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# Medical Student Mini-elective in Child Abuse 2016

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The Victorian Forensic Paediatric Medical Service (VFPMS) provides University of Melbourne Doctorate of Medicine students access to a mini-elective in Child Abuse. This mini-elective is offered in addition to scholarly selective and vocational selective periods of study. The mini-electives offer students short periods of up to 6 weeks of attachment to VFPMS in order to provide clinical experiences in the practice of paediatric forensic medicine in addition to opportunities for self-directed learning and reflection about clinical practice.

This mini-elective is also available to Monash University students via an attachment to clinical staff working at VFPMS Monash Children's clinic and by prior arrangement to medical students enrolled at other universities.

A selection of experiences is offered to enable students to observe the day-to-day operation of VFPMS, to witness the process for medical evaluation of suspected child abuse and to learn about the phenomenon of child abuse from an ecological perspective. Opportunities for learning about the role of Victoria Police and Child Protection practitioners will form part of the mini-elective experience. Students will benefit from additional self-directed learning and are encouraged to think about the impact of child abuse and neglect on the behaviour, development, emotional wellbeing and relationships of the children seen in clinic.

The VFPMS library is available for students to use but the reference materials (books, CDROMs and journals) must remain in the VFPMS clinic.

The suggested structure for the mini-elective includes two core activities and two optional activities.

## Core Activities

These activities are designed to provide students with an understanding of the prevalence, nature and effects of child abuse and neglect. The core activities also provide students with experience in the clinical evaluation of child abuse and in the operation of VFPMS.

### Increase knowledge and understanding:

Students are expected to have completed the e-learning tool on the vfpms website ([www.vfpms.org.au](http://www.vfpms.org.au)) and to have read the chapter about Child Abuse in the RCH handbook as required pre-reading for the Child Abuse workshop that forms part of the student lecture series.

1. Read about the Victorian Forensic Paediatric Medical Service from the vfpms website. View:-
  - Criteria for referral, referral pathways, structure of the service and scope of the services provided (what does the VFPMS provide?)
  - Policies and guidelines, standards and procedures (How do we do what we do?)
  - Power-point presentations. (NOTE: ask for password to members site)
2. Browse at least one atlas of child abuse. There are a few in the VFPMS library.
  - Hobbs and Wynne – not all the sexual abuse images are correctly labelled (new knowledge has cast doubt on previous evaluations)
  - GW publishing – 2 volume set – one is an atlas – high level knowledge
  - Carol Jenny's book is a very good resource – worth scanning to browse the images

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## Experience the process of evaluation of child abuse, meet the VFPMS team and observe how we operate:

1. Observe at least one VFPMS consultation.

Talk to the VFPMS Nurse Manager to arrange a suitable time for you to sit in on a VFPMS consultation to observe the consultation / evaluation process. Note this will have to be with the consent of the patient/guardian. Students should indicate whether there is a preference for a particular type of child abuse problem and recognise that we are all at the mercy of an unpredictable demand. Flexibility might be required to successfully organise a time for you to attend. Consultations usually last at least an hour, sometimes up to two hours.

Because of the nature of the VFPMS work, students will not have the opportunity to participate in consultations other than to quietly observe. Opportunities to discuss cases with consultants are usually available after the children leave clinic.

An opportunity to become involved in the evaluation of an inpatient (ie in ICU or the wards) who has a diagnosis of "suspected NAI" could be an invaluable experience.

Confidentiality and professionalism is expected in relation to the information obtained.

2. Attend VFPMS peer review meeting. This occurs from 9.30am till 11am on the first Thursday of each month (check venue). Students are most welcome. Cases are reviewed. Case management is discussed, examination findings and DVD recording of genital examination findings are peer reviewed. Students' attendances at case conferences and SCAN meetings are also possible.
3. Talk to members of the VFPMS team about how the service operates and ask questions you might have about children's presentations and management. The VFPMS nurse managers, the trainees (Fellows in Paediatric Forensic Medicine) and the VFPMS consultants are a rich source of information.

## Optional Activities

Students should choose at least one of the following optional activities

1. Complete at least one CDROM for self-directed learning
  - AAP – Physical Abuse
  - University of California – Sexual Abuse
  - Radiology of Child Abuse
2. Review the literature (eg text books) in order to answer one of these questions (only 1 of 10)
  - "Can the age of a bruise be determined on the basis of its appearance?"
  - "What features of skin injuries contribute to a diagnosis of child abuse?"
  - "Can the age of a fracture be determined on the basis of bone scan and x-ray?"
  - "Can the appearance of children's genitalia differentiate between children who have been sexually abused and those who have not?"
  - "Are some sub-populations of children far more at risk of neglect than others?"

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- “How strong is the intergenerational transmission of physical abuse?”
  - “Has the nature of child abuse changed during the last two decades?”
  - “How should doctors document clinical examination findings so that it is easy to prepare medico-legal reports for court?”
  - “Can child protection services in Australia effectively respond to the ever increasing numbers of children who are reported to them?”
  - “Does mandatory reporting protect children?”
  - How does child abuse effect children’s psychological wellbeing and development?
  - What are the remediable and modifiable factors within a child’s family that might reduce the risk of harm from abuse and neglect?
3. Accompany a VFPMS doctor to court to experience the atmosphere of a court room and see how expert testimony is provided. Note that opportunities to attend court are relatively infrequent and unpredictable. Expressions of interest to the nurse manager are encouraged and flexibility with scheduling is likely to be required. A written critique of the experience is required after this activity.
  4. Read at least twenty VFPMS medico-legal reports with a focus on determining whether the opinion section enables the reader to consider three important forensic concerns; force, mechanism and timing. If so, what factors enable these forensic concerns to be determined? Also note whether a conclusion was reached about the possibility that the child’s condition was caused by child abuse or the diagnosis of child abuse was excluded.
  5. Discuss with the VFPMS Medical Director if you wish to conduct original research (your own ideas or perhaps writing up a case-series or report for possible publication). Parent education materials, patient satisfaction questionnaires, recommendations / CPGs for clinical practice and tips for medical students will all be considered (in addition to your ideas). VFPMS has a wealth of clinical material to be explored.
  6. Reflect of the evidence (the extent, nature, quality and strength of evidence) that child abuse harms children. Consider whether some forms of child abuse harm children to a greater degree than other forms of child abuse. Do different forms of child abuse harm children in different ways? Is duration of abuse important? Is the child’s age at which it is experienced, important? Students might talk with social workers, mental health professionals and others. Consider antenatal exposure to licit and illicit drugs, exposure to violence, neglect (in all its forms), cumulative harm(s), sexual abuse, physical abuse, emotional abuse, failure to provide adequate stimulation for development, and more. Consider factors that promote and build resilience.
  7. Reflect in depth on the question, “What do you think are the most important things that doctors can do in relation to the problem of child abuse and neglect?”

### OUTPUT

Then write at least 500 words (dot points if you wish) or prepare a power-point presentation for your fellow students reflecting on lessons learned during your mini-elective.