



# Long Distance Education Curriculum for Child Abuse Pediatrics

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# Background

- Child abuse and neglect are a leading cause of morbidity and mortality for children in the US.
- Studies have shown that Pediatricians feel they do not receive enough training to adequately diagnose and treat abuse:
  - Narayan et al., 2006
  - Christian, 2008
- There are well known barriers including lack of time and increased number of students that make teaching difficult for Child Abuse Pediatricians (CAPs).

# Long Distance Education in Medicine

- Teleconferencing is a live and interactive program where participants are at two or more locations.
- Ways that teleconferencing is used in medicine:
  - CME
  - In medical conferences
  - In undergraduate medical education
  - For grand rounds
  - For education during residency

# Advantages and Disadvantages of Long Distance Education

## Advantages

- No time required for travel.
- Overcomes scheduling problems for multiple attendees.
- Provides a curriculum for learners scattered over a broad geographical area.
- It is a practical and cost-effective method of sharing educational resources between two or more institutions.

## Disadvantages

- Initial cost of equipment and web conferencing system licenses can be cost prohibitive for some.
- Technical problems can lead to interruption or failure of meetings.
- May constrain dialogue and learners may feel disconnected from those at different sites.

# Methods

- Survey created to assess interest in participation in a multi-institutional CAP curriculum.
- The goal of this curriculum:
  - To increase knowledge in medical students, residents, and non-CAP fellows who are rotating through a CAP rotation utilizing a web-based conferencing system.
  - To facilitate collaboration of CAPs in multiple institutions.

# Methods

- Survey was sent via email in May of 2014 to the Helfer Society listserv:
  - Consists of over 350 Child Abuse physicians.
  - Chosen because many of its members are situated at academic centers through which medical students, residents, and non-CAP fellows rotate.

# Results

- There were 50 respondents (14%) out of 357 listserv members.
- 33 respondents (66%) had medical students, residents, and non-CAP fellows regularly rotate through their program.
- 12 respondents (25%) expressed interest in participating in monthly didactics, and could commit to giving lectures about once a month.

# Results

- 25 respondents (50%) expressed interest in participating, but were unable to commit to giving lectures about once a month.
  - Most common barrier listed was a lack of time.
  - Other barriers included a lack of expertise in a certain area, a lack of technology, and issues with coordination between specialists.
- Only 6 respondents (12.5%) declined to participate.



# Results

The majority of respondents felt that the core topics chosen were very important or extremely important to cover in the curriculum:

- Child sexual abuse
- Abusive head trauma
- Cutaneous injury
- Abdominal trauma
- Child abuse and interpersonal violence
- Fractures
- Sexually transmitted infections
- Cutaneous mimics
- Medical child abuse
- Neglect and failure to thrive
- Mental health issues

# Results

Additional topics that were felt to be important by respondents:

- Working with multi-disciplinary teams
- Documentation and photodocumentation
- Legal issues in child abuse
- Court responsibilities
- Outcomes of adverse childhood experiences
- Quality improvement in child abuse
- Corporal punishment and good parenting practices
- Child fatalities and SUID
- Toxicology
- Foster care
- Mandated reporting
- Oral injuries
- Bites
- Substance abuse
- Child sex trafficking

# Limitations and Barriers

## Limitations

- Very low response rate among Helfer members (14%).
- Is it generalizable across the country?
- Is it generalizable to other types of violence such as IPV and elder abuse?

## Barriers

- Dealing with learners in different time zones.
- This requires dedicated time set aside for teaching.
- Possible telecommunications issues.
- Addressing the needs of learners in different levels of training.

# Next Steps

- Ideally, we would have twice weekly 45-60 minute lectures by participants facilitated by web conferencing systems.
- Next, we will contact those respondents who expressed interest (as well as those who indicated they may be able to participate):
  - We will ask what topics for which they may already have lectures.
  - Establish days of the week and times which would work best for participants and their learners.
  - Develop a rough schedule for topics and presenters.

# Conclusions

- Long distance education is an already established and underutilized option for CAPs to use to supplement their didactics for learners rotating through their departments.
- Further development and institution of the curriculum will allow medical students and residents exposure to clinicians at various institutions, as well as didactics they may not receive otherwise.

# References

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