Competency Training Requirements for the Area of Focused Competence in Child Maltreatment Pediatrics

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(NOTE: Throughout this document, each reference to “child” or “children” includes infants, children, and youth. Each reference to "caregiver" includes family, caregivers, legal guardians, and substitute decision-makers. “Police” refers to individual members of a police service, while “law enforcement” refers to agencies and systems. “Child protection system” refers to government agencies responsible for child welfare under provincial or territorial child protection legislation.)

DEFINITION
Child Maltreatment Pediatrics is that area of enhanced competence within medicine concerned with the study, prevention, clinical evaluation, and management of abuse and neglect in infants, children, and youth.

ELIGIBILITY REQUIREMENTS
The Area of Focused Competence (AFC) trainee must have Royal College or Collège des Médecins du Québec certification in Pediatrics, or enrolment in a Royal College accredited residency program in Pediatrics (see requirements for relevant qualifications). All trainees must be certified in Pediatrics in order to be eligible to submit a Royal College certification portfolio in Child Maltreatment Pediatrics.

GOALS
Upon completion of training and practice experience, an AFC diplomate is expected to function as a competent specialist in Child Maltreatment Pediatrics, capable of an enhanced practice in this area of focused competence within the scope of Pediatrics. The AFC trainee must acquire a working knowledge of the theoretical basis of the discipline, including its foundations in science and research as it applies to medical practice, and must be able to incorporate evolving medical knowledge into clinical practice.

The discipline of Child Maltreatment Pediatrics includes responsibility for

- clinical evaluation, documentation, formulation of expert opinion, and management of patients with a range of manifestations associated with suspected child maltreatment;
- supporting child maltreatment assessment by other clinicians, child protection workers, and police through indirect consultation;
• application of a scholarly and evidence-based approach to one’s own professional development and practice improvement; and
• engagement with and education of others in child maltreatment pediatrics.

Diplomates must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the diplomate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, socioeconomic status, and ethnicity in a professional manner.

At the completion of training, the diplomate will have acquired the following competencies and will function effectively as a:

**Medical Expert**

**Definition:**

As Medical Experts, Child Maltreatment Pediatrics diplomates integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. Medical Expert is the central physician Role in the CanMEDS framework.

An advanced level of knowledge is defined as a broad and deep level of knowledge, from basic science to clinical application, including the ability to apply the scientific literature, adapting and extrapolating as required, sufficient to independently manage a problem in the area.

**Key and Enabling Competencies: At an advanced level, Child Maltreatment Pediatrics diplomates are able to ...**

1. **Function effectively as consultants in Child Maltreatment Pediatrics, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care**
   1.1. Perform a consultation within their scope of practice, including the presentation of well-documented assessments and recommendations in oral, written, and/or electronic form, in response to a request from another health care professional, child protection worker, police, or lawyer
   1.2. Demonstrate use of all CanMEDS competencies relevant to concerns of child maltreatment
   1.3. Identify and appropriately respond to relevant ethical issues arising in the evaluation and medical decision-making of child maltreatment concerns
   1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems, limited resources, and intersecting mandates of health, child protection, and legal systems
   1.5. Demonstrate compassionate and patient-centred care, based on an understanding of the complexity of issues arising in patients at risk for child maltreatment, and in patients and families where child maltreatment is suspected
1.6. Demonstrate medical expertise in situations other than patient care; examples are advising child protection agencies on key health issues for their populations, providing expert legal testimony in child maltreatment cases, or advising governments, as needed

2. Establish and maintain advanced clinical knowledge, skills, and behaviours appropriate to practice in Child Maltreatment Pediatrics

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Child Maltreatment Pediatrics

2.1.1. Epidemiology and social/cultural context of child maltreatment

2.1.1.1. Incidence and prevalence

2.1.1.2. Risk and protective factors

2.1.1.3. Vulnerable populations, including but not limited to: Indigenous children and youth; those living in poverty; those in out-of-home placement; families with mental health illness or substance use issues; incarcerated youth; and institutionalized youth

