CHILD ABUSE PEDIATRICS FELLOWSHIP
PROGRAM OVERVIEW

DEPARTMENT OF PEDIATRICS
THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE
NATIONWIDE CHILDREN'S HOSPITAL, COLUMBUS, OHIO

Introduction

Nationwide Children's Hospital is one of the nation's largest not-for-profit freestanding pediatric healthcare networks providing wellness, preventive, diagnostic, treatment and rehabilitative care for infants, children, adolescents and adult patients with congenital disease. A medical staff of more than 1,100 and a hospital staff of 8,000 provide state-of-the-art pediatric care for more than 1 million patient visits annually. Nationwide Children's Hospital provides medical care to a diverse patient population and in 2012 saw patients from all 50 states as well as 26 foreign countries. As home to the Department of Pediatrics of The Ohio State University College of Medicine, Nationwide Children's Hospital physicians train the next generation of pediatricians and pediatric specialists. The Research Institute at Nationwide Children's Hospital is one of the top 10 National Institutes of Health-funded freestanding pediatric research facilities in the United States. Nationwide Children's remains true to the original mission since its founding in 1892 of providing care regardless of a family's ability to pay.

The Center for Child and Family Advocacy (CCFA), established in 2002, was dedicated to the needs of child abuse and family violence victims in the region, and was committed to providing state-of- the-art service to abused children in a 40,000 square foot facility dedicated to serve those affected by child abuse and family violence. In 2011, CCFA merged with the Columbus Coalition Against Family Violence to form The Center for Family Safety and Healing (CFSH). The collaboration at the Center provides additional training resources in the areas of law, mental health, child protection services, and family violence intervention. This training site provides an optimal opportunity to support a three-year fellowship in Child Abuse Pediatrics.

The goal of the fellowship program is to train pediatricians to become medical experts who are knowledgeable and competent in all areas of child maltreatment, including physical abuse, sexual abuse, neglect (supervisional, medical and nutritional), psychological maltreatment, and medical child abuse. The fellowship is targeted to physicians who intend to pursue careers in academic settings as clinicians, researchers, and teachers.

Components of the three-year fellowship in Child Abuse Pediatrics

Each year of fellowship is divided into 13 four week block rotations. The approximate time spent in each activity is detailed below.

	Year 1	Year 2*	Year 3*
Clinical care / clinical teaching	8 blocks	5 blocks	6 blocks
Research	3 blocks	5 blocks	5 blocks
Electives	2 blocks	3 blocks	2 blocks
Formal training and course work	Included in rotations	Included in rotations	Included in rotations
Advocacy	Included in rotations	Included in rotations	Included in rotations
Vacation	3 weeks	3 weeks	3 weeks

*If the fellow pursues a competitive application to obtain an advanced degree, schedule adjustments will be made to accommodate coursework.

1. ***Clinical care of abused/neglected children and clinical teaching***

A. Child Assessment Center: This clinic is held daily and provides timely medical assessment and treatment along with therapy and support to children who have experienced child abuse. Using a child advocacy center model of care, children and adolescents are seen for comprehensive evaluations of alleged abuse or neglect by a multi-disciplinary team that includes medicine, social work, law enforcement, child protective services, and mental health. The clinic visit includes: a complete medical and social history including review of relevant records; a mental health assessment of child and family; a medical-forensic interview of the child; a complete physical examination; and, consultation with available social service or law enforcement personnel to enhance health, safety and protection. As appropriate to the circumstances of the abuse, specimen collection to evaluate for sexually transmitted infections is completed, evidence collection for acute sexual assault is obtained, and/or evaluations are conducted to rule out medical conditions in evaluations of suspected physical abuse. Patients may be diverted from the emergency department to provide these evaluations at the Center. A comprehensive report is completed (forensic interview, medical evaluation, mental health assessment) after the evaluation, and information is provided to the appropriate authorities.

B. Fostering Connections Program: This is a specialized foster care clinic held daily, and offers comprehensive health care services to children and adolescents placed in out-of-home care. Initial assessments following placement, as well as well child visits and sick child visits are provided. The initial medical evaluation includes: a review of prior medical history and access to records of prior care; a complete medical examination; mental health screening assessments; developmental screening and access to a care coordinator to assist foster families in navigating the health care system for the various needs. This care coordination includes efforts to obtain prior health care records to generate an accurate and comprehensive health assessment with appropriate treatment, referrals and follow up. A medical summary (foster care passport) is generated and provided to the foster parent as a record of the foster youth's health care summary. A streamlined access to behavioral health and developmental services and support to foster and kinship care children and their families enables more efficient and tailored response to the specific needs identified in clinic. Referrals and follow up is made to our Children's Behavioral Health programs for additional evaluation and treatment.

