

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?

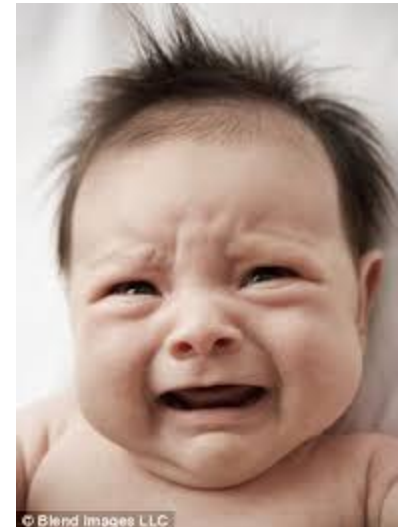
Brief Update: Physical Abuse

- 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*)



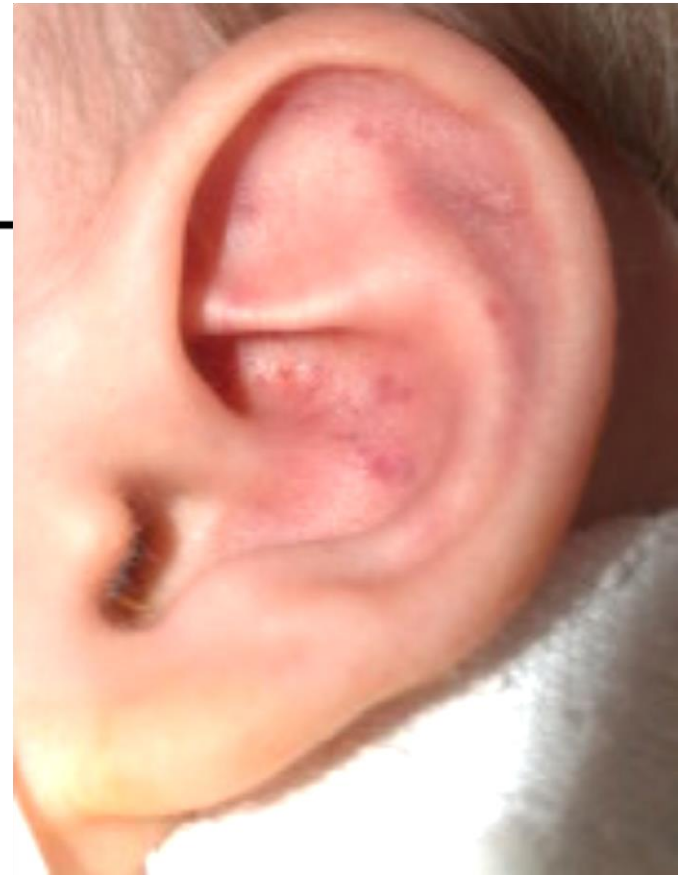
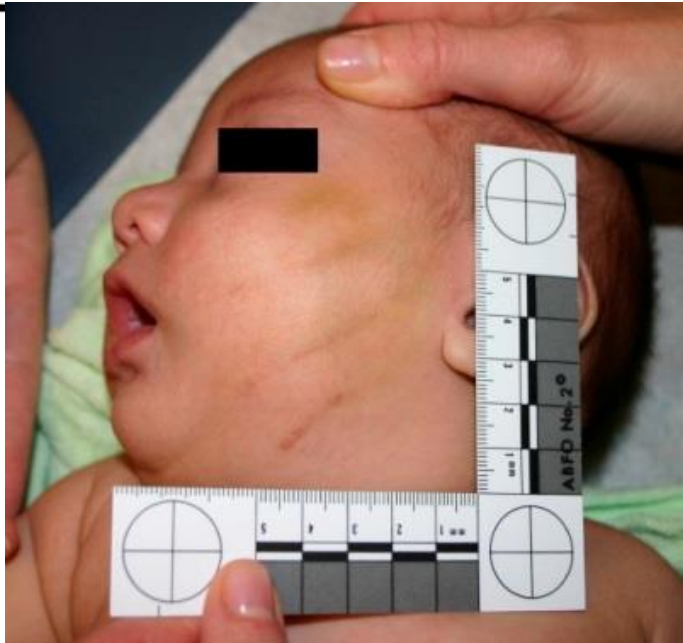
What is a Sentinel Injury?