2.1.1.4. Cultural practices and religious beliefs and practices that may be associated with child maltreatment concerns

2.1.2. Physical injuries

2.1.2.1. Pathophysiology and biomechanics of injuries in childhood

2.1.2.2. Presentations of inflicted injury

2.1.2.2.1. Skin and integument

2.1.2.2.1.1. Bruises and other cutaneous injuries, including but not limited to bite injuries

2.1.2.2.1.2. Burns

2.1.2.2.2. Skeletal

2.1.2.2.3. Central nervous system

2.1.2.2.4. Eye

2.1.2.2.5. Ear, nose, mouth, and throat

2.1.2.2.6. Abdomen and viscera

2.1.2.2.7. Anogenital

2.1.2.3. Elements of the clinical assessment required for each presentation of suspected inflicted injury

2.1.2.4. Clinical course and symptoms for each presentation of suspected inflicted injury, and consideration of dating/timing of injuries

2.1.2.5. Differential diagnosis of findings suggestive of inflicted injuries, including but not limited to those that mimic inflicted injury

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2.1.2.6. Prognosis of inflicted injury, including but not limited to long-term treatment, follow-up needs, and outcomes

2.1.2.7. Role of child protection and law enforcement systems in the collection of supplemental information relevant to injury evaluation

2.1.3. Sexual abuse/assault

2.1.3.1. Behavior and development, both normal and as they relate to child sexual abuse

2.1.3.2. Anogenital anatomy

2.1.3.3. Relative contributions of the child’s statement, behavioural manifestations, clinical findings, and forensic evidence in the evaluation of child sexual abuse concerns across the spectrum of age and development

2.1.3.4. Presentations of sexual abuse/assault

2.1.3.4.1. Pre-pubertal

2.1.3.4.2. Post-pubertal

2.1.3.4.3. Acute

2.1.3.4.4. Historic

2.1.3.4.5. Solicitation, including but not limited to direct, online, or through social media

2.1.3.4.6. Child exploitation, including but not limited to child prostitution/trafficking, pornography, and exposure to pornography

2.1.3.4.7. Sexually transmitted infections (STIs)

2.1.3.4.8. Pregnancy

2.1.3.4.9. Drug or substance-facilitated assault

2.1.3.5. Elements of clinical assessment required for each presentation

2.1.3.6. Differential diagnosis of findings suspicious for sexual abuse, including but not limited to those that mimic inflicted injury

2.1.3.7. Principles of management of acute sexual assault

2.1.3.7.1. Indications for testing, prophylaxis, and treatment for sexually transmitted infections (STIs), pregnancy, and drug and alcohol ingestion

2.1.3.7.2. Forensic evidence collection, storage, and release

2.1.3.8. Role of child protection and law enforcement systems in sexual abuse/assault cases

2.1.4. Neglect
2.1.4.1. Presentations of neglect
  2.1.4.1.1. Educational neglect
  2.1.4.1.2. Emotional/psychological neglect
  2.1.4.1.3. Failure to thrive
  2.1.4.1.4. Medical neglect
  2.1.4.1.5. Physical neglect
  2.1.4.1.6. Supervisory neglect

2.1.4.2. Elements of clinical assessment appropriate for each presentation of neglect

2.1.4.3. Differential diagnosis, contributing factors, and consideration of the social/cultural context

2.1.5. Definition, presentations, and principles of assessment/consultation for emotional/psychological abuse

2.1.6. Case finding considerations, assessment of and intervention for exposure to intimate partner violence

2.1.7. Definition, presentations, assessment, and management of caregiver-fabricated illness (also known as Münchausen syndrome by proxy or medical child abuse)

2.1.8. Child fatalities
  2.1.8.1. Presentations of child abuse that result in death
  2.1.8.2. Process of death investigation and roles of clinicians, police, pathologists/forensic pathologists, and medical examiners/coroners
  2.1.8.3. Role, function, and composition of child death review teams

2.1.9. Emotional/psychological impact of child maltreatment and evidence-based interventions

2.1.10. Long-term health and development consequences of child maltreatment

2.1.11. Effective methods for prevention of abuse and neglect

2.1.12. Role of the physician in the interprofessional response to child maltreatment concerns

2.1.13. Legal and ethical considerations relevant to child maltreatment
  2.1.13.1. Mandatory reporting requirements
  2.1.13.2. Privacy and confidentiality
  2.1.13.3. Consent
  2.1.13.4. Role of substitute decision-makers
  2.1.13.5. Collection, storage, and release of forensic evidence
2.1.13.6. Photography and documentation