C. Post-Injury Clinic: Abusive head trauma (AHT) can result in lifelong consequences for these young patients, with most having some morbidity, ranging from mild impairment to devastating complications. The Post Injury Clinic, held monthly, was established to provide long-term follow-up for these patients as an inter-disciplinary collaborative program between the Center for Family Safety and Healing, Developmental Behavioral Pediatrics, and Physical Medicine and Rehabilitation. The Post Injury Clinic provides a single appointment in which patients are conveniently seen by multiple medical providers. The clinic also provides ongoing care coordination and tracking to assure appropriate and timely follow up.

D. Inpatient consultation service: Physicians and social workers of the program provide inpatient consultations to the hospital's medical and surgical services in cases of suspected maltreatment. Formal consultations include: serious physical abuse, medical child abuse, neglect/failure to thrive, and acute sexual assault using a multidisciplinary team approach to diagnostic assessment and treatment recommendations. As a Level 1 pediatric trauma center and pediatric burn center, ample experience in the evaluations of head injuries and burn evaluations is provided to fellows. Sexually assaulted children requiring medical or surgical management also occasionally are seen and cared for as inpatients. Inpatient consultations and continuing care give fellows the opportunity to manage the forensic medical-legal aspects of complex maltreatment cases. Fellows work with hospital social services and external child protection agencies to arrange medical follow-up after discharge. Fellows also consult with social service agencies about post-hospital placement decisions and with police agencies and prosecutors about forensic aspects of child abuse. The fellowship provides opportunities for fellows to testify in juvenile and criminal court proceedings regarding their patients.

E. Pediatric Sexual Assault Nurse Examiner Program: The Center, in collaboration with the Emergency Department at Nationwide Children's Hospital, established a Pediatric Sexual Assault Nurse Examiner (PSANE) program in 2005 to support evidence collection procedures in children and adolescents who present to the Emergency Department for acute sexual assault when the Child Assessment Center is not open to provide this specialized care. Working collaboratively with pediatric emergency physicians, child abuse pediatricians, ED social workers, and PSANE RNs, optimal acute care is provided to these patients no matter when they access clinical services at Nationwide Children's Hospital. All cases of acute sexual assault are formally reviewed by the Child Abuse Pediatrics fellows in collaboration with faculty, and a diagnostic opinion is provided by the Center's staff. Follow up procedures for post-assault care, including counseling is coordinated through this program.

F. Emergency Department consultations and services: Fellows may be called to evaluate patients in the hospital's Emergency Department and provide consultation on emergent cases. Fellows may attend acute sexual assault cases seen in the Emergency Department, although, as stated elsewhere, all acute sexual assault cases are diverted to the Center during clinic hours and PSANE RNs provide direct patient care during nights and weekends.

G. Clinical electives at Nationwide Children's Hospital: Fellows will have the option of electives in selected disciplines such as: pediatric gynecology, adolescent medicine, physical

medicine and rehabilitation, complex healthcare clinic, cerebral palsy clinic, concussion clinic, emergency medicine, trauma focused treatment, metabolic bone clinic, toxicology, and radiology. These elective experiences are designed to enhance a further knowledge and experience in particular areas of interest to the fellow.

H. Elective in forensic pathology: Arrangements have been made for fellows to gain experience at the office of Coroner of Franklin County reviewing death cases and observing forensic autopsies. During this elective, fellows will learn about the components of a thorough death investigation and forensic autopsy, about forensic laboratory procedures, and about normal post-mortem changes. Topics such as toxicology and insect and environmental damage will also be covered.

I. Multidisciplinary team case reviews: A meeting is held monthly to discuss cases of child abuse. The meeting is attended by representatives of Franklin County Children Services, prosecuting attorneys, law enforcement, and by medical staff involved in the cases. Participation in the meeting allows the fellows to further experience working in a multi-disciplinary setting with the opportunity to see follow-up services and outcome. An inpatient case review meeting is also held monthly and provides a multi-disciplinary review of inpatient consultations. Attendance by surgeons, radiologists, child abuse pediatricians, law enforcement and child protective service caseworkers offers an academic opportunity for the fellow to offer the case presentations for this review.

