

The University of Western Ontario

Department of Pediatrics

PGY-2 Child Protection Rotation

2016-2017 Orientation Information Package

Welcome to Child Protection. During this rotation you will have the opportunity to develop knowledge and skill appropriate for a general paediatrician in the assessment and care of children in need of protection. Your curriculum is devised around the Royal College Objectives in Training in Paediatrics. Dr. Warren and Dr. Van Hooren will both serve as contacts for your education in this rotation. You will meet your objectives through experience both at Children's Hospital and the London Middlesex Children's Aid Society (CAS). You will receive a more detailed schedule approximately 2 weeks prior to your rotation start date. Please let Dr. Van Hooren and Dr. Frid know of any scheduling conflicts as soon as possible once you have received this.

Rotation Supervisors

Dr. David Warren Pager 15569 (519)685-8331 david.warren@lhsc.on.ca	Dr. Tamara Van Hooren Pager 17492 (519)685-8723 tamara.vanhooren@lhsc.on.ca
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Royal College Objectives in Training in Paediatrics (2008)

2.1.24. CHILD MALTREATMENT AND NEGLECT

2.1.24.1. Social factors placing children at risk

2.1.24.2. Impact of violence on health

2.1.24.3. Health problems consequent to maltreatment/neglect

2.1.24.4. Laws relating to child protection

2.1.24.5. Professional requirements in managing victims of maltreatment/neglect including mandatory reporting

PROBLEMS

Shaken baby syndrome (Non-Accidental Head Injury (NAHI))

Physical abuse

Emotional abuse and neglect

Sexual abuse

Children in care (e.g. foster care, group homes, incarceration)

Skills

Gathering Child Maltreatment evidence appropriately including documentation and specimen collection

Rotation Specific Experiences:

Child Protection Case Review

During this rotation we would like to provide an opportunity for you to participate in acute child protection assessments. You will be paged regarding all hospital consultations and therefore you are expected to be available via pager from 0800-1700 daily (Monday to Friday). Initial pages will come to the rotation supervisors, who will call you for participation. Due to the unpredictable nature of consults, you may be asked to leave a clinic experience to participate. Initial assessments will be completed either independently or in conjunction with Dr. Warren or Dr. Van Hooren as determined by case complexity. All cases will be reviewed and incorporated into didactic teaching sessions.

Should you wish to maximize your exposure to the initial evaluation of possible child maltreatment, both Dr. Warren and Dr. Van Hooren would be happy to involve you should there be evening or weekend consultations. Please email both Dr. Warren and Dr. Van Hooren at the beginning of the rotation to make them aware if you would like to participate in this optional home call experience.

Child Protection Didactic Sessions – Dr. Warren and Dr. Van Hooren

Recognizing that only a few cases will present during the time of your rotation we will also include multiple didactic teaching sessions. Tentatively we will cover physical abuse (independent sessions on bruising, burns, fractures and non-accidental head injury (NAHI), sexual abuse and child protection opinion formulation. Resources for self-assessment are available in Dr. Van Hooren's office, and are highly recommended though not mandatory. A recommended reading list is also provided.

Children's Aid Society Outreach

The largest proportion of the care involved in child protection is conducted by the regional Children's Aid Societies. We are very fortunate in London to have a Society that is very engaged with the community and significantly involved in education. You will experience this first hand on two Tuesdays during your Child Development / Child Protection Rotation.

On the designated Tuesday's for CAS please attend the Children's Aid Society at 1680 Oxford Street East (the white building east of Fanshawe College) at 9:00 am. The front desk should be aware you will be coming and a worker assigned as your mentor. A brief orientation including a literature package will be provided on the first day. You will be asked to sign an Oath of Confidentiality recognizing the material you read and the discussion of cases are covered by patient confidentiality as in the hospital setting. A tour of the CAS building will be provided for orientation. Your initial exposure will be some time in the screening booth listening to intake calls and identifying how CAS protocols triage of client calls.

We would like you to have an opportunity to observe home visits / investigations / assessments specific to a variety of issues including, but not limited to, domestic violence, addictions, mental health, and high risk infants. You may be included in case conferences, community meetings, group home sessions, and appointments at community agencies i.e. Centre of Hope, Merrymount. A 'lead' will be assigned for each day, with all leads being team supervisors. That lead will assume responsibility for coordinating your day's activities through consultation with colleagues and staff, with the aim of choosing the most valuable learning experiences. If consultation with other team supervisors reveals better learning opportunities, be prepared that the day's plan may change. The lead will be available to greet you on the assigned day and ensure that someone is available to de-brief at the end of the day. The de-brief will hopefully inform CAS about how the program is doing, but in addition is an opportunity for you to discuss any challenges you have encountered with the cases seen that day. Please do not hesitate to use this time, as it is not uncommon for residents to want and possibly need to discuss difficult cases.

These days take a great deal of coordination for CAS staff. Failure to attend full days without approved absence will be reflected in the professionalism portion of your evaluation.

Paediatric Dentistry

Paediatricians must appreciate the importance of the oral health of their patients, and have a basic level of knowledge to screen for disease, trauma and provide preventative guidance. In extreme cases, poor oral care may be a contributory marker of neglect. More commonly, it may provide insight into the social determinants affecting your patient's overall health.

During this rotation, and as a part of the program's longitudinal social paediatrics curriculum, you will participate in both a half-day clinic and half-day OR in Paediatric Dentistry with Dr. Raymond Lee. Patients will include both children (with or without co-morbidities) and adults with special needs.