2.1.13.7. Laws and legal procedures related to child maltreatment, including but not limited to forensic investigation, and family, youth, and criminal justice systems

2.1.13.8. Medical expert opinion communication: written reports and court testimony

2.1.14. Child protection, law enforcement, and criminal justice systems
  2.1.14.1. Roles and responsibilities of personnel in each system
  2.1.14.2. Processes
  2.1.14.3. Outcomes

2.2. Describe the CanMEDS framework of competencies relevant to Child Maltreatment Pediatrics

2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up to date on developments in the Child Maltreatment Pediatrics field and enhance areas of professional competence, including but not limited to incorporation of current medical literature, results from legal inquiries, and relevant legal issues related to medical expert opinions and testimony

2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Child Maltreatment Pediatrics

3. Perform a complete and appropriate assessment of a patient

3.1. Determine optimal timing and setting of assessment based upon preliminary information and considering medical urgency, need for forensic evidence collection, and planning for forensic interview

3.2. Identify and effectively explore issues to be addressed in a patient encounter, including but not limited to recognition of role boundaries of the medical consultant in Child Maltreatment Pediatrics in the context of child protection and law enforcement investigations

3.3. Elicit a history that is relevant, concise, and accurate to the context and potential child protection/police investigation, for the purposes of prevention and health promotion, diagnosis/opinion formulation, and/or management
  3.3.1. Detailed history of the events surrounding an injury
  3.3.2. Detailed history of sexual abuse/assault concerns and their basis
  3.3.3. Detailed history relevant to neglect concerns
  3.3.4. Detailed medical history and family history that includes consideration of the relevant differential diagnosis
  3.3.5. Detailed nutritional history appropriate to the context
  3.3.6. Developmental and social history relevant to the child protection context
  3.3.7. Identification of emotional, behavioural, and psychological symptoms
3.3.8. Obtain collateral information relevant to the maltreatment concerns

3.4. Perform a focused, thorough, timely, and detailed physical examination that is relevant, accurate, and sensitive to child and caregiver issues arising in the context of suspected child maltreatment, for the purposes of diagnosis/opinion formulation, management, health promotion, and disease prevention

3.4.1. Assessment of growth and development

3.4.2. Identification of injuries with attention to common areas of inflicted injury, including but not limited to complete examination of the skin, ears, and mouth

3.4.3. Male and female anogenital examination conducted in a manner that is appropriate to the child’s age and development

3.4.4. Documentation that includes the use of diagrams and photographs appropriate to the context

3.4.5. Identification of occult injuries

3.4.6. Identification of forensically-relevant findings

3.5. Select appropriate medical investigations, including but not limited to

3.5.1. Laboratory tests and medical imaging studies

3.5.2. Assessment of overall health and potential treatment needs of the child

3.6. Demonstrate effective and relevant clinical problem solving to address patient problems, including but not limited to interpreting current, historical, and collateral information and integrating information to generate differential diagnoses, formulate expert opinions, and develop management plans

3.6.1. Assess congruence between findings and the history or explanations provided

4. Use preventive and therapeutic interventions effectively

4.1. Implement a management plan in collaboration with relevant parties, which may include patients, caregivers, other health care professionals, child protection workers, and police

4.2. Apply evidence-based, effective interventions for the prevention of child maltreatment

4.3. Apply evidence-based, effective preventive health guidance and therapeutic interventions in a timely manner for children who have experienced maltreatment

4.3.1. Prevention and treatment of sexually transmitted infections (STIs)

4.3.2. Intervention to minimize the risk of pregnancy due to sexual abuse and assault, including but not limited to counseling and emergency contraception
4.4. Obtain appropriate informed consent for therapies, including but not limited to consideration of changes in legal guardianship that may arise from involvement of the child protection system

5. **Demonstrate proficient and appropriate use of procedural skills**

5.1. Obtain appropriate informed consent for the collection of forensic evidence, including but not limited to consideration of changes in legal guardianship that may arise from child protection system involvement

5.2. Collect and transfer forensic evidence relevant to child maltreatment in a timely manner

5.3. Document and disseminate information related to procedures performed to all relevant parties, including but not limited to health, child protection, and law enforcement systems, as appropriate and permitted under local legislative provisions

