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**MISSION FOR THE CHILD ABUSE PEDIATRICS FELLOWSHIP**

The mission of the UT Health San Antonio Division of Child Abuse Pediatrics (CAP) is to restore, promote and enhance the medical and mental health of children at risk for abuse and neglect. The purpose of the fellowship training program is to train pediatricians to become proficient in child abuse pediatrics to pursue a career as a clinician, educator, researcher, and community leader in the prevention, detection and treatment of child abuse and neglect. Training will be accomplished within a framework which emphasizes proficiency in the six competencies articulated by the Accreditation Council of Graduate Medical Education

Proficiency includes competency in

1. Medical Knowledge
2. Patient Care
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems Based Practice

As reflected across

1. Development of clinical expertise for
  - a. All acute and chronic medical presentations of child abuse including physical abuse, sexual abuse, neglect, (supervisional, medical, nutritional, physical, psychosocial), drug endangerment or exposure, perinatal drug exposure, psychological maltreatment, pediatric condition falsification (medical child abuse), and conditions which may be mistaken for child abuse.
  - b. General health-related needs of children at risk of abuse and neglect including medical and dental needs and systems of service for children in foster care.
2. Development of teaching skills
3. Pursuit of scholarly activity
4. Development of administrative skills
5. Development of community liaison skills including
  - a. Competence in communicating medical findings to partners in the multidisciplinary model approach to child abuse and neglect

- b. Understanding the roles, systems and capabilities of other agencies and disciplines that evaluate, investigate and manage abused and neglected children.
- c. Understanding of the various civil and criminal legal settings within which medical expertise is needed
- d. Knowledge and critical review of legislative and public policy issues related to child abuse.

### **REQUIREMENTS FOR ADMISSION TO THE FELLOWSHIP PROGRAM**

(also outlined in the ERAS application)

1. Completed application form and provided a recent curriculum vitae
2. Successful graduation from a medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) OR graduated from an international medical school, meeting one of the following qualifications
  - i. Have a currently valid ECFMG certificate or
  - ii. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction; or,
  - iii. Be a graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
3. Successful completion of a General Pediatrics Residency approved by the American Board of Pediatrics and the ACGME.
4. Board certification or eligibility to take the specialty examination offered by the American Board of Pediatrics.
5. Original university, professional school, and FLEX/National Board/USMLE transcripts as well as FMG registration certificate if relevant, with notary-certified English translations of all international university degrees and graduate training certificates.
6. A minimum of 3 letters of reference from recent supervising faculty (it is suggested that one letter be from the Chairman of Pediatrics or the Residency Program Director and when possible, from a Child Abuse Pediatrician).
7. A personal statement that details reasons for pursuing a career in Child Abuse Pediatrics and future professional goals.
8. Fulfillment of criteria to obtain a permanent Texas Medical License.
9. United States Citizenship or permanent visa. (See the Policy, “Resident Selection” in section “Specific Policies.”)

Additional documents may be requested subsequently in accordance with university policies and procedures. Competitive applicants will be invited to schedule interviews by directly contacting Ms. Sandra Quiroz (210-704-3939), Division Administrator, to arrange a visit to San Antonio for meetings with program faculty and staff.

Employment is contingent upon successful clearance of the applicable sanctions and security checks according to current university policy and regulations

### **RECRUITMENT TIMELINE FOR PROSPECTIVE FELLOWS/SELECTION PROCESS**

1. One position is offered for each academic year.
2. Competitive applicants will be invited for an interview, which will consist of a meeting with the program director, a tour of the facility, lunch with faculty, fellows and clinic staff, time with 1-2 current fellows, and interviews by selected faculty and staff. Each interviewer completes an evaluation and rates the individual relative to previous applicants. Upon completion of the interview process for all viable candidates, a rank list is generated by the faculty members of the Division of Child Abuse Pediatrics. The order of the rank list is based upon those candidates who are considered to have the strongest potential regarding a) clinical skills, b) ability to develop into a competitive, independent investigator or clinical educator, c) personal attributes that promote leadership, teamwork, responsibility, sensitivity and compassion for others. Once the results of the match are known, the selected fellows are contacted and offered a contract for the corresponding academic year. Orientation materials are supplied in the spring prior to the beginning of the first year of appointment.
3. The Joint Commission has clarified HR Standard 1.20 to provide that hospitals are now required to screen trainees in the same manner as staff employed by the hospital if the trainees work in the same capacity as staff who provides care, treatment and services. To meet this standard and continue to provide safe, quality patient care and excellent educational opportunities, the GME office has implemented additional screening requirements for trainees. These additional requirements are consistent with the requirements imposed on other employed staff. House staff paid by University Hospital or UT Health San Antonio are required to successfully pass all screening requirements including a criminal background check **prior to beginning their training at this institution.**

### **OVERALL GOALS FOR COMPETENCY BY YEAR OF TRAINING**

**Year 1:** During this year the fellow develops basic understanding of the evaluation and management of infants, children and adolescents who are suspected victims of abuse and/or neglect by working closely with the faculty and various members of the

multidisciplinary team in both the inpatient and outpatient setting. The supervision by the faculty is mostly on site, in person, and readily available day and night. The fellow is expected to have already developed strong skills in the ACGME core competencies, including general care of sick patients. The fellow is expected to have already developed excellent clinical judgment in general pediatrics but now needs to take those skills and add the knowledge base and experience necessary to understand the assessment of children who are suspected victims of abuse at an expert level. The fellow will function at a level between that of a general resident and the faculty. The fellow will review assessment and management plans with the faculty physician.

During this year, the fellow also learns through didactics and is also strongly encouraged to read extensively. They may wish to refer to the Division Article File and Classic Article File for recommended reading and to the American Board of Pediatrics Content Specific Specifications for topics of which they may research articles. In addition, fellows are expected to read Child Abuse: Medical Diagnosis & Management, 3<sup>rd</sup> Edition (Reece and Christian), Diagnostic Imaging of Child Abuse 3<sup>rd</sup> Edition (Kleinman) and Child Abuse and Neglect: Diagnosis, Treatment, and Evidence (Jenny). They are also expected to review the CD-ROM: “Medical Evaluation of Suspected Child and Adolescent Sexual Abuse” (Kellogg and Adams). By the end of this year, the fellow should comprehend the level of material presented in the basic textbooks of child abuse pediatrics and develop a much deeper and broader understanding of several areas of clinical care by reading the medical literature and original studies. Much of this deeper learning should be guided by the patients seen. We expect the fellows to regularly search the medical literature for guidance on the care of their patients and to make the use of evidence-based medicine a life-long practice.

During this year the fellows are closely supervised in the performance of the consults and clinic visits. They must review with the supervising faculty or senior fellow the symptoms, diagnosis, therapy and potential complications of their patients. They are asked to remain closely supervised until they have demonstrated competence as judged by evaluations and the program director. By the end of the year they should have attained competence in most of child abuse pediatrics areas.

During this year the fellow should investigate possibilities for their area of research. Approximately two months of accumulative time will be dedicated to research

**Year 2:** This year is intermediate. The level of responsibility is similar to Year 1,

except that the closeness with which the faculty will supervise is individualized to the fellow and to the clinical circumstances. The fellow and faculty physician still discuss the assessment and management of each patient, but the faculty should encourage more decision making and critical thinking by the fellow. Efforts to see and participate in the care of patients with less common presentations of abuse or neglect will be encouraged throughout the year, even during time dedicated to research. In addition, fellows will be expected to take more of a leadership role in the multidisciplinary case reviews and child fatality reviews.

The fellow is expected to have attained by this time the level of knowledge available in basic child abuse pediatrics textbook (see Year 1 for list of textbooks). The fellow will continue to learn through didactics but is expected to exhaustively review the relevant scientific and clinical literature on their patients and on specific difficult clinical situations. Emphasis on the reading for this year is original literature and evaluation of the medical literature by critical reading.

The fellow is progressing with the research component at this time, as reviewed under the research timetable. Approximately four months will be dedicated to research and fellows will continue to present their progress to the Scholarly Oversight Committee (SOC).

**Year 3:** By this year, the fellow should have attained clinical competence in the evaluation and management of infants, children and adolescents who are suspected victims of all types of child maltreatment, at all levels of severity and acuity. He/she has not yet totally mastered clinical care but has developed the level of competence to proceed to more independent care of the patients with consultation with the faculty physician. The faculty physician is always immediately available to consult and to see the patients and will review the clinical care at least once daily with the fellow for the purposes of encouraging the fellow to think critically and maturely about the problems presented. There are opportunities to participate in advocacy activities through Texas Pediatric Society and American Academy of Pediatrics; please see Dr. Lukefahr for more information on available opportunities.

The research work should be completed this year. Please see the Scholarly Activity section for requirements for graduation.

### **Assessment and Evaluation - all years**

The faculty physicians will communicate daily with the fellow about the appropriateness of decisions and care rendered by the fellow and will see and examine all patients. The faculty physicians will have the responsibility to address deficiencies as they arise. At the end of every

month, the faculty physicians will complete a written evaluation of the fellow's performance and will discuss with the fellow any areas of significant concern or areas in which the fellow is particularly skilled. Also note the relevant policy on "Resident Supervision" and "Resident Evaluation."

### **Research**

Learning the methods and science behind meaningful scientific inquiry is an integral part of fellowship training. One goal of the fellowship is to train physicians who understand the depth and breadth of the field of child abuse pediatrics. It is imperative that pediatric sub-specialists have a firm understanding of research methods and that they have had firsthand experience designing, conducting, and reporting scientific inquiry in their chosen field. The Common Curriculum for Fellowships (CCF) (along with corresponding research) provides the core component of education in research.

Oversight for the fellow's research will be provided by the SOC which the fellow chooses at the beginning of the fellowship, and by the Division-appointed faculty mentor. It is hoped that each fellow will have at least one first authored article submitted to a quality peer-reviewed scientific journal prior to completion of the fellowship.

With each formal evaluation session, research goals will be included in those discussed by the fellow and the Program Director. These same goals should be reviewed with the research mentor. All research mentors are aware of the American Board of Pediatrics requirements and will tailor projects to fit these needs specifically. In other words, fellows will assume projects which have a known working model and a realistic time frame for completion during fellowship.

The Division will fund travel for fellows to attend one child abuse conference per year. Fellows are nominated as Scholar members of the Ray Helfer Honorary Society and are encouraged to attend and present at an annual Helfer meeting at least once during their fellowship.

The Common Curriculum for Fellowships (CCF) provided by the Department of Pediatrics is a series of in-person didactic sessions that provides instruction on the basics of clinical and basic science research. This is a required full-time course offered monthly on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the first year of fellowship. Statistical consultation is available for specific research projects.

### **Research Timetable**

The American Board of Pediatrics, Sub-board for Child Abuse Pediatrics takes the research/scholarly requirement very seriously. In view of that, the fellows are strongly

urged to set specific goals to be accomplished by certain dates. The following is a suggested timetable.

Year 1, months 1 - 6: Gain experience in child abuse pediatrics evaluation and management in clinical settings. Identify potential areas of interest for research and quality improvement activities and discuss interests with faculty research mentor.

Year 1, months 7 - 12: Broaden knowledge of the medical literature of child abuse pediatrics and select articles that provide background information for areas of research interest. The fellow should have sufficiently explored the medical literature on the area of interest to have a good grasp of what research questions exist. The fellow should present his/her interests, plans and identify mentor(s) within the division and at the April meeting of the Scholarly Oversight Committee in the fellow's first year of fellowship.

Year 2, months 1 - 6: Formalize hypotheses and write research protocol. Undergo required CITI and HIPAA training in preparation of applying for IRB approval. Obtain IRB/COGS approval (this one step will take several months, and prior to applying for IRB approval, the research protocol must be fully developed). By the end of this period the fellow should have either already started the actual protocol(s) or be completely ready to start. All logistic issues should be resolved.

Year 2, month 7 - first half year 3: Complete project, begin analysis of data, and explore further issues which may need to be tested. By the end of the first half of 3rd year, the fellow should have enough accomplished that he/she can confidently expect to be able to prepare a manuscript the last half of the third year.

This timetable is only a guideline. Obviously, the latter stages are hard to predict, particularly since one cannot be certain of what the results will be until the research is performed. This makes the initial stage even more important to accomplish on time. The timetable for the first year and a half should be regarded as the latest one can take to accomplish these goals, and it would be ideal to have this all accomplished by the end of year one.

### **Evaluation**

The CAP fellows are formally evaluated monthly by faculty and on a semi annual basis by other Center for Miracles staff. They are also evaluated by other subspecialists, and multidisciplinary team members when they have significant interactions with these parties such as during an elective month or testimony. This evaluation is in writing, and records of these evaluations are confidentially maintained by the Program Director. The fellows can read and sign their evaluations. Copies will be provided if so desired.

Every six months, as part of a mandatory meeting, the fellow will meet privately with the Program Director to discuss recent evaluations, progress, deficiencies, accomplishments, and problems. The fellow's Individual Learning Plan and in-progress personal statement (see Addendum for template) will be reviewed and revised as needed. Both immediate and longer-term professional goals for the fellow will be reviewed and discussed. Fellow wellness and coping strategies will also be discussed. The Program Director will provide fellow with resources as needed. More frequent meetings may be requested by the fellow. While the value of these evaluations is stressed, the process should be completed in a non-threatening manner.

If the fellow has any significant disagreement with any specific evaluation, it is the privilege of the fellow to place a written response in his/her evaluation folder. The fellow is encouraged to discuss any such disagreement with the evaluator informally. If agreement cannot be reached, the Program Director and/or Dr. Nolan, Assistant Dean of GME, will meet with both parties to mediate. Under such circumstances where the matter still does not achieve resolution, the Chairman of the Department of Pediatrics will review the matter.

Fellows also participate in the evaluation process by completion of a periodic evaluation of the program and faculty. Also, fellows are encouraged to informally discuss strengths and weaknesses in the program with faculty, especially the Program Director.

### **Child Abuse Pediatrics In-Training Examination**

An in-training examination is required for all fellows during the fellowship. The American Board of Pediatrics offers an in-training exam every year. This exam will be taken by each fellow at least twice during the training program. Results of this exam will be used to aid the fellow in determining personal deficiencies and by the Program Director to determine weaknesses in the training program.

## **DEVELOPMENT OF CLINICAL EXPERTISE**

<b>Rotation Schedule</b>	<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>
Center for Miracles (CFM) with inpatient call	9 months	7 months	5 months
Research	2 months	4 months	5 months
Forensic			1 month
Trauma	1 month		
Child Psychiatry			1 month
Behavior/Development		1 month	

- Inpatient call will not exceed 14 days per month with 2 weekends.

### Clinic responsibilities of fellow to CAP Team

- CFM clinic rotations
  - 16 clinical shifts per month in the PGY4 & 5 years of fellowship—comprising of at least 2 half day sexual abuse clinics per week and 2 half day physical abuse clinics per week
  - Inpatient Call – up to 14 days per month

Clinical supervision is provided by division faculty to promote gradual acquisition of clinical independence. All clinic patients of the first-year fellow are presented to a faculty member who will be in direct attendance for pivotal parts of patient evaluation. All documentation for clinic patients seen by fellow in first year will be reviewed in detail by faculty member. Timely guidance in clinical assessment, skills in decision-making, documentation and liaison with community services will be provided to fellow to assist and guide patient management.

All clinic patients seen by the second and third-year fellows will be at least briefly reviewed with a faculty member.

All inpatient consults will be presented to faculty, personally seen by faculty (all patients not evaluated by chart review only) and documented by faculty.

Division faculty and staff will be continuously available to each fellow to guide and supervise patient care throughout fellowship. Division faculty bear responsibility to maintain direct involvement with fellows who see patients throughout fellowship to

monitor quality of fellows' work, provide clinical teaching for fellows, provide feedback, and assure excellence in patient care.

Work hours will be tracked to assure compliance with ACGME guidelines. At-home hours of availability for call are not counted as work hours. Call duties requiring in-house and at-home activity are counted. At home work for research and/or documentation are counted as work hours.

### **DEVELOPMENT OF TEACHING SKILLS**

- A. **Clinical:** supervision and teaching of residents and medical students at Center for Miracles, Children's Hospital of San Antonio, and University Hospital. When possible, attend inpatient rounds to discuss consultative patients with primary service.
  
- B. **Didactic**
  - a. Participation in the PGMEC Teaching Skills Seminars during 1<sup>st</sup> year
  - b. Formal presentations at local, regional and/or national conferences during 2<sup>nd</sup> and/or 3<sup>rd</sup> years
  - c. Formal presentations for Child Protective Services
  - d. Formal and informal presentations as requested for medical and community trainings
  - e. According to fellow interest and CAP team need, enhance structure for resident and medical student teaching.

### **REQUIREMENTS TO TAKE THE CHILD ABUSE CERTIFYING EXAM**

To become Board Eligible for an initial subspecialty certifying exam, the ABP requires candidates to have achieved initial certification in general pediatrics, and to maintain that general pediatrics certification. In addition, applicants are required to complete training in an ACGME accredited fellowship program, complete scholarly activity and maintain full state licensure. It is the expectation of the Department of Pediatrics that a fellow pass the initial certifying examination **within two attempts**, with fellows strongly encouraged to take the certification exam first during their PGY-4 year; if not previously passed. Only those fellows with significant extenuating circumstances will be allowed to postpone their general pediatrics certification exam during the PGY-4 year. **Pre-approval** by the Chairman of Pediatrics or Vice Chair of Academic Affairs is required for this exemption to be granted. Incoming PGY-4 fellows **without pre-approval who choose not** to take the certification exam in their PGY-4 year will only be given one additional opportunity to pass the exam during their PGY-5 year.

Fellows who fail to pass the certification exam in both the PGY-4 and PGY-5 years will become ineligible to complete their ACGME certified fellowship training within our program, and their fellowship contract will not be renewed for the third year of subspecialty training. They will be allowed, however, to complete their PGY-5 year. If the subspecialty fellow successfully passes that initial certifying examination after leaving the program, they may be reconsidered for their final year of training provided: 1. They have successfully met criteria to receive full credit for their PGY-4 and PGY-5 years, 2. There is an available PGY-6 position including funding and 3. They remain eligible to complete an ACGME accredited fellowship program. Fellows may also elect to finish their training in another program.

If a fellow is pre-approved to postpone their certification exam during the PGY-4 year, and then fails to pass the exam on their first attempt in their PGY-5 year, then they will be able to move on to their PGY-6 year; however, if they then fail to pass the exam on their second attempt during the PGY-6 year they will be immediately terminated on or before December 31<sup>st</sup> of the PGY-6 year, and they will not receive any credit for that year of training. Return to training in our program follows the same rules listed above.

Please review the following link carefully for the requirements to sit for the Child Abuse Certifying Exam at the end of your fellowship: <https://www.abp.org/content/child-abuse-pediatrics-certification>

### **PURSUIT OF SCHOLARY ACTIVITY**

The American Board of Pediatrics requires completion of 4 components of Scholarly Activity to be eligible to sit for the Child Abuse Pediatrics board exam following the completion of the 3-year fellowship

1. Participation in a structured core curriculum in scholarly activities
2. Supervision by a Scholarly Oversight Committee
3. A specific work product approved by the Scholarly Oversight Committee which is one of the following
  - a. A peer-reviewed publication in which the fellow played a substantial role
  - b. An in-depth manuscript describing a completed project (generally, a manuscript that has been, or is about to be, submitted for review for journal publication)
  - c. A thesis or dissertation written in connection with the pursuit of an advanced degree
4. A comprehensive document (the personal statement) describing the scholarly activity that includes a description of his/her role in each aspect of the activity and

how the scholarly activity relates to his/her own career development plan. (samples of past personal statements are available for review)

Fellows are expected to attend the PGMEC Core Curriculum Seminars (CC) presented in the fall of first year of fellowship and the Common Curriculum for Fellowships (CCF) course during the first year of fellowship. Each fellow also presents 2 times per year to the Scholarly Oversight Committee.

**A. Research Curriculum:** Fellows are expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form.

A Scholarship Oversight Committee in conjunction with the trainee, the mentor, and the program director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities. In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice with the scope and rigor of a Cochrane review, a critical analysis of public policy relevant to the subspecialty, or a curriculum development project with an assessment component. These activities require active participation by the fellow and must be mentored. The mentor(s) will be responsible for providing the ongoing feedback essential to the trainee's development.

**B. Research Expectations:** The fellow is expected to attend the CC/CCF courses and present to the SOC during the first year. By the end of the first year, the fellow should propose a research project that is subjected to approval by the Division of Child Abuse Pediatrics faculty. A significant study of publishable quality should be completed during the second year and be submitted for publication by the third year. A major goal is publication as a first author in a peer-reviewed journal by completion of the fellowship. The fellow will be encouraged to collaborate on additional projects and to present research results at a national meeting and at the annual Pediatric Research Day held in May. Third-year fellows are encouraged to present at Pediatric Research Day.

**C. Research Mentorship:** One CAP faculty will be appointed as mentor in addition to the SOC members.

## **D. Scholarly Activity**

1. All fellows are expected to engage in scholarly activity projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form.
2. A Scholarly Oversight Committee in conjunction with the trainee, mentor and program director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities.
3. The Scholarly Oversight Committee will
  - a. Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity
  - b. Determine a course of preparation beyond the core fellowship curriculum  
to ensure successful completion of the project
  - c. Evaluate fellow's progress as related to scholarly activity, including review of the fellow's personal statement at the end of their fellowship
  - d. Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities
4. The interim reports to the Scholarly Oversight Committees are generally 10-15 minutes in duration. Fellows fill out a form describing their progress and timeline prior to the meeting. In addition, fellows are expected to give a PowerPoint presentation that briefly summarizes scholarly activities since the previous meeting (to include presentations, article reviews for the Quarterly, journal clubs, testimony) and focuses on research progress as well as QI projects, then anticipated next steps for the following 4 months. Please check with CAP faculty if further guidance is needed.

## **DEVELOPMENT OF ADMINISTRATIVE SKILLS**

### **A. Quality Assurance**

- a. Fellows will be familiar with the principle of continuous quality improvement (CQI) and may attend the PGMEC didactic on CQI offered in fall of second-year.

- b. In addition to scholarly work, fellows must complete at least one QI activity.

**B. Committees**

The fellow may be assigned to serve on division or hospital committees or task forces at the discretion of the Division Chief/Program Director.

**C. Didactic**

Career development, professionalism, medical ethics, practice management and health care economics topics are included in the PGMEC Core Curriculum and fellows will attend division meetings.

**DEVELOPMENT OF COMMUNITY LIAISON SKILLS**

- A. Resources:** The fellow will gain extensive experience with identifying, accessing, and referring to a variety of community resources including mental health providers, child advocacy centers, child protection agencies, family and child service providers, law enforcement, child prevention programs, and court systems through provision of patient care at Center for Miracles, and by attending community meetings that promote collaborative approaches to the detection, prevention and treatment of child abuse and neglect.
- B. Community multidisciplinary case review:** The fellow will participate in collaborative case reviews held at ChildSafe (a children’s advocacy center), Child Protective Services, and San Antonio Police Department; fellows will also participate in Child Fatality Review meetings.
- C. Legal:** The fellow will present medical information in a professional, objective, and clear manner, with honesty in regard to the level of medical certainty in his or her opinion in any case discussions or testimony. The fellow will learn how to assume the roles of fact and expert witness properly.
- D. Child abuse prevention:** Fellows will become knowledgeable about various approaches to child abuse prevention, and will contribute prevention material to the Center for Miracles and UT Health San Antonio Division of Child Abuse Pediatrics websites.
- E. Policy:** The fellow will learn about and keep current on legislative and public policy changes affecting the field of child abuse. They will also become familiar

with state legislative initiatives that provide funding and support for child abuse assessment centers.

## **DOCUMENTATION OF PROFICIENCY IN PATIENT CARE**

### **Fellow Log**

All CAP Fellows are required to maintain a personal log of forensic evidence kits completed during their training. All consults and patients evaluated, as well as procedures such as colposcopy including outpatient evaluations, inpatient evaluations, FACN consults and case staffings will be tracked by the FACN project manager monthly. This data will serve the following purposes

1. Demonstrate proficiency to the sub-specialty board.
2. Demonstrate proficiency when applying for clinical privileges.
3. Maintain data for fellowship accreditation purposes.
4. Document an appropriate experience with diagnosis and management of children and adolescents as it relates to the sub-specialty field of Child Abuse Pediatrics.

This data will be available to the fellow during their semi-annual and annual evaluations. Fellows may choose to maintain their own patient and procedure logs. Discrepancies between the FACN project manager data and fellow data will be addressed and corrected accordingly.

In addition, fellows will track their publications, scholarly activities, and presentations in their portfolio. When a fellow completes their training, he/she will provide the Program Director with periodic updates of publications and presentations post-fellowship. When possible, fellows should keep a continuous record of these activities in their personal statement sections.

The fellow should be observed and have the supervising physician document proficiency to the fellowship director to determine they have met the requirements for clinical care.

Evaluations will be collected after month-long blocks of time and include 360-degree evaluations by nurses, social workers, case managers, CPS workers, attorneys and other MDT members.

### **Basic Life Support Certification**

All fellows are required to maintain certification in the American Heart Association Basic Life Support Course during fellowship. Course tuition may be waived for all University physicians to the above courses when offered at the University Hospital.

### **Advanced Life Support Certification**

All fellows are encouraged to maintain certification in the American Heart Association Pediatric Advanced Life Support Course and CPR during their fellowship. Course tuition may be waived for all University physicians to the above courses when offered at the University Hospital.