Tooth decay is the single most common chronic childhood disease in North America¹. It is 5x more common than asthma, 4x more common than early-childhood obesity and 7x more common than hay fever. And it's largely preventable! By understanding the disease process, recognizing common risk factors, and being able to identify disease and trauma, the physician can provide education for prevention and promotion of overall health, and direct patients towards timely treatment in order to relieve pain and discomfort that usually hampers daily life. Attending the dental clinic (Room E1-637, at 900-1200 and 1300-1600) will demonstrate the extent and severity of dental disease, which is often compounded by the varying co-morbidities of the patients.

In Canada, about one-third (31%) of all Day Surgery operations for preschoolers are for the treatment of cavities and severe tooth decay². It is estimated that \$21.2 M is spent annually in hospitals to treat 19000 kids between the ages of 1 and 5 under general anaesthesia. And this does not even include those patients treated in private practices. Friday mornings (800-11/1200) in the VH OR's will demonstrate the extent and severity of necessary treatment for young children. Normal OR attire and adherence to protocols will be required.

1. Department of Health and Human Services (US) Oral health in America: a report of the Surgeon General. Rockville (MD): HHS, Office of the Surgeon General (US); 2000.
2. Canadian Institute for Health Information. *Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery Under General Anesthesia* [2013 Oct 24].

PGY-2 – Can MEDS Rotation Specific Objectives in Training

CanMEDS Role	Objectives	Means to Achieve
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CanMEDS Role	Objectives	Means to Achieve
1. Medical Expert	<ul style="list-style-type: none"> a. Basic and Clinical Knowledge <ul style="list-style-type: none"> ➢ Demonstrate an ability to: <ul style="list-style-type: none"> • Assess and manage a child in need of protection • Identify medical presentations that may mimic abuse b. History and Physical Examination Skills <ul style="list-style-type: none"> ➢ Take a history with the appropriate level of detail including appropriate consideration of mechanism of injury ➢ Performs a physical examination that is focused, efficient, organized and trauma aware ➢ Maps injuries to a body map in an organized and reflective manor c. Problem Solving <ul style="list-style-type: none"> ➢ Demonstrate the ability to formulate the presenting problems, determine the most important components, develop a differential diagnosis and develop a plan for investigation and management when appropriate d. Integration and Application <ul style="list-style-type: none"> ➢ Demonstrates the ability to interpret results of investigations (including laboratory, skeletal surveys, head imaging, and ophthalmology assessments). e. Clinical Judgment <ul style="list-style-type: none"> ➢ Accurately assess patients and families at risk, and the role of resources such as Children's Aid Society and Police in their clinical management 	<ul style="list-style-type: none"> ➢ Active participation at teaching session ➢ Reading selected references ➢ Discussions with supervisors during acute patient assessments
2. Communicator	<ul style="list-style-type: none"> ➢ Displays a patient and family centered approach ➢ Implementation of Patient Centred Approach <ul style="list-style-type: none"> ➢ Respect differences in patient's/parent's beliefs, concerns, expectations, cultural context, gender and value systems ➢ Effectiveness of Verbal and Written Communication <ul style="list-style-type: none"> ➢ Present clear verbal, and when appropriate written, reports of patient encounters 	<ul style="list-style-type: none"> ➢ CAS community days ➢ Case discussion
3. Collaborator	<ul style="list-style-type: none"> a. Effectiveness of Working Relationships <ul style="list-style-type: none"> ➢ Demonstrate a respectful attitude to colleagues and members of the inter-professional health care team. 	<ul style="list-style-type: none"> ➢ Participation in team discussions and decision-making. ➢ CAS Community Visits ➢ Dental Clinic and OR
4. Leader	<ul style="list-style-type: none"> a. Individual Management Skills <ul style="list-style-type: none"> ➢ Demonstrate good time-management skills. Demonstrate the ability to balance patient care responsibilities, self-directed learning, outside activities, personal commitments and career goals. b. Self-Awareness <ul style="list-style-type: none"> ➢ Demonstrate personal insight after difficult cases, and requests debrief with rotation supervisors when required 	<ul style="list-style-type: none"> ➢ Discussion with supervisors ➢ Selected readings

CanMEDS Role	Objectives	Means to Achieve
5. Health Advocate	<p>a. Patient Advocate</p> <ul style="list-style-type: none"> ➤ Identify needs of individual patients and identifies opportunities to advocate for patients <p>b. Determinants of Health</p> <ul style="list-style-type: none"> ➤ Demonstrate the ability to discuss the determinants of health and identify children who may be vulnerable, marginalized and at risk 	<ul style="list-style-type: none"> ➤ Reading of selected references ➤ CAS Community visits ➤ Discussion with supervisors of clinical cases.
6. Scholar	<p>a. Approach to Learning</p> <ul style="list-style-type: none"> ➤ Identify knowledge gaps and develop a self-learning plan ➤ Displays awareness of the medical-legal implications and limitations of evidence based medicine in child protection <p>b. Facilitation of Learning</p> <ul style="list-style-type: none"> ➤ Complete a Critically Appraised Topic (CAT) on a topic relevant to developmental paediatrics or child protection 	<ul style="list-style-type: none"> ➤ Self-assessment resources ➤ Critical Appraisal ➤ Formal Didactic Teaching
7. Professional	<p>a. Professional Practice</p> <ul style="list-style-type: none"> ➤ Exhibit professional behaviours at all times <p>b. Ethical Practice</p> <p>Demonstrate knowledge of the principles of medical ethics including obtaining informed consent, confidentiality, conflicts of interest, and ethical decision-making.</p> <p>c. Reflective Practice</p> <ul style="list-style-type: none"> ➤ Demonstrate ability to self-assess and reflect on professional performance. Considers the role of implicit bias during patient exposures. 	<ul style="list-style-type: none"> ➤ CAS community visit ➤ Children's Hospital Dental Clinic/OR ➤ Teaching sessions and acute patient assessments

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