk.org. Accessed 2018.
- The multidisciplinary team includes partner agencies, such as child protective services and law enforcement.

To help programs transition to the new version of the Milestones, the ACGME has mapped the original Milestones 1.0 to the new Milestones 2.0. Indicated below are the subcompetencies that are similar between versions. These are not exact matches, but are areas that include similar elements. Not all subcompetencies map between versions. Inclusion or exclusion of any subcompetency does not change the educational value or impact on curriculum or assessment.

Milestones 1.0	Milestones 2.0
PC1: Provide transfer of care that ensures seamless transitions	SBP4: System Navigation for Patient-Centered Care – Transitions in Care
PC2: Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement	PC1: History PC2: Physical Exam MK2: Diagnostic Evaluation
PC3: Develop and carry out management plans	PC5: Patient Management PC6: Provides Consultative Care ICS1: Patient- and Family-Centered Communication
PC4: Provide appropriate role modeling	PBLI2: Reflective Practice and Commitment to Personal Growth PC4: Organization and Prioritization of Patient Care
MK1: Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems	MK1: Clinical Knowledge PBLI1: Evidence Based and Informed Practice
SBP1: Work effectively in various health care delivery settings and systems relevant to their clinical specialty	SBP3: System Navigation for Patient Centered Care – Coordination of Care SBP6: Physician Role in Health Care Systems
SBP2: Coordinate patient care within the health care system relevant to their clinical specialty	SBP3: System Navigation for Patient Centered Care – Coordination of Care SBP4: System Navigation for Patient-Centered Care – Transitions in Care SBP5: Population and Community Health ICS1: Patient- and Family-Centered Communications ICS2: Interprofessional and Team Communication
SBP3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	SBP5: Population and Community Health SBP6: Physician Role in Health Care Systems
SBP4: Work in inter-professional teams to enhance patient safety and improve patient care quality	SBP1: Patient Safety ICS2: Interprofessional and Team Communication ICS3: Conflict Management
SBP5: Participate in identifying system errors and implementing potential systems solutions	SBP1: Patient Safety SBP2: Quality Improvement

	SBP7: Legal Principles Related to Child Maltreatment
PBL11: Identifying strengths, deficiencies, and limits to one's knowledge and expertise	PBL11: Evidence Based and Informed Practice PBL12: Reflective Practice and Commitment to Personal Growth
PBL12: Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	SBP2: Quality Improvement PBL12: Reflective Practice and Commitment to Personal Growth
PBL13: Use information technology to optimize learning and care delivery	PBL11: Evidence Based and Informed Practice PBL12: Reflective Practice and Commitment to Personal Growth ICS3: Communication within Health Care Systems
PBL14: Participate in the education of patients, families, students, residents, fellows, and other health professionals	SBP5: Population and Community Health PBL11: Evidence Based and Informed Practice PBL13: Teaching ICS1: Patient- and Family-Centered Communications
PROF1: Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries	PROF1: Professional Behavior PROF2: Ethical Principles
PROF2: Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	PBL11: Evidence Based and Informed Practice PROF1: Professional Behavior PROF3: Accountability/Conscientiousness ICS1: Patient- and Family-Centered Communications
PROF3: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients	ICS2: Interprofessional and Team Communication ICS4: Communication within Health Care Systems PROF2: Ethical Principles PROF3: Accountability/Conscientiousness
PROF4: The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty	PROF2: Ethical Principles ICS1: Patient- and Family-Centered Communication PBL11: Evidence Based and Informed Practice
	PROF4: Well-Being
ICS1: Communicate effectively with physicians, other health professionals, and health-related agencies	ICS2: Interprofessional and Team Communication ICS4: Communication within Health Care Systems
ICS2: Work effectively as a member or leader of a health care team or other professional group	ICS2: Interprofessional and Team Communication PBL12: Reflective Practice and Commitment to Personal Growth PROF3: Accountability/Conscientiousness
ICS3: Act in a consultative role to other physicians and health professionals	PC4: Clinical Reasoning PC6: Provides Consultative Care

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	ICS2: Interprofessional and Team Communication ICS4: Communication within Health Care Systems
	ICS5: Medicolegal Communication
	ICS6: Difficult Conversations

Available Milestones Resources

Milestones 2.0: Assessment, Implementation, and Clinical Competency Committees Supplement, 2021 - <https://meridian.allenpress.com/jgme/issue/13/2s>

Milestones Guidebooks: <https://www.acgme.org/milestones/resources/>

- *Assessment Guidebook*
- *Clinical Competency Committee Guidebook*
- *Clinical Competency Committee Guidebook Executive Summaries*
- *Implementation Guidebook*
- *Milestones Guidebook*

Milestones Guidebook for Residents and Fellows: <https://www.acgme.org/residents-and-fellows/the-acgme-for-residents-and-fellows/>

- *Milestones Guidebook for Residents and Fellows*
- *Milestones Guidebook for Residents and Fellows Presentation*
- *Milestones 2.0 Guide Sheet for Residents and Fellows*

Milestones Research and Reports: <https://www.acgme.org/milestones/research/>

- *Milestones National Report*, updated each fall
- *Milestones Predictive Probability Report*, updated each fall
- *Milestones Bibliography*, updated twice each year

Developing Faculty Competencies in Assessment courses - <https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/developing-faculty-competencies-in-assessment/>

Assessment Tool: Direct Observation of Clinical Care (DOCC) - <https://dl.acgme.org/pages/assessment>

Assessment Tool: Teamwork Effectiveness Assessment Module (TEAM) - <https://team.acgme.org/>

Improving Assessment Using Direct Observation Toolkit - <https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation>

Remediation Toolkit - <https://dl.acgme.org/courses/acgme-remediation-toolkit>

Learn at ACGME has several courses on Assessment and Milestones - <https://dl.acgme.org/>