## **CONFERENCES/MEETINGS**

### **A. Required participation**

- a. Division of Child Abuse didactic series. Monthly to quarterly.
- b. Journal club – 1-2 times monthly
- c. Common Curriculum for Fellows (Year 1)
- d. Forensic pathology lectures (Year 3)
- e. Child Psychiatry lectures (5 every other year)
- f. Helfer Society Child Abuse Conference (at least once during their fellowship)

### **B. As often as possible, other obligations permitting**

- a. Child Development didactic series: 4 per year
- b. Child Fatality Review panel – monthly

### **C. Department of Pediatrics**

- a. Child Abuse Division meetings – monthly
- b. Grand Rounds—at least twice monthly

### **D. National Meetings**

The fellow will be expected to attend at least one major child abuse conference per year. Options include San Diego Conference on Child Maltreatment, APSAC Colloquium, Shaken Baby Conference, Helfer Society Meeting, etc. ***(limit of 5 business days for CEUs per year, unless fellow is presenting)***

### **E. Procedure & Payment/Reimbursement for Attendance at Conferences/National Meetings**

Refer to Fellowship Expense Account Appendix to this handbook for attendance and reimbursement procedures for conferences and meetings. Further guidance on

UT Health San Antonio reimbursement policy for attendance of meetings/ conferences can be found at the following link: <http://www.uthscsa.edu/hop2000/6.2.14.pdf>. For any other questions regarding permitted expenditures from the Fellow Expense Account, contact the Project Coordinator (Ms. Quiroz).

### **FELLOW CALL SCHEDULES**

- The call schedule will be developed by the program director, after each fellow and faculty has been given the opportunity to express his or her preferences.
- The call schedule will be drafted at least 3 months in advance. Anyone anticipating a prolonged, planned absence should notify Dr. Natalie Kissoon as soon as the Division Chief/ Program Director has approved leave.
- Changes can be made for issues of personal preference after the schedule comes out in the rare instance that an individual fellow has unexpected personal commitments. These changes must be reported to the Program Director as soon as possible. We ask that changes made after the schedule comes out be kept to a minimum. When call days are changed, it is the responsibility of the individual fellow to make sure the change is acceptable to all other members of the program who are affected by the change. Also, the proportion of weekdays and weekend days should remain the same.
- When not on call, fellows are not expected to come in on weekends.
- Holidays will be treated the same as weekend days in terms of fellow responsibilities. The Holidays recognized by UT Health San Antonio will be those recognized by the Division.
- Night call is taken from home and will be scheduled in one-week blocks (8am Mon-8am Mon).

Please see the policy, “Resident Work Hours,” in the section on specific policies.

### **FACULTY ADVISORS**

During the first year of fellowship, a Division faculty member will serve as a personal faculty advisor to the fellow. Fellows will receive informal feedback throughout the year from their advisor in addition to the formal evaluations completed monthly by the supervising faculty.

After the start of the second year of the fellowship, the fellow may elect to name another faculty member as his/her faculty advisor, perhaps a research mentor.

As stated above, it is the function of the Program Director to mediate any disagreements regarding formal evaluations or any other problems.

### **SENIOR RESIDENT STATUS (PGY-6)**

**Purpose:** The ACGME requirements for sub-specialty training in Child Abuse Pediatrics state the program must provide training for the resident not only to be competent child abuse sub-specialists, but also to be supervisors and teachers.

It is the belief of the program that in order to assist the fellows in learning to be the leader of an academic care team, the fellow (although the ACGME uses the term resident) must have some experience in the role of functioning as a faculty, staff physician. For this to be an optimal experience, the program faculty must provide some oversight and direction. It is critical, however, that the fellow have some experience functioning more autonomously than in the earlier stages of the fellowship experience and supervise the general pediatric house staff and medical students without the program faculty being immediately present and dominating the team.

It is anticipated that the Child Abuse Pediatrics fellow will typically take the first two years of the fellowship to learn the evaluation and management of children who are suspected victims of abuse or neglect, and will be clinically competent by the beginning of the third year of fellowship. During the last year of fellowship, the fellow should have the opportunity to grow into the role of functioning as an academic faculty, with mentorship by the program faculty.

**Role of the Program Faculty:** The faculty will not be as involved with the hands-on management of patients or cases evaluated by the senior fellow, but will continue to see the patients as needed. The faculty will remain ultimately responsible for the quality of care given to the patients, the quality of education supplied to the general pediatric residents and medical students, and the education of the fellow.

A specific faculty member will always be available to

1. Review the plans and care of the patients
2. Provide phone consultation or, when necessary, to assist the senior fellow.
3. Review the senior fellow's teaching of the general pediatric house staff, and to seek the general residents' and medical students' feedback on the efficacy of the senior fellow's teaching.
4. Provide formal evaluation of the fellow's performance, progress, and leadership at the end of the rotation.
5. Countersign the notes of the independent senior fellow.

The goal is for the senior fellow to learn to function independently and hone his/her leadership skills, while still having the supervision of the faculty to guide him/her. However, it is expected that the senior fellow has acquired competence earlier in the fellowship, and the supervision at this point is focused on the development into a fully responsible academic physician.

**Advancement to Senior Resident Status:** It is anticipated that most fellows should advance to this stage at the beginning of their third year. However, this is not to be viewed as automatic. Some fellows will not be ready at this point. The fellow will advance to the Senior Resident Status when the program director and the program faculty have determined that the fellow has attained clinical competence to function as a Child Abuse Pediatrician.

Specific criteria will be

1. Satisfactory evaluations by the supervising faculty on recent rotations.
2. A consensus among the entire program faculty that the individual fellow is competent to use good judgment and in possession of adequate knowledge to function independently and provide competent care.
3. Documentation of competency in most areas of the specialty.
4. Self-assessment by the fellow that they are ready to progress to this stage.

#### **Other GME Policies**

It is beyond the scope of this document to exhaustively include all GME resident and fellow policies. Other policies not included in this document can be found on the GME website:

<http://www.uthscsa.edu/gme/gmepolicies.asp>

#### **RESOURCES AVAILABLE TO FELLOWS**

- A. Computer access with Internet capabilities as well as the ability to do Medline searches
- B. Photocopying
- C. Dolph Briscoe Jr. Library on the main campus of the medical school
- D. Harold S. Toy Memorial Library at The Children's Hospital of San Antonio
- E. Free hospital parking
- F. UT Health San Antonio Office of Graduate Medical Education has links to resources for fellows on going into practice, debt management, personal safety and other topics posted at: <http://www.uthscsa.edu/gme/residentsfellows.asp>

#### **SPECIFIC POLICIES: CHILD ABUSE PEDIATRICS FELLOWSHIP**

##### **A. Moonlighting**

The fellow is highly encouraged to review the UT Health San Antonio GME moonlighting policy. <http://www.uthscsa.edu/gme/Policies/6.5%20Moonlighting%20by%20Fellows%20-%202012-02.pdf>. At all times, and especially if there is any inconsistency between the program policy and the UT Health San Antonio GME policy on moonlighting, the UT Health San Antonio GME policy shall take precedence.

### **Guidelines for Moonlighting**

Moonlighting is defined as compensated clinical work performed by a fellow during the time that he/she is a member of a fellowship program. ***Moonlighting is a privilege, not a right.***

As UT Health San Antonio-sponsored graduate medical education (GME) programs are responsible for ensuring a high-quality learning environment for the fellows, moonlighting is discouraged but allowed if it does not interfere with the fellows' educational goals and does not interfere with the fellows' responsibilities.

In assessing whether special circumstances warrant permitted moonlighting, the Program Director shall consider the following factors prior to granting moonlighting permission

- 1) The responsibilities in the moonlighting circumstance are delineated clearly in writing (using the Moonlighting Documentation form that can be accessed at <http://www.uthscsa.edu/gme/documents/6.4.1MoonlightingDocumentationForm-2012-10.pdf>. ) and are **prospectively** approved in writing by the resident's program director;
- 2) The resident is not on probation or administrative status;
- 3) The written documentation of the moonlighting activity is filed with resident records and is available for GME Committee monitoring;
- 4) The moonlighting workload is such that it does not interfere with the ability of the resident to achieve the goals and objectives of the GME Program;
- 5) The moonlighting does not place the resident in jeopardy of violating any of the current ACGME and specialty-specific Duty Hours Standards;
- 6) The moonlighting opportunity does not replace any part of the clinical experience that is integral to the resident's training program;
- 7) The resident is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur;
- 8) The resident's performance in the training program will be monitored for the effect of moonlighting on the resident's ability to participate in program activities and on the resident's level of fatigue. Adverse effects will lead to withdrawal of permission to engage in moonlighting; i) Moonlighting hours **must** be counted towards the 80-hour maximum weekly limit in contemporaneous New Innovations tracking; and,
- 9) The resident considering moonlighting has procured professional liability (including "tail" insurance), and workers' compensation coverage. Professional liability insurance is provided by the UT System Medical Liability Self-Insurance Plan only for those activities that are an approved component of the training program. There is NO coverage for professional activities outside of the scope of the residency program

Accepting outside responsibilities when on call or on service, leaving early to moonlight, coming back late, etc., are not acceptable.

If the program director and division head determine that a fellow's moonlighting is detrimental to the fellow's progress or the function of the division, they reserve the right to curtail the fellow's outside work. The fellowship program itself is an intense and encompassing experience and must be recognized as the fellow's paramount occupational and educational activity during the time of his/her training.

It is strongly recommended that, if a fellow wish to moonlight, she or he confine the moonlighting to activities within the Department of Pediatrics at UT Health San Antonio.

### **B. Sickness or Family Emergencies**

Any absences must be approved by either the Program Director or the Division Chief through direct contact unless extraordinary events have taken place. If circumstances dictate that a fellow miss an on-call evening or weekend, it is not necessary that the fellow do extra call at another time or find others to cover. The Faculty scheduled for those dates will cover. If a substantial number of calls are missed, the Program Director may, at his/her discretion, ask that the fellow make these up to ensure an adequate educational experience and continuing clinical contact.

### **C. Dress Code**

The Department of Pediatrics mandates appropriate attire during duty hours. In addition, proper professional attire is always expected, as summons for court testimony may occur at any time.

### **D. Malpractice Coverage**

The Department of Pediatrics provides malpractice coverage for all fellows in the training program. This coverage is extended to all activities that are related directly to one's position as a Child Abuse Pediatrics Fellow for the Department of Pediatrics. Coverage is not provided for care rendered that is independent of one's responsibilities as a fellow.

### **E. Resident Eligibility, Selection and Appointment**

To be considered for fellowship selection, each applicant must have

- 1) Completed an application form and provided a recent curriculum vitae;
- 2) Graduated from a medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) OR graduated from an international medical school, meeting one of the following qualifications
  - i. Have a currently valid ECFMG certificate or

- ii. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction; or,
  - iii. Be a graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- 3) Successfully completed a General Pediatrics Residency approved by the American Board of Pediatrics and the ACGME;
  - 4) Board certification or eligibility to take the specialty examination offered by the American Board of Pediatrics;
  - 5) Provided original university, professional school, and FLEX/National Board/USMLE transcripts (mailed directly to me from the institution at your request) as well as FMG registration certificate if relevant, with notary-certified English translations of all international university degrees and graduate training certificates;
  - 6) Provided a minimum of 3 letters of reference from recent supervising faculty (it is suggested that one letter be from the Chairman of Pediatrics or the Residency Program Director and when possible, from a Child Abuse Pediatrician);
  - 7) Provided a personal statement that details reasons for pursuing a career in Child Abuse Pediatrics and future professional goals;
  - 8) At the time of commencement of the fellowship, fulfilled all criteria to obtain a permanent Texas Medical License; and,
  - 9) United States Citizenship or permanent visa.

All resident applicants must be screened against Office of the Inspector General (OIG) and General Services Administration (GSA) lists; individuals listed by a federal agency as excluded, suspended, or otherwise ineligible for participation in federal programs (Institutional Compliance Agreement p.6 of 18) are ineligible for residency or fellowship at UT Health San Antonio.

Non-citizens must have permanent resident status or a J-1 visa for medical residency positions at UT Health San Antonio.

### Selection

It is the policy of UT Health San Antonio and its affiliated hospitals to sustain resident selection processes that are free from impermissible discrimination. In compliance with all federal and state laws and regulations, the University of Texas System Policy, and Institutional Policy, no person shall be subject to discrimination in the process of resident selection based on gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

The Program Director and Faculty will choose the best candidate from a pool of applicants. The best candidate is the one most able to meet the goals and objectives of the fellowship and the demands of the specialty. These judgments are based on the applicant's academic performance, the assessment of their faculty as reflected in letters of recommendation, and personal qualities evaluated during the interview process conducted by faculty and resident representatives, including motivation, integrity, and communication skills.

In addition to the guidelines above, the TSBME mandates a postgraduate resident permit for all residents entering Texas programs. These rules essentially make it necessary for the resident to demonstrate that he/she will be eligible for permanent licensure in Texas. Residents are expected to be familiar with the regulations at [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=22&pt=9&ch=171&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=171&rl=Y)

#### **F. Transfers**

The Child Abuse Pediatrics Fellowship program at UT Health San Antonio does not accept child abuse fellows transferring from other programs. Any candidate interested in applying for the Child Abuse Pediatrics Fellowship must apply as a PGY-4 and meet the qualifications as outlined above.

#### **G. Fellow Evaluation**

Fellow evaluation policies are consistent with UT Health San Antonio GME “Policy on Resident Evaluation.” Fellows will be evaluated in writing at the end of each clinical rotation. Standard fellow evaluation forms will be distributed to the faculty attending supervising the rotation via the New Innovations electronic evaluation system.

Each fellow is to keep a log of medical and other procedures.

The Program Director will elicit periodic feedback from the research mentor for each fellow. This will occur at least twice a year.

The Program Director will meet with each fellow twice yearly to review

1. Evaluations from rotations
2. Progress in research
3. Progress in acquisition of procedural skills
4. Progress in acquisition of teaching and leadership skills
5. Results of the ABP Sub-specialty In-Training examination.

These evaluations will be performed at least twice a year, consistent with the applicable specialty specific program requirements of the ACGME. A written report of each such

evaluation will be placed in the fellow's departmental file. Fellows will be notified promptly in writing if an evaluation may result in an adverse action such as probation, non-advancement, or termination. Fellows should be given the opportunity to indicate in writing when they have disagreements with the written evaluation.

These standards of evaluation will be applied equitably to all fellows, be consistent with all relevant institutional policies, assure due process, and wherever possible, be published and available to members of the resident staff.

Evaluations of fellows are to be used in making decisions about promotion, program completion, remediation, and any disciplinary action. The procedures for each of these actions are specified elsewhere.

As per ACGME requirements, a final exit evaluation will be kept on file.

### **Evaluations of Faculty, Educational Experience and Overall Program**

On a yearly basis, the entire Division will meet to review the Program and evaluate progress in meeting the goals and objectives as specified in the Office of GME Policy Manual and in the Program Requirements of the ACGME. The evaluations elicited above will be reviewed and the fellows' participation in this meeting will be encouraged. A report will be generated evaluating the Program's effectiveness with an action plan to address all deficiencies identified by consensus of the group. On a yearly basis, the program will distribute evaluation forms for the residents to provide written evaluations of each core faculty member, the quality of the various rotations, the didactic conferences, and the overall program. For faculty evaluations, to ensure confidentiality, the evaluation forms will be confidentially delivered to the GME office. The GME office will review the evaluations, summarize the feedback in writing, and provide that written feedback to the faculty. At the Annual Program Evaluation (APE), which shall be conducted annually, all faculty and residents will be provided evaluation forms to provide feedback on the performance of the program. At the APE, the entire Division will meet to review the Program and evaluate progress in meeting the goals and objectives as specified in the Office of GME Policy Manual and in the Program Requirements of the ACGME. The evaluations elicited above will be reviewed and the fellows' participation in this meeting will be encouraged. A report will be generated evaluating the Program's effectiveness with an action plan to address all deficiencies identified by consensus of the group.

### **H. Fellow Promotion and Discipline**

The Program accepts the responsibility to train physicians who will be

- Clinically competent with adequate mastery of the medical literature of child abuse pediatrics
- Competent leaders of the child abuse evaluation and multidisciplinary teams

- Competent in the academic aspects of medicine, including basic research skills and basic teaching skills.
- Good citizens and who will practice medicine with appropriate professionalism and high ethical conduct.

Every six months the fellow will meet with the Program Director to assess progress. If the fellow's progress is deficient, the Program Director may require remediation, additional experience in difficult areas, or further academic training in order to maximize the likelihood of completion of the above goals.

The program will not graduate fellows or recommend they be allowed to sit for the Certifying Examination of the American Board of Pediatrics, Sub Board for Child Abuse Pediatrics, unless they have attained the basic skills listed above. The program should allow reasonable opportunities to remediate and obtain further training before a final determination is made not to graduate the fellow. Exceptions to this are discussed in the policy, "Resident Grievance and Appeal Procedure Pertaining to Dismissal or Nonrenewable."

**I. Fellow Grievance and Appeal Procedure Pertaining to Dismissal or Nonrenewal**

The Graduate Medical Education Committee, excluding the University Health System representative, serves as the appeals body for all residents/fellows in programs sponsored by UT Health San Antonio, independent of their funding source, for dismissal or nonrenewal. Such dismissal or nonrenewal could occur because of failure of the resident/fellow to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program's supervising faculty. This appeals mechanism is open to a resident/fellow dismissed during the academic year or a resident/fellow whose contract for the following academic year is not renewed in a categorical program in which there has been no explicit information provided to the resident/fellow that advancement was on a pyramidal system.

It is the responsibility of the Child Abuse Pediatrics faculty to document a warning period prior to dismissal or failure to reappoint a fellow and to demonstrate efforts for the provision of opportunities for remediation. As a rule, a resident/fellow is not dismissed without a probationary period except in instances of flagrant misconduct (see next paragraph). Opportunities must be provided and documented for the resident/fellow to discuss with the department's or division's program director or chair the basis for probation, the expectations of the probationary period, and the evaluation of the resident's/fellow's performance during the probation. Discussions with the resident/fellow will be documented, copies provided to the resident/fellow, and the original documents placed in the resident's/fellow's training file.

According to the *UT Health San Antonio Handbook of Operating Procedures 4.9.4*, several specific examples of misconduct for which an individual may be subject to

dismissal include (but are not limited to) the following: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment), or the use of abusive language on the premises; or fighting, encouraging a fight, or threatening, attempting, or causing injury to another person on the premises. The full text is available at <http://uthscsa.edu/hop2000/4.9.4.pdf>

If a fellow is to be dismissed or his/her contract not renewed, he/she may initiate a formal grievance procedure. The fellow shall present the grievance in writing to the Associate Dean for Graduate Medical Education within 30 working days after the date of notification of termination or nonrenewal. The grievance shall state the facts upon which the grievance is based, and the requested remedy sought. The Associate Dean for Graduate Medical Education shall respond to the grievance with a written answer no later than ten calendar days after he/she receives it.

If the fellow is not satisfied with the response, he/she may then submit, within 10 days of receipt of the Associate Dean for Graduate Medical Education's response, a written request for a hearing. The hearing procedure will be coordinated by the Associate Dean for Graduate Medical Education, who will not be a voting participant. The hearing will be scheduled within thirty (30) days of the fellow's request for a hearing. The hearing should be held before at least three members of the Graduate Medical Education Committee. The Associate Dean will determine the time and site of the hearing in consultation with the fellow and the program leadership. The fellow shall have a right to self-obtained legal counsel at his/her own expense; however, retained counsel may not actively participate, speak before the hearing participants, or perform cross-examination. The Associate Dean will preside at the hearing. The format of the hearing will include a presentation by a departmental representative; an opportunity for a presentation of equal length by the house officer; and an opportunity for a response by the representative, followed by a response of equal length by the house officer. This will be followed by a period of questioning by the Graduate Medical Education Committee members present. The Associate Dean in consultation with the departmental representatives and the fellow will determine the duration of the presentations and the potential attendees at the hearing.

The fellow will have a right to request documents for presentation at the hearing and the participation of witnesses. The Associate Dean at his/her discretion following consultation with the hearing panel will invite the latter.

The final decision will be made by a majority vote of the Graduate Medical Education Committee participants and will represent the final appeal within the Health Science Center and its affiliated hospitals.

## **J. Duty Hours and Work Environment**

The Child Abuse Fellowship Training Program recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety and fellow well-being. Learning objectives of the program will not be compromised by excessive reliance on fellows to fulfill service obligations.

### **Professionalism, Personal Responsibility, and Patient Safety**

The Child Abuse Fellowship Training Program educates fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients (CPR VI.B.1.) and promotes patient safety and fellow well-being in a supportive educational environment. (VI.A.1.)

The program director will ensure a culture of professionalism that supports patient safety and personal responsibility. Fellows and faculty will demonstrate an understanding and acceptance of their personal role in

- provision of patient-and family-centered care
- safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events
- assurance of their fitness for work, including
  - management of their time before, during, and after clinical assignments; and
  - recognition of impairment, including illness, fatigue, and substance use, in themselves, their peers and other members of the healthcare team;
- commitment to lifelong learning
- monitoring of their patient care performance improvement indicators
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data (VI.B.4)

Our physicians recognize that, under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (VI.B.5.)

### **Duty Hours Requirements**

The Child Abuse Fellowship Training Program (under the leadership of the Program Director) oversees fellows' duty hours and working environment. During all clinical rotations within the training program including rotations within other departments (such as Child Psychiatry, Behavior & Development, Forensic, Trauma), trainees and staff conform to existing ACGME, RC, and institutional duty hour's policies. Duty hours include activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, provision for transfer of patient care, call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

All Child Abuse Fellows must log their duty hours in New Innovations daily.

The program's policies and procedures, including this policy, are distributed to fellows and faculty annually and after each policy change via electronic distribution of the policy in the fellowship handbook, via initial discussion of the policy with the program director during fellowship orientation, and via recurrent visitation of the topic during semi-annual and annual evaluations with the program director.

In the process of implementing these requirements for the Child Abuse Fellowship Training Program, the following guidelines will be used

- Patient care is always the ultimate responsibility of the assigned Division faculty member, and a faculty member will always be assigned to assist and supervise the Child Abuse Fellow.
- Fellows will take at home call only with rare needs to go into the hospital after hours in the evening or on the weekend

### **Specific Duty Hours Limitations**

#### **Maximum Hours of Clinical and Educational Work per Week (VI.F.1)**

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting

#### **Moonlighting (VI.F.5)**

Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

### **Mandatory Time Free of Clinical Work and Education (VI.F.2)**

The program must design an effective program structure that is configured to provide fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Fellows should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

### **Maximum Clinical Work and Education Period Length (VI.F.3)**

Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education.

Additional patient care responsibilities must not be assigned to a fellow during this time.

#### **Clinical and Educational Work Hour Exceptions (VI.F.4)**

In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care to a single severely ill or unstable patient
- humanistic attention to the needs of a patient or family
- to attend unique educational events

These additional hours of care or education will be counted toward the 80-hour weekly limit.

In these circumstances the fellow must

- appropriately hand over the care of all other patients to the attending responsible for their continuing care; and,
- document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director in New Innovations.
  
- The program director will review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty in New Innovations.

#### **At-Home Call (VI.F.8)**

Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow

Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit

#### **Duty Hours Policy Compliance Monitoring**

Duty hours must be logged contemporaneously in New Innovations, per institutional policy.

The program director and faculty monitor compliance with this policy by monitoring call and duty schedules, direct observation of fellows, interviews/discussions with fellows, review of fellows' evaluation of rotations, and by monitoring duty hours logs in New Innovations. Fellows are instructed to notify the Program Director or the GME

office if they or other fellows are requested or pressured to work in excess of duty hour limitations.

The Program Director is electronically alerted by the New Innovations system of any duty hours violation. For all violations, the Program Director establishes the presence or absence of a justification in the New Innovations system and by discussion with the fellow. All faculty members in the division maintain an open-door policy so that any fellow with a concern can seek immediate redress with the faculty member he/she feels most comfortable confiding in. If problems are suspected, the division faculty member or Program Director will notify the Designated Institutional Official and gather direct duty hour data to clarify and to resolve the problem. In addition, the GMEC's Duty Hours Subcommittee will confirm program compliance during its biannual duty hours surveys of all programs. The fellows are also provided with the UT Health San Antonio hotline if they need to report duty hour violations confidentially.

## **K. Contingency Plan**

### Contingency Plan and Recognition of Fatigue and Countermeasures

Faculty and fellows are educated to recognize the signs of fatigue and sleep deprivation.

Fellows are provided with didactic instruction and small group discussion of fatigue and sleep deprivation during their first year of fellowship (during orientation). Faculty and fellows are required to complete computer-based learning modules (created by the GME office) annually. And, finally, fellows are routinely, informally educated by faculty on the negative effects of fatigue and sleep deprivation during one-on-one interactions during clinical care.

To prevent and counteract the potential negative effects of fatigue, the following measures have been implemented

- A. As detailed above, faculty and fellows are provided didactic and computer-based instruction on self and colleague-monitoring of fatigue and sleep deprivation;
- B. Faculty will actively monitor fellows for signs of fatigue and/or sleep deprivation;
- C. Fellows are advised that if they are called into the hospital after hours, and they may be fatigued and/or sleep deprived, they can avail themselves of the following options
  - a. Utilize the in-hospital call rooms for sleep/rest;
  - b. Contact the back-up attending-on-call for a ride home; or
  - c. Take a taxi home and receive reimbursement from the program for that expense.

