

Postgraduate Course on Child Abuse Paediatrics: Proposed Curriculum for Paediatricians in Sweden

Swedish Paediatric Society, Working Group on Child Abuse and Neglect

Background

Working Group on Child Abuse and Neglect

The Working Group on Child Abuse and Neglect of the Swedish Paediatric Society was established in January, 2009. In the ensuing months since its establishment, the group has grown to over thirty paediatricians active in various aspects of advocacy, research and paediatric investigation of child maltreatment, with a broad geographical representation in Sweden. One of the first tasks of the group is to define the need for education in the area of child abuse and neglect of physicians from their course in medical school through paediatric residency training and including continuing medical education for consultant paediatricians.

The Working Group aims to bring the skills of paediatrics to the detection, diagnosis, multidisciplinary management and prevention of child abuse and neglect. We believe that children have the right to live free from violence in accordance with the United Nations Convention on the Rights of the Child.

Barnahus (Children's Advocacy Center) Movement in Sweden

Recent years have seen the establishment of several Barnahus in Sweden. The Barnahus bring together the social services, police, prosecutor, paediatricians, forensic medical experts and child psychiatry services, who work together in the multidisciplinary investigation of suspected child maltreatment.

Six pilot Barnahus were established during 2005–2007 the Barnahus (children's advocacy centre) in Gothenburg, Barnahus Linköping, the Crisis Centre for Children and Young People in Malmö, the Children's Centre in Stockholm, the Support Centre for Children and Young People in Sundsvall and the Barnahus in Umeå. All six pilot Barnahus have transitioned to permanent status. Several other Barnahus have since been established, and by the end of 2009, it is anticipated that Sweden will have approximately twenty such institutions, with plans for the establishment of several more.

The Paediatric Forensic Examination

Any paediatrician who undertakes a forensic assessment of a child who may have been subjected to physical abuse, sexual abuse or neglect must have particular skills. This is regardless of whether the paediatric forensic examination takes place at a medical office, hospital or a Barnahus.

Because the evaluation of suspected victims of physical and sexual abuse often involves evidence-collection, specialized examination techniques and equipment, and the writing of a forensic report to the investigating agencies, many paediatricians currently do not feel prepared or properly trained to conduct such comprehensive medical assessments.

The paediatrician aids in the proper recognition, intervention, protection and prevention of maltreated children, including physical abuse, neglect and sexual abuse. The examining physician must also be trained in advanced technology and procedures, which are utilized for the physical examination, documentation of diagnosed maltreatment and collection of evidence. Through the paediatric forensic examination, the paediatrician assists the investigating agencies in distinguishing abuse from non-abusive physical injuries and allegations.

In accordance with international standards, a single doctor examination may take place provided the doctor concerned has the necessary knowledge, skills and experience for the particular case. When a single doctor does not have all the necessary knowledge, skills and experience for a particular paediatric forensic examination two doctors with complementary skills should conduct a joint examination. Such examinations in Sweden's Barnhus usually involve a paediatrician and a forensic physician from the National Board of Forensic Medicine. The recommendation for Barnhus is that – when possible – a joint paediatric/.forensic examination be conducted.

The Swedish National Board of Forensic Medicine operates six Board departments based in six areas around the country. There are currently many areas of Sweden where joint paediatric forensic examinations are not possible in areas not served by the Boards departments.

The Working Group is committed to the idea that any child victim of abuse or neglect should have access to the highest quality paediatric assessment regardless of the child's location in Sweden. The paediatric forensic assessment must be conducted in a manner that guarantees patient safety, employs a salutogenic approach and minimizes the risk for additional trauma.

Child Abuse Paediatrics – Development of a Subspecialty

In the United States, the American Board of Pediatrics received approval from the American Board of Medical Specialties (ABMS) in 2005 to offer a Certificate of Special Qualifications in Child Abuse Pediatrics. Several three-year fellowship training programs are being established or expanded in the U.S. and Canada to meet the requirements for subspecialty certification.

In a similar effort in the United Kingdom, the Royal College of Paediatrics and Child Health (RCPCH) has published guidelines for the appointment of Designated Doctors with special training in Child Protection who can staff regionalized Child Safeguarding Teams.

Proposal For the Swedish Paediatric Society to Develop an Intensive Course in Child Abuse Paediatrics

- Through the Working Group on Child Abuse and Neglect, the Society develops a curriculum for intensive training of paediatricians in the area of child maltreatment.
- The course administration will identify paediatricians who have completed their training, and have indicated a special interest in this area of clinical practice.
- The course will be geared toward providing a broad geographical distribution of paediatric trainees, with the initial group comprised of approximately 28 trainees.

