TRAINING UPDATE:
MEDICAL ASPECTS

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Overview:
Current medical aspects training

- Two day **foundation** curriculum

- Mandatory for all child welfare staff and supervisors employed in a NC County Department of Social Services

- Course should be taken within the first year of employment

- Assist child welfare social workers with the following:
  - Recognize, interpret, and assess concerning injuries
  - Improve communication with medical providers
  - When and how to refer for a child medical evaluation (CME)
Overview:
Current medical aspects training

• Additional items in training:
  • Discussion of difference between rostered CME provider and general medical provider is presented
  • Introduction to the administrative services of the NC Child Medical Evaluation Program
  • Case examples demonstrating usefulness of CMEs on case outcomes and recommendations is provided
Question

- Changes in medical diagnosis and treatment suggest participants should be offered updates to medical aspects every 5 years

- What CMEP has done to distribute updates
  - Presentations at multidisciplinary conferences
  - Updates to local teams when requested

- Do you have suggestions for ways to distribute updates?
  - Updates in medical aspects classroom training?
  - Webinars?
  - Other ideas?
Brief Update: Physical Abuse

• Identification of physical abuse by a medical provider (MD, NP, PA, etc.)
  • Does the history match the injury?
  • Is the injury developmentally plausible?
Missed cases of child abuse

- 30% of abusive head trauma are missed when initially present to care with concerns

- 20% of abusive fractures are missed when initially brought to care with concerns
Importance of recognizing sentinel injuries

- Recognition of sentinel injuries may result in prevention of serious physical injuries

- Sentinel injuries preceded serious physical abuse in 27.5% of cases (Petska and Sheets, 2014)
What is a Sentinel Injury?

Petska, 2014

Box 1
Definition of sentinel injuries

- Minor injuries, such as a bruise or intraoral injury (excluding skin abrasions)
- Precruising infant
- Visible or detectable to a caregiver
- Poorly explained and unexpected
Child fatalities and maltreatment

- 1,520 children died as a result of maltreatment
- 74% were younger than 3 years
Child fatalities and maltreatment

• 1,520 children died as a result of maltreatment
• 74% were younger than 3 years
After adjusting for risk factors at birth, key findings included the following:

- A prior report to CPS, regardless of its disposition, was the single strongest predictor of a child’s potential risk for injury death (intentional or unintentional) before age 5.

- Given the same risk factors, a child reported to CPS had about a two-and-a-half times greater risk of any injury death.

- Children with a prior CPS report had an almost six (5.8) times greater risk of death from intentional injuries.

- A child with a prior report of physical abuse had a risk of intentional injury death that was five times greater than a child reported for neglect.

- Children reported for neglect had a significantly higher risk of unintentional injury death.

- Risk of sleep-related death was about three-and-a-half times greater when there had been a previous report of child abuse or neglect.
Recognition of Sentinel Injury: What’s Next?
Medical Evaluation for Physical Abuse

Screening for Occult Trauma

Shaken Baby Brain Damage

- dura mater
- skull
- chronic subdural hematoma
- neo-membrane
- swollen brain
- sub arachnoid space
- compressed ventricles
What’s the general evaluation for physical abuse (<2y)?

• Skeletal Survey
• Eye exam
• Imaging of the brain by CT and/or MRI
• Laboratory Evaluation
  • Screening for occult abdominal trauma
    • Threshold of 80 IU/L for either as an indication for testing even in absence of + PE findings
  • Urine drug screen
• Outpatient medical follow-up after discharge
  • Repeat skeletal survey

**Screening for Occult Injuries**
# Value of occult injury evaluation

## Table II. Rates of diagnostic testing and injury identification

<table>
<thead>
<tr>
<th>Screening study</th>
<th>Total, n = 2890, n (%)</th>
<th>0-6 months, n = 980, n (%)</th>
<th>Study cohort, n = 146, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS obtained</td>
<td>2049 (70.9)</td>
<td>909 (95.3)</td>
<td>137 (93.8)</td>
</tr>
<tr>
<td>SS shows new injury</td>
<td>471 (16.3)</td>
<td>253 (25.8)</td>
<td>34 (23.3)</td>
</tr>
<tr>
<td>Neuroimaging obtained</td>
<td>1692 (58.5)</td>
<td>857 (87.4)</td>
<td>133 (91.1)</td>
</tr>
<tr>
<td>Neuroimaging shows new injury</td>
<td>727 (25.2)</td>
<td>368 (37.6)</td>
<td>40 (27.4)</td>
</tr>
<tr>
<td>Hepatic transaminases obtained</td>
<td>1538 (53.2)</td>
<td>708 (72.2)</td>
<td>92 (63.0)</td>
</tr>
<tr>
<td>Abdominal CT obtained</td>
<td>292 (10.1)</td>
<td>105 (10.7)</td>
<td>15 (10.3)</td>
</tr>
<tr>
<td>Abdominal imaging shows new injury</td>
<td>73 (2.5)</td>
<td>22 (2.2)</td>
<td>4 (2.7)</td>
</tr>
</tbody>
</table>

Harper, 2014
Recognition of Sentinel Injury: What’s Next?
Bruises: When did they occur?
Importance of reporting sentinel injuries

- Risk factors for repeat concerns of child maltreatment
- *Young children*
- *Young children with “minor injuries”*
The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.

Albert Einstein
Training for medical providers:

*Be clear with reports*

![Image](image_url)
Question

• Do you have suggestions for ways to distribute updates?
  • Updates in medical aspects classroom training?
  • Webinars?
  • Other ideas?
It’s so obvious it’s abuse!
Criticism: does child abuse exist?