The program director has set up a contingency plan or backup system that enables patient care to continue during periods of heavy use, unexpected fellow shortages, or other unexpected circumstances. The program director and supervising faculty are engaged in actively monitoring fellows for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to fellows' performance and the well-being of the fellows or the patients or both.

In particular regards to the Child Abuse Pediatrics fellowship, the faculty are always immediately available. When the fellow is fatigued or sleep deprived, or when the fellow needs to leave because of the work hours limitations, the attending physician will take over the responsibilities of the fellow. On days post call for the fellow, the schedule will be adjusted in the event of evening requirements to be at the hospital. It is the responsibility of the on-service faculty physician to monitor the particular fellow's compliance with the work hours limitations, and the program director will be responsible for monitoring the compliance of the faculty and the fellows with the requirements of this policy.

## **L. Resident Supervision**

### Introduction

Careful supervision and observation are required to determine a fellow's abilities to manage patients. Subspecialty fellows are licensed practitioners but are supervised in the management of child abuse consultations until the subspecialty training is completed.

### Purpose

This policy will establish the minimum requirements for resident supervision in clinical environments in which The University of Texas Health Science Center at San Antonio (UTHSCSA) residents train. A UTHSCSA-affiliated teaching hospital/health system may have additional requirements for resident supervision. Individual training programs may also have additional requirements for their faculty/attendings and trainees.

### Definitions

The following definitions are used throughout the document

- Resident/Fellow – a professional post-graduate trainee in a specific specialty or subspecialty
- Licensed Independent Practitioner (LIP) – a licensed physician, dentist, podiatrist, or optometrist who is qualified usually by board certification or eligibility to practice his/her specialty or subspecialty independently
- Medical Staff – an LIP who has been credentialed to provide care in his/her specialty or subspecialty by a hospital

- Staff Attending – the immediate supervisor of a resident who is credentialed in his/her hospital for specific procedures in their specialty

#### Levels of Supervision

**Direct Supervision**—the supervising physician is physically present with the resident and patient.

**Indirect Supervision, with Direct Supervision immediately available**—the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

**Indirect Supervision, with Direct Supervision available**—the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

**Oversight**— The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

#### Supervision of Trainees on Inpatient Consult Teams

All inpatient consultations performed by trainees will be documented in writing, with the name of the responsible staff consultant recorded. The responsible staff consultant must be notified verbally by the trainee doing the consult within an appropriate time period as defined by the particular consulting service. The consulting staff is responsible for all the recommendations made by the consultant team

#### PGY-4- Inpatient Consultant

PGY-4 residents (1<sup>st</sup> year fellows) always consult on inpatients under the supervision of an experienced PGY-6 resident (3<sup>rd</sup> year fellow) or a credentialed staff provider. Initially, during the first three to six months of the PGY-4 resident year, PGY-4 residents will conduct inpatient consultations under the direct supervision of an experienced PGY-6 resident or a credentialed staff provider. When, in accordance with the promotion policy, the PGY-4 resident has demonstrated sufficient proficiency in conducting consultations such that increased authority, responsibility and independence should be afforded to the fellow, all supervising staff faculty will discuss the clinical progression of the resident and will notify the Program Director of such. The Program Director will then make a written notation of such in the fellow's portfolio and notify the PGY-4 resident that he/she may conduct inpatient consultations with indirect supervision (**with Direct Supervision immediately available**). During consults, the

PGY-4 resident must discuss all recommendations with the staff attending before the consulting physician is spoken with and an attending note must be included on the patient' chart within 24 hours of the request.

The PGY-4 resident on inpatient consultations is expected to function as the primary consultant. This responsibility necessitates a comprehensive knowledge of the status, lab data, and plan for each of those patients at all times. The PGY-4 resident will have a central role in the formulation, implementation and documentation of health care as well as communication of information to patients/families, supervisors and to other involved providers and multi-disciplinary personnel. These responsibilities include

1. Complete all assigned patient evaluations, to include written documentation, in an appropriate format on the day of consultation.
2. Discuss patient care issues with the consulting physician/team and the supervising staff on the day of consultation.
3. Document the patient on the division patient tracker and be prepared to discuss the patient on weekly scheduled clinical rounds.
4. Immediately notify supervisor(s) of any significant change in patient status (including following up on requested labs and/or imaging) and document such changes in the patient record (when appropriate).
5. Maintain appropriate communication and rapport with multidisciplinary members (CPS, law enforcement, etc) regarding the patient.
6. Teach and supervise medical students/residents assigned to the inpatient service.

#### PGY-5 or PGY-6 Inpatient Consultant

The PGY-5 resident inpatient consultant will not only be expected to complete all the responsibilities of the PGY-4 resident inpatient consultant (listed above), but will also be expected to conduct a more comprehensive assessment of all consults, commensurate with the abilities of an advancing and more experienced fellow. The PGY-5 resident inpatient consultant will conduct all assessments under **indirect supervision with direct supervision immediately available**. When, in accordance with the promotion policy, the PGY-5 resident has demonstrated sufficient proficiency in conducting consultations such that increased authority, responsibility and independence should be afforded to the fellow, all supervising staff faculty will discuss the clinical progression of the fellow and notify the Program Director of such. The Program Director will then make a written notation of such in the fellow's portfolio and notify the PGY-5 resident that he/she may conduct inpatient consultations with indirect supervision (**with Direct Supervision available**). During consults, the PGY-5 resident must still discuss all recommendations with the staff attending before the consulting physician is spoken with and an attending note must be included on the patient chart within 24 hours of the request.

The PGY-6 resident inpatient consultant is expected to achieve the proficiency of an independent practitioner. Thus, the PGY-6 resident inpatient consultant will not only be expected to complete all the responsibilities of the PGY-4 & 5 resident inpatient consultants (listed above), but will also be expected to eventually function as a staff attending. The PGY-6 resident inpatient consultant will conduct all assessments under **indirect supervision with direct supervision available**. When, in accordance with the promotion policy, the PGY-6 resident has demonstrated sufficient proficiency in conducting consultations such that increased authority, responsibility and independence should be afforded to the fellow, all supervising staff faculty will discuss the clinical progression of the fellow and notify the Program Director of such. The Program Director will then make a written notation of such in the fellow's portfolio and notify the PGY-6 resident that he/she may conduct inpatient consultations independently. Since a staff attending is ultimately still responsible for the patient, the PGY-6 independent resident must discuss the patient with a staff attending within 24 hours of the patient consultation so that the staff attending may countersign the PGY-6 resident's note (*oversight supervision*). As a function of assuming the duties of an independent practitioner/staff attending, the PGY-6 resident will be expected to supervise the activities of a junior PGY-4 resident consultant. Consequently, the PGY-6 independent resident will be expected to provide the junior PGY-4 resident with appropriate knowledge, guide critical thinking and decision making, assure that junior resident is accomplishing his/her tasks appropriately and in a timely manner, and review all orders and chart entries of the PGY-4 resident for completeness and accuracy.

#### Attending Physicians – Inpatient Services

1. The attending physician is ultimately responsible for all patient care by fellows, residents and medical students on his/her team. He/she will be actively involved in all aspects of patient care and needs to be kept informed of all significant patient care issues (status changes, complaints, etc.)
2. The attending physician will be readily available for supervision of consultations on the ward.
3. In accordance with the promotion policy, the attending physician will examine, in a timely fashion (no later than 24 hours of the time of consult), all patients consulted on by PGY-4, PGY-5, and non-independent PGY-6 residents.
4. The attending physician will assure that the parents/patient are adequately informed of pertinent aspects of the consult and be available to answer any questions the parents/patient may have.
5. The attending physician will write a consult note, in the service appropriate format, on each patient consulted on by PGY-4, PGY-5, and non-independent PGY-6 residents within 24 hours of the consultation. The attending physician will countersign the consultation note of all independent PGY-6 residents within 24 hours of the consultation. All written documentation must comply with applicable

compliance requirements. All written documentation must be dated, timed, and legibly signed.

6. Although PGY-4, PGY-5, and non-independent PGY-6 residents are the primary consultants on consultations, the attending physician is ultimately responsible for ensuring that the consulting physician is kept informed of the pertinent aspects of the consultation impression and recommendations.
7. The attending physician will complete, in a timely manner, an electronic evaluation through the *New Innovations* system on the fellow performing inpatient consultations.

#### Supervision of Trainees in Outpatient Clinics

As with inpatient consultations, all outpatient visits provided by fellows (PGY-4, PGY-5, and PGY6 residents) will be conducted under the supervision of a staff provider. For the first three to six months of the PGY-4 resident's training, every clinic patient must be directly supervised by the staff attending. Thereafter, when the PGY-4 resident has demonstrated sufficient proficiency in conducting outpatient clinic visits such that increased authority, responsibility and independence should be afforded to the fellow, all supervising staff faculty will discuss the clinical progression of the fellow and will notify the Program Director of such. The Program Director will then make a written notation of such in the fellow's portfolio and notify the PGY-4 resident that he/she may conduct outpatient clinic visits with indirect supervision (with Direct Supervision immediately available).

The PGY-5 resident will perform all outpatient clinic visits with indirect supervision (with direct supervision immediately available). The goal of the PGY-5 resident's training year is to attain such clinical skill and proficiency such that the PGY-5 resident progresses from indirect supervision (with direct supervision immediately available) to indirect supervision (with direct supervision available); this will generally occur between 3 and 6 months into the PGY-5 year. This increased authority, responsibility, and independence will only be afforded to the fellow once all supervising staff faculty discuss the clinical progression of the fellow and then notify the Program Director of such.

The PGY-6 resident will perform all outpatient clinic visits with indirect supervision (with direct supervision available). The goal of the PGY-6 resident's training year is to attain such clinical skill and proficiency such that the resident is able to act like an independent practitioner/staff attending. The increased authority, responsibility, and independence of an independent practitioner will only be afforded to the fellow once all supervising staff faculty have discussed the clinical progression of the resident and are comfortable with his/her ability to do so. This will then be communicated to the Program Director, who will make a written notation of such in the fellow's portfolio,

and then notify the fellow of his/her ability to act independently. As with inpatient consultations, although the PGY-6 resident will be functioning independently, a staff attending is still ultimately responsible for the patient. Thus, the PGY-6 resident must, within 24 hours, still discuss outpatients seen with a staff attending so that the staff attending may countersign the fellow's clinic notes (**oversight supervision**). The clinic staff attending may also interview and examine the patient at the staff's discretion, at the fellow's request, or at the patient's request.

### Fellows in Outpatient Clinics

1. As with inpatient consultations, fellow will be the primary providers for direct patient care in the outpatient setting. The fellow will evaluate and treat outpatients with proper consultation and supervision by staff preceptors in accordance with his/her level of experience, level of skill, and judgment of the staff. The staff supervisor will interview and examine the patient consistent with the applicable compliance requirements.
2. The fellow will document all patient encounters in the required format and include a legible, concise chart entry for each patient seen. Fellows will assure medical charts contain completed growth charts and problem sheets and meet TJC standards, consistent with the policies of the Department of Pediatrics and the Division of Child Abuse Pediatrics.
3. Fellows will present each patient encounter to a staff preceptor. The clinic staff attending will retain ultimate responsibility for all patient care in outpatient settings.
4. Maintain appropriate communication and rapport with primary care physicians and multidisciplinary members (CPS, law enforcement, etc) regarding the patient. 5. Teach and supervise medical students/residents assigned to the outpatient clinic.
5. Document the patient on the division patient tracker and be prepared to discuss the patient on weekly scheduled clinical rounds.

### Attending Physicians in Outpatient Settings

1. The attending physician is ultimately responsible for all patient care by fellows that he/she is precepting. He/she will be actively involved in all aspects of patient care and needs to be kept informed of all significant patient care issues.
2. The attending physician will be readily available for supervision in the clinic.
3. The attending physician should be constantly aware of the experience and skill level of the fellows under his/her supervision. He/she should regularly review the care given by the fellow for to evaluate the 6 core competencies. In accordance with the promotion policy, the attending physician will allow for a level of supervision commensurate with the resident's level of skill and experience.
4. The attending physician will be responsible for providing appropriate feedback to the fellow on his/her performance.

5. The attending physician will be expected to review each patient encounter with the PGY-4, PGY5, and non-independent PGY-6 fellow before the patient leaves the clinic area.
6. The attending physician will contribute to the writing of an evaluation on the *New Innovations* web-based system for each resident at the end of his/her rotation.

#### Supervision of Trainees Performing Procedures

A fellow will be considered qualified to perform a procedure with indirect supervision available only if, in the judgment of the supervising staff and his/her specific training program guidelines, the fellow is competent to perform the procedure safely and effectively. The Division of Child Abuse Pediatrics requires that fellow colposcopies be documented and tracked with a procedure log maintained in the division clinic. The use of the forensic evidence kit will be documented by the fellow on a log and submitted to the program director at the semi-annual evaluations. In general, a fellow must be observed participating/performing at least 10 forensic evidence kits and 50 colposcopies successfully and proficiently before they can be approved to perform a given procedure independently or supervise another resident/fellow performing that procedure. For instance, a colposcopy that was difficult for the operator but ultimately successful may have been successful but without proficiency. When in the opinion of the supervising staff the fellow can perform future procedures independently, the supervisor will communicate this proficiency in writing to the Program Director. The Program Director may then assign approvals for less-than-direct supervision for the performance of those particular procedures (colposcopy and use of Forensic Evidence Kits). At the semiannual fellow evaluations, the Program Director will determine if fellows can progress to the next higher level of training. The requirements for progression to the next higher level of training will be determined by standards set by the Program Director (see promotion policy). This assessment will be documented in the semi-annual evaluation of the fellows.

#### Supervision of Trainees in Serious Bodily Injury/Child Death Cases

Since the overall consequences in serious bodily injury and child death cases are greater, the supervision of fellows' interaction in such consultations will at all times be at least indirect supervision (with direct supervision immediately available). In such cases, the PGY-4, PGY-5, and non-independent PGY-6 resident shall not communicate with the consulting physician/team or other multi-disciplinary partners without having first discussed the case with a staff attending. Again, in such cases, documentation is of paramount importance, and the fellow shall pay particular attention to his/her documentation. In cases of serious bodily injury, the PGY-6 resident may attain sufficient clinical skill and proficiency such that he/she may conduct those evaluations either with indirect supervision (with direct supervision available) or independently. However, all consultations where child death has occurred or is imminent will be

immediately reviewed with a staff attending and shall not be conducted independently by a resident.

### **M. Transition of Care**

In general, care of child abuse patients is not a longitudinal experience. Much like other pediatric subspecialties (such as infectious disease), patient interaction is on a limited basis, either through inpatient or outpatient consults, or case reviews. After the limited patient interaction, longitudinal patient care is returned to the primary care physician. The fellow bears primary responsibility for ensuring that transition of care (back to the primary care physician) flows smoothly, properly and thoroughly. Although the fellow bears primary responsibility for that transition of care back to the primary care physician, ultimately, the staff attending bears final responsibility for ensuring proper transition of care from the consultant to the primary care physician has occurred.

During limited patient care interactions as a consultant, there may be occasion where transition of care must occur from one consulting child abuse provider to another. In those uncommon circumstances, proper and thorough communication of patient information is the primary responsibility of the fellow. However, ultimate responsibility for ensuring proper transition of care of the patient lies with the staff attending and should also occur at an attending to attending level.

To facilitate proper and thorough communication of patient information amongst team members, all patients will be tracked on an excel spreadsheet, labeled “patient tracker”, on the CHRISTUS Children’s Hospital of San Antonio share drive (“S drive”), within the CFM folder, under the subfolder labeled “Patient tracker”. Maintaining such information on the CHRISTUS Children’s Hospital of San Antonio share drive not only ensures medical providers have access to this patient information, but also other multidisciplinary personnel (such as social workers) as well. This is a secure server, ensuring patient privacy and compliance with HIPAA. The first year CAP fellow will assume primary responsibility for maintaining the patient tracker.

The fellows will be primarily responsible for ensuring patient information is entered onto that excel spreadsheet. On a weekly basis, the most recent patients consulted on during the week will be discussed by the team at weekly clinical rounds, and the patient tracker will be reviewed and updated by the fellows.

**PROGRAM CURRICULUM (PR X)**

**1. Block Diagram**

The purpose of a block diagram is to give the Residency Review Committee an overview of what takes place during each year of training.

**EXPERIENCES OF ROTATIONS**

- In each one month or 4 week block indicate the following:
  - (1) the learning activity (i.e., Trauma) or vacation,
  - (2) percentage of clinical (C) and research (R) time (i.e., 50% C; 50% R)
  - (3) the site in which the activity occurs (i.e., HOSP1, HOSP 2 or OTHER – clinical site or office) as designated in Section 2 of this form.
- Provide a key/legend for the abbreviations used (i.e., ED = Emergency Department),

**DUTY HOURS**

- In the row requesting duty hours, report (1) the usual number of hours/week worked and (2) the longest consecutive hours during that week.
- Indicate whether call is call from home (H) or in-house call (IH).
- Asterisk the rotations that are call free.

**First Year Block Diagram**

Month/ 4wk	1	2	3	4	5	6	7	8	9	10	11	12
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Experience or rotations	HOSP 1 60%		HOSP 1 60%	HOSP 1 60%	HOSP 1 0%								
	HOSP 2 5%	HOSP 1 60%	HOSP 2 5%	HOSP 1 60%	HOSP 2 65%								
	HOSP 3 5%	HOSP 2 5%	HOSP 3 5%	HOSP 2 5%	HOSP 3 0%								
	<u>Total</u> 70% (C)	<u>Total</u> 70%	<u>Total</u> 70% (C)	<u>Total</u> 65%									
	(C) 20%	20% (R)	(R) 20%	20% (R)	(C) 25%								
	(R) 10%	10% (D)	(R) 10%	10% (D)	(R) 10%								
	(D)		(D)		(D)								
	Duty Hours	50/12 H	50/12 H	50/12 H	50/12 H	50/12 *							

**Second Year Block Diagram**

Month/ 4wk	1	2	3	4	5	6	7	8	9	10	11	12
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Experience or rotations	HOSP 1				HOSP 1								
	50%	50%	50%	50%	50%	50%	50%	60%				50%	
	HOSP 2	HOSP 1	HOSP 1	HOSP 1	HOSP 2								
	5%	5%	5%	5%	5%	5%	5%	0%	50%	50%	50%	5%	
	HOSP 3	HOSP 2	HOSP 2	HOSP 2	HOSP 3								
	5%	5%	5%	5%	5%	5%	5%	0%	5%	5%	5%	5%	
	<u>Total</u>												
	60%	60%	60%	60%	60%	60%	60%	60%	60% (C)	60% (C)	60% (C)	60% (C)	60%
	(C)	30% (R)	30% (R)	30% (R)	30% (R)	(C)							
	30%	30%	30%	30%	30%	30%	30%	30%	10% (D)	10% (D)	10% (D)	10% (D)	30%
	(R)					(R)							
	10%	10%	10%	10%	10%	10%	10%	10%					10%
	(D)					(D)							
Duty Hours	50/12 H	50/12 *	50/12 H	50/12 H	50/12 H	50/12 H							

**Third year Block Diagram**

Month/4wk	1	2	3	4	5	6	7	8	9	10	11	12
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Experience or rotations	HOSP 1 40%	HOSP 1 40%	HOSP 1 0%	HOSP 1 40%	HOSP 1 40%	HOSP 1 40%	HOSP 1 30%	HOSP 1 40%				HOSP 1 40%		
	HOSP 2 5%	HOSP 2 5%	HOSP 2 0%	HOSP 2 5%	HOSP 2 5%	HOSP 2 5%	HOSP 2 15%	HOSP 2 5%	HOSP 1 40%	HOSP 2 5%	HOSP 1 40%	HOSP 1 40%		
	HOSP 3 5%	HOSP 3 5%	HOSP 3 0%	HOSP 3 5%	HOSP 3 5%	HOSP 3 5%	HOSP 3 0%	HOSP 3 5%	HOSP 2 5%	HOSP 3 5%	HOSP 2 5%	HOSP 2 5%		
	<u>Total</u> 50%	<u>Total</u> 50%	<u>Total</u> 0%(C)	<u>Total</u> 50%	<u>Total</u> 50%	<u>Total</u> 50%	<u>Total</u> 45%	<u>Total</u> 50%	<u>Total</u> 50%(C)	<u>Total</u> 50%(C)	<u>Total</u> 50%(C)	<u>Total</u> 50%(C)	<u>Total</u> 50%	
	(C)	(C)	(R)	(C)	(C)	(C)	(C)	(C)	(C)	40% (R)	(R)	40% (R)	(C)	
	40%	40%	10%	40%	40%	40%	40%	40%	40%	10% (D)	10%	10% (D)	40%	
	(R)	(R)	(D)	(R)	(R)	(R)	(R)	(R)	(R)				(R)	
	10%	10%	50%	10%	10%	10%	10%	10%	10%				10%	
	(D)	(D)	(O)	(D)	(D)	(D)	(D)	15%	(D)				(D)	
								(O)						
	Duty Hours	50/12 H	50/12 H	50/12 *	50/12 H	50/12 H	50/12 H	50/12 *	50/12 H	50/12 H	50/12 H	50/12 H	50/12 H	50/12 H

HOSP 1: CHRISTUS Children’s Hospital of San Antonio/CHRISTUS Center for Miracles

HOSP 2: University Hospital

HOSP 3: Methodist Children’s Hospital

Clinical: (C)

Research: (R)

Didactics: (D)

Other: (O) Bexar County Juvenile, DA’s office, CPS, SAPD, ChildSafe

Total number of clinical months 25

Total number of research months 11

## Appendix B: Competency-based Goals and Objectives

### Child Abuse Pediatrics Fellowship- Mandatory Rotation Center for Miracles (PGY4-Year 1)

During this educational experience, the fellow will develop skills in the evaluation and management of suspected victims of child and adolescent physical abuse, sexual abuse and neglect, in both inpatient and outpatient settings. The fellow will also observe and participate in the multidisciplinary model approach to the evaluation, investigation, case management, and treatment of the child and family. The fellow will become familiar with the community resources available to assist child and their caregivers who are affected by, or at risk for, abuse and/or neglect. During this rotation, he/she will learn how Center for Miracles facilitates and triages referrals, strategies for community outreach and prevention, and collaborative approaches with investigative agencies, non-health professionals and other specialists. The fellow will interact with social workers, mental health professionals, and investigative workers to ensure broad experience in the evaluation of suspected physical abuse, sexual abuse and neglect. Additionally, the fellow will begin to attain mastery of the skills needed in conducting the medical history, physical examination (including colposcopy and forensic evidence collection), laboratory evaluation, documentation (including photo-documentation) and the medical diagnosis utilized in the evaluation of physical abuse, sexual abuse and neglect. Finally, the fellow will provide court testimony regarding their evaluations of patients seen during this rotation. The fellow will have responsibilities commensurate to a PGY-4 with oversight by Child Abuse Pediatrics physicians.

As it may pertain to the completion of the above goals and objectives, the fellow will become familiar with all the AAP's policies and guidelines concerning child abuse and neglect. Specific references used in goals and objectives for this rotation

1. "Reece/Christian" text: Reece RM, Christian CW, editors. Child Abuse: Medical Diagnosis & Management, 3<sup>rd</sup> Edition. Elk Grove Village, IL, American Academy of Pediatrics, 2009.
2. "Jenny" text: Jenny, C, chief editor. Child Abuse and Neglect: Diagnosis, Treatment, and Evidence. Elsevier Publishing, 2010.
3. "CD-ROM": "Medical Evaluation of Suspected Child and Adolescent Sexual Abuse" by Kellogg ND and Adams JA, 2009
4. "Kleinman" text: Kleinman, PK, editor. Diagnostic Imaging of Child Abuse 3<sup>rd</sup> Edition Cambridge, United Kingdom, Cambridge University Press 2015.
5. "Frasier" text: Frasier, L, Rauth-Farley K, Alexander R, Parrish R, editors. Abusive Head Trauma in Infants and Children: A Medical, Legal and Forensic Reference. St. Louis, GW Medical Publishing, 2006.
6. Roesler T, Jenny C. Medical Child Abuse: Beyond Munchausen Syndrome by Proxy. Elk Grove Village, IL. American Academy of Pediatrics, 2009.