6. **Seek appropriate consultation from other health professionals**

6.1. Demonstrate insight into their own limits of expertise within medical practice and in providing medical expert opinions and testimony

6.2. Demonstrate effective, appropriate, and timely consultation of other health professionals as needed for optimal patient care, in view of the specific health, rehabilitation, and psychosocial needs of children who have experienced child maltreatment

6.3. Arrange appropriate follow-up care and services for patients who are at high risk of maltreatment or who may have experienced maltreatment, including but not limited to those in out-of-home placement

6.4. Arrange appropriate follow-up care and services for the caregivers of patients who are at high risk of maltreatment or who may have experienced maltreatment

**Communicator**

**Definition:**

As Communicators, Child Maltreatment Pediatrics diplomates effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

**Key and Enabling Competencies: Child Maltreatment Pediatrics diplomates are able to...**

1. **Develop rapport, trust, and ethical relationships with patients and caregivers in consideration of the medical consultant role and specific issues arising in the context of suspected child maltreatment**

1.1. Recognize that being a good communicator is a core clinical skill for physicians, and
that effective, nonjudgmental physician-patient/caregiver communication in the context of child maltreatment concerns can foster improved patient and caregiver interactions and experiences, physician satisfaction, adherence, and improved outcomes

1.2. Establish relationships that are characterized by understanding, trust, respect, honesty, and empathy with patients that are suspected or at risk for child maltreatment and their caregivers

1.3. Respect patient confidentiality, privacy, and autonomy as appropriate to child maltreatment concerns and considering local legislative requirements

1.4. Listen objectively to all parties involved in situations of suspected child maltreatment

1.5. Facilitate effective communication in clinical encounters, which may include involvement of child protection and law enforcement systems when relevant and appropriate

2. **Accurately elicit and synthesize relevant information and perspectives of patients and caregivers, colleagues, and other professionals**

2.1. Gather information about concerns of child maltreatment from appropriate and relevant sources, and about a patient’s beliefs, concerns, expectations, and experience

2.2. Seek out and synthesize relevant information from other sources, including but not limited to a patient’s caregivers, other health care professionals, schools, child protection workers, and police, within local legislative and consent constraints

3. **Convey relevant information and explanations accurately to patients and families/caregivers, colleagues, and other professionals**

3.1. Convey information to a patient and caregivers, colleagues, other health professionals, child protection workers, and police, in an objective and nonjudgmental manner and in such a way that it is understandable and encourages discussion and participation in decision-making

4. **Develop a common understanding on issues, problems, and plans with patients, caregivers, child protection workers, and police where relevant to develop a shared plan of care**

4.1. Identify and explore problems to be addressed from a patient encounter, including but not limited to the patient’s context, responses, concerns, and preferences, and considerations of the child protection and the legal systems

4.2. Respect diversity and differences, including but not limited to the impact of gender, culture, and beliefs on decision-making, and consider how these relate to concerns of child maltreatment

4.3. Encourage discussion, questions, and interaction between caregivers, health professionals, and personnel from intersecting child protection and legal systems
4.4. Engage patients, caregivers, health professionals, child protection workers, and police where appropriate in shared decision-making to develop a plan of care
   4.4.1. Provide guidance to caregivers to foster healthy childhood general and sexual development

4.5. Address challenging communication issues effectively, including but not limited to sharing concerns of child maltreatment with caregivers, explaining the duty to report, delivering bad news, and addressing anger, denial, confusion, and misunderstanding

5. **Convey oral, written, and/or electronic information effectively about a medical encounter**
   5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans that reflect an understanding of medico-legal considerations and requirements, where appropriate, including but not limited to diagrams and photographic documentation
   5.2. Present oral reports of clinical encounters and plans that are timely and understandable for nonmedical personnel, and maintain clear and comprehensive written documentation of oral reports
   5.3. Convey medical information appropriately to ensure safe transfer of care

6. **Present medical information effectively to the public or media about issues related to child maltreatment**
   6.1. Provide expert legal testimony
   6.2. Communicate effectively the issues related to child maltreatment to a lay audience

**Collaborator**

**Definition:**

As **Collaborators**, Child Maltreatment Pediatrics diplomates work effectively within a health care team to achieve optimal patient care.

