

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

Practice Guideline

May 30, 2008

Patients/substitute decision makers must be notified that students and faculty may be involved in their care for educational purposes, and encouraged to participate in the process for the overall benefit of the health care system.

Patients have the right to have their wishes accommodated whenever possible including the right to refuse to participate in the education of students. Alternative care arrangements may be required.

Guideline Details

Information regarding the educational nature of health care facilities and services should be included in all Receiving Agency information (e.g., websites, patient information leaflets, etc.).

Information regarding student involvement in health care* should be made available in the physical location of services and facilities that regularly have students (e.g. via posters, pamphlets).

Staff, on site faculty, or physicians may directly inform the patient/substitute decision-maker of any student's involvement in care. They should be informed that they have the right to refuse student involvement and know that refusal will not adversely affect care or service.

Should the patient not wish to have student involvement in care, staff should investigate and attempt to allay the patient's concerns, restate the importance of professional education, and the Receiving Agency's role in that education. If the patient's concerns cannot be allayed, the staff should accommodate the request, reassuring the patient that the request will not impact care or service.

Students must always introduce themselves or be introduced as a student. (refer to [Practice Education Guideline - Identification](#)).

If staff, on site faculty, or physicians wish to perform an examination/demonstration solely for educational purposes, the educational purpose behind the activity must be explained and consent* obtained. The staff/faculty/physician must ensure that the proposed examination or clinical demonstration is not physically or psychological detrimental to the client. These guidelines also apply to patients under anesthesia or unconscious at the time of the proposed examination or clinical demonstration.

* indicates term is defined under 'Definitions' section

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

Students in Observational Experiences

Consent* for student observation should be done without the student present so that consent is obtained without any undue pressure. Tell the patient the type of student that would be observing and that he/she can refuse the presence of the student or ask the student to leave at any point during the visit. The response should be noted in the patient's file.

The supervising staff member should ask the patient's permission for the student to observe each visit or encounter so that the patient has an opportunity to change the consent decision.

The student should not sit in on or observe any interaction that is private, invasive, or sensitive in nature, unless all involved individuals (patient and staff) have expressly given permission.

Students providing direct care - Ensuring an Informed Consent*

Patients, substitute decision makers, families should be informed at every opportunity throughout their contact with health care services that students may participate in their care.

Consent for student involvement in care should be sought from the patient (or substitute decision maker if the patient is unable to give consent) as follows:

1. without the student(s) present by the on site faculty or by the supervising staff. (This is the preferred choice especially when the students are primary care providers involved in highly intrusive, invasive, unusual, or risky assessments or interventions.)
2. with the student(s) present by the on site faculty or by the supervising staff.
3. by the student with the supervisor present.
4. by the student (appropriate when contact is incidental, or minimally invasive or intrusive).

Students should always begin their first interaction with the patient by informing the patient of who they are and how they are supervised:

- Introduce self as a student of a particular discipline
- Inform the patient of the level of study to date (e.g. "I'm a second year Physiotherapy student in a two year Masters program at UBC.")
- Identify the supervising staff or faculty by name, location and form of supervision (e.g. "Sally Smith is my supervisor. She is a Physiotherapist on this unit. Although you may not see Sally very often, you can call on her if you like. She will be looking over my work through out the day." OR "Suzie Smith is my nursing instructor and Jane Doe is the nurse assigned to you. You can call on Suzie or Jane at any time if you like. Both will be looking over my work through out the day.")
- Consent is given or presumed to be given if the patient does not refuse the student as a caregiver.

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

- Documentation of consent for student involvement in care is not required unless specifically required by the Receiving Agency, the student's school, or the student's particular discipline. If required, then document consent as the first student entry in the chart. (e.g. "Have identified self to Mr. X as a student, have also identified preceptor, preceptor's location, and level of supervision. He is agreeable to student involvement in care." signed John Doe, SPT)
- If the patient refuses a student as a caregiver, document such in the chart with rationale and inform the care team.

Roles & Responsibilities

Receiving Agency:

- Provide information for patients and families throughout facilities about of the presence of students and their possible involvement in care.

Staff/faculty:

- Inform patients of student observation of, or involvement in, care
- Specifically inform patients when a significant component of a diagnostic or therapeutic procedure is to be performed by a student independently and not under direct supervision of a staff member.
- Ensure adequate safeguards are in place to protect the safety, dignity, and privacy of the patient.
- Monitoring the ongoing care provided to the patient by the student(s), seeking feedback from the patient regarding student involvement in care, and making sure the patient knows that any concerns can be brought to the supervisor's attention.

Students:

- Ensure that each patient is aware of the student's status and is adequately informed of the student's involvement in care.

Rationale

Receiving Agencies play an important role in the education of health care professionals. Patients will encounter students as part of the health care team and Receiving Agencies need to make sure that every effort is made to inform patients, family and visitors that they can expect student involvement in care.

Patients should be made aware that a student is providing care or service, the extent of the care or service, who is supervising the student, how the student is supervised and how often. These are the elements of informed consent.

Staff (including medical staff) have a role in obtaining consent for a student to observe or provide client care.

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

Consent for student observation should be sought without the student present so that the patient does not feel an obligation to consent. Anecdotal evidence shows that patients have felt pressured to consent when the student is present.

The more intrusive or invasive the care or treatment, the more important it is that patients are informed in advance that a student will be participating or providing the care or treatment.

Students need to be clearly identified and introduced as a student so that there is no possibility of confusion with an employee of the organization or any potential of misrepresentation of the student's professional status.

Definitions

Health Care: Services that are provided for therapeutic, preventive, palliative, diagnostic, cosmetic, or other purposes related to health.¹

Consent: To give assent, as to the proposal of another; agree.²

Informed Consent: consent to medical treatment by a patient or to participation in a medical experiment by a subject after achieving an understanding of what is involved and especially of the risks.³

References

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¹ Government of BC. (Revised 2003). Health Care (Consent) and Care Facility (Admissions) Act (HCCCFA), 1993. Queen's Printer, Victoria, BC.

² The American Heritage® Dictionary of the English Language, Fourth Edition
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³ Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

**Practice Education Guidelines for BC
Consent For
Student Involvement in Care**

GL#4-1

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