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

Adapted from Pankaj L. Teleconferencing in Medical Education: A Useful Tool. AMJ. 2011; 4(8): 442-447.
## Advantages and Disadvantages of Long Distance Education

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<td>• No time required for travel.</td>
<td>• Initial cost of equipment and web conferencing system licenses can be cost prohibitive for some.</td>
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<td>• Overcomes scheduling problems for multiple attendees.</td>
<td>• Technical problems can lead to interruption or failure of meetings.</td>
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<td>• Provides a curriculum for learners scattered over a broad geographical area.</td>
<td>• May constrain dialogue and learners may feel disconnected from those at different sites.</td>
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<td>• It is a practical and cost-effective method of sharing educational resources between two or more institutions.</td>
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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 Helper 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