**Key and Enabling Competencies: Child Maltreatment Pediatrics diplomates are able to...**

1. **Participate effectively and appropriately in an interprofessional health care team**
   1.1. Describe the roles and responsibilities of the Child Maltreatment Pediatrics diplomate to other professionals
   1.2. Describe the roles and responsibilities of other professionals within the child protection team and intersecting systems, including but not limited to the child protection, law enforcement, family and criminal justice, and coroner/medical examiner systems
1.3. Recognize and respect the diverse roles, responsibilities, and competencies of other professionals and those in the child protection and legal systems in relation to their own.

1.4. Work with others to assess, plan, provide, and integrate care for individual patients, or groups of patients, who are at risk for child maltreatment, are undergoing evaluation for suspected child maltreatment, or who have been exposed to child abuse/neglect.

1.5. Participate in interprofessional child maltreatment team meetings in local work settings and/or in the broader community.

1.6. Respect team ethics, including but not limited to confidentiality, resource allocation, and professionalism, as they relate to child maltreatment work.

1.7. Demonstrate leadership in child maltreatment prevention, diagnosis, or treatment in a health care team and within the relevant community.

2. **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team and those working in intersecting community agencies.

2.2. Work with other professionals to prevent conflicts, reflecting an understanding of the unique issues arising in child maltreatment and the roles and considerations of intersecting child protection and legal systems.

2.3. Respect differences and the scopes of practice in other professions and of those working in intersecting systems.

2.4. Reflect on their own differences, misunderstandings, and limitations that may contribute to interprofessional tension.

2.5. Reflect on interprofessional team function:

2.5.1. Prevent and recognize the symptoms of vicarious trauma, burnout, or compassion fatigue in self and others, and respond appropriately.

2.6. Employ collaborative negotiation to resolve conflicts and address misunderstandings, and demonstrate and utilize appropriate channels, reflecting an understanding of child protection and legal systems and where conflicts involving these systems arise.
Manager

Definition:
As Managers, Child Maltreatment Pediatrics diplomates are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Child Maltreatment Pediatrics diplomates are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems
   1.1. Work collaboratively with others in their organizations and in the child protection and legal systems
   1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives, quality assurance, and peer review activities
   1.3. Describe the structure and function of the health care system as it relates to Child Maltreatment Pediatrics, including the roles of physicians and the relationship of physicians with the child protection and legal systems
   1.4. Describe principles of health care financing, including but not limited to physician remuneration, budgeting, and organizational funding related to child maltreatment

2. Manage their practice and career effectively
   2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life, employing active methods to prevent, recognize, and respond to vicarious trauma or burnout
   2.2. Implement processes to ensure personal practice improvement
   2.3. Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately
   3.1. Demonstrate an understanding of the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with forensic considerations, determination of occult injuries, and health needs, for optimal patient care
   3.2. Apply evidence-based and management processes for cost-appropriate care, considering forensic issues

4. Serve in administration and leadership roles
   4.1. Participate in committees and meetings related to child maltreatment
   4.2. Lead or implement change in health care to improve clinical care and outcomes for children and caregivers experiencing child maltreatment concerns
4.3. Plan relevant elements of health care delivery pertaining to child maltreatment, including but not limited to call schedules, regional systems of service delivery, and access to consultation

**Health Advocate**

**Definition:**

As Health Advocates, Child Maltreatment Pediatrics diplomates use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

**Key and Enabling Competencies: Child Maltreatment Pediatrics diplomates are able to...**

1. **Respond to individual patient health needs and issues as part of patient care**
   
   1.1. Identify the medical, developmental, rehabilitation, and mental health needs of a child who is at risk of or has experienced maltreatment
   
   1.2. Identify opportunities for advocacy, health promotion, and disease prevention with children and families where child maltreatment concerns have arisen
   
   1.3. Advocate for the child’s best interests in the context of the intersecting systems involved in the child maltreatment investigation

2. **Respond to the health needs of the communities that they serve**
   
   2.1. Describe the local, regional, national, and international scope of child maltreatment as a child health concern
   
   2.2. Identify and participate in opportunities for advocacy, health promotion, and prevention of adverse health, developmental, and mental health outcomes in child maltreatment within local, regional, national, and/or international communities
   
