

NAME OF ROTATION: Child Abuse Elective

COURSE DIRECTOR: Melba Johnson, MD
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LOCATION: Various sites

TRAINING LEVEL: PGY-2 or PGY-3

LENGTH OF ROTATION: 1 month

COURSE DESCRIPTION:

This rotation will examine all aspects of Child Maltreatment. Residents will shadow experts in various fields of child protection in the following fields. The goal of this elective is not to make you a specialist in the area (this would require a several year fellowship post residency), but to heighten your awareness as to the diversity and depth of the problem, and to enhance basic skills in identification and intervention. Several key misconceptions that are common among the general public and many physicians include:

1. The primary means to determine if a child has been sexually abused is to send her to the doctor for an examination
2. Children can suffer a fair amount of physical abuse or neglect, but will turn out ok if they are then placed in a loving environment
3. Child abuse is an infrequent, abnormal condition of humanity and would not be caused by nice people such as themselves

This rotation will examine all aspects of Child Maltreatment. Students will shadow experts in various fields of child protection in the following fields:

1. Department of Family and Children Services (DFCS) Focusing
2. Prevent Child Abuse Georgia- focusing on prevention
3. Georgia Bureau of Investigation (GBI)- focusing on investigation
4. Child Protection Center at Hughes Spalding and at Scottish Rite- focusing on medical evaluation
5. Georgia Center for Child Advocacy- focusing on forensic interviewing
6. District Attorney' Office- focusing on Prosecution
7. Child Abuse Investigative Team (CAIT)- focusing on a multidisciplinary approach in case evaluation

GOALS, OBJECTIVES AND CORE COMPETENCIES:

GOAL 1: Managing and Advocating for the Whole Patient. Provide humane care that is compassionate, altruistic, and respectful in addressing the needs of the whole patient.

Objective 1.1: Demonstrate commitment to appropriately inform and communicate with children and their families, taking into account their perspective, their needs, and their socioeconomic status, cultural context, and religious and spiritual beliefs.

Objective 1.2: Articulate one's own perspective by reflecting upon one's biases and feelings about patients and families.

Objective 1.3: Describe how to negotiate respectfully any conflicts between your own perspective and those of patients and families.

Objective 1.4: Consistently involve patients and families in discussions of management options and empower them to participate in mutual decision-making.

Objective 1.5: Demonstrate a systematic approach to providing humanistic care through application of accepted models of patient-doctor encounters.

Objective 1.6: Advocate with other medical, social or community services to address the patient's and family's problems and needs.

Objective 1.7: Demonstrate a commitment to acting in the overall best interest of the whole patient and his/her optimal functional status, despite competing time, fiscal, or service constraints.

Objective 1.8: Demonstrate efficient and organized work habits that allow time for regular face-to-face communication with patients.

Objective 1.9: Describe how to motivate other members of the health care team (including staff and learners) to work collaboratively toward the primary goal of making patients' needs paramount.

GOAL 2: Child Health Advocacy. Understand and participate in the multiple child advocacy roles of the pediatrician.

Objective 2.1: Explain why children need child advocates (e.g., children cannot vote, lobby, or speak for themselves).

Objective 2.2: Define the role of a child advocate and describe ways in which a pediatrician can advocate for children.

Objective 2.3: Discuss how the American Academy of Pediatrics advocates for children (e.g., AAP's federal and state legislative activities and the CATCH Program). Identify other regional, national, and international child advocacy organizations (e.g., Children's Defense Fund, Mothers Against Drunk Driving, Alliance for Child Survival) and describe how to obtain more information about them.

Objective 2.4: Describe several major public health issues affecting children that are being considered by the local, state, or federal government (e.g., hand gun control, children's health insurance, smoking cessation, helmet use, abduction surveillance systems). Identify the key elements of the position for and against each issue and the proponents and opponents, and discuss how the pediatrician might become involved.

Objective 2.5: Identify and communicate with key legislators, staff members and agency administrators, as well as other advocates for child health, regarding specific child health issues.

