

1 **ACGME Program Requirements for Fellowship Education**
2 **in Child Abuse Pediatrics**
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5 Note: In addition to complying with the following requirements, programs must also comply with
6 the Program Requirements for Graduate Medical Education in the Subspecialties of Pediatrics.
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8 VIII. Introduction
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10 A. Scope of Educational Experience
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- 12 1. Child Abuse Pediatrics is the specialty within pediatrics that educates
13 physicians to diagnose and treat abuse and neglect, collaborate with
14 community agencies on child abuse prevention, provide expertise in
15 courts of law, and participate on multidisciplinary teams investigating and
16 managing child abuse cases.
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- 18 2. The goal of education in this subspecialty is to educate a physician who is
19 clinically proficient in the field of Child Abuse Pediatrics. Proficiency
20 includes the ability to diagnose and manage acute and chronic
21 manifestations of child abuse, competence in teaching, the ability to
22 design and conduct research in child abuse, and competence in the
23 physician role in a multidisciplinary field. The fellows become familiar with
24 administrative, legislative, and policy issues in child abuse.
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- 26 3. The child abuse pediatrics program must be 36 months in duration.
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28 IX. Program Personnel and Resources
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30 A. Faculty
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32 Consultant faculty from child and adolescent psychiatry, forensic pathology, child
33 neurology, pediatric radiology, ophthalmology, orthopaedic surgery, pediatric
34 surgery and neurosurgery should be available to teach and supervise fellows.
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36 B. Other Program Personnel
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38 Fellows must have access to the multidisciplinary model of child abuse
39 evaluation, including interaction with colleagues from the fields of law, law
40 enforcement, social work, nursing and psychology.
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42 C. Facilities and Resources
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44 In addition to the facilities and resources that are required for all pediatric
45 subspecialty programs, there must be outpatient facilities for child abuse
46 assessments and related services. Facilities must include resources that allow
47 adequate photodocumentation of physical exams, including digital photography
48 and/or colposcopy as well as resources that provide the multidisciplinary team
49 the opportunity to observe forensic interviews, e.g. two-way mirrors or closed-
50 circuit television.
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52 X. Educational Program
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A. Patient Care

Fellows must demonstrate a level of proficiency appropriate for a child abuse specialist in the care of patients and their families. Fellows must be able to:

1. Differentiate accidental versus inflicted cutaneous, skeletal, head, ophthalmologic, and visceral injuries; accidental versus intentional starvation; accidental versus intentional poisoning; and gynecologic conditions often confused with abuse. These skills include the ability to:
 - a) Identify patterned cutaneous injuries and evaluate cutaneous and system disorders;
 - b) Evaluate ophthalmologic injuries, including chemical, thermal and mechanical corneal trauma; subconjunctival hemorrhage; orbital fractures; retinal hemorrhages; and other ocular manifestations of abuse;
 - c) Evaluate gynecologic conditions often confused with abuse, including vulvovaginitis, candidiasis, vaginal foreign body retention, lichen sclerosus, and streptococcal/staphylococcal infection;
 - d) Diagnose and manage sexually transmitted infections;
 - e) Differentiate genetic/metabolic disorders;
 - f) Differentiate between psychosocial short stature, constitutional growth delay, and other causes of growth delay;
 - g) Identify drug-endangered children;
 - h) Recognize signs and symptoms such as non-specific somatic pain, new onset enuresis, or sudden changes in temperament that may indicate a child has been the victim of physical or sexual abuse.
2. Use appropriate techniques in the examination and management of anogenital trauma resulting from accidental injury, acute sexual abuse or chronic sexual abuse, including prepubertal and pubertal pelvic exams, and sexual abuse/rape protocols;
3. Diagnose and manage child neglect, including medical, supervisory, and physical neglect; prenatal and perinatal child abuse; and Medical Child Abuse (formerly Munchausen Syndrome by Proxy);
4. Use and interpret results from diagnostic testing modalities appropriately, including serologies; skeletal survey; bone scan; CT scan; bone age studies; MRI/MRA; fluorescein examination and direct ophthalmoscopy; toxicology testing; urinalysis; wet mount preparations; bacterial/viral cultures; nucleic acid amplification testing; wet prep; whiff test; Gram's stain, KOH prep; and motile sperm microscopy;

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5. Investigate all sudden unexpected deaths in children with autopsy, death scene investigation, medical history review, and interagency case reviews;
 6. Demonstrate consistent and appropriate child abuse medical examination skills that include photodocumentation of injury, evidence collection, culture collection, and maintaining the chain of custody for evidence;
 7. Demonstrate skillful use of computer systems for image manipulation, colposcope (still and video), photography equipment, and Wood's lamp; and,
 8. Use treatment approaches that incorporate both medical and mental health therapies.