- The course will be offered for four full weeks when course trainees will be required to be present at a central location in Sweden. The course curriculum may also be supplemented with distance learning and online fora.
- The course will be developed in cooperation with a Swedish advisory board, and will draw, when possible on Swedish and/or Nordic faculty.
- The course will be developed with an International Advisory Board and will draw on international faculty in certain subspecialty areas not available nationally or regionally.
- The course will employ innovative didactic technique, with hands-on training for clinical skills, and specialized training in “the difficult conversation,” in cooperation with the Centre for Paediatric Simulation at Karolinska University Hospital.
- The course directors will develop content in cooperation with the Israel Center for Medical Simulation, Tel-Aviv University, and the Haruv Institute, who have run a similar course for paediatricians in Israel.
- Specialized course content will be developed in cooperation with the Institute for Professionalism and Ethical Practice, Children’s Hospital and Harvard Medical School, Boston.

Goals of the Postgraduate Intensive Course in Child Abuse Paediatrics

- Through an intensive training transmit the core skills and knowledge so that the graduate of the course will be able to provide local expertise in the paediatric investigation, treatment and follow-up of child maltreatment.
- To identify and train qualified paediatricians who may develop and lead hospital-based multidisciplinary Child Protection Teams, and organize paediatric staffing of regional Barnahus.
- To develop a network of peer review in Child Abuse Paediatrics, that will provide improved detection of child maltreatment, improved patient safety and quality control of statements and reports written for judicial proceedings.

Curriculum

Epidemiology of Child Abuse	<ul style="list-style-type: none">• Incidence, prevalence, types of abuse and neglect• Legislative and social context of abuse and neglect• U.N. Convention on the Rights of the Child
Abusive Head Trauma	<ul style="list-style-type: none">• Epidemiology of AHT• Association with crying• Neuroanatomy of spine and head• Biomechanics• Short falls• Shaking vs. impact• Associated injuries• Ophthalmologic findings• Imaging studies – CT/MRI• Parenchymal brain injuries• Differential diagnosis
Cutaneous Injury	<ul style="list-style-type: none">• Epidemiology• Bruises• Burns• Blunt trauma• Documentation• Differential diagnosis – accidental vs. inflicted injury

Skeletal Injury	<ul style="list-style-type: none">• Epidemiology• Biomechanics• Long bone anatomy and physiology• Specificity of fracture types• Differential diagnoses – metabolic bone disease• Radiologic workup and pitfalls
Visceral Injury	<ul style="list-style-type: none">• Clinical characteristics of abdominal abusive trauma
Sexual Abuse	<ul style="list-style-type: none">• Normal genital anatomy• Genital injuries• Female Genital Mutilation
Sexually Transmitted Infections	<ul style="list-style-type: none">• Clinical characteristics• Laboratory investigation
Neglect	<ul style="list-style-type: none">• Epidemiology• Failure to thrive• Medical neglect
Factitious Disorders	<ul style="list-style-type: none">• Nomenclature and history• “Munchausen by proxy”• Medical Child Abuse
Child Abuse Fatalities	<ul style="list-style-type: none">• Epidemiology• Child fatality review• Post-mortem evaluation and findings

Psychological Maltreatment	<ul style="list-style-type: none"> • Definition and clinical characteristics
Intimate Partner Violence	<ul style="list-style-type: none"> • Risk factors • Cultural aspects • Co-occurrence with child abuse • Violence in the home
Prevention	<ul style="list-style-type: none"> • Abusive Head Trauma association with crying – prevention programs • Current epidemiologic trends
Professional and Ethical Issues in Child Protection	<ul style="list-style-type: none"> • Establishment and management of a Multidisciplinary Team, Child Protection Team • Paediatrician's role in a Barnahus • Quality improvement and peer review network
Workshop on the Paediatric Forensic Report	<ul style="list-style-type: none"> • Writing a medical report for criminal court proceedings (rättsintyg)
Child Fatality Review	<ul style="list-style-type: none"> • Multidisciplinary Child Death Review

Patient Simulation, Hands-on Skills Stations, and Case-based learning (Centre for Paediatric Simulation)

<p>The “difficult conversation” in the medical evaluation of suspected child abuse</p> <p>Paediatric Simulation Centre – video recorded realistic enactments with the use of actors</p> <p>Peer review / Debriefing sessions</p>	<ul style="list-style-type: none"> • Report to social services • Confronting the caregivers
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Patient simulation – Case-based workshop with use of “Baby-Sim”	<ul style="list-style-type: none"> • Management of Abusive Head Trauma in the Emergency Department
Anogenital examination of the prepubertal and pubertal child Use of simulator models	<ul style="list-style-type: none"> • Approach to the anogenital examination • Anatomy • Colposcopy • Video documentation
Photodocumentation of cutaneous injuries	<ul style="list-style-type: none"> • Digital photography • Archiving
Small group, case-based learning	<ul style="list-style-type: none"> • Factitious disorders • Abusive Head Trauma • Child Sexual Abuse • Neglect
Workshop in Paediatric Radiology	<ul style="list-style-type: none"> • Writing a referral to radiology • Radiological skeletal survey • Head & Spine CT & MR
Ophthalmology	<ul style="list-style-type: none"> • Use of Retinal Camera (Retcam) in the diagnosis and documentation of retinal injury
Mock Trial	<ul style="list-style-type: none"> • Paediatrician as witness in criminal and civil proceedings – role play with the use of actors • Expert testimony

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