Using facilitators during health care encounters

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Eliza
prevent + identify
child abuse

ISPCAN
COUNTRY PARTNER

Online Polling

Goal:

Help us understand how introducing a child safety care model changed the management for two clinical scenarios in our setting…

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Just remember…

- ✓ There are no right or wrong answers.
- ✓ Answers might depend on your own barriers and facilitators.
- ✓ All scenarios have been altered in accordance with GDPR.

1st Clinical Scenario

“Panic on the kitchen-counter”

1st Clinical Scenario:
“Panic on the kitchen-counter”

- 2 months old girl
- Pediatric Emergency Department afterhours
- Evaluated by Pediatric Surgery Resident
- Fresh splash-burn on chest and upper arm

1st Clinical Scenario:
“Panic on the kitchen-counter”

- Family was given burn care instructions
- Booked follow-up appointment 48hrs later

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Question 1

Should suspicion for a non-accidental injury have been raised at this point?

1. Yes
2. No
3. I don’t know

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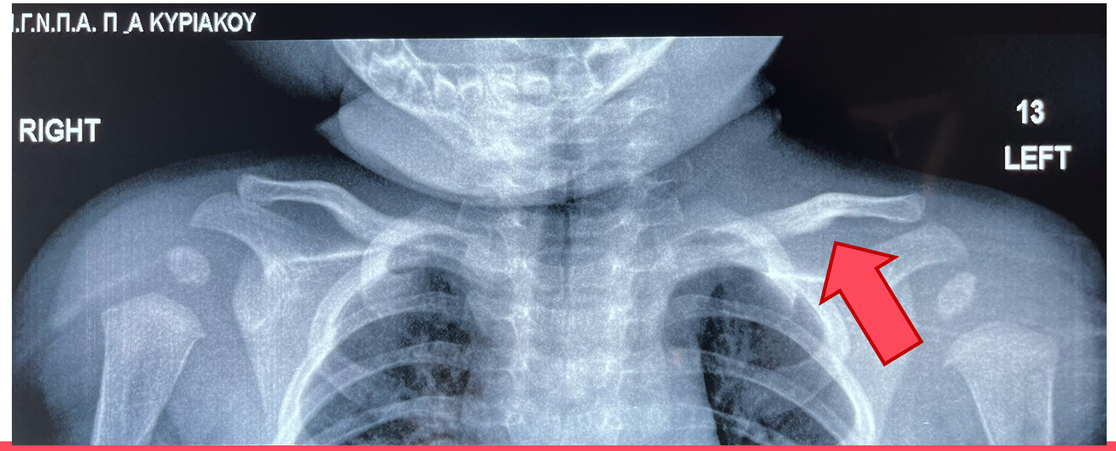
Question 2

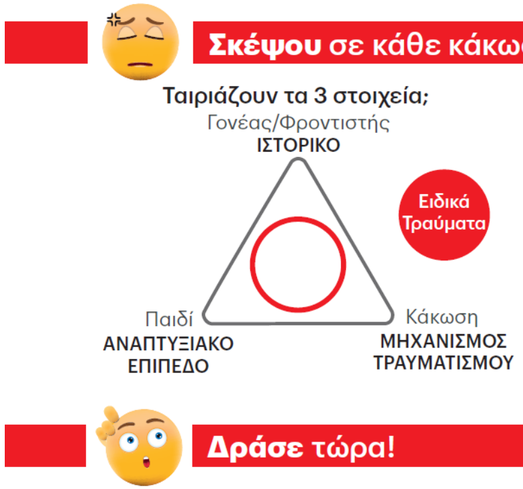
Which of the following is the most important barrier to detect possible abuse?

1. Lack of screening tool
2. Lack of physician / nurse awareness
3. Poor connection to key colleagues
4. Overcrowding of emergency room
5. Health professional’s burnout

1st Clinical Scenario:
“Panic on the kitchen-counter”

- A week later…
- Infant noticed not moving left arm well
- Tenderness / fussiness attributed to burn
- Pediatric nurses’ screening raises abuse alert
- Orthopedics evaluation
- Xray reveals healing L diaphyseal clavicle fracture





1st Clinical Scenario:
“Panic on the kitchen-counter”

- Orthopedics requested pediatric evaluation
- Pediatrics notified Child Safety Care physician
- Need for child physical abuse workup
- Admit to hospital due to safety concerns

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Question 3

Which was the most important facilitator that led to flagging this case as possible child abuse, the second time?