Objective 2.6: Discuss barriers to health and health care for children in one's own community and some strategies to overcome these, including action the pediatrician can take, what the role of local and national government agencies should be, and community resources that are available to lessen or overcome the barriers.

Objective 2.7: Demonstrate a working knowledge of non-medical systems that influence and direct care for children, including the criminal justice, child protection, and substitute care systems.

Objective 2.8: Describe how to assess the perceptions of one's local community about critical health priorities for children and how to use that information to target issues for child advocacy efforts (e.g., services for indigent children, school dropout, teen curfews, drug abuse prevention).

Objective 2.9: Speak effectively about child health matters to families and community groups and participate in local child advocacy activities.

Objective 2.10: Advocate for support that benefits children in child care settings and related community agencies, e.g.:

1. Licensure of child care and related settings
2. Requirements of centers to have child health consultants
3. Inclusion and funding for children with special health care needs
4. Quality

5. Cost
6. Availability
7. Outcomes research

Objective 2.11: Describe the role of the pediatrician as a public or private advocate for schools and educational institutions, and community agencies that support children's activities and services (e.g., camps, early intervention programs, Head Start).

GOAL 3: Child Abuse and Neglect (Prevention). Understand the pediatrician's role in preventing child abuse and neglect.

Objective 3.1: Identify child-related, caretaker-related and environmental factors that place a child at risk for physical abuse, sexual abuse, neglect or psychological/emotional abuse.

Objective 3.2: Screen for and identify risk factors that predispose children to abuse/neglect (e.g., previously abused parent, lack of social support/isolation) and recognize that abuse is present in all socioeconomic, racial, ethnic and religious groups.

Objective 3.3: Incorporate into routine practice strategies for decreasing the risk of abuse and neglect for children, including mobilization of social support systems.

Objective 3.4: Implement anticipatory guidance counseling for parents and children that may reduce the possibility of abuse and neglect (e.g., discussion of age-appropriate behavior; management of a crying infant to avoid shaken impact syndrome; need for appropriate standards of supervision and discipline; teaching children "safe touch" rules).

Objective 3.5: Provide consistent and effective counseling to parents that will motivate them to implement preventive measures against child abuse in their lives and homes.

Objective 3.6: After counseling parents or family members on sensitive topics such as potentially abusive behaviors, evaluate their responses and consider alternative approaches to education or intervention, if warranted.

Objective 3.7: Advocate for child abuse prevention by supporting community prevention efforts, working with local professional or communication organizations, or organizing collaborative projects with other health care providers.

GOAL 4: The Pediatrician's Role in School as Provider. Describe the role of a pediatrician in directly serving children and families in relation to their participation in educational institutions as a health care provider.

Objective 4.1: Identify proper uses and common misuses of school readiness screening examinations.

Objective 4.2: Perform a preliminary assessment of a student, including reviewing school records and results of previous evaluations, and discussing these findings with parents (and where appropriate patients or school personnel).

Objective 4.3: Interpret significance of results of psycho-educational, speech-language achievement, intelligence and aptitude tests commonly given in schools and discuss the significance with parents of your patients.

Objective 4.4: Discuss and explain significant medical information about a patient with school personnel, giving special attention to issues of consent and confidentiality.

Objective 4.5: Facilitate participation in special school-based activities (e.g., sports).

Objective 4.6: Discuss participation in school activities for a child with a temporary or acute medical condition.

Objective 4.7: Discuss participation in school activities for a child with chronic medical conditions (e.g., asthma, seizure disorder, ADHD, migraines).

Objective 4.8: Understand Special Education systems and the basis for those systems.

1. Describe the legal basis for adaptations in schools for children with special health care needs, including the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA).
2. Give examples of classroom modifications that can be extended to children under Section 504 of the Rehabilitation Act.
3. Assist families of children with special health care needs in accessing services through their schools, including physical, speech and occupational therapies.
4. Assist families of children with suspected or known developmental needs in accessing evaluation and special education services from their schools.

GOAL 5: Understand the process by which schools determine appropriate services for children, including periodic Admission, Review and Dismissal (ARD) meetings, development of an Individualized Education Plan (IEP--3-22 yr), and an Individualized Family Service Plan (IFSP--birth-3 yr).

