Medical School

Medical student involvement in patient care

THE UNIVERSITY OF WESTERN AUSTRALIA

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Contents

Medical Student Involvement in Patient Care

The primary responsibility for ensuring that appropriate consent is obtained for medical student involvement with patient care rests with the health professional team responsible for that patient at that time [1].

Gaining and maintaining consent should be viewed as an ongoing dialogue with the patient rather than a one-off/tick box exercise. The processes by which consent is obtained are circumstantial. Clinicians need to consider the level of involvement of the medical student, the nature of the interaction, and be cognisant of the risk to, and cultural beliefs/values of the patient [2].

For many clinical situations, verbal consent for medical student involvement in care obtained simply, politely, and in the general interaction between the clinician and patient is both adequate and appropriate [2].

To ensure fully informed consent, a member of the health professional team should explain to the patient —

- the status and clinical experience of those attending
- the role and involvement of those attending (such as whether students will be observing, or participating in the care by taking a clinical history or examining the patient)
- what is expected of those attending
- that at any point in time, patients have the right to withdraw or modify their consent [1, 2].

Although there is no legal mandate for written consent to be obtained for medical students involvement in intimate examinations or procedures*, the principles for consent are that the riskier or more potentially litigious the procedure, the higher the standard should be to ensure that the person fully understands the nature of the procedure and that their consent can be attested to in writing [3].

In keeping with the UWA MD professional behaviour expectations for students, medical students should ensure that patients they interact with have been adequately consented for medical student involvement by an appropriate health professional. Students should recognise that if their role in the patient's care changes, for example from observer to participant, then the patient's consent may need to be modified to reflect this transition.

If medical students are unsure about a patient's consent status for the student's involvement in their care, they should always err on the side of caution and ask the most senior health professional available for their advice. Examination without adequate consent may result in an assault charge [3-5].

*Intimate/sensitive examinations

The interpretation of what constitutes an intimate examination may be subjective. It is important to note that a patient's cultural values and beliefs can influence what they perceive to be an intimate examination.

Intimate/sensitive examinations typically refer to any contact involving the genitals, groin, anal region, buttocks, breast, and any area of the body that is perceived as intimate by the patient. It also includes examinations/procedures that involve removal of the patient's outer clothing down to their underwear, or where complete disrobing is required [1, 6].

Patients should always be informed about, and offered a chaperone for any examination which could reasonably be perceived as intimate by the patient. When medical students are performing an intimate/sensitive examination of a patient they need to have an accompanying chaperone [1, 3, 7, 8]. This is best organised by either the student's clinical supervisor and/or person on the clinical team responsible for the patient's care at that time.

The UWA MD program (and most Health Care Providers) requires the patient's consent and the identity of the chaperone to be documented in the clinical notes [3].

Frequently Asked Questions

Why is this protocol important for medical students?

Medical students working in clinical environments are expected to be familiar with the WA consent to treatment policy [8], the Australian Charter of Healthcare Rights [9], the MD Professionalism workbook on Learning Management System (LMS), and this protocol.

The Australian Medical Council's 'Good Medical Practice' provides a core curriculum of professional behaviour for both medical students and all medical doctors in Australia [3]. It states

that 'Access to patients and their cooperation is a privilege that must not be taken for granted…. Before approaching any patient, students should generally first seek permission from those responsible for the immediate care of the patient.' Regarding physical examination, the authors note that 'when conducting a physical examination, it may be appropriate to have a nurse or medical student present who is of the same gender as the patient. Under no circumstances should medical students conduct intimate examinations – including breast, genital or rectal examinations- without supervision or an accompanying nurse of the same gender as the patient. Students need to be specifically aware of the medical school policy in regard to intimate examinations'.

Although informed consent should be obtained for any medical students' involvement in patient care, this protocol focusses on **medical student-patient examinations** as the legal implications of performing an examination without consent are significant [3-5].

The legal classifications of assault in Australia's legal jurisdictions all include lack of consent as part of their wording. Despite legal sanction and the introduction of guidelines and consensus statements, the medical and legal literature demonstrates that medical students continue to perform examinations on patients without adequate consent [10-12].

Why is this protocol important for health professionals?

The primary responsibility for ensuring that appropriate consent is obtained for medical student involvement with patient care rests with the health professional responsible for that patient at that time.

A valid consent should [3, 8] —

- be voluntary - the decision to either consent or not to consent to the proposed treatment must be made by the patient themselves and must not be unduly influenced by the health practitioner, friends or family
- be informed - the patient must receive meaningful information about the proposed treatment to enable them to make an informed decision
- be given by a patient who has capacity to understand the information presented to them about the treatment decision to be made
- cover the treatment to be performed
- be current - consent must be reviewed if, after consent was obtained, the patient's circumstances (including treatment options and risks) have changed.

Implied consent applies where a patient indicates through their actions that they are willing to proceed with an aspect of their treatment. This applies where significant risks to the patient are not anticipated.