7. American Academy of Pediatrics Committee on Child Abuse clinical reports and statements

**Patient Care**

**Goal: Begin to develop critical core skills needed to evaluate and manage pediatric patients that are suspected victims of physical abuse, sexual abuse and/or neglect**

Objectives	Learning Activity	Evaluation Method
<p>Develop emerging skills in gathering an appropriate history from children and adolescents who are suspected victims of physical abuse or neglect</p> <ul style="list-style-type: none"> <li>• Utilize an age-appropriate interview approach</li> <li>• Utilize questions that are not leading or suggestive</li> <li>• Gather information important for medical diagnosis and treatment from the patient and/or caretaker</li> <li>• Gather a psychosocial history from the patient and/or caretaker</li> </ul>	<p>Direct patient care Case discussion with faculty Review of AAP Clinical Report: “The evaluation of suspected child physical abuse” Jenny text: “Interviewing children and adolescents about suspected abuse”</p>	<p>Faculty evaluation</p>
<p>Develop emerging skills in gathering an appropriate history from caretakers of children and adolescents who are suspected victims of abuse and/or neglect</p> <ul style="list-style-type: none"> <li>• Utilize non-judgmental interview approach</li> <li>• Gather information important for medical diagnosis and treatment from the patient and/or caretaker</li> <li>• Gather a psychosocial history from the caretaker</li> </ul>	<p>Direct patient care Case discussion with faculty Jenny text: “Interviewing caregivers of suspected child abuse victims” Reece/Christian text: “Interviewing the Prepubertal Child for Possible Sexual Abuse” Review of AAP Clinical Report: “The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected Pediatrics”</p>	<p>Faculty evaluation</p>
<p>Gather an appropriate history from children and adolescents who are suspected victims of sexual abuse</p> <ul style="list-style-type: none"> <li>• Utilize an age-appropriate interview approach</li> <li>• Utilize questions that are not leading or suggestive</li> <li>• Gather information important for medical diagnosis and treatment from the patient and/or caretaker</li> <li>• Gather a psychosocial history from the patient and/or caretaker</li> </ul>	<p>Direct patient care View CD-ROM example of mock patient interview Observe forensic interviews Reece/Christian text: “Interviewing the prepubertal child for possible sexual abuse” Jenny text: “Interviewing children and adolescents about suspected abuse”</p>	<p>Faculty evaluation</p>
<p>Develop emerging skills in gathering history from caretakers of children suspected of sexual abuse</p>	<p>Direct patient care Jenny text: “Interviewing caregivers of suspected child abuse victims”</p>	<p>Faculty evaluation 360 evaluation</p>

<p>Conduct an appropriate examination of children and adolescents who are suspected victims of physical abuse or neglect to include</p> <ul style="list-style-type: none"> <li>• a complete assessment of all body surfaces for injury(s)</li> <li>• Collection of samples for microbiologic testing</li> <li>• Utilization of the colposcope when appropriate</li> <li>• Utilization of digital photo-documentation systems for image capture</li> <li>• Appropriate utilization of secure storage systems for images</li> </ul>	<p>Direct patient care Case review and discussion with faculty</p>	<p>Faculty evaluation Faculty review of case photo-documentation</p>
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<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
<p>Recognize common characteristics of medical, dental, supervisory, and physical neglect, including:</p> <ul style="list-style-type: none"> <li>• Skin and hair changes associated with malnutrition</li> <li>• Dental caries</li> <li>• Demeanor</li> <li>• Growth patterns</li> </ul>	<p>Direct patient care, Case discussion with faculty Reece/Christian text: "Child neglect" Reece/Christian text: "Failure to thrive" AAP Clinical Reports: "Failure to thrive as a manifestation of child neglect", "Recognizing and responding to child neglect"</p>	<p>Faculty evaluation</p>
<p>Perform an appropriate examination on children and adolescents who are suspected victims of sexual abuse</p> <ul style="list-style-type: none"> <li>• Demonstrate appropriate use of labial separation, labial traction, prone and supine knee-chest positioning</li> <li>• Collection of samples for microbiologic testing</li> <li>• Preparation and examination of wet mount slides</li> <li>• Utilize colposcope during examination</li> <li>• Utilize digital photo documentation systems for image capture</li> <li>• Demonstrate knowledge of secure storage systems for images</li> </ul>	<p>Direct patient care View CD-ROM section on examination procedures Jenny text: "Physical findings in children and adolescents experiencing sexual abuse/assault" AAP clinical report: "The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected Pediatrics"</p>	<p>Faculty evaluation Review of case photo-documentation and feedback</p>
<p>Demonstrate emerging skill in the evaluation and management of pediatric patients who are suspected victims of acute sexual assault</p> <ul style="list-style-type: none"> <li>• Examination Techniques</li> <li>• Forensic evidence collection</li> <li>• Anogenital injuries</li> <li>• Colposcopic examination</li> <li>• Testing for sexually transmitted infections</li> <li>• Pelvic exams</li> <li>• Sexual assault protocols</li> </ul>	<p>Direct patient care Case discussion with forensic nurses and CAP faculty Review of FNE case file Reece/Christian text: "The role of forensic materials in sexual abuse and assault" Jenny text: "The rape kit" "Tests used to analyze forensic evidence in cases of child sexual abuse and assault" CD-ROM: forensic evidence collection section</p>	<p>Faculty evaluation Forensic nurse evaluation</p>
<p>Recognize common mimics of abusive injuries</p> <ul style="list-style-type: none"> <li>• Patterns of accidental trauma</li> <li>• Skin findings associated with hypersensitivity reactions, including phytophotodermatitis</li> <li>• Birthmarks, including dermal melanosis</li> <li>• Hemangiomas</li> </ul>	<p>Direct patient care Case discussion with faculty Reece/Christian: "Conditions mistaken for child physical abuse" Kleinman text: "Differential Diagnosis IV &amp; V: Accidental and Obstetric Trauma" (Ch. 10) Frasier text: "Medical Disorders that Mimic Abusive Head Trauma"</p>	<p>Faculty evaluation</p>

<p>Recognize common and uncommon normal variants in anal and genital exams</p> <ul style="list-style-type: none"> <li>• Septate hymen</li> <li>• Crescentic hymen</li> <li>• Circumferential hymen</li> <li>• Failure of midline fusion</li> <li>• Diastasis ani</li> <li>• Linea vestibularis</li> <li>• Deep and shallow hymenal notches</li> <li>• Longitudinal intravaginal columns</li> <li>• Perianal skin tags</li> <li>• Hymenal bumps or mounds</li> <li>• Vestibular bands</li> <li>• Labial adhesions</li> </ul>	<p>Direct patient care CD-ROM section on examination findings Jenny text: “Normal and anatomical variations in the anogenital examination of children”</p>	<p>Faculty evaluation Review &amp; discussion of photo documented findings</p>
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<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
<p>Demonstrate understanding of and indications for common diagnostic tests used in the evaluation of children who are suspected victims of physical abuse</p> <ul style="list-style-type: none"> <li>• Skeletal surveys</li> <li>• Coagulopathy panels</li> <li>• Bone fragility tests</li> <li>• CT scans</li> <li>• MRIs</li> </ul>	<p>Direct patient care Case discussion with faculty AAP, Section on Radiology: “Diagnostic Imaging in Child Abuse” Kleinman text: “Abusive Head and spinal Trauma”</p>	<p>Faculty evaluation</p>
<p>Demonstrate understanding of and indications for common diagnostic tests used in the evaluation of pediatric victims of sexual abuse</p>	<p>Direct patient care Case discussion with faculty CD-ROM section on STIs Reece/Christian text: “Sexually transmitted infections in child sexual abuse”</p>	<p>Faculty evaluation</p>
<p>Demonstrate understanding of and indications for common diagnostic tests and data used in the evaluation of children who are suspected victims of neglect</p> <ul style="list-style-type: none"> <li>• Chemistry profile</li> <li>• Hematology profile</li> <li>• Past growth parameters</li> </ul>	<p>Direct patient care Case discussion with faculty Reece/Christian text: “Child Neglect” Reece/Christian text: “Failure to thrive” AAP Clinical Report: ““Failure to thrive as a manifestation of child neglect”</p>	<p>Faculty evaluation</p>
<p>Demonstrate understanding of and indications for common diagnostic tests used in the inpatient evaluation of children who are suspected victims of physical abuse or neglect</p> <ul style="list-style-type: none"> <li>• Skeletal surveys</li> <li>• Trauma serology studies</li> <li>• Coagulopathy panels</li> <li>• Bone fragility tests</li> <li>• CT scans</li> <li>• MRIs</li> <li>• Ophthalmologic evaluations</li> </ul>	<p>Direct patient care Case discussion with faculty AAP Clinical Report: “The evaluation of suspected child physical abuse” AAP, Section on Radiology: “Diagnostic Imaging in Child abuse” Kleinman text: “Abusive Head and spinal Trauma”</p>	<p>Faculty evaluation</p>
<p>Demonstrate an emerging ability to develop a treatment plan that incorporates urgent and long-term medical and mental health treatment for the child and family</p>	<p>Direct patient care Case review and discussion with faculty Reece/Christian text: “Medical management of the adolescent sexual abuse/assault victim”</p>	<p>Faculty evaluation 360 evaluation</p>
<p>Demonstrate an emerging ability to provide follow up evaluations and assessments for children who are suspected victims of physical abuse or neglect</p>	<p>Direct patient care Case discussion with faculty</p>	<p>Faculty evaluation</p>

<p>Demonstrate an emerging ability to identify and treat unmet general healthcare needs in children who are suspected victims of physical abuse and/or neglect</p>	<p>Direct patient care Case discussion with faculty</p>	<p>Faculty evaluation</p>
<p>Develop an emerging ability to make appropriate recommendations for, or consult with, subspecialists</p> <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Child psychiatry</li> <li>• Social work</li> <li>• Dentistry</li> <li>• Nursing</li> <li>• Orthopedic surgery</li> <li>• Pediatric surgery</li> <li>• Neurosurgery</li> </ul>	<p>Direct patient care Discussion with faculty</p>	<p>Faculty evaluation</p>
<p>Demonstrate an emerging ability to evaluate and manage prenatal and perinatal child abuse</p>	<p>Direct patient care Case discussion with faculty</p>	<p>Faculty evaluation</p>

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging ability to evaluate and manage children who are suspected victims of medical child abuse	Direct patient care Case discussion with faculty Reece/Christian text: "Munchausen Syndrome by Proxy" AAP Clinical Report: "Caregiver-Fabricated Illness in a Child: A Manifestation of Child Maltreatment" Roesler/Jenny text on Medical Child Abuse	Faculty evaluation
Demonstrate an emerging ability to develop a treatment plan that incorporates medical and mental health therapy for the child and family	Direct patient care Case discussion with faculty	Faculty evaluation
Provide appropriate documentation of all pertinent medical information into the medical record in a timely and legible fashion.	Documentation in the medical record	Assessment of medical records
Demonstrate knowledge of the legal and clinical definitions of physical abuse and the different types of neglect <ul style="list-style-type: none"> <li>• Supervision neglect</li> <li>• Medical/dental neglect</li> <li>• Physical neglect</li> <li>• Nutritional neglect</li> </ul>	Case discussion with faculty during patient care Review of American Academy of Pediatrics (AAP) clinical reports: "Oral and dental aspects of child abuse and neglect"; "When is lack of supervision neglect?" Reece/Christian text: "Child Neglect" Jenny text: "Definitions and Categorization of Child Neglect"	In-training exam
Demonstrate knowledge of the legal and clinical definitions of child sexual abuse	Case discussion with faculty during patient care AAP clinical report: "The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected"	In-training exam
Know incidence and prevalence for child and adolescents physical abuse and neglect	Case discussion with faculty during patient care Reece/Christian text: "The evolution of child abuse research" AAP Clinical Report: "Assessment of Maltreatment of Children with Disabilities" Jenny text: "Epidemiology of Child Neglect"	In-training exam
Demonstrate knowledge of reporting laws, local child abuse statutes, and criminal and civil justice systems	Case discussion with faculty during patient care Reece/Christian text: "Legal aspects of child abuse"	In-training exam Faculty feedback
Discuss the role of domestic violence, interpersonal violence, mental illness, substance abuse and family dysfunction in prevention and management of child physical abuse, sexual abuse and neglect	Case discussion with faculty and social workers during patient care and management Case reviews with child protective services Reece/Christian text: "The evolution of child abuse research" Jenny text: "Psychological Aspects of Child Maltreatment" (Section VII) and "Substance Abuse and Child Abuse"	In-training exam
Describe the role of the medical professional in the evaluation of suspected victims of child physical abuse, sexual abuse and neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation
Demonstrate an understanding of sexual maturation and development changes in anogenital anatomy	Case discussion with faculty during patient care Jenny text: "Normal and anatomical variations in the anogenital evaluation of children"	Faculty evaluation
Demonstrate an emerging knowledge of the indications for, and interpretation of, toxicology tests	Case discussion with ED and CAP faculty and forensic nurses Jenny text: "Drug facilitated sexual assault"	Faculty evaluation

Demonstrate an emerging understanding of the principles of primary, secondary, and tertiary prevention of injuries, abuse and/or neglect	Case discussion with faculty during patient care Review of AAP clinical report: "The Evaluation of physical abuse"	Direct observation Faculty feedback In-training exam
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Objectives	Learning Activity	Evaluation Method
Demonstrate an emerging ability to interpret the forensic significance of physical examination findings in children and adolescents evaluated for suspected sexual abuse or assault	Case discussion with faculty during patient care Case review of acute physical abuse examinations and photo-documentation Reece/Christian text: "Legal aspects of child abuse" Reece/Christian: "Photo-documentation and Other Technologies" Jenny text: "Photo-documentation in Child Abuse Cases"	Faculty evaluation

### **Medical Knowledge**

**Goal: Begin to understand the epidemiology, definitions, risk factors, patterns of disclosure, and demography of children and adolescents who are suspected victims of physical abuse and/or neglect; reporting laws and role of the medical professional in the multidisciplinary model; the scope of established and evolving knowledge regarding the behavioral, medical, emotional and psychological consequences of physical abuse and neglect**

Objectives	Learning Activity	Evaluation Method
Demonstrate an understanding of developmentally appropriate behaviors in the context of evaluating children for physical abuse and/or neglect	Case discussion with Faculty during patient care	Direct observation Faculty evaluation
Demonstrate an emerging understanding of psychological and other types of abuse that co-occur with physical abuse and/or severe neglect	Case discussion with faculty during patient care Reece/Christian text: "Medical and psychological sequelae of child abuse and neglect"	In-training exam Faculty evaluation
Demonstrate an emerging understanding of short and long-term psychological, physical, and emotional outcomes associated with child and adolescent physical abuse and/or neglect	Case discussion with faculty during patient care Reece/Christian text: "Neurobiological and long-term effects of early abuse and neglect" Jenny text: "Psychological Aspects of Child Maltreatment"	Direct observation Faculty evaluation
Demonstrate an emerging knowledge of anatomical, infectious, and inflammatory conditions and behaviors that are commonly misinterpreted as indicators of sexual abuse	Case discussion with faculty during patient care Reece/Christian: "Conditions mistaken for child sexual abuse"	Faculty evaluation
Demonstrate an emerging ability to interpret the forensic significance of physical examination findings in children and adolescents evaluated for suspected sexual abuse or assault	Case discussion with faculty during patient care Case review of acute sexual assault examinations and photo-documentation	Faculty evaluation
Demonstrate an emerging understanding of the anatomy of various structures as it relates to potentially abusive injuries <ul style="list-style-type: none"> <li>• Head and neck</li> <li>• Ears/Nose/Throat</li> <li>• Eye and contents of the orbit</li> <li>• Musculoskeletal system</li> <li>• Abdomen and thorax</li> </ul>	Case discussion with faculty during patient care Reece/Christian text: "Maxillofacial, neck and dental manifestations of child abuse" "Ocular manifestations of child abuse" Review article: "Retinal hemorrhage in abusive head trauma" AAP Clinical Report: "Oral and dental manifestations of child abuse and neglect" Reece/Christian: "Visceral Manifestations of Child Physical Abuse" Jenny text: "Physical Abuse of Children"	In-training exam

Demonstrate an emerging understanding of the function and elements of child death review teams	Attend death review meetings Reece/Christian: "Pathology of fatal abuse" Jenny text: "Child Death Review"	Direct observation Faculty evaluation
Demonstrate an emerging understanding of the immediate and long-term medical and psychosocial effects of drugs in the home environment	Case discussion with faculty during patient care Jenny text: "Substance Abuse and Child Abuse"	In-training exam Faculty evaluation

Objectives	Learning Activity	Evaluation Method
Demonstrate an emerging understanding of non-abusive conditions that may mimic abuse and/or neglect	Case discussion with faculty during patient care Reece/Christian: "Conditions mistaken for child physical abuse" Fraser text: "Medical Disorders that Mimic Abusive Head Trauma" Jenny text: "Skin conditions confused with Child Abuse" and "Conditions confused with Head Trauma"	Direct observation Faculty evaluation
Demonstrate an emerging ability to access the knowledge base needed for effective evaluation of children who are suspected victims of abuse and/or neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Begin to demonstrate interpersonal and communication skills that result in appropriate information exchange with patients, families, multidisciplinary team (MDT) members and professional associates**

Objectives	Learning Activity	Evaluation method
Demonstrate an emerging ability to conduct an unbiased medical interview of a suspected victim, suspected perpetrator, and non-offending family members presenting for physical abuse and/or neglect evaluations	Case discussion with faculty during patient care	Direct observation Faculty evaluation 360 evaluation
Demonstrate an emerging ability to conduct an unbiased medical interview of a suspected victim, and non-offending family members presenting for a sexual abuse evaluation	Case discussion with faculty during patient care	Faculty evaluation Nurse evaluation
Demonstrate an emerging ability to communicate medical findings effectively with primary care physicians and other sub specialists whose patients are being evaluated for physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation
Demonstrate an emerging ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys) involved in the investigation and litigation of the patient's case <ul style="list-style-type: none"> <li>• Court testimony</li> </ul>	Case discussion with faculty during patient care Presentation of case at MDT meetings Review of transcripts of prior testimony Court testimony or mock trial	Direct observation Faculty evaluation 360 evaluation
Demonstrate an emerging ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Direct observation Faculty evaluation

Demonstrate an emerging ability to provide support and guidance to patients and their families evaluated for possible abuse or neglect in an emergency room setting	Case discussion with ED and CAP faculty and forensic nurses	Direct observation Forensic nurse evaluation
Demonstrate an emerging ability to develop effective approaches for teaching students, colleagues, and other professionals	Case discussion with faculty during patient care Journal club Preparation and review of PowerPoint presentations	Direct observation Faculty evaluation Evaluation from attendees of fellow presentations

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop emerging skills in the recognition, evaluation, and correction of deficiencies in his/her knowledge based on their experiences at Center for Miracles. Begin acquiring skills to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop emerging skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents who are suspected victims of physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care Journal club Reece/Christian text: "The evolution of child abuse research"	Faculty evaluation Journal club evaluation
Develop emerging skill to apply evidence-based data to guide practice and improve management of physically abuse, sexually abused, and/or neglected children	Case discussion with faculty during patient care	Faculty evaluation
Develop emerging skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Develop emerging skills in applying knowledge of study design and statistical methods to appraise clinical studies and information related to diagnostic and therapeutic effectiveness	Case discussion with faculty during patient care Journal club Reece/Christian text: "The evolution of child abuse research"	Faculty evaluation Journal club evaluation
Develop emerging understanding of appropriate and ethical interactions with media	Discussion with faculty Journal articles	Faculty feedback

### **Professionalism**

**Goal: Demonstrate an emerging commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop emerging skill demonstrating respect, compassion, and integrity in interactions with patients, families, staff, faculty, peers, and multidisciplinary partners	Direct patient care Attend MDT case staffing on physical abuse and neglect cases	Direct observation Faculty evaluation 360 evaluation

Develop emerging skill in a non-judgmental and objective approach to child physical and sexual abuse detection, assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop emerging skill in recognizing and responding to patient's and family's needs based on age, gender, culture and disabilities	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation 360 evaluation
Develop emerging skill in reliability and accountability to patients and colleagues including completion of assigned duties and tasks	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation 360 evaluation
Develop emerging skill in commitment, responsibility, and accountability to patients, nurses, and colleagues despite the pace and stress of an ED setting	Direct patient care and interaction with ED faculty and forensic nurses	Forensic nurse evaluation
<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop emerging skill in recognition of errors and taking responsibility for correction.	Direct patient care and interaction with faculty and staff while doing so Journal club	Direct observation Faculty evaluation Journal club evaluation
Develop emerging skill in recognizing and responding to personal stress and fatigue	Direct patient care and interaction with faculty and staff while doing so	Direct observation
Develop emerging skill in maintaining confidentiality of patient information in accordance with HIPAA standards	Direct patient care and interaction with faculty and staff while doing so AAP Policy Statement: "Child abuse, confidentiality, and HIPAA"	Direct observation
Develop emerging skill in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so AAP Policy Statement: "Child abuse, confidentiality, and HIPAA"	Direct observation 360 evaluation

### **Systems-Based Practice**

**Goal: Develop emerging skills in utilizing resources within the community and multidisciplinary model to assess, prevent, treat and advocate for the needs of physically abused or neglected children and their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop emerging understanding of the ways safety is assessed and provided for physically abused and/or neglected children through foster care, child protection agencies, safety plans, family-based services, and reunification	Direct patient care and interaction with multi-disciplinary team (MDT) members on site or during case staffing	MDT evaluation Faculty evaluation Direct observation
Develop emerging skill in advocating for quality patient care and assisting patients in dealing with system complexities	Direct patient care and interaction with faculty and staff while doing so Attend MDT case review/staffing	Faculty evaluation Direct observation
Develop emerging skill in utilizing information from autopsy, scene investigation, medical records, and case reviews to assess sudden unexpected infant deaths	Attend MDT case reviews/staffing	Faculty evaluation Direct observation

Develop emerging skill in timely communication, provision of services, and directed feedback to referring professionals or community agencies	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation Direct observation
Develop emerging understanding of the challenges and successes in securing funding for child physical abuse and/or neglect victims and their families to ensure their medical and mental health needs are met	Direct patient care and interaction with case managers, faculty and staff while doing so	Direct observation
Develop emerging understanding of local and national legislation relevant to child abuse and neglect prevention, detection, assessment, and treatment, and appropriate venues for advocacy	Review and discuss legislative updates provided through AAP and state chapters of AAP	Direct observation
Develop emerging knowledge of how patient care and research impact health care systems	Journal club QI project	Journal club evaluation QI project assessment

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop emerging understanding of the ways safety is assessed and provided for abused and/or neglected children that present for emergent care <ul style="list-style-type: none"> <li>• Child protection agencies</li> <li>• Emergent safety plans</li> <li>• Court orders for emergent custody</li> <li>• Protective orders</li> </ul>	Direct patient care and interaction with MDT members on site or during case staffing	MDT evaluation Faculty evaluation 360 evaluation
Demonstrate understanding of the difference between medical and forensic indications for emergency evaluations of suspected child maltreatment	Direct patient care and discussion with CAP faculty and forensic nurses Attend MDT case review/staffing	Faculty evaluation
Demonstrates ability to address disagreements among subspecialists and staff arising from the ED evaluation of suspected victims of abuse and/or neglect	Direct patient care and discussion with CAP faculty	Faculty evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation**  
**Inpatient consultations (University Hospital, Children’s Hospital of San Antonio, Methodist**  
**Children’s Hospital)**  
**(PGY4-Year 1)**

During this mandatory educational experience, the fellow will develop skills in the evaluation and management of hospitalized children who are suspected victims of physical abuse, sexual abuse and/or neglect. The fellow will develop knowledge and skills in the evaluation and management of children with intracranial, intra-abdominal, skeletal, and burn injuries and conditions in need of surgical subspecialty and pediatric intensive care. Additionally, the fellow will learn the common causes of these injuries in children, the presenting symptoms, the initial and continuing care of these patients, and the anticipated outcomes. The fellow will gain exposure to the hospital multidisciplinary model approach in evaluation, investigating, and managing children and adolescents who are suspected victims of abuse and/or neglect. They will demonstrate skills in addressing the psychosocial needs of the children and families, determining the need for follow-up care while getting exposure to community resources available to assist victims and their caregivers. The fellow will take first call, with faculty back-up, for inpatients and will perform consults in conjunction with faculty. The fellow will serve as the primary communicator to families, other medical and non-medical professionals in and out of the hospital including investigators. The fellow will develop skills in the inpatient medical, laboratory, and radiologic evaluation of abuse and neglect. The fellow will interact with social workers, mental health professionals, and investigative workers to ensure broad experience in the evaluation of child abuse and neglect. Finally, the fellow will provide courtroom testimony in cases of abuse and/or neglect seen in the hospital. The fellow will have responsibilities commensurate to a PGY-4 with oversight by board certified Child Abuse Pediatricians.

