

FACULTY OF MEDICINE AND HEALTH SYDNEY MEDICAL SCHOOL – CLINICAL SKILLS PEER PRACTICE PROVISIONS 2020

1 Purpose and application

- (1) Learning to be a good doctor requires practical clinical experience. Medical students commonly develop their clinical skills and knowledge by practising on their peer students, who act as simulated patients. Sydney Medical School endorses and encourages peer practice in accordance with these provisions.
- (2) The purpose of these provisions is to:
 - (a) prescribe the process for obtaining and giving consent to peer practice;
 - (b) prescribe approved peer practice activities;
 - (c) prescribe prohibited peer practice activities; and
 - (d) promote high ethical standards in peer practice.
- (3) These provisions apply to all staff and students in the Sydney Medical Program.

2 Commencement

These provisions commence on 1 January 2020.

3 Interpretation

In these provisions:

clinical tutor	means a person involved in the delivery of clinical learning and teaching to students.
peer practice	means the conduct by students of histories, clinical examinations and minor procedures on their student peers, who act as simulated patients.
practising student	means a student acting as a doctor.
student	means a student enrolled in the Sydney Medical Program.
simulated patient	means a student acting as a patient.
Sydney Medical Program	means the Doctor of Medicine (MD) award course.

Sydney Medical School	means the Sydney Medical School within the Faculty of Medicine and Health.
tutor	means a clinical tutor.

4 Participation in peer practice

- (1) All persons participating in peer practice must be enrolled in the Sydney Medical Program.
- (2) Student participation in peer practice must be on a voluntary basis.
- (3) Students' individual cultural and social circumstances must be respected and supported.

5 Introducing students to peer practice

- (1) Clinical schools must inform students about peer practice in orientation sessions held at the beginning of the Sydney Medical Program.
- (2) Clinical schools should encourage students to contribute to the discussion about peer practice, and to discuss the associated ethical, social and cultural issues.
- (3) Where possible, clinical schools should introduce peer practice as close as possible to the time when the skills learned will be reinforced by involvement with real patients.

6 Obtaining and giving consent

- (1) All students will be invited to complete the consent form at Schedule A.
- (2) The invitation for students to volunteer to be a simulated patient must be a general one, open to all students and not directed at any particular student.
- (3) Before an activity or procedure commences, clinical tutors must provide a clear description of what is required of practising doctors and simulated patients.
- (4) Students must be asked if they freely consent to a specified activity or procedure being performed on them by fellow students.
- (5) Clinical tutors must not use coercion or expect that all students will consent to participation in peer practice, and must take reasonable steps to ensure that students are not subjected to pressure from their student peers.
- (6) Clinical tutors must not subject students to any prejudice or penalty as a result of their decision not to volunteer to be a simulated patient.
- (7) Oral consent is sufficient for peer practice conducted in accordance with these provisions.
- (8) Where practicable, the clinical tutor should make a written record of a student's oral consent at the time it is given.
- (9) Clinical tutors must make clear to volunteer students that there is no obligation to participate in an activity or procedure, and that they are free to withdraw their consent and participation, without penalty, at any time.

- (10) Students do not have to provide reasons for their decision to participate or not to participate as a simulated patient.
- (11) Clinical tutors must not evaluate students' overall performance by reference to a student's willingness to volunteer as a simulated patient.

7 Supervision

- (1) A clinical tutor should be present in the class and available for support or discussion during all peer practice activities.
- (2) Tutors must explain to students how a history, examination or procedure should be conducted or performed, including:
 - (a) the requirement to maintain confidentiality; and
 - (b) how to respond to any abnormal clinical finding.
- (3) Tutors must take reasonable steps to ensure that no student is placed in a situation where their safety, privacy or sense of propriety is offended or violated.

8 Approved peer practice activities

- (1) Subject to sub-clause (2), and with appropriate supervision and consent, students may conduct simulated or real practice histories on each other.
- (2) Students must not take history from each other that involves genuine questions and answers related to intimate personal psychosocial details, including:
 - (a) financial history;
 - (b) sexual history; or
 - (c) drug and alcohol use.
- (3) Subject to sub-clause (4), and with appropriate supervision and consent, students may conduct the following examinations on each other:
 - (a) neurological examinations;
 - (b) musculoskeletal examinations;
 - (c) respiratory examinations;
 - (d) cardiovascular examinations;
 - (e) gastrointestinal and haematological examinations (excluding groin and rectal examinations);
 - (f) endocrine examinations, including thyroid, pituitary, adrenal and examinations associated with diabetes complications (excluding groin examinations);
 - (g) renal system examinations;
 - (h) ear, nose and throat examinations; and
 - (i) eye examinations without pupillary dilation.
- (4) For respiratory and cardiovascular examinations, full chest exposure is permitted for male volunteers only. Discretionary undergarment wear is permitted for female volunteers, and the examination must be supervised by the clinical tutor.