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

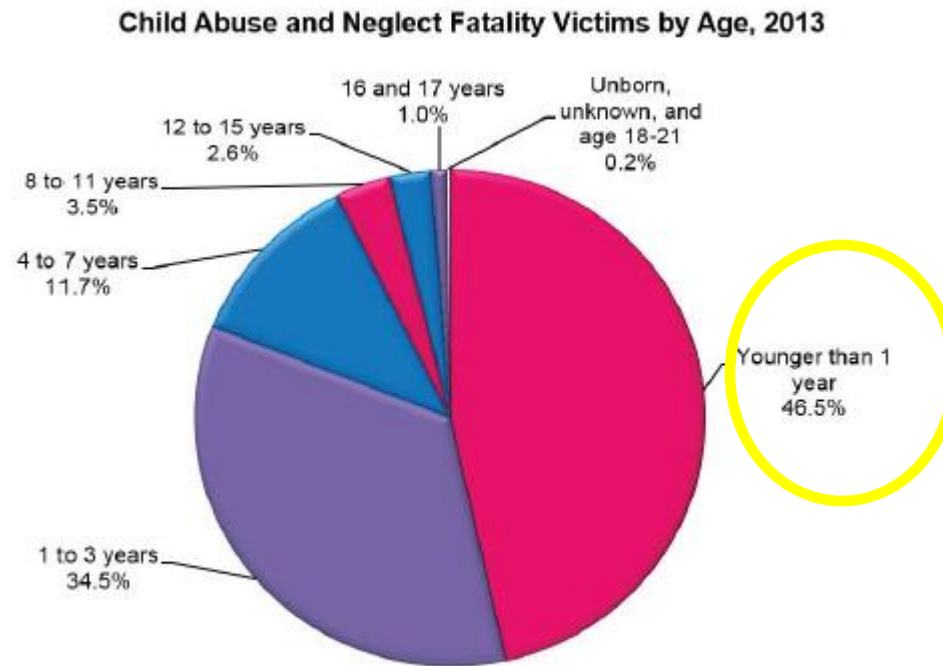


Child fatalities and maltreatment

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

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Within Our Reach

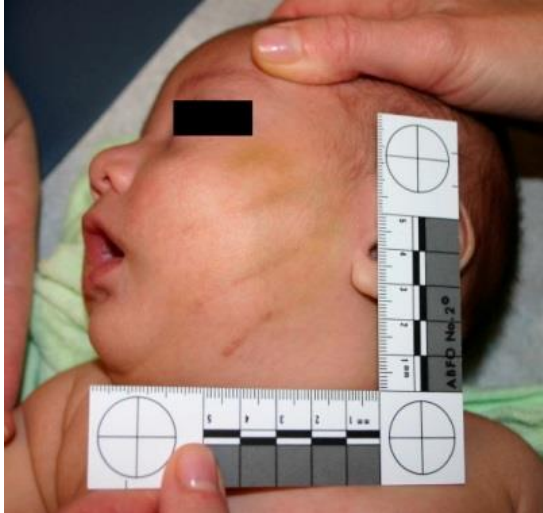
A National Strategy to Eliminate Child Abuse and Neglect Fatalities



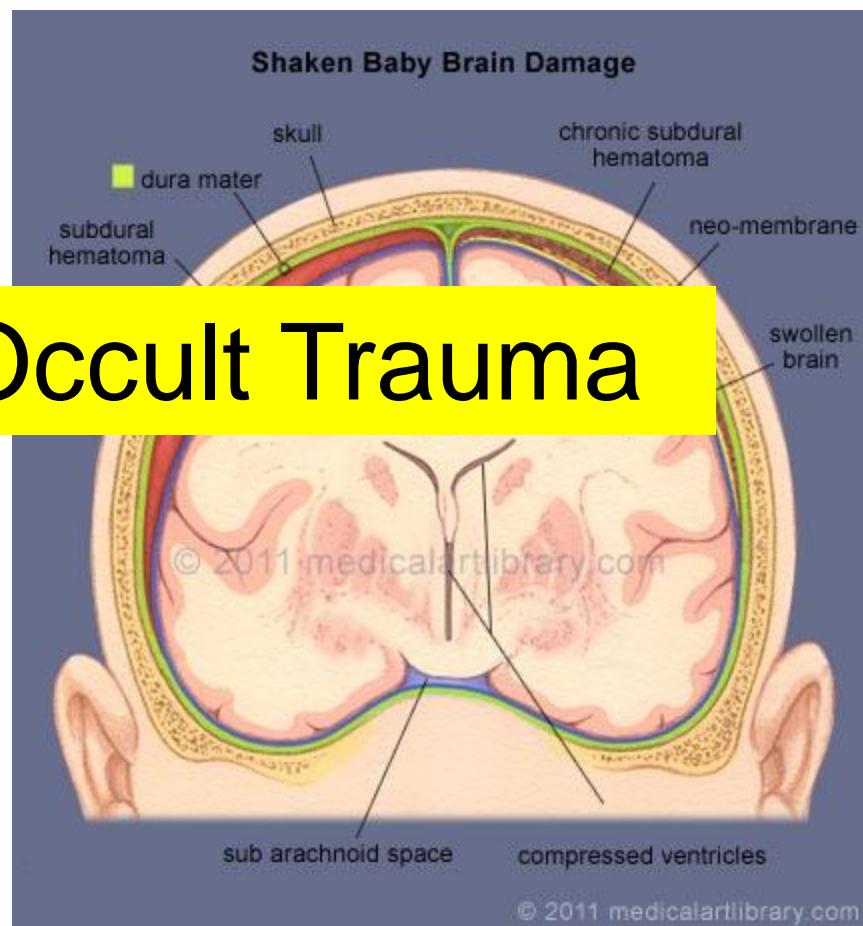
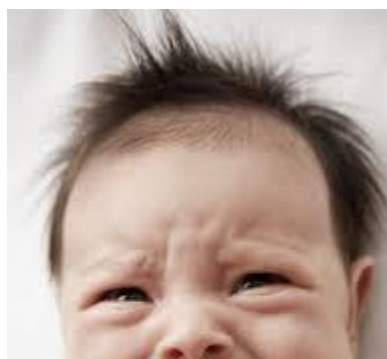
After adjusting for risk factors at birth, key findings included the following:

- 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



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

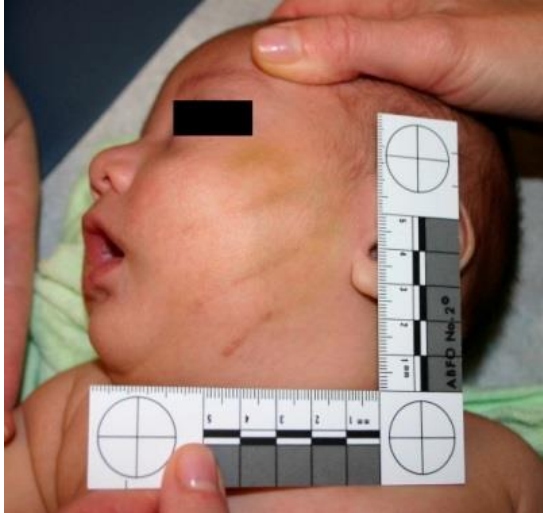
Value of occult injury evaluation

Table II. Rates of diagnostic testing and injury identification

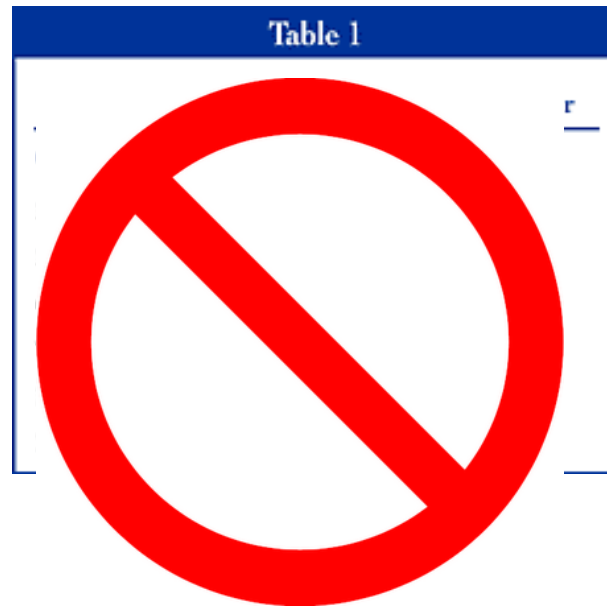
Screening study	Total, n = 2890, n (%)	0-6 months, n = 980, n (%)	Study cohort, n = 146, n (%)
SS obtained	2049 (70.9)	909 (95.3)	137 (93.8)
SS shows new injury	471 (16.3)	253 (25.8)	34 (23.3)
Neuroimaging obtained	1692 (58.5)	857 (87.4)	133 (91.1)
Neuroimaging shows new injury	727 (25.2)	368 (37.6)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



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

REPORTING

Training for medical providers:

Be clear with reports



Question

- **Do you have suggestions for ways to distribute updates?**
 - Updates in medical aspects classroom training?
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 - Other ideas?



It's so obvious it's abuse!



Criticism: does child abuse exist?

