## Needs Assessment Responses

# CLINICAL

Physical abuse: standards for exam 3 retinal hemorrhages-timing of injury forces necessary for fractures expert "opinion" network for 2nd opinions on "case conferences" bridging scientific principles with clinical case accidental vs. non accidental head trauma and burns health care for children who have been abused forensic issues and medical dx clinical programs for multiple violence types timing of injuries indications for MRI r/o coagulopathy consensus on the significance of abnormal findings develop child abuse peer review network formalize a consultation network to assist clinician with problematic cases crisis respite family centers with 24 hrs/7 day per week helpline to bail out stressed parents and provide rescue operation for child how to support a clinical child abuse practice in an academic setting discuss setting standards of care 4 consensus statements management - alternatives for different ages quality assurance issues differential dx internet or other computer links to colleagues for consultation reimbursement of services value of medical education- can our involvement be more useful risk assessment based on injury timing of head injuries infants chronic subdural/subdural of multiple ages when should photographs/videos be taken ? should videos and stills be taken together can a national repository of suspicious findings of abuse later found to be caused by non abuse be developed can payment mechanisms be developed to allow work up of possible abuse victims rather than removing them from their home? how can we best serve rural areas incorporating new knowledge into practice providing on going care for abused and neglected kids how do people support themselves doing in -pt. consults ? SAB guidelines/ role of advocacy centers /SANE/ "dual" investigations of police timing of sx. in abuse

## Sexual abuse:

expanding the peer review network through video colposcopy colposcopy photograph standards standards for exam specific criteria for doing exams std's physical findings in sexual abuse

### **RESEARCH**:

genital anatomy- development, response to injury, animal models collaborative research 3 provision of medical care for children in foster care obtaining grant \$ in the field 2 interviewing sex abuse victims- separating fact from fiction multicenter trials 12 rapid dx of OI 2 how to set up clinical research prevention 2 physical findings in sexual abuse a prioritized research agenda 7 research on head injuries 3 timing of injuries failure to thrive medical neglect methodologies to document outcomes of all child abuse treatment and prevention programs how can we raise the level of research to be in line with critical scientific standards cross disciplinary efforts need ongoing forum for presenting original research force in fractures pediatrician and prevention parenting education biomechanics of spiral fractures - all age groups, all extremities evaluating for comorbidities how do bruises age utility of DNA typing of condyloma to determine if warts are venereal can wart type be linked to mother's type prevention of physical abuse shaken baby- prevention, pathophysiology rural/small community child maltreatment grant writing workshops

modeling SBS

### **EDUCATION:**

speakers' network consencus statements fellowships 12 elective rotations education of non health professionals board certification 6 How do we replenish our ranks 5 resident education 9 what about family practice? 2 training programs (fellowships ?) for sexual abuse medical exams curriculum in child abuse refresher courses education of physicians in practice 2 teaching about violence of multiple types fellowship funding sources curriculum for fellows 4 curriculum for med. students 4 new teaching modalities development of educational uniform programs for public, professional, and government curriculum development for subspecialists and generalists emergency medicine education practical aspects of educating med. students, residents, and np's violence prevention- how to make it a part of pediatric care training of other specialties

## ADMINISTRATIVE:

burn out 3 physician extenders legal interface/support 2 how to maintain perspective and identity as a pediatrician when so much of one's work is with non med. professionals standards for medical expert witnesses reimbursement 7 funding for programs (clinical aspect) 3 financing care defining hospital based programs accredidation of programs evaluation of child abuse in a managed care setting 2 coordination of services and consultations across a city or county CPT/ICD -9 coding issues managed care 6 better coordination, cooperation, and communication between and among physicians developing and managing large interdisciplinary teams

publishing: what and when? creating regional referral sources - everywhere budget needs for a typical c/a program getting \$ and space to do the job stress management /sources interactions with advocacy centers 3 what to do when there is an attempt to use us against each other in court legal/med. issues of evaluating for physical/sexual abuse and the ramifications of testifying being sued by the defense team and how to prevent/defend funding 3 ethical issues in testifying for the prosecution or the defense in court where are we going ? is it time ti demedicalize child maltreatment guidelines for expert witness testimony professional org. and the field- guidelines for care rural and underserved areas and tertiary care