CHAMP / SUNY Upstate Child Abuse OSCE

Identifying, Managing and Reporting a Physical Abuse Case

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The SUNY Upstate Medical University Department of Pediatrics developed this OSCE (Observed Structured Clinical Examination) case of child abuse to teach and evaluate skills in communication and systems based practice. Using a video monitor, faculty in an adjoining room observed the exchange between the resident and parent, played by a standardized patient actor. Later, the resident and faculty viewed the video and discussed ways to improve communications with the parent. The standardized patient actor also provided direct feedback to the resident about the interaction. The University Hospital Child Abuse Coordinator played the role of the hotline staff member and provided feedback about that exchange. In addition, faculty evaluated the written assignments.

The New York State CHAMP Program funded the pilot program and has made this packet of materials available free of charge. The packet contains:

- Instructions for the resident
- Instructions for the standardized patient playing the role of the parent
- X-ray of the femur fracture
- New York State Report of Suspected Child Abuse or Maltreatment form
- Physician evaluator checklist
- Hotline report evaluation
- Resident evaluation

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Please send inquiries and feedback about these materials to OSCE@champprogram.com.

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OSCE PHYSICAL ABUSE CASE
Resident's Role

Part 1: First Encounter with the Parent

You are there to take a history and do a physical exam.

Background

Orthopedics has evaluated an 18 month-old infant for a femur fracture, put him in a spica cast, and wants to admit him to their service for observation. He is currently in the ED. You are asked to evaluate him and admit him to the inpatient floor on the orthopedics service.

Scenario

You arrive in the ED to do the history and physical for admission. You view the X-ray of the femur fracture on the computer.

Part 1A

You enter the examination room with standardized patient parent (Mrs. or Mr. Wingate). Obtain the appropriate history from the parent (20-30 minutes).

The physical examination reveals a crying 18 month old in a spica cast. He appears well nourished and is 50% for height and weight. There are no other significant physical examination findings.

You may re-review the X-ray.

Part 1B

Write the assessment and recommendation (plan) portion of your admission note (15 minutes).

Part 1C

Review interaction with the standardized patient parent.

Part 2: Second Encounter with the Parent

You tell the parent that the situation has been reported to child protective services.

Scenario
You have concerns that this is a potential abuse situation and this needs to be reported to child protective services. You have discussed this with the orthopedic resident and they have discussed it with their attending and are in concurrence. Hospital social services are not available to help you make the call.

Part 2A
You call the hotline and make the report, including filling out the form (15-30 minutes). A form and the hotline telephone number are provided for the hotline call.

Part 2B
The orthopedic residents are not available due to an emergency and the attending asks you to let the parent know that you have had to report the situation to child protective services.

Meet with standardized patient parent Mrs. or Mr. Wingate and explain the situation of making a report to child protective services (15-30 minutes).

Part 2C
Review interaction with the standardized patient parent.

Part 3: Homework

Write a letter to child protective services outlining your concerns.

OSCE PHYSICAL ABUSE CASE
Parent Role

Part 1: First Encounter with the Resident

The resident is there to take a history and do a physical exam.

The Standardized Patient (SP): Mrs. or Mr. Wingate

You are very upset. You came home from a hard day and found your 18 month old (Jeffrey) crying inconsolably. You have noticed that his leg is swollen and he will not stand up. You are frustrated because these things always seem to happen while you are work and then you have to deal with all the problems.

History of the Episode

Your spouse said that the two children were in the bedroom and he/she heard a cry. The spouse was in the kitchen cooking when it happened. The spouse said that he/she went into the room and both were on the floor crying and that he/she could not tell what happened. Your spouse had to stay home with your 3 year old (Emily) while you rushed to the ED.

Past Medical History

Birth history: Normal. He was born at 39 weeks by normal (vaginal) delivery. No problems after birth. He went home in 2 days with family.

No previous injuries, fractures, or medical problems. He is on no medications and has no allergies to medications. Jeffrey is described as a healthy boy.

Immunizations are up to date and he has been seen regularly by his pediatrician.

Diet: Jeffrey has a normal diet for an 18 month old. He drinks whole milk, 3 8-ounce bottles each day, and eats soft or bite-size table foods.

Family health history: Non-contributory. Mom has a history of diabetes, but it is controlled with diet. Dad is a smoker and has asthma. Emily has frequent ear infections. No history of fragile bones or tooth problems.

Social history: Mom, dad, sister and patient live at home, in a house. Parents are married and both work. Mom works days as a nurse's aid at an assisted living facility. Dad works evenings as a security guard at the hospital. The children are cared for by the parents exclusively.

Development: Jeffrey points to objects, says 20 or more words, and occasionally puts two words together. He walked at 10 months, now climbs stairs with some assistance, and "runs" around the house. He is more active than his sister was at the same age.

Questions You May Ask

1. Can I stay overnight with my child?
2. How long will he be in the hospital?
3. How long with the cast be on?
4. Is his leg going to be normal? Will he limp?