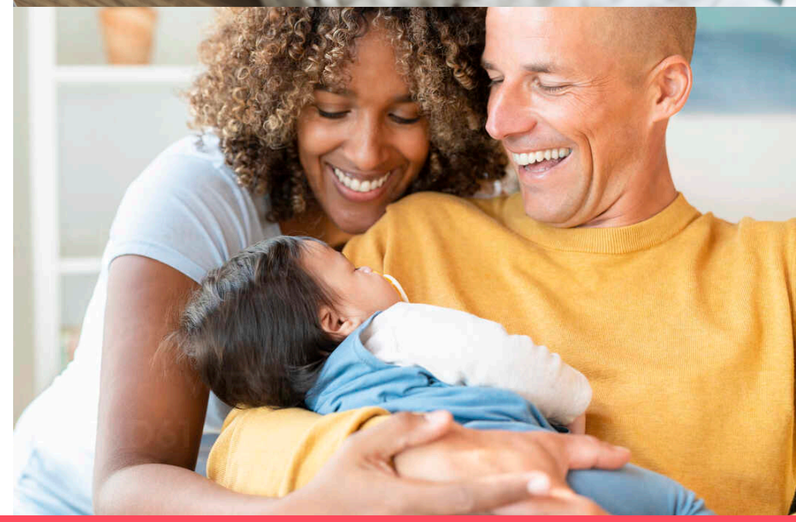
1. Nursing triage screening tool
2. Awareness posters in emergency room
3. Orthopedics referral to pediatrics
4. Pediatrician's knowledge about child protection protocols
5. Good connection with CAP

1st Clinical Scenario:
"Panic on the kitchen-counter"

- ✓ Detailed history and timeline of events obtained by CAP and Social Worker
- ✓ Skeletal survey (x-rays of all the bones) negative other than the clavicle fracture
- ✓ Workup otherwise negative
- ✓ No explanation other than accidental injury due to lots of commotion the day of the burn

1st Clinical Scenario:
“Panic on the kitchen-counter”

- ✓ Severity of injury & Concerns for neglectful behaviour
- ✓ Report filed with local child protection services
- ✓ Community services & family resources secured
- ✓ Regular routine pediatric care at the Child Safety Care unit



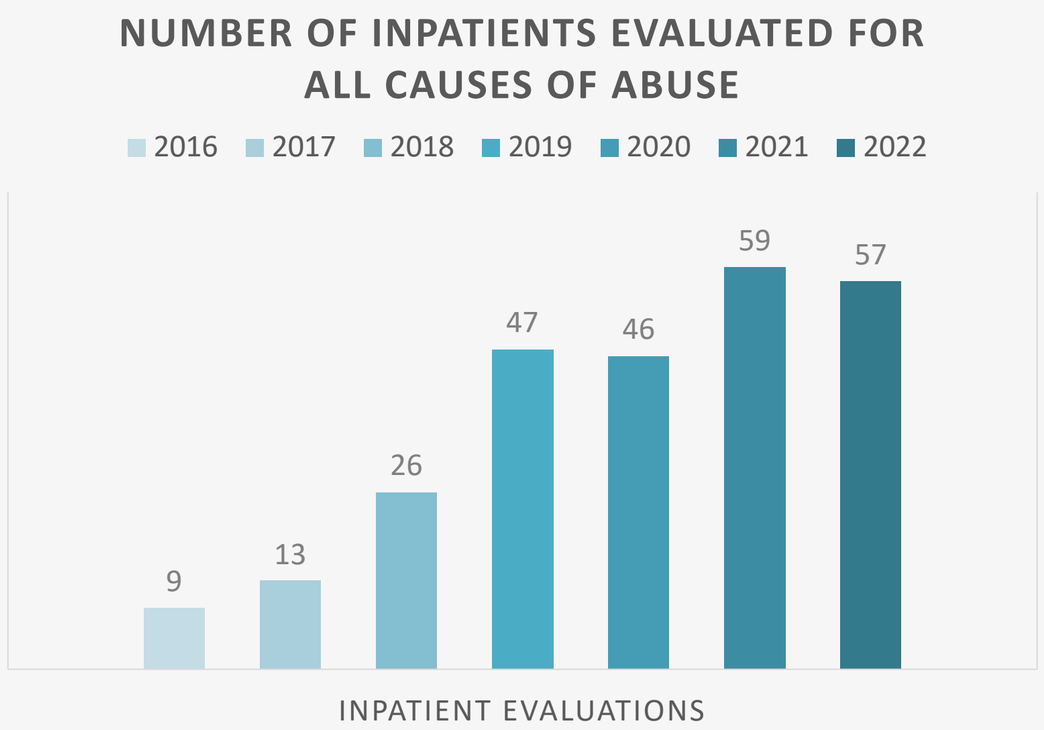
DETECTION WORKS!