Objective 5.1: Recognize that children receive school services in a variety of settings, including traditional public schools, private schools and home schools, and understand the characteristics, potential strengths and weaknesses of each.

Objective 5.2: Counsel parents about the differences in philosophies and structure of elementary, middle, and high school in order to help them assess educational options (i.e., home schooling, public vs. private schools, magnet schools).

Objective 5.3: Discuss health education programs in school settings, including potential topics and basic principles for planning, conducting, and evaluating these; describe the role of the pediatrician in the development and presentation of these programs.

GOAL 6: Public Health and Community Medicine. Understand key principles about health promotion and disease prevention for children and adolescents.

Objective 6.1: Summarize the epidemiology and major causes of morbidity and mortality in infants, children, and adolescents in the U.S., state and local area. Compare the differences based on age, gender, race/ethnicity. Examine trends over time and be able to interpret these data to community leaders, parents and youth.

Objective 6.2: Access, analyze, and interpret local data regarding child health and well-being.

Objective 6.3: Discuss the political, social and economic aspects of a policy designed to reduce childhood mortality or morbidity (e.g., administration of influenza vaccine to children ages 6 to 24 months, fitness, playground safety).

Objective 6.4: Use and interpret public health methodologies that address important pediatric health problems, such as:

1. Monitoring the epidemiology of diseases/disorders
2. Case identification and tracking (e.g., know what diseases are tracked and why, who is responsible for reporting)

3. Population screening (e.g., criteria for selecting diseases and tests for screening, effect of disease prevalence on screening decisions and outcomes, costs of screening to the health system and the patient)
4. Community-based prevention and health promotion (e.g., prevention at the primary, secondary, and tertiary levels; use of multifaceted approaches such as health education, organizational and behavioral change, modification of environment, legislation)

Objective 6.5: Differentiate the terms prevalence and incidence by incorporating these concepts into a discussion about a disease or other health condition.

Objective 6.6: Discuss, in general terms, the services of the state and local health department, e.g., family planning, newborn screening, lead screening and abatement, oral health promotion. Describe services available to patients and families, how to access services, and collaborate with these agencies as opportunities arise in practice.

Objective 6.7: Give examples of important national and international strategies or programs for health promotion and disease prevention that affect children and their families (e.g., Healthy People 2010 objectives, U.S. Preventive Services Task Force, UNICEF and WHO recommendations).

Objective 6.8: Discuss how financial, cultural, political, and environmental issues affect a community's response to preventable health problems. Analyze how these factors influence particular health problems of children (e.g., lead poisoning, obesity).

Objective 6.9: Incorporate a working knowledge of "stages of change" and other behavior modification theories into prevention services.

Objective 6.10: Promote family and community use of commonly available preventive services such as poison control, playground safety, proper use of car seats and restraints, gunlocks, etc.

Objective 6.11: Promote community-wide prevention efforts such as "Back to Sleep" program and others.

GOAL 7: The Pediatrician's Role in Community, State and National Agencies and Efforts. Understand key issues related to the pediatrician's role and interactions with community agencies and advocacy groups at the local, state and national levels.

Objective 7.1: Describe the existing and potential relationship between the pediatrician and community agencies that serve children and families.

Objective 7.2: Collaborate with community-based organizations, schools, and/or legislators to address important health problems affecting children.

Objective 7.3: Participate in a community health initiative, coalition, or needs assessment that addresses an important health problem for children.

Objective 7.4: Identify specific ways in which physicians can participate in the legislative process to create or improve public programs for children.

Objective 7.5: Describe the role and responsibility of boards of community agencies.

Objective 7.6: Demonstrate knowledge of the essential qualities of community partnerships including shared vision, complementary strengths, willingness to collaborate, and agreed-upon boundaries.

GOAL 8: Community-based Health Service Delivery. Understand how to use public, private, and community resources to meet the needs of specific populations and individuals.

Objective 8.1: Collaborate with families and communities to provide care coordination in a medical home for children where the family is recognized as the principal caregiver and center of strength and support for the child; the family is also recognized as the expert in their child's care and youth as experts in their own care.