Explicit consent applies where the proposed treatment is complex or there are higher risks to the patient. The health practitioner must provide meaningful information to the patient, including details of the benefits and risks specific to that patient. Explicit consent must be obtained and documented [8].

The Australian Law Reform Commission [4] states that, 'If consent is not established, there may be legal consequences for health professionals. Under the law of trespass, patients have a right to not be subjected to an invasive procedure without consent or other lawful justification, such as an emergency or necessity.'

The Medical Board of Australia's Good Medical Practice [1] defines the standards of conduct for medical doctors in Australia. The code states that regarding medical students, Good Medical Practice involves 'Making the scope of the student's role in patient care clear to the student, to patients and to other members of the health care team' and 'Informing your patients about the involvement of medical students and obtaining their consent for student participation, while respecting their right to choose not to consent.'

The Medical Board of Australia's Guideline Sexual Boundaries in the Doctor Patient Relationship [13] recognises that a patient's cultural values and beliefs may influence what they perceive to be an intimate examination, and that before conducting a physical examination, 'good medical practice involves: obtaining the patient's permission if medical students or anyone else is to be present during an examination or consultation' and that 'an unwarranted physical examination may constitute sexual assault. This includes conducting or allowing others, such as students, to conduct examinations on anaesthetised patients, when the patient has not given explicit consent for the examination' [13].

Why is context important?

The literature on medical student examination without adequate patient consent reveals that rogue behaviour by medical students is very rare [10-12].

The most frequent reasons for inadequately consented patient examinations by medical students appear to be the vagaries in how consent for medical student involvement is obtained with patients by students and/or health professionals. Often busy clinicians are unaware of the ethico-legal importance of ensuring that patients have fully informed consent for medical student involvement in their care. Medical students also describe receiving mixed messages in clinical environments regarding patients' autonomy, blurred boundaries between observation and participation, and different expectations from clinicians as they progress towards becoming qualified doctors [10-12].

Tables 1 and 2 are used to demonstrate the variety of clinical situations and potentially high risk and/or ambiguous areas of medical student-patient consent.

What do I do if I have concerns about whether a patient has been adequately consented for medical student involvement in care?

As a student —

If you are unsure about a patient's consent status for a medical student's involvement in their care, you should always err on the side of caution and ask the most senior health professional available for their advice.

For many clinical situations, verbal consent is both adequate and appropriate. This will often have been obtained in the general interaction between the clinician and patient.

The commonest pitfalls are that the student's role changes e.g. from clinical observer to an assistant in a procedure, or the clinician caring for the patient does not appreciate the ethico-legal importance of ensuring that patients have fully informed consent for medical student involvement in their care and that consent processes are circumstantial [2, 3].

If despite attempting to seek advice you still have concerns, or consider that you or a patient has been put in an ethico-legally compromising position, you should contact any of the following people —

- the unit coordinator
- the year sub-Dean
- your clinical mentor
- the PDM coordinator mdprofassess-fmdhs@uwa.edu.au
- the Manager, Student Experience seo-hms@uwa.edu.au

As a health professional —

Clinicians consenting patients for medical student involvement in patient care need to consider the level of involvement of the student, the nature of the interaction, and be cognisant of the risk to, and cultural values of the patient.

If you are unsure about a patients' consent status for medical student involvement in patient care you should either —

- ask the patient to confirm their understanding and/or ongoing consent
- ask the most senior health professional available for their advice.

If you have concerns about a medical student's professional behaviour in the clinical environment you should contact any of the following people —

- the unit coordinator
- the PDM coordinator mdprofassess-fmdhs@uwa.edu.au
- the Manager, Student Experience seo-hms@uwa.edu.au
- the most senior health professional available

Table 1

Some situations when patients are at increased vulnerability and/or may not be able to give informed consent for medical student participation in care [2]

Increased vulnerability or may require additional sensitivity/ evidence that informed consent for student participation obtained — • Any sensitive/intimate examinations, particularly if in theatre • Catheterisation • Patients with rare conditions or breaking very bad news (may be contextual for the patient) • Change in student role e.g. student observing to assisting in care
May not be able to give informed consent — • Under anaesthesia (and not consented before) • ICU/HDU • During sedation including conscious sedation e.g. endoscopy • Minors (especially age under 16) • Mentally and/ or cognitively impaired including drugs/alcohol • Patients in shock, extreme pain or distress • Terminally ill

Table 2

Some examples of student participation in patient care that would be covered in a general consent for student involvement versus procedures that should have an explicit consent process included in addition to general consent for student participation [2].

Not likely to require explicit consent for student participation — • Observation in a clinical environment • Bag mask ventilation • Surgical assisting e.g. holding a retractor • Examining surgical pathology or normal anatomy
Requiring explicit consent for student participation — • Any sensitive/ intimate examination • Endo-tracheal intubation • Cannulation • Suturing •

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