- (5) Subject to sub-clause (6), and with appropriate supervision and consent, students may conduct the following minor procedures on each other:
- (a) blood pressure measurement and vital signs;
 - (b) capillary blood glucose and ketone testing;
 - (c) electrocardiograms (ECGs);
 - (d) application of slings, splints and plasters;
 - (e) spinal immobilisation techniques;
 - (f) moving and lifting techniques;
 - (g) respiratory function testing, including pulse oximetry, peak flow and spirometry;
 - (h) urine dipstick testing;
 - (i) non-invasive transcutaneous Doppler or ultrasonography.
- (6) For ECGs, full chest exposure is permitted for male volunteers only. Discretionary undergarment wear is permitted for female volunteers, and the procedure must be authorised by the clinical tutor.

9 Prohibited peer practice activities

- (1) Students must not conduct intimate examinations (such as breast, per vaginal or per rectal) examinations on their student peers.
- (2) Opportunities for practising invasive procedures are generally available using simulation laboratory equipment. Subject to sub-clause (3), students must not conduct invasive procedures on their student peers, including the following:
- (a) subcutaneous injections;
 - (b) intramuscular injections;
 - (c) venesection;
 - (d) intravenous cannulation;
 - (e) arterial blood gas measurement;
 - (f) nasogastric tube insertion;
 - (g) indwelling urinary catheter insertion;
 - (h) laryngo-tracheal intubation;
 - (i) lumbar puncture;
 - (j) ocular examination with pupillary dilation.
 - (k) Intra-osseous cannulation
- (3) With the approval and under the supervision of a clinical tutor, students attending clinical practice in a specialised hospital, such as the Sydney Eye Hospital, may conduct ocular examination with pupillary dilation on their student peers.

10 Identifying a medical condition in a simulated patient

- (1) If an abnormality or medical condition is identified in a simulated patient, priority must be given to their privacy, and confidentiality must be observed.
- (2) The practising student and the simulated patient should, if the simulated patient consents, speak to the clinical tutor.
- (3) If the simulated patient does not want to speak to the clinical tutor:
 - (a) the simulated patient should seek advice from an independent practitioner; and
 - (b) the practising student may raise the matter confidentially with the clinical school tutor or student support staff in the Clinical School.

11 Information about simulated patients

- (1) Information, including data, about simulated patients must not be retained by the practising student, the clinical school or the University.

NOTES

Sydney Medical School – Clinical Skills Peer Practice Provisions 2020

Date adopted: 1 January 2020

Date registered: 15 December 2019

Date commenced: 1 January 2020

Approved by: Professor Robyn Ward
Executive Dean, Faculty of Medicine and Health

Signature:

Review date: 5 December 2022

Rescinded documents: *Sydney Medical School – Students as Subjects of Practical Classes Provisions*

Related documents: *Coursework Policy 2014*
Risk Management Policy 2013
Assessment Procedures 2011

AMENDMENT HISTORY

Provision **Amendment**

Commencing



SCHEDULE A - CONSENT FORM

For students acting as simulated patients for the purpose of peer practice.

Learning to be a good doctor requires practical clinical experience. Medical students commonly develop their clinical skills and knowledge by practising on their peer students, who act as simulated patients. Sydney Medical School endorses and encourages peer practice in accordance with the *Sydney Medical School – Clinical Skills Peer Practice Provisions 2020* (**'Peer Practice Provisions'**).

I,..... [PRINT NAME], agree to act as a simulated patient for the purpose of peer practice, from time to time.

I confirm that I have read the Peer Practice Provisions and I have been informed of the role that peer practice will have in my medical education.

I understand that: *(Please tick)*

- peer practice involves practising history, examination and some procedures skills, as documented in the Peer Practice Provisions.
- I will be asked if I freely consent to a specific activity or procedure to be performed on me by a fellow student.
- there is no obligation for me to participate in any specific activity or procedure, and I am free to withdraw my consent and participation, without giving reasons, at any time.
- I can nominate the procedures and examinations, from the list of approved peer practice activities, that students will perform on me.
- I will be informed of the risks and benefits of the procedures and have the opportunity to ask questions before participating
- my oral consent to participation in a specific activity or procedure is sufficient for peer practice conducted in accordance with the Peer Practice Provisions.
- I can withdraw my agreement to act as a simulated patient at any stage during my enrolment.
- Any decisions that I make about participation as a simulated patient in specific activities will not affect my relationship with my clinical tutors or my performance in the Sydney Medical Program.

Signature.....Date.....

Clinical school.....

Witness NameSignature