Objective 8.2: Integrate information obtained from community asset mapping/needs assessment into the daily care of children and families.

Objective 8.3: Value the roles of community resources in providing services for children and families.

Objective 8.4: Discuss the similarities, differences, and importance of the many agencies that provide health care services to children, including traditional medical services, and state- and federally-supported programs.

Objective 8.5: Identify agencies that provide health-related services to children in their homes or schools including early intervention programs, hospice, and home health aides.

Objective 8.6: Identify agencies and resources that provide mental health services to children.

Objective 8.7: Identify resources available to children and families with special needs, e.g., case management services, social work services, and services for homeless, migrant, pregnant or disabled children.

Objective 8.8: Describe the roles and practice parameters for individuals who provide health-related services in the community (e.g., community health workers, substance abuse counselors, home health aides, school health aides).

Objective 8.9: Identify and work collaboratively with a variety of community resources when providing care to families in need. For at least one patient, coordinate care among several different local community agencies.

GOAL 9: Medically Underserved Children in the Community. Understand the risks to health and barriers to care for underserved children in the community, and demonstrate skill in improving their access to continuous, comprehensive health maintenance.

Objective 9.1: Describe the effect on child health of providing health care to children in medically underserved areas, and explain the value of preventive health services in reducing long-term health care costs.

Objective 9.2: Incorporate into routine practice the ability to:

1. Question caregivers about whether the patient has a medical home
2. Explain in terminology the caregiver can comprehend the importance of a medical home to the child's health
3. Facilitate the family's access to regular continuity of care

Objective 9.3: When providing medical care to underserved children and families, demonstrate these assessment skills:

1. Engagement skills: ways to ally with the needs and aspirations of patients and families
2. Exploratory skills: techniques to interview and discuss problems with various culturally diverse populations
3. Skills in building rapport with patients and families over time
4. Skills in gathering data on psychosocial, environmental, economic, and medical issues that relate to a child's health
5. Explanatory skills: techniques to explain information, using language that is both culturally appropriate and on the appropriate literacy level of the caretaker and/or patient

Objective 9.4: Describe a strategy to meet and overcome barriers to continuous and comprehensive health maintenance and care, such as:

1. External barriers that pervade and affect medical and social treatment (e.g., social, educational, ethnic and cultural issues; poverty; homelessness)
2. Barriers within the family (e.g., family dysfunction, substance abuse, ignorance of benefits of continuity care)
3. Barriers within the family (e.g., family dysfunction, substance abuse, ignorance of benefits of continuity care)

Objective 9.5: Recognize and respond to the aspects of health care in underserved and culturally diverse populations that create special barriers to health care delivery, e.g., health care beliefs, language and cultural norms.

GOAL 10: Advocacy (Chronic Illness and Special Health Care Needs). Understand policies and identify resources that pertain to the well-being of children and adolescents with chronic illness and special health care needs.

Objective 10.1: Discuss key issues related to health care financing and cost management for children with complex disorders.

Objective 10.2: Explain how the concept of "medical necessity" relates to children with special health care needs, and how this concept is used in advocacy for a child within his/her health care plan.

Objective 10.3: Describe child and parental rights in the community, school and work settings with reference to the child with disabilities.

Objective 10.4: List local resources and support groups for children and families with chronic illnesses and special health care needs.

Objective 10.5: Describe national policies that support patients with chronic illness and special health care needs, especially the provision of case management and other services as part of the medical home model.

Objective 10.6: Describe the policy and advocacy efforts of the AAP, the APA, and other groups that speak on behalf of children with special health care needs (e.g., the medical home model).

GOAL 11: Child Abuse and Neglect (Prevention). Understand the pediatrician's role in preventing child abuse and neglect.

Objective 11.1: Identify child-related, caretaker-related and environmental factors that place a child at risk for physical abuse, sexual abuse, neglect or psychological/emotional abuse.

Objective 11.2: Screen for and identify risk factors that predispose children to abuse/neglect (e.g., previously abused parent, lack of social support/isolation) and recognize that abuse is present in all socioeconomic, racial, ethnic and religious groups.