   2.3. Appreciate the possibility of competing interests between the needs of communities of children who are at risk of or have experienced maltreatment, and the needs of other populations

3. **Identify the determinants of health for the populations that they serve**
   
   3.1. Identify the determinants of health contributing to child maltreatment
   
   3.2. Identify the impact of child maltreatment as a determinant of health
   
   3.3. Identify vulnerable or marginalized populations at risk for or exposed to child maltreatment and participate in activities intended to improve outcomes
4. **Promote the health of individual patients, communities, and populations**

4.1. Describe an approach to implementing a change in a determinant of health in order to improve the well-being of children at risk for maltreatment

4.2. Describe how public policy impacts on the health of children at risk for or exposed to maltreatment

4.3. Identify points of influence in the health care and intersecting systems as they relate to child maltreatment concerns

4.3.1. Demonstrate an appreciation of the importance of engaging with intersecting systems for the purposes of optimizing the experience and outcomes of children who have experienced maltreatment

4.4. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of mandatory reporter, collaborator, and medical expert in the legal system

4.5. Participate in and promote activities targeting the prevention of child maltreatment

**Scholar**

**Definition:**

As Scholars, Child Maltreatment Pediatrics diplomates demonstrate a lifelong commitment to reflective learning and the creation, dissemination, application, and translation of medical knowledge.

**Key and Enabling Competencies:** Child Maltreatment Pediatrics diplomates are able to...

1. **Maintain and enhance professional activities through ongoing learning**

   1.1. Recognize and reflect on learning issues arising from practice, participation in peer review, and review of medical expert opinion, legal testimony, and/or judgments

   1.2. Access and interpret the relevant evidence in the child maltreatment medical literature and integrate it into practice

2. **Critically evaluate medical information and its sources, and apply this appropriately to practice decisions and medical expert opinions**

   2.1. Critically appraise and incorporate evidence from the medical literature into expert opinion in child maltreatment
3. **Facilitate the learning of patients, families, students, residents, other health care professionals, the public, and others**

3.1. Identify collaboratively the learning needs and desired learning outcomes of health care professionals and those in intersecting child protection, law enforcement, and legal systems related to child maltreatment

3.2. Select effective teaching strategies and content to facilitate others’ learning about child maltreatment pediatrics

3.3. Deliver effective lectures or presentations about child maltreatment pediatrics to medical and nonmedical personnel in health care and community settings

4. **Promote the development, dissemination, and translation of new knowledge and practices**

4.1. Describe the principles of research ethics as they apply to research in Child Maltreatment Pediatrics

4.2. Participate in a scholarly research, evidence-based guideline, protocol, review or commentary, quality assurance, or educational project relevant to Child Maltreatment Pediatrics, demonstrating primary responsibility for at least one of the following elements of the project:
   - a comprehensive literature review
   - development of the protocol for the scholarly project
   - preparation of a grant application
   - development of the research ethics proposal
   - interpretation and synthesis of the results

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**Professional**

**Definition:**

As Professionals, Child Maltreatment Pediatrics diplomates are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

**Key and Enabling Competencies: Child Maltreatment Pediatrics diplomates are able to...**

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**

   1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism

   1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

   1.3. Recognize and appropriately respond to ethical issues encountered in Child Maltreatment Pediatrics practice
1.4. Identify, declare, and manage conflicts of interest arising in child maltreatment cases

1.5. Recognize the principles and limits of patient privacy and confidentiality, as defined by professional practice standards and legislation relating to child maltreatment concerns

1.6. Maintain appropriate boundaries with patients and caregivers, recognizing the specific issues and challenges arising in Child Maltreatment Pediatrics

2. **Demonstrate a commitment to their patients, profession, and society, through participation in profession-led regulation**

2.1. Demonstrate knowledge and understanding of the professional, legal, and ethical codes of practice as they apply to Child Maltreatment Pediatrics

2.2. Fulfil the regulatory and legal obligations required of current practice in Child Maltreatment Pediatrics, including but not limited to mandated reporting of child maltreatment

2.3. Participate routinely in active learning and review of cases, including but not limited to case discussions, peer consultations, peer review of practice, and/or review of legal findings

3. **Demonstrate a commitment to physician health and sustainable practice**

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice, working to recognize, prevent, and respond to vicarious trauma, burnout, and compassion fatigue in self and colleagues

**REQUIRED TRAINING EXPERIENCES**

In order to achieve these competencies, the following required experiences may be attained through diploma program training or clinical practice complemented by continuing education.