**Patient Care**

**Goal: Begin to demonstrate understanding and skills in the acute and non-acute assessment and management of trauma in infants, children, and adolescents**

Objectives	Learning Activity	Evaluation method
Demonstrate advanced understanding of the range of clinical manifestations, imaging modalities, laboratory testing, and management for trauma involving <ul style="list-style-type: none"> <li>• Intracranial injuries</li> <li>• Intra-abdominal injuries</li> <li>• Fractures</li> <li>• Burns</li> </ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
<p>Identify typical presentations of severe and/or complicated falls, motor vehicle collisions, burns, and severe head/body impacts resulting in</p> <ul style="list-style-type: none"> <li>• Intracranial hemorrhages</li> <li>• Cerebral edema</li> <li>• Concussions</li> <li>• Lacerations</li> <li>• Scalp contusions</li> <li>• Kidney, pancreatic, and splenic injuries</li> <li>• Mesenteric injuries</li> <li>• Bowel injuries</li> <li>• Bladder and urethral injuries</li> <li>• Comminuted, complex or multiple fractures</li> <li>• Superficial, partial and deep water, chemical, electrical and object burns</li> </ul>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Obtain appropriate medical histories from caretakers of children with traumatic injuries to include details relevant to mechanisms of injury</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Obtain appropriate medical histories from children with traumatic injuries to include details relevant to mechanisms of injury</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Identify and manage findings that indicate the need for urgent surgical and/or medical intervention</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Identify the components of brain death exams</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Characterize and address the behavioral and pain responses of children to severe traumatic injuries</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty feedback</p>
<p>Recognize adverse outcomes from neglectful or delayed care of burns and delay in seeking medical care for severe traumatic injuries</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Demonstrate advanced skill in planning the diagnostic work up of children who are suspected victims of physical abuse, including</p> <ul style="list-style-type: none"> <li>• Skeletal surveys</li> <li>• Coagulopathy panels</li> <li>• Bone fragility tests</li> <li>• CT scans</li> <li>• MRIs</li> </ul>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Differentiate clinical presentations of accidental trauma from non-accidental trauma</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>
<p>Effectively evaluate all critical care patients (both traumatic and non-traumatic) using physical exam, laboratory data, and imaging studies appropriately</p>	<p>Direct patient care Discussion of patients with faculty</p>	<p>Faculty evaluation</p>

## **Medical Knowledge**

**Goal: Begin to demonstrate knowledge of core principles of emergent care for pediatric trauma needed to evaluate and manage possible victims of inflicted trauma and/or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate advanced ability to understand the typical and unusual mechanisms of injury associated with fractures, burns, intracranial injuries and intra-abdominal injuries that are managed in an inpatient setting	Case discussion with faculty	In-training exam Faculty evaluation
Identify medical conditions that cause intracranial bleeding, intra-abdominal bleeding, and, fractures that may be confused with trauma or inflicted trauma	Case discussion with faculty	In-training exam Faculty evaluation
Know the structure and function of intracranial structures, including <ul style="list-style-type: none"><li>• anatomic relationships of the skull, layers of the dura, pia and arachnoid matter, and brain parenchyma</li><li>• the major arterial blood supply to and within the intracranial compartment</li><li>• the major structures that facilitate venous drainage from the brain</li><li>• the major structures that are involved in the production, circulation, and reabsorption of cerebrospinal fluid</li></ul>	Case discussion with faculty	In-training exam
Know the role of the medical professional in the evaluation of suspected victims of child abuse and/or neglect that present to an inpatient setting for care	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced understanding of the long-term sequelae of intracranial and intra-abdominal injuries, severe burns, and severe fractures	Case discussion with faculty during patient care	Faculty evaluation
Recognize consequences of intracranial injury including SIADH, coagulopathy, retinal hemorrhages, seizures and evolving symptoms, such as mass effect intracranial bleeding	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced understanding of the procedures related to preservation of evidence and organ donation for children and adolescents who are suspected victims of fatal maltreatment	Case discussion with faculty during patient care	In-training exam
Understand the pathophysiology of multi-system trauma and its complications	Case discussion with faculty	Faculty evaluation

<p>Understand the pathophysiology and appropriate treatments for numerous non-traumatic illnesses/ conditions, such as</p> <ol style="list-style-type: none"> <li>1) Respiratory distress and failure</li> <li>2) Common cyanotic and acyanotic congenital cardiac lesions</li> <li>3) Acute liver failure and GI bleeding</li> <li>4) Acute renal failure</li> <li>5) Status epilepticus, hydrocephalus and shunts, and intracranial hypertension</li> <li>6) CNS infections, septic shock, urosepsis</li> </ol>	Case discussion with faculty during patient care	Faculty evaluation
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### **Interpersonal and Communication Skills**

**Goal: Begin to demonstrate interpersonal and communication skills that result in appropriate information exchange with patients, families, multidisciplinary team members and professional associates in an intensive care unit setting.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to provide support and guidance to patients and their families	Case discussion with faculty, social workers and child protection investigators during patient care Communication with patients and families	Faculty evaluation
Demonstrate an advanced ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys) involved in the investigation and litigation of the patient's case	Case discussion with faculty during patient care Presentation of case at multidisciplinary meetings	Faculty evaluation
Demonstrate an advanced ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced ability to work with nursing and respiratory staff in a cooperative and collegial manner	Patient care	Faculty evaluation
Present patients to the attending with an emphasis on clear and effective communication of care assessments and plans	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced ability to review inpatient notes and plans with the attending and patients/families	Case discussion with faculty during patient care	Faculty evaluation

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop emerging skills in the recognition and correction of deficiencies in his/her knowledge based on their experiences in the pediatric intensive care unit. Begin acquiring skills to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop advanced skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents in an inpatient setting who are suspected victims of physical abuse or neglect	Case discussion with faculty during patient care	Faculty evaluation

Develop advanced skill to apply evidence-based data to guide practice and improve management of children in an inpatient setting who are suspected victims of abuse or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop advanced skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate and incorporate the use of online resources in patient management	Case discussion with faculty during patient care	Faculty evaluation
Participate in team learning by bringing articles and creating brief presentations for the attending	Case discussion with faculty during patient care	Faculty evaluation

### **Professionalism**

**Goal: Demonstrate an emerging commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrates respect, compassion, and integrity in interactions with patients, families, and faculty	Direct patient care	Faculty evaluation
Develop advanced skill in a non-judgmental and objective approach to child abuse and/or neglect assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop advanced skill in maintaining confidentiality of patient information in accordance with HIPAA statutes	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop advanced skill in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop emerging skills in utilizing resources within the community and multidisciplinary model to prevent, treat and advocate for the needs of physically abused or neglected children and their families.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop advanced understanding of the ways safety is assessed and provided for abused or neglected children with severe injuries <ul style="list-style-type: none"> <li>• Child protection agencies</li> <li>• Emergent safety plans</li> <li>• Court orders for emergent custody</li> <li>• Protective orders</li> </ul>	Direct patient care and interaction with MDT members on site or during case staffing	Faculty evaluation
Demonstrates advanced ability to address disagreements in the diagnosis and treatment of a child who is a suspected victim of abuse when multiple sub-specialists are involved	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation

Demonstrate an advanced ability for admission and discharge criteria for inpatient traumatic and non-traumatic patients	Direct patient care and interaction with faculty and staff	Faculty evaluation
Demonstrate an advanced ability to communicate with consulting and referring physicians, keeping them apprised of progress and plans	Direct patient care and interaction with faculty and staff	Faculty evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation  
University Hospital Trauma Team  
(PGY4-Year 1)**

During this required educational experience, the fellow will develop in-depth knowledge and skills in the evaluation and management of children with intracranial, intra-abdominal, skeletal, and burn injuries and conditions in need of surgical subspecialty care. Additionally, the fellow will learn the common causes of these injuries in children, the presenting symptoms, the initial and continuing care of trauma patients, and the anticipated outcomes. The fellow will have responsibilities commensurate to a PGY-4 with oversight by board certified critical care and surgical subspecialists.

**Patient Care**

**Goal: Begin to demonstrate understanding and skills in the acute and non-acute assessment and management of trauma in infants, children, and adolescents**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Demonstrate understanding of the range of clinical manifestations, imaging modalities, laboratory testing, and management for trauma involving <ul style="list-style-type: none"> <li>• Intracranial injuries</li> <li>• Intra-abdominal injuries</li> <li>• Fractures</li> <li>• Burns</li> </ul>	Direct patient care Discussion of patients with trauma team	Faculty evaluation

<p>Identify typical presentations from severe and/or complicated falls, motor vehicle collisions, burns, and severe head/body impacts resulting in</p> <ul style="list-style-type: none"> <li>• Intracranial hemorrhages</li> <li>• Cerebral edema</li> <li>• Concussions</li> <li>• Lacerations</li> <li>• Scalp contusions</li> <li>• Kidney, pancreatic, and splenic injuries</li> <li>• Mesenteric injuries</li> <li>• Bowel injuries</li> <li>• Bladder and urethral injuries</li> <li>• Comminuted, complex or multiple fractures</li> <li>• Superficial, partial and deep water, chemical, electrical and object burns</li> </ul>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Obtain appropriate medical histories from caretakers of children with traumatic injuries to include details relevant to mechanisms of injury</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Obtain appropriate medical histories from children with traumatic injuries to include details relevant to mechanisms of injury</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Identify and manage findings that indicate the need for urgent surgical and/or medical intervention</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Identify the components of brain death exams</p>	<p>Direct patient care Discussion of patients with ICU team</p>	<p>Faculty evaluation</p>
<p>Characterize and address the behavioral and pain responses of children to severe traumatic injuries</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty feedback</p>

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
<p>Recognize adverse outcomes from neglectful or delayed care of burns and delay in seeking medical care for severe traumatic injuries</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Demonstrate skill in planning the diagnostic work up of children who are suspected victims of physical abuse, including</p> <ul style="list-style-type: none"> <li>• Skeletal surveys</li> <li>• Coagulopathy panels</li> <li>• Bone fragility tests</li> <li>• CT scans</li> <li>• MRIs</li> </ul>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Differentiate clinical presentations of accidental trauma from non-accidental trauma</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>
<p>Effectively evaluate all critical care patients (both traumatic and non-traumatic) using physical exam, laboratory data, and imaging studies appropriately</p>	<p>Direct patient care Discussion of patients with trauma team</p>	<p>Faculty evaluation</p>

Observe the safe and effective performance of critical care procedures (central line placement, arterial line placement, chest tube placement, intubation and ventilation)	Direct patient care	Faculty evaluation
If available, observe and participate in pediatric codes	Direct patient care	Faculty evaluation

### Medical Knowledge

**Goal: Demonstrate knowledge of core principles of emergent care for pediatric trauma needed to evaluate and manage possible victims of inflicted trauma or neglect**

Objectives	Learning Activity	Evaluation Method
Demonstrate emerging ability to understand the typical and unusual mechanisms of injury associated with fractures, burns, intracranial injuries and intra-abdominal injuries that are managed in an intensive care setting	Case discussion with trauma team during patient care	In-training exam Faculty evaluation
Identify medical conditions that cause intracranial bleeding, intra-abdominal bleeding, and fractures that may be confused with trauma or inflicted trauma	Case discussion with trauma team during patient care	In-training exam Faculty evaluation
Describe the structure and function of intracranial structures, including <ul style="list-style-type: none"> <li>• anatomic relationships of the skull, layers of the dura, pia and arachnoid matter, and brain parenchyma</li> <li>• the major arterial blood supply to and within the intracranial compartment</li> <li>• the major structures that facilitate venous drainage from the brain</li> <li>• the major structures that are involved in the production, circulation, and reabsorption of cerebrospinal fluid</li> </ul>	Case discussion with trauma team during patient care	In-training exam
Describe the role of the medical professional in the evaluation of suspected victims of child abuse and neglect that present to an ICU for care	Case discussion with trauma team during patient care	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging understanding of the long-term sequelae of intracranial and intra-abdominal injuries, severe burns, and severe fractures	Case discussion with trauma team during patient care	Faculty evaluation
Recognize consequences of intracranial injury including SIADH, coagulopathy, retinal hemorrhages, seizures and evolving symptoms, such as mass effect intracranial bleeding	Case discussion with trauma team during patient care	Faculty evaluation
Demonstrate an emerging understanding of the procedures related to preservation of evidence and organ donation for children and adolescents who are suspected victims of fatal maltreatment	Case discussion with trauma team during patient care	In-training exam
Understand the pathophysiology of multi-system trauma and its complications	Case discussion with trauma team	Faculty evaluation
Understand the pathophysiology and appropriate treatments for numerous non-traumatic illnesses/ conditions, such as <ol style="list-style-type: none"> <li>1) Respiratory distress and failure</li> <li>2) Common cyanotic and acyanotic congenital cardiac lesions</li> <li>3) Acute liver failure and GI bleeding</li> <li>4) Acute renal failure</li> <li>5) Status epilepticus, hydrocephalus and shunts, and intracranial hypertension</li> <li>6) CNS infections, septic shock, urosepsis</li> </ol>	Case discussion with trauma team during patient care	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Begin to demonstrate interpersonal and communication skills that result in appropriate information exchange with patients, families, multidisciplinary team members and professional associates in an intensive care unit setting**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging ability to provide support and guidance to patients and their families	Case discussion with trauma faculty, social workers and child protection investigators during patient care Communication with patients and families	Faculty evaluation
Demonstrate an emerging ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys) involved in the investigation and litigation of the patient's case	Case discussion with trauma faculty during patient care Presentation of case at multidisciplinary meetings	Faculty evaluation
Demonstrate an emerging ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with trauma faculty during patient care	Faculty evaluation
Demonstrate an emerging ability to work with nursing and respiratory staff in a cooperative and collegial manner	Patient care	Faculty evaluation
Present patients to the critical care attending during clinical rounds, with an emphasis on clear and effective communication of critical care assessments and plans	Case discussion with trauma faculty during patient care	Faculty evaluation
Demonstrate an emerging ability to review daily progress and plans with the critical care team and patients/families	Case discussion with trauma faculty during patient care	Faculty evaluation

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop emerging skills in the recognition and correction of deficiencies in his/her knowledge based on their experiences in the pediatric intensive care unit. Begin acquiring skills to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop emerging skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents in an intensive care unit setting who are suspected victims of physical abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop emerging skill to apply evidence-based data to guide practice and improve management of children in an intensive care unit who are suspected victims of abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop emerging skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate and incorporate the use of online resources in patient management	Case discussion with faculty during patient care	Faculty evaluation
Participate in team learning by bringing articles and creating brief presentations for the critical care team	Case discussion with faculty during patient care	Faculty evaluation

### **Professionalism**

**Goal: Begin to demonstrate an emerging commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrates respect, compassion, and integrity in interactions with patients, families, and ICU staff	Direct patient care	Faculty evaluation
Develop emerging skill in a non-judgmental and objective approach to child abuse and/or neglect assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop emerging skill in maintaining confidentiality of patient information in accordance with HIPAA statutes	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop emerging skill in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop emerging skills in utilizing resources within the community and multidisciplinary model to prevent, treat and advocate for the needs of physically abused or neglected children and their families.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop emerging understanding of the ways safety is assessed and provided for abused and/or neglected children with severe injuries <ul style="list-style-type: none"><li>• child protection agencies</li><li>• Emergent safety plans</li><li>• Court orders for emergent custody</li><li>• Protective orders</li></ul>	Direct patient care and interaction with MDT members on site or during case staffing	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrates ability to address disagreements in the diagnosis and treatment of a child who is a suspected victim of abuse when multiple sub specialists are involved	Direct patient care and interaction with trauma faculty and staff while doing so	Faculty evaluation
Demonstrate an emerging ability for admission and discharge criteria for PICU traumatic and non-traumatic patients	Direct patient care and interaction with trauma faculty and staff	Faculty evaluation
Demonstrate an emerging ability to communicate with consulting and referring physicians, keeping them apprised of progress and plans	Direct patient care and interaction with trauma faculty and staff	Faculty evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation  
Research/Journal Club/QI  
(PGY4-Year 1)**

During this required educational experience, the fellow will develop emerging skills in research design, statistics, ethical conduct of research, and manuscript preparation. This fellow's experience in research methodologies is a continuing experience, including didactic coursework in design and statistics, weekly journal club, an ongoing quality improvement project, and scheduled blocks of allotted research time.

**Medical Knowledge**

**Goals: Fellows must demonstrate knowledge of the types of research studies, how to develop a research question, preparation for a research project, and the history of human research that provides the basis for regulations governing human research**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Delineate a history of hallmark abuses of humans enrolled in clinical research	Common curriculum for fellows (CCF)	Faculty evaluation

Describe the evolution of national and international codes and regulations guiding inclusion of human subjects in clinical investigations	Common curriculum for fellows (CCF)	Faculty evaluation
Define a research question	Common curriculum for fellows (CCF)	Faculty evaluation PSOC
Set and perform tests of hypotheses	Common curriculum for fellows (CCF)	Faculty evaluation PSOC
Estimate sample sizes for survey and case-control studies	Common curriculum for fellows (CCF)	Faculty evaluation PSOC
Design data documentation tools	Discussion with faculty/statistician	Faculty evaluation PSOC
Define criteria for inferring causation from observational studies	Common curriculum for fellows (CCF)	Faculty evaluation
Compare and contrast the purpose and characteristics of different forms of interventional trials	Common curriculum for fellows (CCF)	Faculty evaluation
Plan the sample size, analysis and stopping rules of a randomized clinical trial	Common curriculum for fellows (CCF)	PSOC

### **Interpersonal and Communication Skills**

**Goal: Demonstrate an emerging ability to effectively communicate study design, statistics, and findings in the literature to medical personnel and, where appropriate, non-medical personnel.**

<b>Objectives:</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging ability to communicate basic statistical principles to other medical professionals	Journal club PSOC presentations	Journal club evaluation PSOC evaluation
Demonstrate an emerging ability to communicate principles of research design to other medical professionals	Journal club PSOC presentations	Journal club evaluation PSOC evaluation
Develop an emerging ability to communicate the challenges in conducting research in child abuse	Journal club PSOC presentations	Journal club evaluation PSOC evaluation
Write a consent form in understandable language	Common curriculum for fellows (CCF)	PSOC
Read and interpret research reports of cross-sectional and case control investigations	Journal club	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Identify and summarize different categories of data	Common curriculum for fellows (CCF)	PSOC
Compare and contrast the uses, strengths, and weaknesses of different clinical trial designs	Common curriculum for fellows (CCF) Journal club	Faculty evaluation
Read and interpret research reports of cohort studies and randomized control trials	Journal club	Faculty evaluation
Describe the steps in conducting a meta-analysis	Common curriculum for fellows (CCF)	Faculty evaluation

### **Practiced-Based Learning**

**Goal: Fellows must demonstrate an emerging ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care practices, as well as clinical research approaches**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology	Quality improvement project	QI project evaluation
Demonstrate an emerging ability to locate, appraise, and assimilate evidence from scientific studies to better address clinical and research questions	Research project Journal club	Journal club evaluation
Demonstrate an emerging ability to apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	Journal club Research project	Journal club evaluation
Demonstrate an emerging ability to use information technology to manage information, access on-line medical information, and support their own education	Journal club Quality improvement project	Journal club evaluation QI project evaluation
Demonstrate an emerging ability to facilitate the learning of students and other health care professionals	Journal club Quality improvement project	Journal club evaluation QI project evaluation
Develop strategies for self-assessment and validation of scientific and objectivity in one's own research	Research project	PSOC
Effectively conduct a systematic review of the scientific literature	Research project	Faculty evaluation PSOC

**Professionalism**

**Goal: Demonstrate an emerging ability to conduct research with adherence to ethical standards**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging ability to identify ethical difficulties in child abuse research	Research project Journal club PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate an emerging understanding of the role of race, ethnicity, gender and socioeconomic status in research	Research project Journal club PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate an emerging understanding of consent issues in research involving child abuse	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging understanding of the legal and professional consequences of unethical research practices	Research project	Research faculty evaluation
Recognize different forms of scientific misconduct	Common curriculum for fellows (CCF)	Faculty evaluation

Recognize the ethical responsibilities and consequences of whistle blowing	Common curriculum for fellows (CCF)	Faculty evaluation
Delineate strategies for minimizing bias in cross-sectional and retrospective studies	Common curriculum for fellows (CCF)	Faculty evaluation
Delineate strategies for minimizing bias in cohort studies and randomized control trials	Common curriculum for fellows (CCF) Discussion with faculty	Faculty evaluation

### **Systems Based Practice**

**Goals: Fellows must demonstrate an emerging awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide appropriate and optimal care and ethical clinical research**

<b>Objectives:</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an emerging understanding of how patient care and other professional practices affect other health care professionals, multidisciplinary team members, the health care organization, and the larger society and how these elements of the system affect their own practice	Quality improvement project Journal club	QI project assessment Journal club evaluation by faculty

Display an emerging knowledge of how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs, patient risks and allocation resources	Quality improvement project Journal club	QI project assessment Journal club evaluation by faculty
Demonstrate an emerging understanding of how to partner with health care managers, multidisciplinary team members, and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance	Quality improvement project	QI project assessment
Demonstrate understanding of the elements of informed consent and the procedures and precautions for enrolling special populations into clinical investigation	Common curriculum for fellows (CCF)	Faculty evaluation PSOC
Demonstrate understanding of the role and processes of a peer review board to judge violations in research ethics	Common curriculum for fellows (CCF)	Faculty evaluation
Design strategies for recruitment into a study	Common curriculum for fellows (CCF)	PSOC
Design strategies for subject retention in a prospective study	Common curriculum for fellows (CCF)	PSOC
Design strategies for monitoring progress in a randomized control trial	Common curriculum for fellows (CCF)	PSOC Faculty evaluation

**Child Abuse Pediatrics Fellowship- Mandatory Rotation  
Center for Miracles  
(PGY5-Year 2)**

During this educational experience, the fellow will develop advanced skills in the evaluation and management of suspected victims of child and adolescent physical abuse, sexual abuse and neglect in both outpatient and inpatient settings. The fellow will begin to assume a leadership role while participating in the multidisciplinary model approach to the evaluation, investigation, case management, and treatment of the child and family. The fellow will become skilled in utilizing the community resources available to assist child and their caregivers who are affected by, or are at risk for, abuse and/or neglect. During this rotation, he/she will participate in community outreach and prevention initiatives, and demonstrate advanced skills in collaborating with investigative agencies, non-health professionals and other specialists. Additionally, the fellow will develop advanced skills in conducting the medical history, physical examination, laboratory evaluation, documentation and the medical diagnosis utilized in the evaluation of physical abuse, sexual abuse and neglect. Finally, the fellow will demonstrate advanced skills in providing testimony related to their evaluations of children seen during this rotation. The fellow will have responsibilities commensurate to a PGY-5 with oversight by Child Abuse Pediatrics physicians.

As it may pertain to the completion of the above goals and objectives, the fellow will continue to be familiar with all the AAP's policies and guidelines concerning child abuse and neglect. Specific references used in goals and objectives for this rotation

1. "Reece/Christian" text: Reece RM, Christian CW, editors. Child Abuse: Medical Diagnosis & Management, 3<sup>rd</sup> Edition. Elk Grove Village, IL, American Academy of Pediatrics, 2009.
2. "Jenny" text: Jenny, C, chief editor. Child Abuse and Neglect: Diagnosis, Treatment, and Evidence. Elsevier Publishing, 2010.
3. "Kleinman" text: Kleinman, PK, editor. Diagnostic Imaging of Child Abuse 3<sup>rd</sup> Edition Cambridge, United Kingdom, Cambridge University Press 2015.
4. "Frasier" text: Frasier, L, Rauth-Farley K, Alexander R, Parrish R, editors. Abusive Head Trauma in Infants and Children: A Medical, Legal and Forensic Reference. St. Louis, GW Medical Publishing, 2006.
5. Roesler T, Jenny C. Medical Child Abuse: Beyond Munchausen Syndrome by Proxy. Elk Grove Village, IL. American Academy of Pediatrics, 2009.
6. "CD-ROM": "Medical Evaluation of Suspected Child and Adolescent Sexual Abuse" by Kellogg ND and Adams JA, 2009
7. American Academy of Pediatrics Committee on Child Abuse statements and clinical reports

## **Patient Care**

**Goal: Develop advanced skills needed to evaluate and manage pediatric patients that are suspected victims of physical abuse, sexual abuse and/or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate skills in gathering a history from children, adolescents, and caretakers in challenging circumstances <ul style="list-style-type: none"><li>• Children who appear to be recanting a history of abuse</li><li>• Caretakers who are angry or threatening</li></ul>	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate ability to alter the history-taking approach in accordance with patient anxiety, developmental abilities, and willingness to cooperate	Direct patient care	Faculty evaluation 360 evaluation
Recognize less common anogenital variants in anatomy	Direct patient care	Faculty evaluation
Recognize changes in anogenital anatomy that occur from infancy to adolescence	Direct patient care Review and discussion of CD-ROM	Faculty evaluation
Develop an evaluation and treatment plan for vesicular and ulcerative genital lesions	Direct patient care Review and discussion of CD-ROM and Reece and Jenny texts	Faculty evaluation
Develop an evaluation and treatment plan for vaginal or urethral discharge	Direct patient care Review and discussion of CD-ROM Reece and Jenny texts	Faculty evaluation
Develop an evaluation and treatment plan for sexually transmitted infections <ul style="list-style-type: none"><li>• Gonorrhea</li><li>• Chlamydia</li><li>• HIV</li><li>• Syphilis</li><li>• Hepatitis B and C</li><li>• Herpes simplex types 1 and 2</li><li>• Human Papilloma Virus</li><li>• Trichomonas Vaginalis</li></ul>	Direct patient care CD-ROM review and discussion Reece and Jenny texts	Faculty evaluation
Develop an evaluation and management plan to address unmet medical and mental health needs in children who are victims of sexual abuse	Direct patient care	Faculty evaluation 360 evaluation
Document and articulate the forensic significance of medical findings in a child sexual abuse victim	Direct patient care	Faculty evaluation
Recognize and interpret genital and anal findings associated with recent and remote trauma	Direct patient care Jenny text: "Physical findings in children and adolescents experiencing sexual abuse or assault"	Faculty evaluation
Utilize advanced examination techniques including alternative methods of traction and gluteal lifting, normal saline flush and use of cotton swabs to delineate hymenal margins	Direct patient care	Faculty evaluation Nurse evaluation
Demonstrate an advanced ability to evaluate and manage prenatal and perinatal child abuse	Direct patient care Case discussion with faculty	Faculty evaluation

Demonstrate an advanced ability to evaluate and manage children who are suspected victims of medical child abuse	Direct patient care Case discussion with faculty Roesler/Jenny text AAP Clinical Report: "Caregiver-Fabricated Illness in a Child: A Manifestation of Child Maltreatment"	Faculty evaluation
Demonstrate an advanced ability to develop a treatment plan that incorporates medical and mental health therapy for the child and family	Direct patient care Case review and discussion with faculty	Faculty evaluation
<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Provide appropriate documentation and interpretation of all pertinent medical information in a timely and legible fashion	Documentation in the medical record	Assessment of medical records
Develop an advanced ability to make appropriate recommendations for, or consult with, subspecialists <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Child psychiatry</li> <li>• Social work</li> <li>• Dentistry</li> <li>• Nursing</li> <li>• Orthopedic surgery</li> <li>• Pediatric surgery</li> <li>• Neurosurgery</li> </ul>	Direct patient care Case discussion with faculty	Faculty evaluation

