

Practice Station

Henry Stevens

Instructions to the Intern:

Clinical Situation:

Henry is a 4 week-old baby here for a well baby check that you are seeing for the first time in the clinic. You have just completed the H and P which is completely normal except for discovering the baby has bruising on his left forearm which you suspect is a bite injury (See picture in room.) The mother's only complaint is that he is fussy in the evenings. He lives with his biological mother and father and is of a mixed race.

Station Procedure:

You have 15 minutes to complete:

- (1) Perform an appropriate history regarding the injury.
- (2) Assess safety of the home situation.
- (3) Inform the mother that you have to contact Protective Services.

Counseling and education should be provided when you feel it is relevant.

Instructions for Standardized Patient

Baby presenting with suspected Child Abuse during a well check

Patient Case Name: Henry

Gender: Male

Age Range: 4 weeks

Presenting Situation: Henry is a 4 week old baby who presents to the clinic for a well baby check. Your only complaint is that he is fussy in the evenings.

Reason for Visit: He was seen two weeks ago for a well baby visit and nothing remarkable was found. Now he is here for a 4 week well check and when the baby was being examined the doctor found injuries on his left forearm.

Demeanor: Baby (really a doll) is wrapped in a blanket. Doctor will be shown a picture of the suspected bite injury. Mother appears upset, tearful, frightened and increasingly anxious and then angry as doctor tells her that a referral is going to be made to Protective Services.

Primary Complaint: Well Baby visit - The mother is worried about the bite but fears that expressing this concern will sound like an accusation.

Elaboration of Complaint: The mother is bringing the baby in to the clinic for a well baby check. She is aware of the "scratches" to the left arm and suspects they might be a bite. She suspects that the father might have bit the child last night but does not want to express that concern because her relationship with the father is troubled by domestic violence. She is frightened that if she makes this suggestion that it will come across as an accusation and she might be wrong. The baby was left in the father's care last evening and the baby is usually fussy in the evenings.

Clinical Content: Other than the bite injury the baby's exam is normal. The baby is growing and developing well.

Detail/Flow: After being asked how baby got the injury mother breaks down and admits that she suspects his father got frustrated the bit the baby last night. Mother is increasingly upset, angry, anxious, and tearful.

Medical History: No history of hospitalizations. Only immunization so far was at birth. First immunizations are not due until 2 months of age. No allergies or medications. Normal well baby at 2 weeks. If the resident asks, the baby had a small bruise on his arm one week ago after being left in the care of the father.

(Social) Parents are common law married and have moved to a rural location in a city that is distant from the mother's relatives. The mother has not been allowed access to the family's income and just stays at home caring for the baby. She does not work and has no social supports. They have one other young son together who is 3 years old. The father works in landscaping and the mother is unemployed.

(Family) Mother, father and sibling are healthy. Sibling is staying with a neighbor while the mother brings the baby to the doctor today. No one else in the family has any similar skin lesions.

Physical Exam: Positive findings on physical examination include bite injury as seen in picture. No other injuries are noted.

SP Name _____ AM/PM Resident Name _____

Assessment Form: Baby with Suspected Abuse

Clinical Checklist-Check if the resident asked the following:

History Regarding Injury:

- Asked mother what she thought the arm injury might be (bite injury)
- Asked mother what might have caused the injury ("I think the father bit him" and breaks down)
- Asked about history of similar injuries (bruise on arm one week ago).
- Resident avoided stating what they thought caused the injury until after inquiry of mother

**It is important to elicit the parent's concerns before stating what you think the injury is.

Assessing Safety of Home:

- Asked if the mother feels safe in the home (no)
- Asked if the mother has ever been hurt or injured by the father (no)
- Asked if there are other children in the home (3 year old sibling)
- Asked about family supports (none)
- Conducted above assessment of safety before informing of contact to Protective Services

**It is important to conduct the safety assessment before notifying parent that you must call Protective Services. This information will lead the parent to minimize the situation or over stress dependent upon their motivations.

Informed of Contacting Protective Services:

- Told mother the preliminary plan (concern that the baby may have been abused and legal obligation to report to Protective Services, consult a social worker for available recourses)
- Provided counseling and reassurance as appropriate
- Remained firm on need to call Protective Services
- Explained to mother what to expect from Protective Services (assured parent this doesn't necessarily mean child will be taken away)

Communication Skills-Check if the resident did the following:

- Allowed mother time to talk/respond
- Listened
- Maintained appropriate eye contact
- Spoke clearly (was easily understood)
- Avoided Jargon (no medical terminology)
- Was warm and comforting, maintained an attitude of concern
- Elicited parent's concerns

- ___ Reassured mother that purpose of reporting abuse is to protect the baby and get help for both of them
- ___ Resolved any conflicts with respect
- ___ Remained nonjudgemental; avoided interrogation or lecturing