Child abuse pediatrics (CAP)

A boarded subspecialty in Pediatrics since January, 2010

After 3 certification cycles, 324 boarded CAPS.

Grandfathering in for certification exams no longer allowed: approved 3 year fellowship required.
CAP roles

• Consultation
• CPS/police consultation
• Program administration
• Institutional policies & quality assurance
• Research
• Prevention
• Advocacy
• Legal consultation and trial testimony as “witness of fact” or “expert witness”
Do your reports ever say this?
“The findings are compatible with a variety of traumatic causes, including child abuse. Clinical correlation is recommended.”

Role of the CAP is to provide this “clinical correlation”.
Assure legal reporting requirements are met.
Provide medical support to the investigation and community management of the case.
“Package” medical information is a way that laymen can understand.

- Translate “medical-ese” into lay language. “An oblique mid-shaft humerus fracture with callus formation and periosteal new bone.” vs “A healing break angling across the middle of the upper arm bone.”

- Select easily understood images as exhibits, eg 3-D skull reconstructions.
CAPs and the legal system

• Communicate and interpret for Protective Service, police and the involved attorneys.

  Involves: Explaining research base
  Reviewing medical diagnostic process
  Discussing how alternative diagnoses are excluded
  Discussing how statistics may help discount alternatives
  Educate that association isn’t causation
CAPS and the legal system

- Generally, but by no means uniformly, CAPs can be the ones called to trial, sparing radiologists <and other medical specialists>, \textbf{IF}:

  - Reports are specific and sufficiently detailed, eg: did you include? \textit{Wormian bones are absent, bone mineralization, metaphyses and their zones of provisional calcification are normal?}

  (Barber, I et al. Pediatr Radiol. 2014. DOI 10.1007/s00247-014-3033-x)

  - No radiology experts appear for the other side to report findings contrary to those reports.
Effective expert abuse management

• Careful reports that include pertinent positives and negatives

• Studies, like skeletal surveys, should be interactive with clinicians and radiology techs in order to select the best modality and images. (e. orthogonal skeletal views, 3-D CTs)

• Professional societies need to police their “bad apples”. For example the American Academy of Neurosurgeons censured one of its members for irresponsible testimony about subdural re-bleeding
Whether composing a report or testifying in court

- Clearly document the positive and pertinent negative findings.
- Indicate the differential diagnoses considered and if conditions were excluded, why?
- Obtain/select the best images to educate laymen and take the time to review your findings for the court.
- Consider yourself a teacher.
- Stick to facts and concepts that have reliable sources.
- Take the approach, not as an advocate, but as a neutral educator.
- If appearing in court, discuss your testimony and opinions with the attorney calling you (& opposing counsel, if asked) & come prepared to back up those opinions.