### **Medical Knowledge**

**Goal: Demonstrate advanced understanding of the epidemiology, definitions, risk factors, patterns of disclosure, and demography of children and adolescents who are suspected victims of physical abuse and/or neglect; reporting laws and role of the medical professional in the multidisciplinary model; the scope of established and evolving knowledge regarding the behavioral, medical, emotional and psychological consequences of physical abuse and/or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate knowledge of the civil and criminal definitions of physical abuse and the different types of neglect	Case discussion with faculty during patient care Frasier text: "Abusive Head Trauma as a Medical Diagnosis" Reece/Christian: "Child Neglect" Jenny text: "Definitions and Categorizations of Child Neglect"	In-training exam
Demonstrate knowledge of courtroom procedures and types of criminal and civil hearings	Case discussion with faculty during patient care Discussion of observed or provided testimony with faculty Reece/Christian: "Legal Aspects of Child Abuse" Frasier text: "Prosecuting a Case" and "Untrue Defenses"	In-training exam Faculty feedback
Demonstrate advanced knowledge of the role of domestic violence, interpersonal violence, mental illness, substance abuse and family dysfunction in prevention and management of child physical abuse and/or neglect	Case discussion with faculty and social workers during patient care and management Case reviews with child protective services	In-training exam
Describe the role of the medical professional in the multi-disciplinary team approach to child physical abuse and neglect	Case discussion with faculty during patient care Participation in multi-disciplinary case reviews	Direct observation Faculty evaluation

Demonstrate an advanced understanding of the function and elements of child death review teams	Attend death review meetings Reece/Christian text: "Pathology of fatal abuse" Jenny text: "Child Death Review"	Direct observation Faculty feedback
Demonstrate understanding of the advantages and disadvantages (in terms of clinical, forensic and therapeutic implications) of various testing modalities used in the assessment of sexually transmitted diseases in the setting of suspected sexual abuse.	Instruction from faculty during patient care	Faculty evaluation
Demonstrate understanding of how sexual maturity stage effects the pathophysiology of sexually transmitted infections	Instruction from faculty during patient care	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate knowledge of the microbiology, modes of transmission, and presenting signs and symptoms of sexually transmitted infections <ul style="list-style-type: none"> <li>• Gonorrhea</li> <li>• Herpes types 1 and 2</li> <li>• Chlamydia</li> <li>• Trichomonas</li> <li>• HIV</li> <li>• Syphilis</li> <li>• Hepatitis B and C</li> <li>• HPV</li> <li>• PID</li> </ul>	Instruction from faculty during patient care Review of CD-ROM, sexually transmitted infections section	In-training exam Faculty evaluation
Demonstrate an advanced understanding of non-abusive conditions that may mimic abuse or neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation
Demonstrate an advanced understanding of the immediate and long-term medical and psychosocial effects of drugs in the home environment	Case discussion with faculty during patient care	In-training exam
Demonstrate knowledge of the microbiology, modes of transmission, and presenting signs and symptoms of genital infections that may not be sexually transmitted <ul style="list-style-type: none"> <li>• Genital mycoplasmas</li> <li>• Molluscum contagiosum</li> </ul>	Instruction from faculty during patient care Review of CD-ROM, sexually transmitted infections section Reece/Christian text: "Conditions mistaken for child sexual abuse"	In-training exam Faculty evaluation
Demonstrate understanding of differences in timing of sexual maturation in females and males	Direct patient care	Faculty evaluation
Demonstrate an advanced ability to interpret the forensic significance of physical findings on exam of the genitals	Instruction from faculty during patient care	Faculty evaluation
Demonstrate understanding of when additional tests should be ordered and how to interpret the forensic significance of such tests <ul style="list-style-type: none"> <li>• Drug/ETOH screens</li> <li>• Pregnancy tests</li> </ul>	Instruction from faculty during patient care Review and discussion of medical records of children and adolescents evaluated for acute sexual assault Jenny text: "Drug facilitated sexual assault"	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Demonstrate advanced interpersonal and communication skills that facilitate appropriate information exchange with patients, families, multidisciplinary team (MDT) members and professional associate**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
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Demonstrate an advanced ability to conduct an unbiased medical interview of a suspected victim, suspected perpetrator, and non-offending family members	Case discussion with faculty during patient care	Direct observation Faculty evaluation 360 evaluation
Demonstrate an advanced ability to provide support and guidance to patients and their families	Case discussion with faculty, social workers and child protection investigators during patient care	Direct observation Faculty evaluation 360 evaluation
Demonstrate an advanced ability to communicate medical findings effectively with primary care physicians and other sub specialists whose patients are being evaluated for physical abuse or neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys and jurors) involved in the investigation and litigation of the patient's case <ul style="list-style-type: none"> <li>Court testimony</li> </ul>	Case discussion with faculty during patient care Presentation of case MDT meetings Review of transcripts of prior testimony Court testimony or mock trial	Direct observation Faculty evaluation 360 evaluation
Demonstrate an advanced ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Direct observation Faculty evaluation
Demonstrate an advanced ability to develop effective approaches for teaching students, colleagues, and other professionals	Case discussion with faculty during patient care Journal club Preparation and review of PowerPoint presentations	Direct observation Faculty evaluation Evaluation from attendees of fellow presentations

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop advanced skills in the self-evaluation and correction of deficiencies in his/her knowledge based on their experiences at Center for Miracles. Fellow will also demonstrate advanced skills to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop advanced skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents who are suspected victims of physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care Journal club	Faculty evaluation Journal club evaluation
Develop advanced skill to apply evidence-based data to guide practice and improve management of physically abused, sexually abused and/or neglected children	Case discussion with faculty during patient care	Direct observation Faculty feedback
Develop advanced skill in applying information technology to access on-line medical information, and develop article teaching files on child physical abuse, sexual abuse and neglect	Case discussion with faculty during patient care Contribution to current Division article files on physical abuse and neglect Journal club	Direct observation Faculty evaluation
Develop advanced skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Direct observation Faculty evaluation

Develop an ability to critique study designs and statistical methods in the critical appraisal of clinical studies	Case discussion with faculty during patient care Journal club Scientific writing for presentation/publication	Direct observation Faculty evaluation
Develop advanced understanding of appropriate and ethical interactions with media	Discussion with faculty Journal articles	Faculty feedback

### **Professionalism**

**Goal: Demonstrate commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop advanced skill demonstrating respect, compassion, and integrity in interactions with patients, families, staff, faculty, peers, and multidisciplinary partners	Direct patient care Attend MDT case staffing on physical abuse and neglect cases	Direct observation Faculty evaluation 360 evaluation
Develop advanced skill in a non-judgmental and objective approach to child physical abuse, sexual abuse and neglect detection, assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation 360 evaluation
Develop advanced skill in recognizing and responding to patient's and family's needs based on age, gender, culture and disabilities	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation 360 evaluation
Develop advanced skill in reliability and accountability to patients and colleagues including completion of assigned duties and tasks	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation 360 evaluation
Develop advanced skill in recognition of errors and taking responsibility for correction.	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation
Develop advanced skill in recognizing and responding to personal stress and fatigue	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation
Develop advanced understanding regarding situations that involve confidentiality of patient information in accordance with HIPAA standards	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation
Develop advanced skill in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Direct observation 360 evaluation

### **Systems-Based Practice**

**Goal: Develop advanced skills in utilizing resources within the community and multidisciplinary model to assess, prevent, treat and advocate for the needs of physically abused and/or neglected children and their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
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Develop advanced understanding of the ways safety is assessed and provided for physically abused, sexually abused and/or neglected children through foster care, child protection agencies, safety plans, family-based services, and reunification	Direct patient care Interaction with MDT members on site or during case staffing	MDT evaluation Faculty evaluation Direct observation
Develop advanced skill in advocating for quality patient care and assisting patients in dealing with system complexities	Direct patient care Interaction with faculty and staff while doing so Attend MDT case review/staffing	Faculty evaluation Direct observation
Develop advanced skill in utilizing information from autopsy, scene investigation, medical records, and case reviews to assess sudden unexpected infant deaths	Attend MDT case reviews/staffing	Faculty evaluation Direct observation
Develop advanced skill in timely communication, provision of services, and directed feedback to referring professionals or community agencies	Direct patient care Interaction with faculty and staff while doing so	Direct observation Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop advanced skill in understanding the challenges and successes in securing funding for child physical abuse, sexual abuse or neglect victims and their families to ensure their medical and mental health needs are met	Direct patient care Interaction with case managers, faculty and staff while doing so	Direct observation Faculty evaluation
Develop advanced understanding of local and national legislation that impacts child abuse and neglect prevention, detection, assessment, and treatment, and appropriate venues for advocacy	Review and discuss legislative updates provided through AAP and state chapters of AAP	Direct observation
Develop advanced understanding of local and national efforts to prevent shaken baby syndrome and promote safe sleep	Research developments in child abuse prevention strategies and provide updates for the Center for Miracles website	Direct observation
Develop advanced knowledge of how patient care and research impact the health care system	Journal club Quality Improvement project	Journal club evaluation QI assessment

**Child Abuse Pediatrics Fellowship-Mandatory Rotation**  
**Inpatient consultations (University Hospital, Children's Hospital of San Antonio, Methodist**  
**Children's Hospital)**  
**(PGY5-Year 2)**

During this mandatory educational experience, the fellow will continue to develop skills in the evaluation and management of hospitalized children who are suspected victims of physical abuse, sexual abuse and/or neglect. The fellow will continue to develop knowledge and skills in the evaluation and management of children with intracranial, intra-abdominal, skeletal, and burn injuries and conditions in need of surgical subspecialty and pediatric intensive care. Additionally, the fellow will learn the common causes of these injuries in children, the presenting symptoms, the initial and continuing care of these patients, and the anticipated outcomes. The fellow will continue work in the hospital multidisciplinary model approach in evaluation, investigating, and managing children and adolescents who are suspected victims of abuse and/or neglect. They will demonstrate skills in addressing the psychosocial needs of the children and families, determining the need for follow-up care while getting exposure to community resources available to assist victims and their caregivers. The fellow will take first call, with faculty back-up, for inpatients and will perform consults in conjunction with faculty. The fellow will serve as the primary communicator to families, other medical and non-medical professionals in and out of the hospital including investigators. The fellow will continue to develop skills in the inpatient medical, laboratory, and radiologic evaluation of abuse and neglect. The fellow will interact with social workers, mental health professionals, and investigative workers to ensure broad experience in the evaluation of child abuse and neglect. Finally, the fellow will provide courtroom testimony in cases of abuse and/or neglect seen in the hospital. The fellow will have responsibilities commensurate to a PGY-5 with oversight by board certified Child Abuse Pediatricians.

## **Patient Care**

**Goal: Demonstrate understanding and skills in the acute and non-acute assessment and management of trauma in infants, children, and adolescents**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Demonstrate advanced understanding of the range of clinical manifestations, imaging modalities, laboratory testing, and management for trauma involving <ul style="list-style-type: none"><li>• Intracranial injuries</li><li>• Intra-abdominal injuries</li><li>• Fractures</li><li>• Burns</li></ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Identify typical presentations from severe and/or complicated falls, motor vehicle collisions, burns, and severe head/body impacts resulting in <ul style="list-style-type: none"><li>• Intracranial hemorrhages</li><li>• Cerebral edema</li><li>• Concussions</li><li>• Lacerations</li><li>• Scalp contusions</li><li>• Kidney, pancreatic, and splenic injuries</li><li>• Mesenteric injuries</li><li>• Bowel injuries</li><li>• Bladder and urethral injuries</li><li>• Comminuted, complex or multiple fractures</li><li>• Superficial, partial and deep degree water, chemical, electrical and object burns</li></ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation
Obtain appropriate medical histories from caretakers of children with traumatic injuries to include details relevant to mechanisms of injury	Direct patient care Discussion of patients with faculty	Faculty evaluation
Obtain appropriate medical histories from children with traumatic injuries to include details relevant to mechanisms of injury	Direct patient care Discussion of patients with faculty	Faculty evaluation
Identify and manage findings that indicate the need for urgent surgical and/or medical intervention	Direct patient care Discussion of patients with faculty	Faculty evaluation
Identify the components of brain death exams	Direct patient care Discussion of patients with faculty	Faculty evaluation

Characterize and address the behavioral and pain responses of children to severe traumatic injuries	Direct patient care Discussion of patients with faculty	Faculty feedback
Recognize adverse outcomes from neglectful or delayed care of burns and delay in seeking medical care for severe traumatic injuries	Direct patient care Discussion of patients with faculty	Faculty evaluation
Demonstrate advanced skill in planning the diagnostic work up of children who are suspected victims of physical abuse, including <ul style="list-style-type: none"> <li>• Skeletal surveys</li> <li>• Coagulopathy panels</li> <li>• Bone fragility tests</li> <li>• CT scans</li> <li>• MRIs</li> </ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation
Differentiate clinical presentations of accidental trauma from non-accidental trauma	Direct patient care Discussion of patients with faculty	Faculty evaluation
Effectively evaluate all critical care patients (both traumatic and non-traumatic) using physical exam, laboratory data, and imaging studies appropriately	Direct patient care Discussion of patients with faculty	Faculty evaluation

### **Medical Knowledge**

**Goal: Demonstrate knowledge of core principles of emergent care for pediatric trauma needed to evaluate and manage possible victims of inflicted trauma or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate advanced ability to understand the typical and unusual mechanisms of injury associated with fractures, burns, intracranial injuries and intra-abdominal injuries that are managed in an inpatient setting	Case discussion with faculty	In-training exam Faculty evaluation
Identify medical conditions that cause intracranial bleeding, intra-abdominal bleeding, and, fractures that may be confused with trauma or inflicted trauma	Case discussion with faculty	In-training exam Faculty evaluation
Know the structure and function of intracranial structures, including <ul style="list-style-type: none"> <li>• anatomic relationships of the skull, layers of the dura, pia and arachnoid matter, and brain parenchyma</li> <li>• the major arterial blood supply to and within the intracranial compartment</li> <li>• the major structures that facilitate venous drainage from the brain</li> <li>• the major structures that are involved in the production, circulation, and reabsorption of cerebrospinal fluid</li> </ul>	Case discussion with faculty	In-training exam

Know the role of the medical professional in the evaluation of suspected victims of child abuse and/or neglect that present to an inpatient setting for care	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced understanding of the long-term sequelae of intracranial and intra-abdominal injuries, severe burns, and severe fractures	Case discussion with faculty during patient care	Faculty evaluation
Recognize consequences of intracranial injury including SIADH, coagulopathy, retinal hemorrhages, seizures and evolving symptoms, such as mass effect intracranial bleeding	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced understanding of the procedures related to preservation of evidence and organ donation for children and adolescents who are suspected victims of fatal maltreatment	Case discussion with faculty during patient care	In-training exam
Understand the pathophysiology of multi-system trauma and its complications	Case discussion with faculty	Faculty evaluation
Understand the pathophysiology and appropriate treatments for numerous non-traumatic illnesses/ conditions, such as 1) Respiratory distress and failure 2) Common cyanotic and acyanotic congenital cardiac lesions 3) Acute liver failure and GI bleeding 4) Acute renal failure 5) Status epilepticus, hydrocephalus and shunts, and intracranial hypertension 6) CNS infections, septic shock, urosepsis	Case discussion with faculty during patient care	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Demonstrate interpersonal and communication skills that result in appropriate information exchange with patients, families, multidisciplinary team (MDT) members and professional associates in an intensive care unit setting**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to provide support and guidance to patients and their families	Case discussion with faculty, social workers and child protection investigators during patient care Communication with patients and families	Faculty evaluation
Demonstrate an advanced ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys) involved in the investigation and litigation of the patient's case	Case discussion with faculty during patient care Presentation of case at MDT meetings	Faculty evaluation
Demonstrate an advanced ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced ability to work with nursing and respiratory staff in a cooperative and collegial manner	Patient care	Faculty evaluation

Present patients to the attending with an emphasis on clear and effective communication of care assessments and plans	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced ability to review inpatient notes and plans with the attending and patients/families	Case discussion with faculty during patient care	Faculty evaluation

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop emerging skills in the recognition and correction of deficiencies in his/her knowledge based on their experiences in the pediatric intensive care unit. Acquire skills to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop advanced skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents in an inpatient setting who are suspected victims of physical abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop advanced skill to apply evidence-based data to guide practice and improve management of children in an inpatient setting who are suspected victims of abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop advanced skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate and incorporate the use of online resources in patient management	Case discussion with faculty during patient care	Faculty evaluation
Participate in team learning by bringing articles and creating brief presentations for the attending	Case discussion with faculty during patient care	Faculty evaluation

### **Professionalism**

**Goal: Demonstrate an emerging commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrates respect, compassion, and integrity in interactions with patients, families, and faculty	Direct patient care	Faculty evaluation
Develop advanced skill in a non-judgmental and objective approach to child abuse and/or neglect assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop advanced skill in maintaining confidentiality of patient information in accordance with HIPAA statutes	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop advanced skill in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop emerging skills in utilizing resources within the community and multidisciplinary model to prevent, treat and advocate for the needs of physically abused or neglected children and their families.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop advanced understanding of the ways safety is assessed and provided for abused or neglected children with severe injuries <ul style="list-style-type: none"> <li>• Child protection agencies</li> <li>• Emergent safety plans</li> <li>• Court orders for emergent custody</li> <li>• Protective orders</li> </ul>	Direct patient care and interaction MDT members on site or during case staffing	Faculty evaluation
Demonstrates advanced ability to address disagreements in the diagnosis or treatment of a child who is a suspected victim of abuse when multiple sub specialists are involved	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Demonstrate an advanced ability for admission and discharge criteria for inpatient traumatic and non-traumatic patients	Direct patient care and interaction with faculty and staff	Faculty evaluation
Demonstrate an advanced ability to communicate with consulting and referring physicians, keeping them apprised of progress and plans	Direct patient care and interaction with faculty and staff	Faculty evaluation

## **Child Abuse Pediatrics Fellowship- Elective Rotation**

## Growth, Behavior and Development (PGY5-Year 2)

During this elective educational experience, the fellow will develop a greater understanding of normal development and behavior, and to gain increased knowledge and management skills of developmental growth and behavior problems. The fellow will develop skills in the evaluation and management of children with developmental delays, growth problems and behavioral difficulties. The fellow will become skilled in utilizing the community resources available to assist child and their caregivers who are affected by developmental disabilities. The fellow will also become familiar with developmental assessment tools as well as the short and long-term outcomes for children with various developmental disorders. The fellow will have responsibilities commensurate to a PGY-5 with oversight by clinicians with expertise in growth, development and behavior.

### **Patient Care**

**Goal: Develop fundamental skills in the evaluation and management of children with developmental delays**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Perform appropriate developmental evaluations of children referred for suspected abuse or neglect.	Direct patient care Case review and discussion with faculty	Faculty evaluation
Demonstrate understanding of the presenting symptoms and differential diagnosis of common developmental problems	Direct patient care Case review and discussion with faculty	Faculty evaluation
Demonstrate understanding of and indications for common tools assessing developmental and functional status of children with developmental delays	Direct patient care Case review and discussion with faculty	Faculty evaluation
Identify the range of short- and long-term needs and outcomes based on severity, characteristics, and nature of developmental delays and behavioral difficulties.	Direct patient care Case review and discussion with faculty	Faculty evaluation
Identify the association of developmental delays with child abuse and neglect	Direct patient care Case review and discussion with faculty	Faculty evaluation

### **Medical Knowledge**

**Goal: Understand the biomedical, clinical, and epidemiological knowledge of developmental and behavioral disorders; demonstrate the ability to acquire, critically interpret and apply this knowledge in the diagnosis and management of children with developmental delays and behavioral difficulties**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Become familiar with screening and diagnostic assessment tools: developmental, language, cognitive, academic achievement, attention and behavior questionnaires	Case discussion with faculty during patient care and management	Faculty evaluation

Increase fund of knowledge on normal and abnormal development, and on the presentation, known causes and risk factors, epidemiology, treatment strategies, and prognosis for individual disorders	Case discussion with faculty during patient care	Faculty evaluation
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<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Know the association of developmental delays with child abuse and neglect	Direct patient care Case review and discussion with faculty	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Demonstrate advanced interpersonal and communication skills that facilitate appropriate information exchange with patients, families, and professional associates involved in the assessment of children and adolescents with behavioral and emotional problems**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Demonstrate ability to provide support and guidance to patients and their families	Case discussion with faculty during patient care	Faculty evaluation
Present patients and document the history and physical exam in a logical and detailed manner	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate an advanced ability to communicate information about developmental delays as it relates to child abuse and/or neglect to non-medical professionals (i.e. child protective services, law enforcement, attorneys and jurors) involved in the investigation and litigation of the patient's case	Case discussion with faculty during patient care	Direct observation Faculty evaluation

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop skills in identifying and correcting deficiencies in his/her knowledge based on their experiences during the Growth and Development rotation. Fellow will also demonstrate skills to critically appraise relevant scientific literature regarding developmental disabilities and abuse and/or neglect, and to apply such knowledge to improve one's patient care practice.**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents who have developmental delays, growth problems or behavioral disorders and who are suspected victims of abuse or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop advanced skill to apply evidence-based data to guide practice and improve management of children with developmental, behavioral and growth problems	Case discussion with faculty during patient care	Faculty evaluation
Develop skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation

### **Professionalism**

**Goal: Demonstrate commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop skill demonstrating respect, compassion, and integrity in interactions with patients, families, staff, faculty, and peers	Direct patient care	Faculty evaluation
Develop skill in recognizing and responding to personal stress and fatigue	Direct patient care and interaction with faculty and staff while doing so	Direct observation Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop advanced skills in utilizing resources within the community to treat and advocate for the needs of developmentally disabled children and their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Recognize the diversity of systems (educational, behavioral, medical, community) involved in providing care for children with developmental behavioral and growth disorders and a greater understanding of how to access and work with these systems	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop skill in coordinating the management plan for children with developmental growth and behavioral disorders with child protective services to ensure their medical and mental health needs are met	Direct patient care and interaction with case managers, faculty and staff while doing so	Direct observation/ faculty feedback

**Child Abuse Pediatrics Fellowship-Mandatory Rotation  
Research/Journal Club/QI  
(PGY5-Year 2)**

During this required educational experience, the fellow will develop emerging skills in research design, statistics, ethical conduct of research, and manuscript preparation. This fellow's experience in research methodologies is a continuing experience, including didactic coursework in design and statistics, weekly journal club, an ongoing quality improvement project, and scheduled blocks of allotted research time.

**Interpersonal and Communication Skills**

**Goal: Demonstrate an advanced ability to effectively communicate study design, statistics, and findings in the literature to medical personnel and, where appropriate, non-medical personnel**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to communicate basic statistical principles to other medical professionals	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluation
Demonstrate an advanced ability to communicate principles of research design to other medical professionals	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluation
Develop an advanced ability to communicate the challenges in conducting research in child abuse	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluation
Recognize and avoid errors in grammar, punctuation, and usage that are common in scientific writing	Research project PSOC presentations	Division Faculty mentorship in research PSOC evaluation
Construct units of writing whose structure, style, and logical continuity allows instant and clear comprehension	Common Curriculum for Fellows Research project PSOC presentations	Division Faculty mentorship in research PSOC presentations
Construct concise, informative titles for research projects	Common Curriculum for Fellows Research project PSOC presentations	Division Faculty mentorship in research PSOC presentations
Develop clear, comprehensive abstracts for papers and grant proposals	Research projects	Faculty evaluation
Construct complete, well-rationalized sets of specific aims for grant proposals	Research project	Faculty evaluation
Effectively apply the 4-Point Rule (what is the question? How did we approach it? What happened? What does it mean?)	Common Curriculum for Fellows Research project PSOC presentations	Division Faculty mentorship in research PSOC presentations
Describe basic methods used in health services research	Common Curriculum for Fellows Research project PSOC presentations	Division Faculty mentorship in research PSOC presentations

Critically appraise and interpret published reports of health services research	Common Curriculum for Fellows Research project PSOC presentations	Division Faculty mentorship in research PSOC presentations
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### **Practiced-Based Learning**

**Goal: Fellows must demonstrate an advanced ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care practices**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology	Quality improvement project	QI project evaluation
Demonstrate an advanced ability to locate, appraise, and assimilate evidence from scientific studies to better address clinical and research questions	Research project Journal club	Journal club evaluation Research evaluation
Demonstrate an advanced ability to apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	Journal club Research project	Journal club evaluation Research evaluation
Demonstrate an advanced ability to use information technology to manage information, access on-line medical information, and support their own education	Research project Journal club Quality improvement project	Journal club evaluation QI project evaluation
Demonstrate an advanced ability to facilitate the learning of students and other health care professionals	Journal club Quality improvement project	Journal club evaluation QI project evaluation

### **Professionalism**

**Goal: Demonstrate an advanced ability to conduct research with adherence to ethical standards**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced ability to identify ethical difficulties in child abuse research	Journal club PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate an advanced understanding of the role of race, ethnicity, gender and socioeconomic status in research	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate an advanced understanding of consent issues in research involving child abuse	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate an advanced understanding of the legal and professional consequences of unethical research practices	Journal club Common Curriculum for Fellows PSOC presentations	Journal club evaluation PSOC evaluations

### **Systems Based Practice**

**Goals: Fellows must demonstrate an advanced awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate an advanced understanding of how patient care and other professional practices affect other health care professionals, multidisciplinary team members, the health care organization, and the larger society and how these elements of the system affect their own practice	Quality improvement project Journal club	QI project evaluation Journal club evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Display an advanced knowledge of how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources	Quality improvement project Journal club	QI project evaluation Journal club evaluation
Demonstrate understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care	Quality improvement project Division meetings (some grants require cost-per-patient analyses)	QI project evaluation
Demonstrate an advanced understanding of how to partner with health care managers, multidisciplinary team members, and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance	Quality improvement project	QI project evaluation
Incorporate health services concepts, methods, or tools, into current research	Common Curriculum for Fellows	PSOC evaluations

**Child Abuse Pediatrics Fellowship- Mandatory Rotation**  
**Center for Miracles**  
**(PGY6-Year 3)**

During this educational experience, the fellow will develop mastery in the evaluation and management of suspected victims of child and adolescent physical abuse, sexual abuse and neglect in both outpatient and inpatient clinic settings. The fellow will take an active leadership role while participating in the multidisciplinary model approach to the evaluation, investigation, case management, and treatment of the child and family. The fellow will develop mastery in utilizing the community resources available to assist child and their caregivers who are affected by, or are at risk for, abuse and/or neglect. During this rotation, he/she will participate in community outreach and prevention initiatives, and demonstrate mastery in collaborating with investigative agencies, non-health professionals and other specialists. Additionally, the fellow will develop mastery in conducting the medical history, physical examination, laboratory evaluation, documentation and the medical diagnosis utilized in the evaluation of physical abuse, sexual abuse and neglect. In addition, the fellow will develop mastery in providing testimony as a fact and expert witness in court proceedings. The fellow will have responsibilities commensurate to a PGY-6 with oversight by Child Abuse Pediatrics physicians.