122 B. Medical Knowledge

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Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social-behavioral sciences related to child abuse, as well as the application of this knowledge to patient care. Specifically, fellows must have knowledge in the following content areas:

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1. The epidemiology of various childhood accidental and inflicted injuries as well as risk factors for child abuse/neglect and family violence;
 2. Principles of child abuse, partner abuse, psychological abuse, and injury prevention; factors leading to family and domestic violence;
 3. Normal and abnormal child behavioral development;
 4. Child bone anatomy and pathophysiology;
 5. Forensic pathology, including sudden infant death syndrome and fatal abuse;
 6. Principles of toxicology;
 7. Childhood sexual development and anogenital anatomy, including variants of normal;
 8. The elements and function of community and social services including knowledge of the organization; standards and procedures of child protective services; cultural aspects of child abuse; history of child abuse; child welfare; foster care; home visitation; mental health services; and child death review teams;
 9. Laws and legal procedures related to child abuse including knowledge of the mandatory reporting of child abuse; forensic investigation; the role of law enforcement; expert witnesses; criminal justice system; ethical issues concerning expert testimony and child witnesses; courtroom procedures; local and national child abuse statutes; legal definitions of abuse; and standards of evidence;

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10. The etiology of child abuse prevention (societal and family/individual factors);
 11. Up-to-date knowledge of local and national legislation, funding and testimony related to child abuse; and
 12. The role of the civil/juvenile justice system and the criminal justice system, and the impact of court on child witnesses.

169 C. Practice-based Learning and Improvement

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171 Fellows must demonstrate skills and habits to be able to meet the following
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1. Develop research skills, including study design, biostatistics and effective use of statistical computer programs;
 2. Design, implement and submit for presentation at a scientific meeting and/or peer-reviewed journal a research project that incorporates the use of epidemiology and biostatistics, research design skills, critical reading and writing skills, and that has met criteria for IRB approval; and,
 3. Participate in preparing a grant application.

184 D. Interpersonal and Communication Skills

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186 Fellows must:

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1. Demonstrate effective courtroom skills, including preparation of depositions, providing direct expert medical testimony, rebutting expert medical testimony, and comprehensive review of legal cases;
 2. Demonstrate effective skills for forensic interviews of victims, suspected perpetrators, and non-offending family members; and,
 3. Prepare clearly written and understandable media presentations and reports.

198 E. Professionalism

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200 Fellows must demonstrate:

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1. Awareness of issues in dealing with research involving children (may include successful completion of training in a Human Subjects Protection Program that meets Department of Health and Human Services criteria, including patient rights and confidentiality);
 2. Use of stress management techniques, including local resources for their own health management;
 3. Use of ethical principles in media presentations, including the effect of media on abuse cases, and the impact of violence in the media on child abuse; and,

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4. Sensitivity and responsiveness when discussing possible organ donation with patients' families.

F. Systems-based Practice

Fellows must:

1. Demonstrate appropriate use of community and social services and a multidisciplinary approach to meet the needs of patients, including welfare, foster care, home visitation services, mental health services, and child protection;
2. Demonstrate that recognized standards for child protective services are met;
3. Demonstrate skills to help improve local and national legislation and funding affecting victims of child abuse and their families;
4. Actively participate to develop and disseminate approaches to prevention of child abuse, including working with national organizations for prevention;
5. Actively participate in multidisciplinary child protection teams and child fatality review teams, local and national child advocacy organizations and sections, and multidisciplinary child welfare agencies;
6. Develop administrative and practice management skills by actively participating in administrative and management issues of the department in which the fellow is located, including departmental and hospital organization, finance/budget, quality assurance and risk management, and personnel management; and,
7. Actively participate in court as either the physician of record or as an expert witness, under the guidance of a faculty mentor.

G. Curriculum Organization and Fellows' Experiences

1. Fellows must have ongoing clinical exposure to psychosocial aspects of child abuse victims, including forensic interviewing of children and families, dynamics of abusive families, recognition and understanding of juvenile sex offenders, and to the unique short and long-term treatment needs of child abuse victims;
2. The program must provide progressive educational experience, which must include responsibility for patient care, the development of clinical proficiency, involvement with community and community-based agencies, and the development of skills in teaching, program development, research, legal processes and child advocacy; and,
3. Fellows must participate in clinical training activities, including direct and indirect patient care activities, consultations, observations, teaching conferences, clinical supervision, and related activities.

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267 XI. Evaluation
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269 A. The program must ensure that each fellow develops and maintains a learning
270 portfolio. The portfolio, must include, at a minimum, documentation of the
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273 1. Patient Care
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275 Procedures performed;
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277 2. Medical Knowledge
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279 Conferences attended, courses/meetings attended, self-assessment
280 modules completed, etc;
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282 3. Practice-based Learning and Improvement
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284 Annual self-assessment and individual learning plan;
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286 4. Interpersonal and Communication Skills
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288 Formal evaluation of quality of dictated reports;
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290 5. Professionalism
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292 a) Compliance with institutional and departmental policies (e.g.,
293 HIPAA, JCAHO, patient safety, infection control, dress code, etc.);
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295 b) Status of medical license, if appropriate;
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297 6. Systems-Based Practice
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299 A learning activity that involves deriving a solution to a system problem at
300 the departmental, institutional, local or national level;
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302 7. Scholarly Activities
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304 Scholarly activity, including publications, presentations, etc.; and,
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306 8. Other
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308 Any materials pertinent to the fellow's educational experience.
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