Objective 11.3: Incorporate into routine practice strategies for decreasing the risk of abuse and neglect for children, including mobilization of social support systems.

Objective 11.4: Implement anticipatory guidance counseling for parents and children that may reduce the possibility of abuse and neglect (e.g., discussion of age-appropriate behavior; management of a crying infant to avoid shaken impact syndrome; need for appropriate standards of supervision and discipline; teaching children "safe touch" rules).

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Objective 11.6: After counseling parents or family members on sensitive topics such as potentially abusive behaviors, evaluate their responses and consider alternative approaches to education or intervention, if warranted.

Objective 11.7: Advocate for child abuse prevention by supporting community prevention efforts, working with local professional or communication organizations, or organizing collaborative projects with other health care providers.

GOAL 12: Child Abuse and Neglect (Normal vs. Abnormal). Differentiate normal from pathologic conditions and perform appropriate screening in the office for child abuse and neglect.

Objective 12.1: Recognize that cultural and ethnic practices may be misinterpreted in the evaluation of child abuse and neglect (e.g., traditional and home remedies such as coining and moxibustion that can be confused with abuse) with special attention to issues of stereotyping.

Objective 12.2: Identify variations in elicited symptoms, behaviors and physical findings of child abuse, and improve clinical skills to effectively differentiate non-abusive from abusive conditions.

Objective 12.3: Differentiate common physical findings such as bruises associated with play activity or widespread dermal melanocytosis (Mongolian spots) from potentially intentional bruises or other signs of inflicted trauma.

Objective 12.4: Identify common variants of normal genital anatomy.

Objective 12.5: Identify, evaluate and respond appropriately to common signs and symptoms indicative or suggestive of child abuse:

1. Abusive head trauma, retinal hemorrhages or intracranial bleeds
2. Multiple fractures in different stages of healing, or any fracture in infants or non-ambulatory children
3. Fractures in nonambulatory children or in unusual locations such as the ribs
4. Patterned bruising
5. Immersion or patterned burns
6. Presence of sexually transmitted disease in prepubertal children
7. Sexual acting-out in a prepubertal child

GOAL 13: Child Abuse and Neglect (Undifferentiated Signs and Symptoms). Evaluate and treat or refer children with presenting signs and symptoms that may indicate child abuse and neglect.

Objective 13.1: Recognize that common complaints such as non-specific somatic pain, new onset enuresis, or sudden changes in temperament may indicate a child who has been the victim of physical or sexual abuse.

Objective 13.2: Recognize that certain injuries, such as burns or fractures, result from trauma that may be either inflicted or accidental. Elicit and verify historical, physical and laboratory and developmental information to evaluate mechanism and cause.

Objective 13.3: Recognize that certain outcomes, such as pregnancy or sexually transmitted disease, may result from either sexual abuse or consensual intercourse, depending upon the chronological and developmental age of the patient and perpetrator/partner.

Objective 13.4: Interpret the significance of the presence or absence of physical findings in the context of the specific case, considering the history (especially that obtained from the child), social situation, child's developmental age and the examination findings.

Objective 13.5: When evaluating a source patient, recognize that other children may have been victimized, and that one child may be the victim of more than one form of abuse and neglect.

GOAL 14: Child Abuse and Neglect (Conditions Generally Referred). Recognize, provide initial management for and refer appropriately children whom you suspect may be victims of, or at risk for, physical abuse, sexual abuse, neglect or other forms of maltreatment.

Objective 14.1: Describe the historical, physical examination, laboratory and radiological findings for cases of physical abuse, sexual abuse and neglect.

Objective 14.2: Interview, in a sensitive and professional manner, without being judgmental or accusatory, the caregiver of a child when abuse or neglect is suspected.

Objective 14.3: Interview and examine a child who is potentially physically abused or neglected in a sensitive and proficient manner, including use of proper forensic techniques in the collection of evidence.

Objective 14.4: Interview and examine a child who is potentially sexually abused in a sensitive and proficient manner, addressing issues of timing, setting, appropriate professional personnel and equipment (e.g., colposcope, lab services) and documentation requirements.