J. Community-based experiences: During clinical rotations, fellows will be offered the opportunity to accompany detectives in juvenile crime units and child protection workers on their duties. They may also visit juvenile or criminal court and accompany home visitors within the home visitation programs (Help Me Grow and the Nurse Family Partnership) all co-located at the Center for Family Safety and Healing. The program values patient contact, a problem based approach to education that allows fellows to understand the realities and constraints experienced by other members of the multidisciplinary team. These experiences help fellows better understand the social ecology in which maltreatment of children occurs.

K. Mental health services: Fellows can gain experience in assessments and victim group therapy sessions at the Family Support Program (the Center's treatment program for abused children). The fellow will gain an understanding of psychological issues of the victim and family members through these experiences.

L. Case review in severe child maltreatment, medical child abuse cases: Faculty also review cases to provide an expert opinion regarding child maltreatment including concerns of medical child abuse. The diagnosis in these cases usually is made by the careful and meticulous review of extensive medical records. During fellowship training, fellows will learn how to review document cases to provide an expert opinion on these complex cases.

M. Court testimony: An important part of becoming an expert in child abuse pediatrics is to be comfortable and effective as an expert witness. During the fellowship training, fellows

will be exposed to many different courtroom settings, will learn how to testify in child abuse cases, and will learn how to give effective depositions. Fellows will be provided training on common testimony issues as well as pitfalls in testimony. The fellowship curriculum contains didactic lectures and mock trials that are facilitated by the Special Victims Unit prosecutors at the Franklin County Prosecutor's Office.

N. Other clinical experiences: As an elective, fellows have the opportunity to visit other child abuse programs to learn how these programs operate. Periodic telemedicine conferences are held which provide fellows with an appreciation for the collaborative nature of this work, exposes the fellow to additional, often challenging cases that other colleagues bring to the conference.

O. Participation in Franklin County Child Death Review: Fellows will learn first-hand how to organize and manage a statewide child death review activity by taking an active part in Franklin County's team. The team meets monthly and is comprised of Nationwide Children's physicians, Franklin County coroners, prosecutors, child protection, and law enforcement representatives to review and assess child deaths in the county, and provide recommendations on prevention efforts.

P. Interaction with other categorical and specialty fellows: The Child Abuse Pediatrics fellow will have direct interaction with fellows and residents in the Division of Emergency Medicine, Behavior- Developmental Pediatrics, and Critical Care, as well as Departments of Surgery, Pathology, Psychiatry and Radiology. The fellow will attend and participate in joint conferences with other specialties (emergency medicine, trauma mortality review, psychology, physical medicine and rehabilitation), and will work together with these other specialty fellows in the clinical care that is provided in the various clinical venues.

2. Formal training and course work

Formal course work and organized didactic learning are an important part of the fellowship experience. Fellows are expected to be self-directed in their education to develop adult lifelong learning skills. Fellows will have the opportunity to read the major texts and journals in the field. This will facilitate developing a resource bibliography. Weekly teaching sessions are facilitated by the faculty and encourage involvement of the fellow. During these sessions, a faculty member presents a 20-30 minute lecture on a pertinent child abuse topic, and for the remainder of the hour session fellows present interesting or challenging consults.

A. Development of expertise in teaching and lecturing: Fellowship is a time for future leaders in the field to become excellent teachers and lecturers. Fellows will be expected to teach medical students, residents, and allied health personnel. At the end of fellowship training, each fellow will have a comprehensive set of presentations and other didactic material collected. Fellows will be observed in the teaching setting and tutored on their lecturing seminar and clinical supervision skills. Once monthly, didactic web-conferences are conducted with other child abuse pediatrics fellowships (Cincinnati, OH, and Indianapolis, IN). This is based on a revolving 2 year curriculum that is focused on core knowledge and skills

required in Child Abuse Pediatrics. The didactics are presented by faculty at the institutions as well as invited lectures from other institutions with specific topic expertise. Monthly core curriculum fellow conferences, presented by the fellow and precepted by a faculty member, are also held among the institutions to enhance knowledge and skills as a teacher and expert in Child Abuse Pediatrics. In addition, we have a monthly journal club at the Center for Family Safety and Healing with faculty and fellows during which fellows will be provided training on various research issues (bias, confounding, generalizability, use of statistical tests), and journal club provides a forum for critically appraising the medical literature.