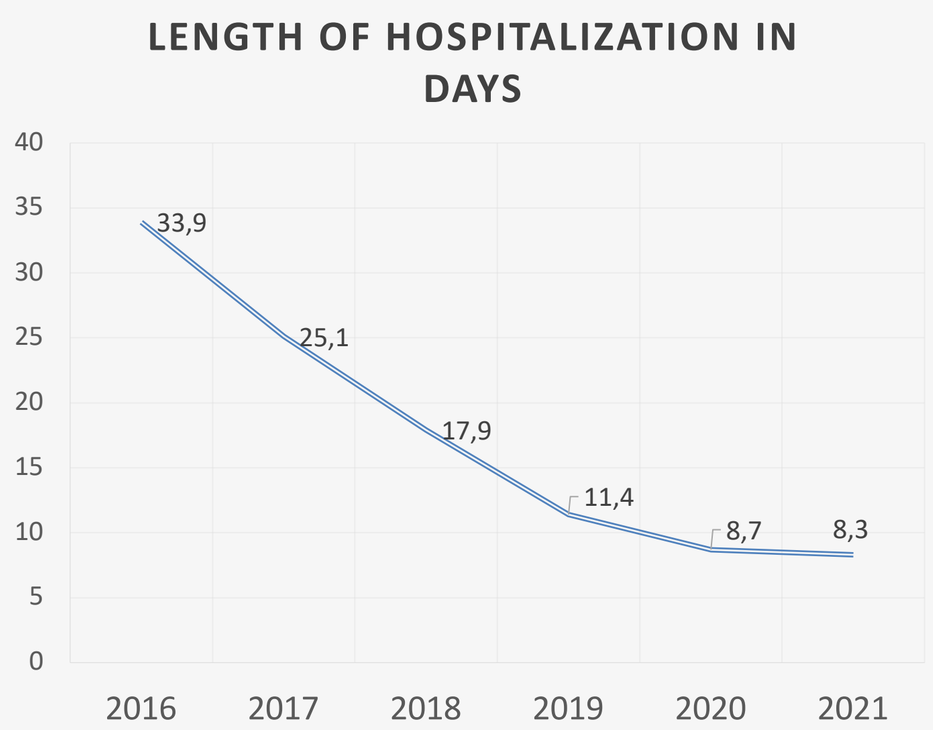
The Theme of the 1st Clinical Scenario was barriers and facilitators in the **Detection** of Child Abuse.

Key facilitators identified:
✓Raising awareness in our institution
✓Using Screening tools
✓Establishing protocols for safeguarding

Let’s see how implementing these changes worked in our institution…

DETECTION WORKS!





2nd Clinical Scenario

“Helicopter mom & just a *plane* team”

2nd Clinical Scenario:
“Helicopter mom & just a plane team”

- ✓ During bath time 4-year-old boy told mom a neighbour touched his penis with a plumber’s tool earlier that day
- ✓ Mom did not observe any redness or swelling in his genitalia
- ✓ Mom asked teacher and local police officer for advice
- ✓ Recommendation to report

2nd Clinical Scenario:
"Helicopter mom & just a plane team"

- ✓ Mom did not report; took plane to tertiary hospital emergency room
- ✓ Physician ordered immediate psychiatric assessment
- ✓ Psychiatrists referred boy back to pediatrics, they advised hospital admission for investigation
- ✓ Mom refused hospital admission and decided to report the event herself

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Question 4

What were the barriers to address the child's disclosure?

1. Poor understanding of local child protection system
2. Mom's harried decision making
3. Overcrowding of emergency room
4. Lack of communication between the involved physicians
5. Lack of a designated child safety team at the hospital

2nd Clinical Scenario:
"Helicopter mom & just a plane team"

- ✓ Police referral to the Child Safety Care unit
- ✓ An ad hoc team formed. Evaluation conducted jointly by pediatrician and forensic physician. Child psychologist and social worker present.
- ✓ Provided reassurance head-to-toe assessment was normal.
- ✓ Used opportunity to offer body safety tips and booked follow-up with child psychologist.
- ✓ Community services notified about alleged perpetrator.

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Question 5

Which was the most important facilitator, leading to improved care?

1. Prompt referral to child safety care unit by police
2. Patient-needs based care
3. Comprehensive medical evaluation & care during a single visit
4. Care focused evaluation
5. Evidence / protocol-based care

COLLABORATION WORKS!