Objective 14.5: Describe state laws for reporting child abuse and neglect in your area, and report at least one case to the local child welfare agency, including completion of supporting documentation.

Objective 14.6: Discuss the role of various social and legal systems for victims of abuse and neglect, including child protective services, advocacy centers, law enforcement, guardians ad litem, child protection specialists and child abuse experts.

Objective 14.7: Describe the legal and social system that deals with child abuse, including court proceedings, and consult and cooperate with members of the child abuse multidisciplinary response team that are available to you in your community.

Objective 14.8: Recognize and appropriately counsel a child, caregivers, and clinical staff regarding the psychological effects that they may experience when the diagnosis of child abuse is considered.

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 08/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

COMPETENCIES:

Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1.1: Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.

1.2: Provide sensitive support to patients and their families in the outpatient setting.

1.3: Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.

Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

2.1: Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.

2.2: Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

3.1: Provide effective patient education, including reassurance, for conditions common to the outpatient setting.

3.2: Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

3.3: Develop effective strategies for teaching students, colleagues and other professionals.

3.4: Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.

Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

4.1: Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.

4.2: Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.

4.3: Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

5.1: Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).

5.2: Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

5.3: Adhere to ethical and legal principles and be sensitive to diversity.

Competency 6: Systems-Based Practice. Understand how to practice high quality health care and advocate for patients within the context of the health care system.

6.1: Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.

6.2: Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.

6.3: Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.

6.4: Recognize one's limits and those of the system; take steps to avoid medical errors.

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

PROCEDURES:

None

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

SCHEDULE:

Residents will attend weekly assigned continuity clinic. Residents are required to attend all Grand Rounds, weekly didactic lectures, resident meetings, and participate in the regularly scheduled calls. Residents are scheduled to take one-week vacation during this rotation. The specific schedule will be discussed at the beginning of the rotation.

Course Assignments/ Participants

Site: Cobb DFCS – 770-528-5000
325 Fairground Street
(Across from Cobb Co. Civic Ctr.)

Faculty: Hall Reeves
hgreeves@dhr.state.ga.us
770-528-5260

Contact Carmen Nance
Coordinator 770-528-5146

Directions: 75 N. to exit 263; So. Marietta Pkwy – West
The 6th Traffic light turn right – Fairground Street;
First street turn right – Hailey Street;
Turn right into DFCS parking lot.

Child Abuse Clinic—every Wednesday and Thursday

Site: Children’s Hospital of Atlanta at Hughes Spalding
Child Abuse Rounds
4th Floor @ 9:00A.M
B64 @ 3:00P.M.

Faculty: Dr. Melba Johnson

Prevent Child Abuse Georgia

Liz McDermott 404-870-6566
1720 Peachtree Street, Suite 600
Atlanta, GA 30309

Dekalb Center for Child Advocacy

Brandy Rogers, Intake Coordinator
202 Nelson Ferry Road
Decatur, GA 30030
lekeshab@georgiacenterforchildren.org
404-377-7005 (Fax)
(Big Church across from USPS)

DIDACTIC SESSIONS:

To be determined by preceptor

Reading Assignments

Week 1—Introduction to Child maltreatment-Medical Diagnosis and Management

- Subtopic—Shaken Baby Syndrome
- SBS Packet
- Reece’s book: Child Abuse Medical Diagnosis and Management
- CD ROM: Shaken Baby Syndrome A Visual Overview:
Version 2.0 Jim Lauridson

Week 2—Child and Adolescent Sexual Abuse- Evaluation and Management

- MSBP Packet
- Reece’s book: Child Abuse Medical Diagnosis and Management
- CD ROM: The Anatomy of Child and Adolescent Sexual Abuse

Week 3—Review of Current Literature

- 10 Best Articles
- Reece’s book: Child Abuse Medical Diagnosis and Management

Week 4—Case Reviews

- Reece’s book: Child Abuse Medical Diagnosis and Management
- U.S. Advisory Board Report on Child Fatalities

EVALUATIONS:

The preceptor and resident will complete evaluation forms on the six core competencies via electronic evaluation form.

REFERENCES:

—Selected articles and textbooks per preceptor