As it may pertain to the completion of the above goals and objectives, the fellow will become familiar with all the AAP's policies and guidelines concerning child abuse and neglect. Specific references used in goals and objectives for this rotation

1. "Reece/Christian" text: Reece RM, Christian CW, editors. Child Abuse: Medical Diagnosis & Management, 3<sup>rd</sup> Edition. Elk Grove Village, IL, American Academy of Pediatrics, 2009.
2. "Jenny" text: Jenny, C, chief editor. Child Abuse and Neglect: Diagnosis, Treatment, and Evidence. Elsevier Publishing, 2010.
3. "Kleinman" text: Kleinman, PK, editor. Diagnostic Imaging of Child Abuse 3rd Edition Cambridge, United Kingdom, Cambridge University Press 2015.
4. "Frasier" text: Frasier, L, Rauth-Farley K, Alexander R, Parrish R, editors. Abusive Head Trauma in Infants and Children: A Medical, Legal and Forensic Reference. St. Louis, GW Medical Publishing, 2006.
5. Roesler T, Jenny C. Medical Child Abuse: Beyond Munchausen Syndrome by Proxy. Elk Grove Village, IL. American Academy of Pediatrics, 2009.
6. "CD-ROM": "Medical Evaluation of Suspected Child and Adolescent Sexual Abuse" by Kellogg ND and Adams JA, 2009

7. American Academy of Pediatrics Committee on Child Abuse statements and clinical reports

**Patient Care**

**Goal: Develop mastery in the evaluation and management of pediatric patients that are suspected victims of physical abuse, sexual abuse and/or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate mastery in gathering a history from children, adolescents, and caretakers in a variety of challenging clinical presentations <ul style="list-style-type: none"> <li>• Young children with limited verbal skills</li> <li>• Non-English-speaking children and adults</li> <li>• Children who appear to be recanting a history of abuse</li> <li>• Caretakers who are angry or threatening</li> </ul>	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in performing an appropriate examination on children and adolescents who are suspected victims of physical abuse, sexual abuse and/or neglect <ul style="list-style-type: none"> <li>• Demonstrate mastery in utilizing the colposcope</li> <li>• Demonstrate mastery skills in utilizing digital photo-documentation systems and use of secure storage systems for images</li> </ul>	Direct patient care Case review and discussion with faculty	Faculty evaluation Faculty review of case photo-documentation
Demonstrate mastery in interpreting historical, clinical and forensic findings in context with the medical diagnosis of child sexual abuse	Documentation in the medical record	Faculty evaluation
Identify and treat inflammatory and autoimmune causes of genital findings	Direct patient care Review of CD-ROM	Faculty evaluation
Demonstrate mastery in identifying anal manifestations of systemic and inflammatory diseases	Direct patient care	Faculty evaluation
Demonstrate mastery in the evaluation of patients that present with non-traumatic genital bleeding	Direct patient care	Faculty evaluation

Demonstrate advanced understanding of the forensic significance of various infections <ul style="list-style-type: none"> <li>• Gonorrhea</li> <li>• Chlamydia</li> <li>• HIV</li> <li>• Syphilis</li> <li>• Hepatitis B and C</li> <li>• Herpes type 1 and 2</li> <li>• Human Papilloma Virus</li> <li>• Trichomonas Vaginalis</li> </ul>	Direct patient care Court testimony	Faculty evaluation
Demonstrate mastery in the evaluation and development of management plans to address unmet medical and mental health needs in children who are victims of sexual abuse	Direct patient care	Faculty evaluation
Demonstrate mastery in recognizing genital and anal findings associated with penetrative trauma	Direct patient care	Faculty evaluation
Demonstrate mastery of examination techniques including alternative methods of traction and gluteal lifting, normal saline flush and use of cotton swabs to delineate hymenal margins	Direct patient care	Faculty evaluation Nurse evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate mastery in utilizing diagnostic tests for the evaluation of children who are suspected victims of physical abuse	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in the ability to assess the likelihood of abuse and/or neglect as the cause of, or contributor to, head injury, fractures, abdominal injury, bruises and burns <ul style="list-style-type: none"> <li>• Assess timing of injury in the context of symptoms and clinical, radiographic and pathologic findings</li> <li>• Assess the correlation of the reported history with the clinical, radiographic and pathologic findings</li> <li>• Utilize information from scene investigation in clinical assessment</li> <li>• Assess the child's developmental in the context of injury mechanism or condition</li> <li>• Develop a differential diagnosis for a given injury or condition</li> </ul>	Direct patient care Case discussion with faculty	Faculty evaluation
Assess malnourished children for intentional and unintentional starvation, neglect and/or abuse	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in the ability to evaluate and manage prenatal and perinatal child abuse	Direct patient care Case discussion with faculty	Faculty evaluation

Develop mastery in the ability to consult appropriate subspecialists to assist in the evaluation of a hospitalized child who is a suspected victim of abuse or neglect <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Child psychiatry</li> <li>• Social work</li> <li>• Dentistry</li> <li>• Nursing</li> <li>• Orthopedic surgery</li> <li>• Pediatric surgery</li> <li>• Neurosurgery</li> </ul>	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in the ability to evaluate and manage children who are suspected victims of medical child abuse	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in providing follow up evaluations and assessments for children who are suspected victims of physical abuse and/or neglect	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in the identification and treatment of unmet general healthcare needs in children who are suspected victims of physical abuse and/or neglect	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in developing a treatment plan that incorporates medical and mental health therapy for the child and family	Direct patient care Case discussion with faculty	Faculty evaluation
Demonstrate mastery in the appropriate documentation and interpretation of all pertinent medical information in a timely and legible fashion	Documentation in the medical record	Assessment of medical records

### **Medical Knowledge**

**Goal: Demonstrate mastery in understanding of the epidemiology, definitions, risk factors, patterns of disclosure, and demography of children and adolescents who are suspected victims of physical abuse, sexual abuse and/or neglect; reporting laws and role of the medical professional in the multidisciplinary model; the scope of established and evolving knowledge regarding the behavioral, medical, emotional and psychological consequences of physical abuse, sexual abuse and/or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate mastery in knowledge of the civil and criminal definitions of physical abuse, sexual abuse and the different types of neglect	Case discussion with faculty during patient care Review textbooks edited by Reece/Christian and Jenny	In-training exam
Demonstrate mastery of knowledge of courtroom procedures and types of criminal and civil hearings	Case discussion with faculty during patient care Discussion of observed or provided testimony with faculty	In-training exam
Demonstrate mastery of knowledge of the role of domestic violence, interpersonal violence, mental illness, substance abuse and family dysfunction in prevention and management of child physical abuse, sexual abuse and/or neglect	Case discussion with faculty and social workers during patient care and management Case reviews with child protective services Review of textbooks edited by Reece/Christian and Jenny	In-training exam

Demonstrate mastery of skills in evaluating a child's behavior and development within the context of physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care	Direct observation Faculty evaluation
Demonstrate advanced understanding of characteristics of false allegations and vague disclosures by children and adolescents who are suspected victims of sexual abuse	Instruction from faculty during patient care	Faculty evaluation
Demonstrate advanced knowledge of the incubation periods, spectrum of clinical presentations, and pathogenesis of common sexually transmitted infections <ul style="list-style-type: none"> <li>• Gonorrhea</li> <li>• Herpes type 1 and 2</li> <li>• Chlamydia</li> <li>• Trichomonas</li> <li>• HIV</li> <li>• PID</li> </ul>	Instruction from faculty during patient care	Faculty evaluation
Demonstrate mastery in critically evaluating current medical information and scientific evidence regarding physical abuse, sexual abuse and neglect of children and adolescents and modify knowledge base accordingly	Instruction from faculty during patient care	Faculty evaluation
Demonstrate mastery in interpreting the forensic significance of physical findings in the evaluation of children and adolescents who are suspected victims of sexual abuse, physical abuse or assault, and/or neglect	Instruction from faculty during patient care	Faculty evaluation
Demonstrate mastery in determining appropriate laboratory studies and/or procedures indicated in the management of suspected victims of sexual abuse or assault	Instruction from faculty during patient care	Faculty evaluation
Demonstrate mastery in the understanding of short and long-term psychological, physical, and emotional outcomes associated with child and adolescent physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate mastery of the understanding of short and long-term effects of child sexual abuse	Instruction from faculty during patient care	Faculty evaluation
Demonstrate mastery in the interpretation of sexual behaviors in children	Instruction from faculty during patient care	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Demonstrate mastery in interpersonal and communication skills that facilitate appropriate information exchange with patients, families, multidisciplinary team (MDT) members and professional associates**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Demonstrate mastery in conducting an unbiased medical interview of a suspected victim, suspected perpetrator, and non-offending family members	Case discussion with faculty during patient care	Faculty evaluation 360 evaluation
Demonstrate mastery in the ability to provide support and guidance to patients and their families	Case discussion with faculty, social workers and child protection investigators during patient care	Faculty evaluation 360 evaluation

Demonstrate mastery in communicating medical findings effectively with primary care physicians and other sub specialists whose patients are being evaluated for physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate mastery in the ability to communicate medical findings and provide expert testimony to non-medical professionals (i.e. child protective services, law enforcement, attorneys and jurors) involved in the investigation and litigation of the patient's case <ul style="list-style-type: none"> <li>Court testimony</li> </ul>	Case discussion with faculty during patient care Presentation of cases at MDT meetings Testimony	Faculty evaluation 360 evaluation
Demonstrate mastery in the recognition of situations when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate mastery in effective approaches for teaching students, colleagues, and other professionals	Case discussion with faculty during patient care Preparation and review of PowerPoint presentations	Faculty evaluation Evaluation from attendees of fellow presentations

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop mastery in the self-evaluation and correction of deficiencies in his/her knowledge based on their experiences at Center for Miracles. Fellow will also demonstrate mastery in the ability to critically appraise relevant scientific literature and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop mastery in the ability to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents who are suspected victims of physical abuse, sexual abuse, and/or neglect	Case discussion with faculty during patient care Journal club discussions	Faculty evaluation Journal club evaluation
Develop mastery in applying evidence-based data to guide practice and improve management of physically abused, sexually abused and/or neglected children	Case discussion with faculty during patient care	Faculty evaluation
Develop mastery in applying information technology to access on-line medical information, and apply to the evaluation, diagnosis and treatment of children presenting with suspected physical abuse, sexual abuse and/or neglect	Case discussion with faculty during patient care	Faculty evaluation

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop mastery in seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Develop mastery in the critical appraisal of clinical studies	Case discussion with faculty during patient care Journal club	Faculty evaluation Journal club evaluations
Develop mastery of appropriate and ethical interactions with media	Discussion with faculty Journal articles	Faculty feedback

## **Professionalism**

**Goal: Demonstrate an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop mastery in demonstrating respect, compassion, and integrity in interactions with patients, families, staff, faculty, peers, and multidisciplinary partners	Direct patient care Attend MDT case staffing on physical abuse and neglect cases	Faculty evaluation 360 evaluation
Develop mastery in a non-judgmental and objective approach to child physical abuse, sexual abuse, neglect detection, assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation 360 evaluation
Develop mastery in recognizing and responding to patient's and family's needs based on age, gender, culture and disabilities	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation 360 evaluation
Develop mastery in reliability and accountability to patients and colleagues including completion of assigned duties and tasks	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation 360 evaluation
Develop mastery in recognition of errors and taking responsibility for correction.	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop mastery in recognizing and responding to personal stress and fatigue	Direct patient care and interaction with faculty and staff while doing so	Direct observation
Develop mastery in handling situations that involve confidentiality of patient information in accordance with HIPAA standards	Direct patient care and interaction with faculty and staff while doing so	Direct observation
Develop mastery in recognition of situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Direct observation 360 evaluation

## **Systems-Based Practice**

**Goal: Develop mastery in utilizing resources within the community and multidisciplinary model to assess, prevent, treat and advocate for the needs of physically abused, sexually abused and/or neglected children and their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop mastery in understanding the ways safety is assessed and provided for physically abused, sexually abused and neglected children through foster care, child protection agencies, safety plans, family-based services, and reunification	Direct patient care and interaction with MDT members on site or during case staffing	MDT evaluation Faculty evaluation
Develop mastery in advocating for quality patient care and assisting patients in dealing with system complexities	Direct patient care and interaction with faculty and staff while doing so Attend MDT case review/staffing	Faculty evaluation
<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>

Develop mastery in utilizing information from autopsy, scene investigation, medical records, and case reviews to assess sudden unexpected infant deaths	Attend MDT case reviews/staffing	Faculty evaluation
Develop mastery in provision of services, and directed feedback to referring professionals or community agencies	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation Direct observation
Develop mastery in understanding the challenges and successes in securing funding for child physical abuse, sexual abuse and neglect victims and their families to ensure their medical and mental health needs are met	Direct patient care and interaction with case managers, faculty and staff while doing so	Faculty evaluation
Develop in researching and staying informed about local and national legislation that impacts child abuse and neglect prevention, detection, assessment, and treatment, and appropriate venues for advocacy	Research and discuss legislative updates provided through AAP and state chapters of AAP	Direct observation
Develop mastery in knowledge of how patient care and research affect health care systems	Journal club	Journal club evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation**  
**Inpatient consultations (University Hospital, Children's Hospital of San Antonio, Methodist**  
**Children's Hospital)**  
**(PGY6-Year 3)**

During this mandatory educational experience, the fellow will develop mastery in the evaluation and management of hospitalized children who are suspected victims of physical abuse, sexual abuse and/or neglect. The fellow shows mastery of knowledge and skills in the evaluation and management of children with intracranial, intra-abdominal, skeletal, and burn injuries and conditions in need of surgical subspecialty and pediatric intensive care. Additionally, the fellow will learn the common causes of these injuries in children, the presenting symptoms, the initial and continuing care of these patients, and the anticipated outcomes. The fellow will continue work in the hospital multidisciplinary model approach in evaluation, investigating, and managing children and adolescents who are suspected victims of abuse and/or neglect. They will demonstrate mastery in addressing the psychosocial needs of the children and families, determining the need for follow-up care while getting exposure to community resources available to assist victims and their caregivers. The fellow will take first call, with faculty back-up, for inpatients and will perform consults in conjunction with faculty. The fellow will serve as the primary communicator to families, other medical and non-medical professionals in and out of the hospital including investigators. The fellow will continue to develop mastery in the inpatient medical, laboratory, and radiologic evaluation of abuse and neglect. The fellow will interact with social workers, mental health professionals, and investigative workers to ensure broad experience in the evaluation of child abuse and neglect. Finally, the fellow will provide courtroom testimony in cases of abuse and/or neglect seen in the hospital. The fellow will have responsibilities commensurate to a PGY-6 with oversight by board certified Child Abuse Pediatricians.

## **Patient Care**

**Goal: Demonstrate understanding and skills in the acute and non-acute assessment and management of trauma in infants, children, and adolescents**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate a mastery of the range of clinical manifestations, imaging modalities, laboratory testing, and management for trauma involving <ul style="list-style-type: none"><li>• Intracranial injuries</li><li>• Intra-abdominal injuries</li><li>• Fractures</li><li>• Burns</li></ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation
Demonstrates mastery of typical presentations from severe and/or complicated falls, motor vehicle collisions, burns, and severe head/body impacts resulting in <ul style="list-style-type: none"><li>• Intracranial hemorrhages</li><li>• Cerebral edema</li><li>• Concussions</li><li>• Lacerations</li><li>• Scalp contusions</li><li>• Kidney, pancreatic, and splenic injuries</li><li>• Mesenteric injuries</li><li>• Bowel injuries</li><li>• Bladder and urethral injuries</li><li>• Comminuted, complex or multiple fractures</li><li>• Superficial, partial and deep water, chemical, electrical and object burns</li></ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation
Obtain appropriate medical histories from caretakers of children with traumatic injuries to include details relevant to mechanisms of injury	Direct patient care Discussion of patients with faculty	Faculty evaluation
Obtain appropriate medical histories from children with traumatic injuries to include details relevant to mechanisms of injury	Direct patient care Discussion of patients with faculty	Faculty evaluation
Demonstrates master of identifying and managing findings that indicate the need for urgent surgical and/or medical intervention	Direct patient care Discussion of patients with faculty	Faculty evaluation
Identify the components of brain death exams	Direct patient care Discussion of patients with faculty	Faculty evaluation
Characterize and address the behavioral and pain responses of children to severe traumatic injuries	Direct patient care Discussion of patients with faculty	Faculty feedback
Demonstrates mastery in recognizing adverse outcomes from neglectful or delayed care of burns and delay in seeking medical care for severe traumatic injuries	Direct patient care Discussion of patients with faculty	Faculty evaluation
Demonstrate mastery in planning the diagnostic work up of children who are suspected victims of physical abuse, including <ul style="list-style-type: none"><li>• Skeletal surveys</li><li>• Coagulopathy panels</li><li>• Bone fragility tests</li><li>• CT scans</li><li>• MRIs</li></ul>	Direct patient care Discussion of patients with faculty	Faculty evaluation
Differentiate clinical presentations of accidental trauma from non-accidental trauma	Direct patient care Discussion of patients with faculty	Faculty evaluation

Effectively evaluate all critical care patients (both traumatic and non-traumatic) using physical exam, laboratory data, and imaging studies appropriately	Direct patient care Discussion of patients with faculty	Faculty evaluation
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### **Medical Knowledge**

**Goal: Demonstrate knowledge of core principles of emergent care for pediatric trauma needed to evaluate and manage possible victims of inflicted trauma or neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate mastery in understanding the typical and unusual mechanisms of injury associated with fractures, burns, intracranial injuries and intra-abdominal injuries that are managed in an inpatient setting	Case discussion with faculty	In-training exam Faculty evaluation
Identify medical conditions that cause intracranial bleeding, intra-abdominal bleeding, and, fractures that may be confused with trauma or inflicted trauma	Case discussion with faculty	In-training exam Faculty evaluation
Know the structure and function of intracranial structures, including <ul style="list-style-type: none"> <li>• anatomic relationships of the skull, layers of the dura, pia and arachnoid matter, and brain parenchyma</li> <li>• the major arterial blood supply to and within the intracranial compartment</li> <li>• the major structures that facilitate venous drainage from the brain</li> <li>• the major structures that are involved in the production, circulation, and reabsorption of cerebrospinal fluid</li> </ul>	Case discussion with faculty	In-training exam
Know the role of the medical professional in the evaluation of suspected victims of child abuse and neglect that present to an inpatient setting for care	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate a mastery of the long-term sequelae of intracranial and intra-abdominal injuries, severe burns, and severe fractures	Case discussion with faculty during patient care	Faculty evaluation
Recognize consequences of intracranial injury including SIADH, coagulopathy, retinal hemorrhages, seizures and evolving symptoms, such as mass effect intracranial bleeding	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate a mastery of the procedures related to preservation of evidence and organ donation for children and adolescents who are suspected victims of fatal maltreatment	Case discussion with faculty during patient care	In-training exam
Understand the pathophysiology of multi-system trauma and its complications	Case discussion with faculty	Faculty evaluation

Understand the pathophysiology and appropriate treatments for numerous non-traumatic illnesses/ conditions, such as: <ol style="list-style-type: none"> <li>1) Respiratory distress and failure</li> <li>2) Common cyanotic and acyanotic congenital cardiac lesions</li> <li>3) Acute liver failure and GI bleeding</li> <li>4) Acute renal failure</li> <li>5) Status epilepticus, hydrocephalus and shunts, and intracranial hypertension</li> <li>6) CNS infections, septic shock, urosepsis</li> </ol>	Case discussion with faculty during patient care	Faculty evaluation
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### **Interpersonal and Communication Skills**

**Goal: Demonstrate mastery of interpersonal and communication skills that result in appropriate information exchange with patients, families, multidisciplinary team (MDT) members and professional associates in an intensive care unit setting**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate a mastery of the ability to provide support and guidance to patients and their families	Case discussion with faculty, social workers and child protection investigators during patient care Communication with patients and families	Faculty evaluation
Demonstrate a mastery of the ability to communicate medical findings to non-medical professionals (i.e. child protective services, law enforcement, attorneys) involved in the investigation and litigation of the patient's case	Case discussion with faculty during patient care Presentation of case at MDT meetings	Faculty evaluation
Demonstrate a mastery of the ability to recognize when information-sharing may compromise confidentiality and/or safety for the child	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate a mastery of the ability to work with nursing and respiratory staff in a cooperative and collegial manner	Patient care	Faculty evaluation
Present patients to the attending with an emphasis on clear and effective communication of care assessments and plans	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate a mastery of the ability to review inpatient notes and plans with the attending and patients/families	Case discussion with faculty during patient care	Faculty evaluation

### **Practice Based Learning and Improvement**

**Goal: Develop mastery in the recognition and correction of deficiencies in his/her knowledge based on their experiences in the pediatric intensive care unit. Critically appraise relevant scientific literature and apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Develop a mastery of the skill to critically examine and assemble evidence from relevant scientific literature as it relates to the care of children and adolescents in an inpatient setting who are suspected victims of physical abuse or neglect	Case discussion with faculty during patient care	Faculty evaluation

Develop a mastery of the skill to apply evidence-based data to guide practice and improve management of children in an inpatient setting who are suspected victims of abuse or neglect	Case discussion with faculty during patient care	Faculty evaluation
Develop a mastery of the skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty during patient care	Faculty evaluation
Demonstrate and incorporate the use of online resources in patient management	Case discussion with faculty during patient care	Faculty evaluation
Participate in team learning by bringing articles and creating brief presentations for the attending	Case discussion with faculty during patient care	Faculty evaluation

### **Professionalism**

**Goal: Demonstrate a commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrates respect, compassion, and integrity in interactions with patients, families, and faculty	Direct patient care	Faculty evaluation
Develop a mastery in the skill in a non-judgmental and objective approach to child abuse/neglect assessment and treatment	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop a mastery in maintaining confidentiality of patient information in accordance with HIPAA statutes	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation
Develop a mastery in the skill of recognizing situations when release of patient information may jeopardize patient safety	Direct patient care and interaction with faculty and staff while doing so	Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop emerging skills in utilizing resources within the community and multidisciplinary model to prevent, treat and advocate for the needs of physically abused or neglected children and their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop a mastery of the understanding of the ways safety is assessed and provided for abused or neglected children with severe injuries <ul style="list-style-type: none"> <li>• Child protection agencies</li> <li>• Emergent safety plans</li> <li>• Court orders for emergent custody</li> <li>• Protective orders</li> </ul>	Direct patient care and interaction with MDT members on site or during case staffing	Faculty evaluation
Demonstrate a mastery in the ability/understanding for admission and discharge criteria for inpatient traumatic and non-traumatic patients	Direct patient care and interaction with faculty and staff	Faculty evaluation
Demonstrate a mastery in the ability to communicate with consulting and referring physicians, keeping them apprised of progress and plans	Direct patient care and interaction with faculty and staff	Faculty evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation  
Forensic Investigation (SAPD headquarters/CPS regional building/ChildSafe)  
(PGY6-Year 3)**

During this required educational experience, the fellow will be exposed to the basics of forensic pathology and gain knowledge regarding the medicolegal evaluation of sudden unexpected death in adults and children, forensic interviews of children, law enforcement interviews, and investigations. The fellow will participate in lectures presented by the forensic pathology faculty at UT Health San Antonio. A longitudinal component of training that enhances this rotation is observation of child autopsies throughout training. The fellow will observe forensic interviews, suspect interviews and CPS investigations and provide medical information as requested. Supervision and instruction will be provided by detectives in the Special Victims Unit at SAPD, CPS investigators and supervisors and forensic interviewers; the fellow will debrief observational experiences with CAP faculty, following the rotation.