B. Forensic Interviewing Course: Fellows will attend a child forensic interview training course early in the first year of fellowship. This is an intensive one week course on forensic interviewing which prepares fellows to perform child interviews that will be appropriate for presentation as evidence in courts of law in medical-legal cases.

C. Fellows' training in statistics and experimental design: The Nationwide Children's Hospital Research Institute offers a curriculum which includes biomedical statistics, epidemiology, experimental design and methods, human subjects, grantsmanship and other topics, to fellows in the department.

D. Grantsmanship: The fellow will be exposed to and trained on the elements of grant writing and the processes of applying to grant agencies (federal and private). The fellow's research project will require an approach which models a grant application as part of the learning process of the project, however, grant submissions are not a requirement of the fellow.

E. Attendance at local and national child abuse meetings: An important component of fellowship training is to expose fellows to national standards for research and practice. To this end, fellows will be encouraged to attend at least one national meeting during their training. In addition, state organizations hold didactic child abuse meetings yearly featuring nationally recognized faculty. Participation in the meetings will be part of fellowship training.

3. Research

An important component of fellowship training is to develop proficiency in conducting research, and a significant portion of the fellowship program is devoted to achieve this goal. This will allow the fellow to develop research skills and to initiate projects. Early in the fellowship, each fellow will determine his or her interests and priorities for research. A Scholarship Oversight Committee will be assembled early in Year 1 to assist the fellow in the development of a research project, and lend support for success in his/her research endeavors. Ongoing SOC meetings will provide continued support and guidance to the fellow and offer assistance to satisfactorily complete the research project. Clinical or epidemiological research is the most common types of research pursued by fellows in the program. For fellows interested in bench research, mentors and facilities within the university community will be identified if possible. The Center for Family Safety and Healing is affiliated with the Center for Bio-behavioral Health, the Center for Injury Research and Policy, and the Center for Innovation

in Pediatric Practice at Nationwide Children's Research Institute. These linkages afford the fellow opportunities to participate in research activities outside the core faculty research interests, thus affording a greater exposure to research projects. By the completion of fellowship, fellows are expected to have completed one research project, presented the results at a national meeting, and completed the first draft of at least one manuscript reporting the research to a refereed journal.

4. Advocacy

Fellows are provided opportunities to participate in public advocacy activities such as testifying before legislative committees, writing letters to the Editor, lecturing to lay audiences about abuse, or participating in particular interest groups centered on child protection. Learning to influence public policy on behalf of children is part of the child abuse expert's job in many communities. The fellowship will offer opportunities to hone these skills that include an Advocacy elective to participate more directly in the legislative advocacy as well as gain greater knowledge and skills as a pediatric advocate.

5. Quality Assurance Activity: As required by the ACGME, each fellow is required to actively participate in one quality assurance activity during fellowship. The fellow will be assigned a QI mentor to assist with the project.

6. Faculty

All of our faculty members are appointed to the Department of Pediatrics at the Ohio State University College of Medicine.

- **Jonathan Thackeray, MD**, Associate Professor of Clinical Pediatrics, is Chief of the Division of Child and Family Advocacy and Medical Director of The Center for Family Safety and Healing. Dr. Thackeray is board certified in Child Abuse Pediatrics, General Pediatrics, and Internal Medicine.
- **Megan Letson, MD, MEd**, Assistant Professor of Clinical Pediatrics, is the Program Director for the Child Abuse Pediatrics Fellowship. She is board certified in Child Abuse Pediatrics and General Pediatrics. She also has a Master's Degree in Education.
- **Jennifer Tscholl, MD**, Clinical Assistant Professor of Pediatrics, is board certified in Child Abuse Pediatrics and General Pediatrics.
- **Farah Brink, MD,** Assistant Professor of Clinical Pediatrics, is a 2013 graduate of the Nationwide Children's Hospital Child Abuse Pediatrics Program. She is board certified in General Pediatrics and Child Abuse Pediatrics.
- **Kristin Garton, DO,** Assistant Professor of Clinical Pediatrics, recently joined as faculty after completing her Child Abuse Pediatrics Fellowship at Nationwide Children's Hospital.