The theme of the 2nd Clinical Scenario was barriers and facilitators in providing **Care and Services** in the setting of Child Abuse.

Key facilitators identified:

✓ Multidisciplinary Team

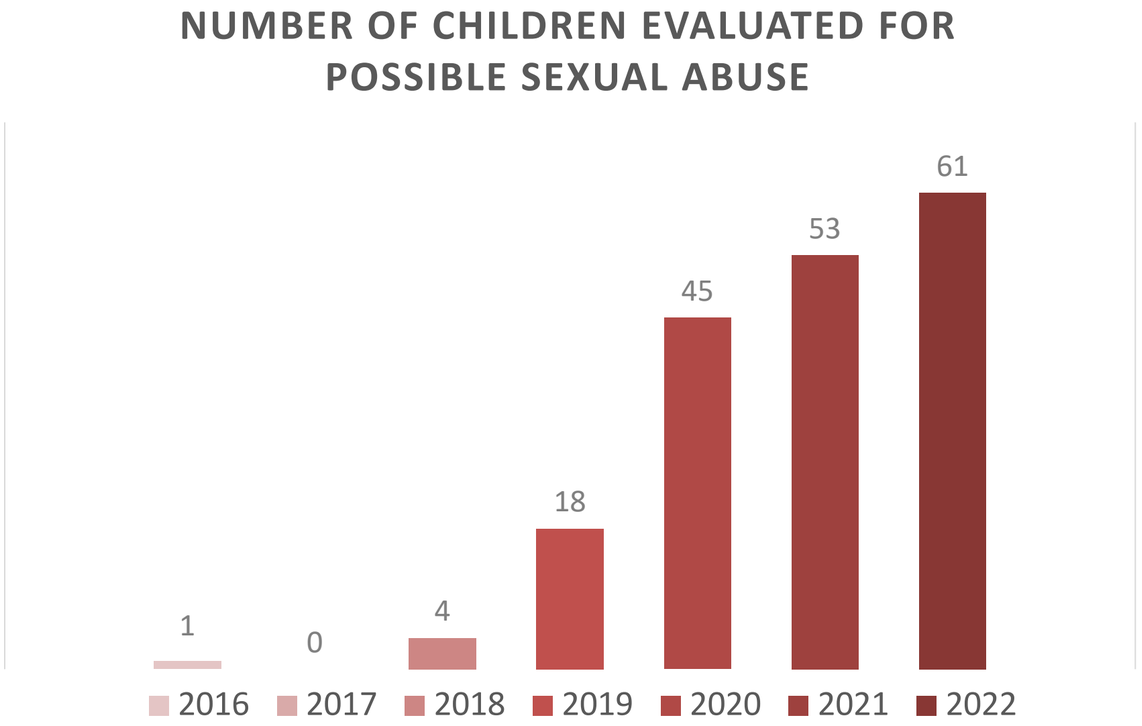
On the spot

Always available

Ad hoc composition

Let’s see how implementing this change worked in our institution…

COLLABORATION WORKS!



THANK YOU!

Mentoring with RESPECT

John M. Leventhal, MD
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Yale University
School of Medicine

Eliza
prevent + identify
child abuse

ISPCAN
COUNTRY PARTNER

Respect

Is a good way of summarizing our interactions over the years:

- For each other’s knowledge, place, and culture
- Taking on the work with humility

Respect

Resources that I have been able to provide:

- Knowledge
- Articles
- Regular meetings by zoom
- Colleagues and experts to provide advice
- Opportunities to spend time in New Haven with the child abuse team and the home visiting prevention services

REspect

Expertise and experience

-These would be Alex’s and mine

-Intersection helps produce the clinical services and the research questions relevant to Athens and Greece.

RESpect

Suggestions, advice, and feedback:

-These are critical to helping Alex formulate and then refine her ideas and projects

-These help with problem-solving

RESPect

Pace and perspective:

- Projects always move slower than expected, especially new ones in new settings
- Appreciating what has been accomplished, instead of just looking ahead to the work still to be done

RESPEct

Encouragement, energizing, and even excitement:

- Sometimes that is what is needed and what a coach can provide

RESPECt

Connections:

- Regular meetings with me and others at Yale in Connecticut
- Connecting to the Helfer Society (the honorary society for physician leaders in the field of child abuse)

RESPECT

Time with Alex and timeliness;

- Time spent with Alex has been fruitful and rewarding and, importantly, enjoyable for me (and I trust for Alex!)
- Timeliness of feedback is essential and keeps the project moving forward