1. Triage, assess, and manage cases of suspected child maltreatment

2. Participate in interprofessional teams to evaluate and manage suspected child maltreatment, including but not limited to hospital teams, child advocacy centres, community teams, child protection or death review committees

3. Perform the clinical evaluation and documentation and manage patients with a range of clinical presentations of suspected physical abuse, including but not limited to:

   a. common presentations
      - bruises and other skin injuries
      - burns
      - fractures
      - head injuries
b. a range of diagnostic conclusions
   - abuse
   - accidental
   - indeterminate
   - findings that mimic those of abuse

4. Perform the clinical evaluation and documentation and manage patients with a range of clinical presentations of suspected sexual abuse, including but not limited to:
   a. common presentations in pre-pubertal and pubertal children, and in youth
      - acute sexual assault
      - historic sexual abuse
      - nonspecific sexual abuse concerns, physical and behavioural
   b. a range of diagnostic conclusions
      - normal examination
      - nonspecific/indeterminate findings
      - trauma, accidental, or abusive
      - findings that mimic those of abuse, including self-inflicted injury

5. Perform the clinical evaluation and documentation and manage patients with a range of clinical presentations of suspected child neglect, including but not limited to presentations of
   - educational neglect
   - emotional/psychological neglect
   - failure to thrive
   - medical neglect
   - physical neglect
   - supervisory neglect

6. Participate in the peer review of clinical assessments of cases of suspected child maltreatment

7. Participate in interprofessional assessment and management of emotional/psychological maltreatment and its impact on mental health

8. Participate in interprofessional assessment and management of the impact of maltreatment, including but not limited to exposure to intimate partner violence

9. Manage cases and/or participate in case discussions and interprofessional learning sessions to apply the principles of recognition, evaluation, and management of suspected caregiver-fabricated illness

10. Participate in a professional development forum, which may include child maltreatment pediatrics conferences, journal club, or other regular formal review and discussion of current medical literature
11. Participate in child maltreatment case discussions and reviews, which may include clinical case reviews, quality improvement initiatives, or interprofessional team discussions

12. Manage cases, and participate in pre-trial preparation and/or interprofessional learning sessions related to the role of the medical expert in the legal system

13. Teach health care professionals and nonmedical personnel in the health system and in the community about aspects of child maltreatment

14. Participate in scholarly activities in the field of child maltreatment pediatrics, which may include research, educational activities, protocol/guideline development, or preparation of a case report, review/summary article, or reflective commentary

15. Participate in a focused advocacy activity relevant to Child Maltreatment Pediatrics, which may include a prevention program, community committees, consultations to local child protection agencies, or board membership in an agency focused on child maltreatment

RECOMMENDED TRAINING EXPERIENCES

In order to achieve these competencies, the following recommended experiences may be attained through diploma program training or clinical practice complemented by continuing education.

1. Participate in the clinical care of vulnerable populations, including but not limited to: Indigenous children and youth; those living in poverty; those in out-of-home placement; families with mental health illness or substance use issues; incarcerated youth; and institutionalized youth

2. Clinically evaluate and manage children in out-of-home placement, including but not limited to well-child care, identification of psychosocial and/or adjustment concerns, behavioral problems, growth, development, and medical conditions, and development of a long-term plan of care

3. Participate in regular review of relevant diagnostic imaging with medical imaging specialists

4. Present at a local or regional continuing education event relevant to Child Maltreatment Pediatrics

5. Observe/participate in child protection worker investigations and procedures

6. Observe child forensic interviews

7. Observe/provide medical expert testimony in family and criminal court or participate in a mock trial

OPTIONAL TRAINING EXPERIENCES

The following are optional experiences that may be attained through diploma program training or clinical practice complemented by continuing education.

1. Participate in other clinical activities of relevance to Child Maltreatment Pediatrics.
   Examples are:
2. Attend at autopsies/forensic pathology assessments
3. Observe/participate in a child death review committee or other review process

This document is to be reviewed by the AFC Subcommittee in Child Maltreatment Pediatrics by December 2020.