Scenario

The child is being admitted for care of the leg fracture by the orthopedic service. The pediatric resident also cares for the patient while the patient is admitted. The resident should explain his/her role in the patient's care. The resident should ask questions about how this may have happened, who is in a position to care for the child, does the child go anywhere else for child care, any other baby sitters, has anything like this ever happened before, etc.

You should not have an explanation for how it happened. You can come up with possible scenarios like: The child is active and may have jumped off a bed. He climbed on something and fell. or The 3 year-old sister may have jumped on the child. If all of the questioning seems like routine questions that are appropriate, then act like an appropriately concerned parent. You may feel guilty that your child is hurt and stressed that your child may be in pain, but you just want your child to be well cared for.

The resident may ask if you have any concerns about anyone harming the child. He/she may ask if there are stressors at home that may cause someone to lose their temper. He/she may ask if you have any suspicions of the other parent.

If this is done is an empathetic, non-judgmental way, then you should give simple answers and indicate that there are no stressors, you don't know how it happened, and you are not suspicious of anyone.

If the questioning sounds accusatory or any statements are made like, "Someone injured your child and we need to know who," then you should get very defensive. You can be angry, but not too angry. Examples of responses: I wasn't there. My spouse would never do anything like that. You don't know me or my spouse. You're wrong.

You should be very supportive of your spouse and defend him/her. You are free to give alternatives, such as: The child is very active. He climbs on everything. He's a typical boy. He's quick to get into things. Do you expect someone to be by his side every minute of the day?

OSCE PHYSICAL ABUSE CASE
STANDARDIZED PATIENT COMMENTS
First Encounter

Date ______________________

Resident's Name ____

Standardized Patient's Name ____

1. What did the resident do well during the encounter?

2. What suggestions for improvement do you have for this resident?

OSCE PHYSICAL ABUSE CASE
Parent Role

Part 2: Second Encounter with the Resident

The resident tells you that the situation has been reported to child protective services.

Mrs. or Mr. Wingate

At the second encounter the resident is there to let you know that he/she had to report the situation to child protective services. He/she should tell you that femur fractures do not happen accidentally with minor amounts of trauma. The resident should explain to you that whenever we have a child with such an injury without a known accident that would explain the injury, then we are obligated by law to report the injury.

You should feel threatened and be defensive, perhaps in disbelief that this is actually happening to you: Are you saying I or my spouse hurt my child? We would never do anything to harm our children, we're loving parents. We take good care of our children. We have to work and take care of things at home, we can't do everything. Accidents can happen to anyone, etc.

The resident should explain that he/she is not accusing anyone of anything. He/she should explain that his/her role is that whenever a situation like this comes up where there are serious injuries, we have to report it. It is not our job to say who did what. It is the role of the child protective services to investigate this further.

If the resident is empathetic, non-judgmental, and reassuring, you can act upset, anxious and defensive, but accepting of the situation. Possible questions may be: So what happens now? Will they take my son away from me? How could this be? I didn't do anything wrong!

If the resident is judgmental or accusatory or acts defensive, then you can be more angry and defensive: My spouse would never do anything like that. You don't know me or my spouse. You're wrong.

You should be very supportive of your spouse and defend him/her. You are free to give alternatives, such as: The child is very active and climbs on everything. He's a typical boy. He's quick to get into things. Do you expect someone to be by his side every minute of the day? If the resident doesn't handle your questions well, you may even ask to speak to someone else.

In either case, you should not let on that your spouse may be to blame or that you have seen behaviors in the spouse that make you suspicious.

OSCE PHYSICAL ABUSE CASE
STANDARDIZED PATIENT CHECKLIST
Second Encounter

Date ______________________

Resident's Name _____________________________________

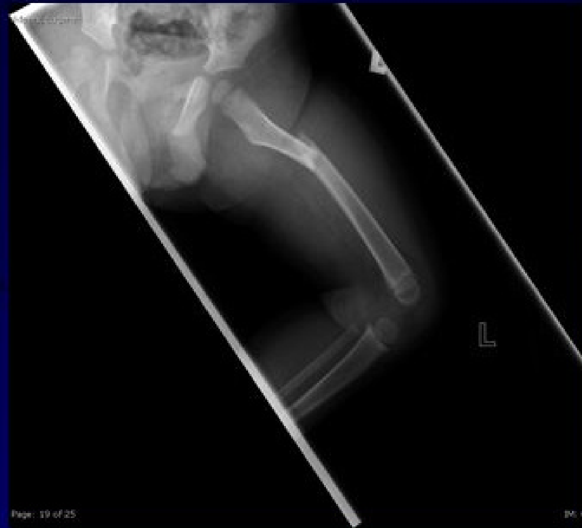
Standardized Patient's Name ____

The resident:

1. Identified himself/herself appropriately.	**YES**	**NO**
2. Explained his/her role.	**YES**	**NO**
3. Explained the possibility of abuse.	**YES**	**NO**
4. Explained the process of the report and possible consequences to me.	**YES**	**NO**
5. Checked to see if I understood his/her explanation.	**YES**	**NO**
6. Gave me the opportunity to ask questions.	**YES**	**NO**
7. Answered my questions.	**YES**	**NO**
8. Acknowledged that this was a disturbing experience.	**YES**	**NO**
9. Spoke to me in a direct manner but with empathy and was non-accusatory.	**YES**	**NO**
10. Seemed comfortable during the encounter.	**YES**	**NO**

Comments

OSCE PHYSICAL ABUSE CASE
X-ray of Femur Fracture



OSCE PHYSICAL ABUSE CASE
PHYSICIAN EVALUATOR CHECKLIST
First Encounter with Parent

Date ______________________

Resident's Name ____

Physician's Name ____

Part 1A: Taking the history from the parent

The resident:

1. Identified himself/herself appropriately (who, why there).	**YES**	**NO**
2. Explained his/her role.	**YES**	**NO**
3. Asked how the injury happened.	**YES**	**NO**
4. Asked about the time frame for the injury.	**YES**	**NO**
5. Asked who was present when the injury occurred.	**YES**	**NO**
6. Asked if there were other previous (similar) injuries.	**YES**	**NO**
7. Explained the possibility of abuse.	**YES**	**NO**
8. Asked about family history (bone problems, sibling fractures).	**YES**	**NO**
9. Good eye contact and body language.	**YES**	**NO**
10. Demonstrated empathy.	**YES**	**NO**

Comments

OSCE PHYSICAL ABUSE CASE
PHYSICIAN EVALUATOR CHECKLIST
Admission Note Evaluation

Date ______________________

Resident's Name ____

Physician's Name ____

Part 1B: Writing the admission note

The resident:

1. Identifies femur fracture significance. **YES** **NO**

2. Documents consistency with suspected non-accidental trauma. **YES** **NO**

3. Identifies lack of history. **YES** **NO**

4. Appropriate recommendations:

   Ophthalmology consult for retinal hemorrhage **YES** **NO**

   Skeletal survey **YES** **NO**

   Social services consult **YES** **NO**

   Report recommended to hotline **YES** **NO**

   CT scan **YES** **NO**

Comments

OSCE PHYSICAL ABUSE CASE
PHYSICIAN EVALUATOR CHECKLIST
Second Encounter with Parent

Date ______________________

Resident's Name ____

Physician's Name ____

Part 2B: Explaining the incident was reported

The resident:

Item		
1. Re-introduced self.	**YES**	**NO**
2. Explained the process of the report, CPS and possible consequences to the parent.	**YES**	**NO**
- Non-accusatory manner	**YES**	**NO**
- Discussed role of MD versus role of CPS	**YES**	**NO**
- Discussed parent's next steps	**YES**	**NO**
3. Checked to see if parent understood his/her explanation.	**YES**	**NO**
4. Gave the parent the opportunity to ask questions.	**YES**	**NO**
5. Answered the parent's questions.	**YES**	**NO**
6. Acknowledged that this was a disturbing experience.	**YES**	**NO**
7. Spoke in a direct manner but with empathy and was non-accusatory.	**YES**	**NO**
8. Seemed comfortable during the encounter.	**YES**	**NO**

Comments

OSCE PHYSICAL ABUSE CASE
PHYSICIAN EVALUATOR CHECKLIST
Homework

Date ______________________

Resident's Name ____

Physician's Name ____

Part 3: Writing the letter to child protective services

The resident:

1. Documents name, date and place of evaluation of patient.	**YES**	**NO**
2. States "most consistent with non-accidental trauma."	**YES**	**NO**
3. States that femur fractures in children are not due to incidental or minor trauma	**YES**	**NO**
4. Indicates that there is not sufficient history to explain the significant injury.	**YES**	**NO**
5.Writes out a conclusion or opinion.	**YES**	**NO**

Comments

OSCE PHYSICAL ABUSE CASE
HOTLINE REPORT EVALUATION

Date ______________________

Resident's Name ____

Hotline Person's Name ____

The resident:

1. Identified himself/herself appropriately.	**YES**	**NO**
2. Had the facts of the case available and provided the necessary information.	**YES**	**NO**
3. Explained the suspicion of abuse.	**YES**	**NO**
4. Followed through all the steps of reporting.	**YES**	**NO**
5. Spoke clearly and confidently.	**YES**	**NO**

Comments

OSCE PHYSICAL ABUSE CASE
RESIDENT EVALUATION

Date _______________________

Resident's Name ____

1. The most helpful thing I learned from my encounters with the standardized patient is

2. The most helpful thing I learned from making the call to the "hotline" is

3. The most helpful thing I learned from writing the admission note is

4. The most helpful thing I learned from writing the letter to child protective services is

5. As a result of this OSCE activity, I feel more confident in my ability to recognize suspected child abuse

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

As a result of this OSCE activity, I feel more confident in my ability to report suspected child abuse

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Please explain.