**Patient Care**

**Goal: Understand the approach taken by medical examiners to determine the cause and manner of death for individuals who die suddenly and unexpectedly**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Understand the 5 manners of death (accidental, natural, homicide, suicide and undetermined)	Case discussion Didactic presentation	Discussion with faculty
Understand the ways in which autopsy findings are used as part of the process to determine the cause and manner of death	Case discussion Didactic presentation	Discussion with faculty
Understand when an autopsy is needed versus an external examination alone	Case discussion Didactic presentation	Discussion with faculty
Understand the role of toxicology in forensic pathology	Case discussion	Discussion with faculty

**Medical Knowledge**

**Goal: Understand the medical principles involved in and necessary to complete a thorough death investigation, including the basic principles of forensic pathology**

Objectives	Learning Activity	Evaluation Method
Review normal anatomy including the components of the cranium and spinal column	Observation of cases and discussion with faculty Didactic presentations	Discussion with faculty
Demonstrate knowledge of basic wound types and mechanisms	Observation of cases and discussion with faculty Didactic presentations	Discussion with faculty

**Interpersonal and Communication Skills**

**Goal: Demonstrate interpersonal and communication skills for effective information exchange with other professionals involved in the investigation of child abuse**

Objectives	Learning Activity	Evaluation Method
Demonstrate effective communication with the medical examiners regarding cause and manner of death certification	Discussion with faculty	Faculty evaluation
Cultivate respectful environment with all multidisciplinary staff	Discussion with faculty and staff	Faculty evaluation MDT evaluation

Objectives	Learning Activity	Evaluation Method
Demonstrate a mastery in the ability to communicate with non-medical professionals and investigators	Discussions with CPS and law enforcement professionals	Faculty evaluation MDT evaluation

**Practice Based Learning and Improvement**

**Goal: Fellow will develop skills in identifying and correcting deficiencies in his/her knowledge based on critical literature review**

Objectives	Learning Activity	Evaluation Method
Applies the concepts of critical research and literature review to cases encountered during rotation	Case discussion with faculty	Faculty evaluation

**Professionalism**

**Goal: Demonstrate professional and ethical standards necessary in medicolegal death and abuse investigations**

Objectives	Learning Activity	Evaluation Method
Demonstrate an understanding of the ethical principles in death and abuse investigation	Discussion with faculty	Faculty evaluation
Demonstrates caring, respectful attitude with non-medical MDT professionals	Discussion with faculty and staff	Faculty evaluation

**Systems-Based Practice**

**Goal: Understand the basic principles under which Medical Examiners and multidisciplinary investigators operate**

Objectives	Learning Activity	Evaluation Method
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Understand the principles of death scene investigations	Discussion with faculty Didactic presentations	Faculty evaluation
Demonstrate understanding of the differences between a medical examiner system and a coroner system	Didactic presentations	Faculty evaluation
Shows understanding of Texas law regarding death investigation (TCCP 49.25)	Discussion with faculty Didactic presentations	Faculty evaluation
Understand how medical assessments are utilized by investigators and MDT professionals	Participate in MDT meetings and case staffing	Faculty evaluation

**Child Abuse Pediatrics Fellowship- Mandatory Rotation  
Psychiatry  
(PGY6-Year 3)**

During this mandatory educational experience, the fellow will develop understanding of the behavioral and emotional disorders of childhood in addition to the mental health issues faced by survivors of abuse and neglect. The fellow will also develop an understanding of the services available to the children and their families. The fellow will develop knowledge and skills in the evaluation and management of children and adolescents with behavioral and emotional problems. Additionally, the fellow will learn common causes and predisposing factors for mental health problems in children and adolescents, the presenting symptoms, initial and continuing care including medical therapies, and anticipated outcomes. The fellow will learn by direct observation of counseling sessions and by daily interaction with mental health providers. The fellow will have responsibilities commensurate to a PGY-6 with oversight by UT Health San Antonio Department of Child Psychiatry faculty and licensed counselors.

**Patient Care**

**Goal: Develop fundamental skills in the evaluation and management of children with mental health issues who may have been abused and/or neglected**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Perform appropriate history and physical exams of children referred for behavioral and emotional problems.	Direct patient care Case review and discussion with faculty	Faculty evaluation

Identify specific mental health problems commonly seen in children and adolescents	Direct patient care Case review and discussion with faculty	Faculty evaluation
Develop a plan to evaluate and manage emotional and behavioral problems identified in victims of abuse and/or neglect	Direct patient care Case review and discussion with faculty	Faculty evaluation
Identify the range of short- and long-term needs and outcomes based on severity, characteristics, and nature of emotional and behavioral difficulties	Direct patient care Case review and discussion with faculty	Faculty evaluation
Recognize common effects of child abuse and neglect on the families of victims	Direct patient care Case review and discussion with faculty	Faculty evaluation

### **Medical Knowledge**

**Goal: Demonstrate knowledge of the evaluation and management of children with behavioral and emotional disorders. Demonstrate knowledge of the mental health services available to survivors of child abuse and neglect**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Describe the various mental health therapies available to victims of abuse and/or neglect	Case discussion Didactic presentations	Faculty evaluation
Demonstrate knowledge of the evidence basis behind various mental health therapies provided to children with behavioral or emotional problems due to abuse or neglect	Case discussion with faculty and counselors during patient care and management	Faculty evaluation
Describe the various mental health therapies available to victims of abuse and/or neglect	Case discussion with faculty and counselors during patient care and management Didactic presentation	Faculty feedback

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate knowledge of the key elements of crisis counseling, including rape trauma syndrome	Case discussion with faculty and counselors during patient care	Faculty feedback
Identify the major side effects of medications commonly used in children with behavioral or emotional difficulties.	Case discussion with faculty and counselors during patient care Didactic presentations	Faculty evaluation
Identify and evaluate pharmacologic and non-pharmacologic methods of treating children with behavioral difficulties	Case discussion with faculty during patient care	Faculty evaluation

### **Interpersonal and Communication Skills**

**Goal: Demonstrate interpersonal and communication skills that facilitate appropriate information exchange with patients, families, and professional associates involved in the assessment of children and adolescents with emotional or behavioral problems**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate ability to provide support and guidance to patients and their families	Case discussion with faculty, counselors and child protection investigators during and following patient care	Faculty evaluation

Demonstrate an ability to communicate mental health findings effectively with primary care physicians and other sub specialists whose patients are being evaluated for mental health problems related to abuse and/or neglect	Case discussion with faculty and counselors during patient care	Faculty evaluation
Demonstrate an advanced ability to communicate information about emotional and behavioral problems as it relates to child abuse and/or neglect to non-medical professionals (i.e. child protective services, law enforcement, attorneys and jurors) involved in the investigation and litigation of the patient's case	Case discussion with faculty and counselors during patient care Presentation of case at multidisciplinary meetings	Direct observation 360 evaluation

### **Practice Based Learning and Improvement**

**Goal: Fellow will develop skills in identifying and correcting deficiencies in his/her knowledge based on their experiences during the Mental Health rotation. Fellow will also demonstrate skills to critically appraise relevant scientific literature regarding behavioral and emotional problems in children who are victims of abuse and/or neglect, and to apply such knowledge to improve one's patient care practice**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Develop skill to critically examine and assemble evidence from relevant scientific literature as it relates to the mental health care of children and adolescents who are suspected victims of abuse or neglect	Case discussion with faculty and counselors during patient care	Faculty evaluation
Develop skill to apply evidence-based data to guide practice and improve management of abused children with mental health problems	Case discussion with faculty and counselors during patient care	Faculty evaluation
Develop skills seeking and accepting feedback with the goal of individual improvement throughout the rotation	Case discussion with faculty and counselors during patient care	Faculty evaluation

### **Professionalism**

**Goal: Demonstrate commitment to an objective clinical approach, adherence to ethical principles including patient and family rights to confidentiality and respect, and maintenance of emotional wellness**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate respect, compassion, and integrity in interactions with patients, families, staff, faculty, and peers	Direct patient care	Faculty evaluation
Demonstrate reliability and accountability to patients and clinic staff including completion of assigned duties and tasks	Direct patient care and interaction with faculty, counselors and staff while doing so	Faculty evaluation

### **Systems-Based Practice**

**Goal: Develop advanced skills in utilizing resources within the community to treat and advocate for the needs of abused children with behavioral or emotional problems, as well as for their families**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation method</b>
Demonstrate understanding of funding issues related to mental health services	Direct patient care and interaction with faculty, counselors and staff while doing so Attend MDT case review/staffing	Direct observation Faculty evaluation

Demonstrate understanding of difficulties faced by abuse victims in gaining access to mental health services	Direct patient care and interaction with faculty, counselors and staff while doing so	Direct observation Faculty evaluation
Develop skill in coordinating the management plan for children with mental health problems with child protective services to ensure their medical and mental health needs are met	Direct patient care and interaction with counselors, faculty and staff while doing so	Faculty evaluation
Demonstrate understanding of the impact of appropriate communication between medical providers and mental health providers	Direct patient care and interaction with counselors, faculty and staff while doing so	Faculty evaluation

**Child Abuse Pediatrics Fellowship-Mandatory Rotation  
Research/Journal Club/QI  
(PGY6-Year 3)**

During this required educational experience, the fellow will demonstrate mastery in applying knowledge in research design, statistics, and ethical conduct of research to practice and in manuscript preparation. This fellow's experience in research methodologies is a continuing experience, including didactic coursework in the Common Curriculum for Fellows, journal club, an ongoing quality improvement project, and scheduled blocks of allotted research time.

**Interpersonal and Communication Skills**

**Goal: Demonstrate a mastery of the ability to effectively communicate study design, statistics, and findings in the literature to medical personnel and, where appropriate, non-medical personnel**

Objectives	Learning Activity	Evaluation Method
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Demonstrate a mastery of the ability to communicate basic statistical principles to other medical professionals	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate a mastery of the ability to communicate principles of research design to other medical professionals	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
Develop a mastery of the ability to communicate the challenges in conducting research in child abuse	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations

### **Practiced-Based Learning**

**Goal: Fellows must demonstrate a mastery of the ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve patient care practices**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate a mastery of the ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology	Quality improvement project	QI project evaluation
Demonstrate a mastery of the ability to locate, appraise, and assimilate evidence from scientific studies to better address clinical and research questions	Research project Journal club	Journal club evaluation PSOC evaluations
Demonstrate a mastery of the ability to apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	Research project Journal club	Journal club evaluation PSOC evaluations
Demonstrate a mastery of the ability to use information technology to manage information, access on-line medical information, and support their own education	Research project Journal club Quality improvement project	Journal club evaluation PSOC evaluations QI project evaluation
Demonstrate a mastery of the ability to facilitate the learning of students and other health care professionals	Journal club	Journal club evaluation

### **Professionalism**

**Goal: Demonstrate a mastery of the ability to conduct research with adherence to ethical standards**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate a mastery of the ability to identify ethical difficulties in child abuse research	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate a mastery of the understanding of the role of race, ethnicity, gender and socioeconomic status in research	Journal club PSOC presentations	Journal club evaluation PSOC evaluations
Demonstrate a mastery of the understanding of consent issues in research involving child abuse	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations

Demonstrate a mastery of understanding of the legal and professional consequences of unethical research practices	Journal club Research project PSOC presentations	Journal club evaluation PSOC evaluations
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### **Systems Based Practice**

**Goals: Fellows must demonstrate mastery of the awareness of, and responsiveness to, the larger context and system of health care and health care research and the ability to effectively call on system resources to provide care that is of optimal value**

<b>Objectives</b>	<b>Learning Activity</b>	<b>Evaluation Method</b>
Demonstrate a mastery of the understanding of how patient care and other professional practices affect other health care professionals, multidisciplinary team members, the health care organization, and the larger society and how these elements of the system affect their own practice	Quality improvement project Journal club	QI project evaluation Journal club evaluation
Display a mastery of the knowledge of how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources	Quality improvement project Journal club	QI project evaluation Journal club evaluation
Demonstrate a mastery of the understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care	Quality improvement project Division meetings (some grants require cost-per-patient analyses)	QI project evaluation
Demonstrate a mastery of the understanding of how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance	Quality improvement project	QI project evaluation

## Appendix C: Fellow Educational Portfolio

### Educational Portfolio - Individual Learning Plans

The ACGME has determined that every Pediatrics resident must maintain a "learning portfolio."

#### What is a portfolio?

A portfolio is a collection of selected resident work packaged and organized for easy review and evaluation. You are already doing most of this work: your portfolio will provide a framework for presenting it as evidence of your progress in achievement of the Six Competencies required by the ACGME of every graduating resident.

#### What are the purposes of a portfolio?

Your portfolio will be used by the Program Director, along with other information, to evaluate your evolving competence as a Pediatrician and physician.

If properly maintained, your portfolio will become a robust document that will enhance your marketability when applying for positions or fellowships. It can also become the basis for your lifetime professional portfolio (which will likely be required by the American Board of Pediatrics and many state licensure boards for certification or recertification in the future. Like it or not, you will be dealing with these Six Competencies for the rest of your professional life).

#### Mechanics:

This document will list some of the required documents. As you progress through your residency you will collect these documents as evidence of your evolving competence as an Pediatrician and physician. It is your responsibility to maintain it and to make sure that all the necessary documents / components are present for your semiannual and annual review with the Program Director.

Some components of your portfolio/training folder are required, including in-service exam scores, research project, moonlighting permissions, and monthly evaluations by faculty. These and other required components appear in bold type.

The remainder of your portfolio will consist of exhibits which you may choose from the following lists. The headings of the lists are the Six Competencies which the ACGME has identified as essential elements of your training. The definitions have been provided by the ACGME and are, where appropriate, specific to Pediatrics. You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6. You should be able to figure this out).

You can include all sorts of documents including other media (PowerPoint presentations, for example, or electronic data files of invasive procedure logs and case logs). *Please remove patient identifiers from all documents.*

#### How will your portfolio be evaluated?

You will review your portfolio with the program director as part of your semiannual and annual review. It will be scored according to the following criteria:

## Resident Portfolio Evaluation Checklist

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Please have your portfolio organized with all documentation in place. **All items in bold print are required!** You must choose at least 6 of the non-required exhibits; at least one must appear under each Competency (though some of the exhibits appear under more than one Competency, you must still choose a total of 6 non-required exhibits. You should be able to figure this out). For each subsequent 6-month review you must have additional non-required exhibits.

### How will your portfolio be evaluated?

You will review your portfolio with the program director as part of your semi-annual review. It will be scored according to the following criteria:

Beginning: partial demonstration of required and non-required exhibits

Advancing: substantial demonstration of required and non-required exhibits

Competent: satisfactory demonstration of required and non-required exhibits

Above Competence: outstanding demonstration of required and non-required exhibits

### PATIENT CARE

\_\_\_\_ Procedure log (colposcopy, digital photography, forensic evidence collection)

\_\_\_\_ Monthly faculty evaluations

\_\_\_\_ Direct observation by faculty of procedures, including obtaining consent, and advising patients regarding adverse events or outcomes; with faculty evaluation (see evaluation form in portfolio)

\_\_\_\_ Bloodborne Pathogens Safety Training Course (<http://kc.uthscsa.edu>)

### MEDICAL KNOWLEDGE

\_\_\_\_ In-service examination scores

\_\_\_\_ Extracurricular conferences, courses, and self-assessment modules.

Include documentation of completion.

\_\_\_\_ Presentation and analysis of scientific articles at Journal Club (include copy of articles), with written critique

### PRACTICE BASED LEARNING AND IMPROVEMENT

\_\_\_\_ Self-assessment modules

\_\_\_\_ Documentation of participation in departmental QI/QA and regulatory activities

\_\_\_\_ Presentation and analysis of scientific articles at Journal Club (include copy of articles and date reviewed), with written critique (see form in portfolio)

\_\_\_\_ Teaching File case preparation (copies of 10 cases with discussion of each)

\_\_\_\_ Topical PowerPoint presentation.

\_\_\_\_ Other publications, with reprints or manuscripts

## RESEARCH

- \_\_\_ PSOC reviews
- \_\_\_ Publications, Scientific writings, posters

## INTERPERSONAL & COMMUNICATIONS SKILLS

- \_\_\_ Institutional Core Curriculum Sessions (Informed Consent, Conflict Resolution, Crafting Apologies, Delivering Difficult News) with documentation of attendance (optional for those enrolled in MSCI classes).
- \_\_\_ Copies of evaluations for presentations
- \_\_\_ **Multidisciplinary conferences/case reviews attended (show dates and patient lists)**
- \_\_\_ Direct observation by faculty of procedures, including obtaining consent, site confirmation, time-out, and advising patients regarding adverse events or outcomes; with faculty evaluation.
- \_\_\_ Court testimony. Document day/time/case type (physical, sexual abuse, etc.) and type of hearing (CPS, criminal, family court, etc.)

## PROFESSIONALISM

- \_\_\_ Conference attendance record
- \_\_\_ Online modules: "Patient Confidentiality", "Ethics." Include documentation of completion. (<https://kc.uthscsa.edu/kc/login.asp>)
- \_\_\_ Institutional Core Curriculum (Impaired Physicians, HIPAA instruction). Include documentation of attendance (optional for those enrolled in MSCI).
- \_\_\_ U.T. Risk Management Course
- \_\_\_ **Medicare Compliance Ethics Instruction (CDT certificate)**  
<https://kc.uthscsa.edu/kc/login.asp>.

## SYSTEM-BASED PRACTICE

- \_\_\_ Resident analysis of systems-based problem; with data, solution and implementation, if applicable
- \_\_\_ **Multidisciplinary conference; preparation and moderation (show dates and patient lists)**
- \_\_\_ Billing and Documentation Instruction (CDT certificate)
- \_\_\_ Hospital / school / department/ community/committee service
- \_\_\_ Activity in professional societies (Helper Society, for example)

**For reviewer use only:**

Overall assessment of progress:	Beginning	_____
	Advancing	_____
	Competent	_____
	Above Competence	_____

**After signing, a copy of this entire form will be included in your portfolio.**

\*You also have a clinical training file that includes the following components; Demographic Summary, Application Documents, Contracts and Professional Liability Insurance, Credentialing Documents, Record of Training and General Correspondence

\*\*Confidential Evaluations are kept separate from either of these files.

## Appendix D: Individual Learning Plan Template

### Fellow Education Portfolio - Individual Learning Plan by Fellow

This form will be placed in your portfolio as your self directed Individual Learning Plan (ILP). You will complete this annually and make adjustments as you reach each goal. A goal is a broad overarching skill; for example one goal for PG4s for ChildSafe is “begin to develop critical core skills needed to evaluate and manage pediatric patients that are suspected victims of sexual abuse or assault.” An objective is a specific aim, such as “demonstrate appropriate use of labial separation, labial traction, prone and supine knee-chest positioning in the assessment of children for sexual abuse.” If you wish to list more than 3 items, please do so.

**Name:**

**PGY Level:**

**Date:**

**Goals for PGY year:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Objectives for ascertainment of PGY goals:**

- 1.
- 2.

- 3.
- 4.
- 5.
- 6.

**Goals for Fellowship:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Objectives to reach Fellowship goals:**

- 1.
- 2.
- 3.
- 4.
- 5.

**In-Service Exam Problem Areas: (score lower than 65%)**

**Plan of Action to resolve ISE problem areas:**

What do you consider to be your strengths?

- 1.
- 2.
- 3.

What do you consider to be your weakness?

- 1.
- 2.
- 3.

## Appendix E: Fellow Expense Account

### **What is the Fellow Expense Account?**

The Fellow Expense Account is \$1500 and is provided each year to each fellow by the Division of Child Abuse to use with discretion for:

- Conference, including travel, meals, registration fees
- Textbooks, including those needed for the MSCI course
- License and any other certification fees (DEA, DPS, and CPR, for example)

\*Other costs related to education and research requires approval from the Fellowship Program Director prior to expending fees.

Please note that the funds are disbursed on a reimbursement basis; that is, you purchase the items, and the Division reimburses you if the proper authorization and forms have been submitted prior to expenditure.

### **How do I get started?**

According to the HSC handbook of operating procedures (HOP) please make note of the following and please reference the policies:

- Section 6.2.14, reimbursement for travel expenses must be submitted to the Accounting Office **within thirty (30) days of the last day of the trip**. So please be diligent in getting all your receipts or statements for reimbursement turned in promptly.
- Section 6.2.9, **Authorization** is required **in advance for travel** from the city or town where the employee is regularly stationed while on University time or business whether or not reimbursement is expected.
- Please note that you will also need to make sure that you have a hotel tax exempt form so that you don't get charged for state tax. I am aware that some of you are sharing hotels but you need to be mindful of getting a receipt as outlined below. For the purposes of this reimbursement, you will need to note that you reimbursed the other individual for the cost of the hotel.

### **If I am going to a conference, what is the first step?**

First, meet with the Fellowship Program Director to get approval for attending the conference.

Second, all travel must be approved **prior** to the travel date, the earlier the better. This tells the University that you plan on taking a trip for official business. The request includes what, when, where, and an estimate of the cost. **Please see Ms. Quiroz once you have decided to attend a conference, and provide her with the details of the meeting so she can begin the paperwork process.**

## **What happens if I go to the meeting without an RTA on file?**

Technically, you are AWOL, since you don't have administrative approval to be gone. As a result, you could be subject to various disciplinary actions from the University or hospital. Also, without prior authorization, you will **NOT** be reimbursed for your expenses.

## **What transportation costs are covered?**

Transportation between the airport and hotel by taxi or shuttle is covered. Be sure to get a receipt. Again, tips are not covered. We **cannot** pay for a rental car in most cases. We do not pay for taxis for sightseeing, dinner reservations, or other personal ventures. Most meetings will run buses or shuttles. Use them when available.

## **What airline can I fly?**

Your choice. There are two options to booking your flight:

- (1) It is helpful to use an aggregator to search for your flight. I like [www.kayak.com](http://www.kayak.com). It searches all sights, such as Expedia, Travelocity, Priceline, etc and gives you the best deal.
- (2) You can also use Corporate Travel to schedule your flight. Although there are fees incurred, if you find a lower fare on one of the travel websites, Corporate Travel will normally work with you to get the same flight at the same price, or close to it. If you use Corporate Travel, remember that while the money doesn't come out of your pocket, it is counted toward the max travel allowance.

**Ms. Quiroz can assist you with this process**, as well as with the process of identifying a hotel at the conference site or nearby. If you wish to "shop around" for a hotel with a more reasonable rate than the conference host hotel, please inform Ms. Quiroz of your plans and provide her with the details of the hotel you have chosen.

## **A lot of the hotels are expensive. How can I save costs?**

You are encouraged to share a room and split the cost. If you are attending a child abuse conference, the Helper and SIGCA listserves often mention others looking to share room costs, or you can "advertise" on these sites as well.

Please note:

You **MUST** submit a hotel receipt with your name on it, even if your roommate booked it.

The receipt needs to show 1/2 of the room charges **AND** a zero balance.

The room charges need to be shown daily, rather than a simple total.

Please also note that charges not related to lodging or meals, like tips, pay-per-view movies, internet fees, gym fees, spa fees, alcoholic beverages, etc., are not reimbursable costs.

The front desk is used to these requests and will help you.

### **What about meals?**

Get a receipt for everything. Turn in your receipts to the Fellowship Coordinator (Ms. Quiroz) when you return, but remember that you will not be reimbursed for alcohol or tips.

### **I left my car at the airport. Can I get reimbursed?**

Yes, if it is the economy lot or long-term parking. We will not reimburse for short-term parking of commercial lots.

### **What documentation will I need to get reimbursed?**

1. Prior authorization
2. Registration receipt
3. Airplane ticket receipt
4. Hotel receipt and meal receipts
5. Ground transportation receipt

### **How long to I have to turn everything in?**

Once you return, you need to have everything turned in to the Fellowship Coordinator (Ms. Quiroz) within **TWO WEEKS**. Any longer and it may not be accepted. Once processed and **SIGNED** (by you), checks are generally available in 2-4 weeks.

## Appendix F: Guidance for Your Personal Statement

### Guidance for Your Personal Statement – Requirement of the ABP

#### **Overall Career Goals:**

1. *My long-term career goal(s) is...*
2. *To reach this goal I became an XX clinical fellow and pursued my scholarly activity working with XX mentor(s) or in the lab of XX mentor(s)...*

#### **Overview of your scholarly work product activity:**

Give an overview to your scholarly activity that includes a brief description of your goals and objectives, an outline of the actual project/methodology, and your key findings. Use your abstract(s) developed for your scholarly work product, restated in first-person narrative form.

3. *My scholarly work product focused on testing the hypothesis....or describing the following creative activity...(put your goals/aims/hypothesis here)*

4. *My project used the following populations, methodology etc (put your narrative description of the populations/methods, etc. here using your SOC abstract as the basis for the information)*

5. *I found....* Summarize your findings/work here.

6. *My role in each of the components of the project included...*

- (a) Development of the hypothesis/idea for project
- (b) Development of the design with mentors(s) XX
- (c) Execution of all the work, experiments, program development etc.
- (d) Analysis and interpretation of all of the data
- (e) Preparation of scientific abstracts, presentations at scholarly regional/national meetings, manuscripts, comprehensive reports, curricula etc. that is or forms the basis for the final work product

7. *Products related to my scholarly work product activity include:*

Abstracts, presentations at scholarly regional/national meetings, manuscripts/papers, etc. here.

8. *Reflect upon the educational value of the project*

9. *The scholarly activities related to the development and completion of work product relate to my own career plans in the following ways...*

**Additional Training** –Describe other skills and knowledge acquired during training that may not have been covered in the description of your work product above, e.g. PGMEC didactics (teaching skills;

medical ethics; EBM; CQI; Introduction to Clinical Investigation seminars; MSCI course; attendance at scientific meetings; etc.).

*February 2014 Update; Prepared by the UTHSCSA Pediatric Scholarship Oversight Committee from UCSF Department of Pediatrics SOC Guidelines*