Guidance for students on the rights of patients in medical education

This document comprises two sections

1. The rights of patients participating in education
2. Guidance for students about escorting and chaperoning patients

1) The rights of patients participating in education

The following is adapted from "Closing the gap between professional teaching and practice" – Doyle L. *BMJ* 2001;322:685-6 (24th March 2001).

Care must be taken to obtain the consent of patients for participation in educational activities. Patients have a moral and legal right to exercise control over the circumstances in which they are physically touched and in which personal and clinical information about them is communicated to others.

Therefore:

- Education should not be demeaning for the patient or student; the patient is a partner in educational activity.

- Clinical teachers must ensure that patients understand that medical students are not qualified doctors and that cooperation in educational activities is entirely voluntary. Students should always be described as "medical students" or "student doctors" and not, e.g., as "young doctors", "my colleagues" or "assistants".

- Clinical teachers and students must obtain explicit verbal consent from patients before students take their case histories or physically examine them. Patients should be reminded of the purpose of any activity in which they participate with the students. They should understand that their participation is entirely voluntary and resistance should be respected with reassurance; unwillingness to participate will not compromise care.

- Clinical teachers and students should never perform physical examinations or present cases that are potentially embarrassing for primarily education purposes without the patient's verbal consent, both for the physical examination itself and for the number of students present. Ask the patient if they would like a chaperone present for any physical examination; a chaperone should be present for intimate examination.

- Students should never perform any physical examination on patients under general anaesthetic without their prior written consent, which should be placed within the notes. Patients who are unconscious or incompetent for other reasons must only be involved in physical examination or practical procedures with the explicit agreement of their responsible clinician and after appropriate consent (with children) of someone with parental responsibility or (with adults) after consultation with relatives/carers.

- Clinical teachers should obtain the explicit verbal consent of patients for students to participate in their treatment (suturing, taking blood, delivering babies etc). Where the procedure is normally written in the notes, the fact that such consent has been obtained should be recorded. Procedures that do not require supervision should only be undertaken if there is recorded evidence of competence.

- In conformity with the principles of the General Medical Council, students must respect the confidentiality of all information communicated by patients in the course of their treatment or participation in educational activity. Without prior authorisation no written information about patients by which they might be identified should be removed from the place of treatment. Students should respect the confidentiality of personal information to which they are given access but which is not related to patients' condition or treatment. Patients should understand that students may thereby be obliged to inform a responsible clinician about information relevant to their clinical care.

- Clinical teachers are responsible for ensuring that the preceding guidelines are followed. If students are asked by anyone to do the contrary they must politely refuse, making specific reference to these guidelines. Encouragement of students to ignore these guidelines is unacceptable, and if students feel unduly pressurised they should report the incident to the appropriate Associate Clinical Sub-Dean.

2) *Guidelines on the role of Medical Students in escorting or informally chaperoning service users*

The legal and ethical requirements determined by legislation (for example the Mental Capacity Act and Fraser Guidelines) must be considered when students are escorting or informally chaperoning service users

Following the publication of the Clifford Ayling Report (2004), this paper provides guidance for medical student and their mentors or supervisors when considering the role of the student escorting or informally chaperoning a service user.

There are different interpretations of the terms "escort" and "chaperone". The student requires clarity from the mentor/supervisor about the role they are being asked to undertake; the student may be asked to "chaperone" a service user during a procedure or examination, usually of an intimate nature; or they may be asked to accompany a service user who is being transferred to another unit, department etc. Mentors/supervisors must be clear about the expectations of the medical student role.

Chaperone: Medical students may accompany a service user as an informal chaperone (in the same way that a friend or relative might); the medical student is expected to understand the rationale for the therapeutic activity, procedure or examination, including risks. As an informal chaperone a student is able to:

- Provide emotional comfort and re-assurance to service users
- Assist a service user to dress and undress
- Help the service user understand what is happening to them.

It is not the role of an informal chaperone to assist in an examination or to provide protection to other HCPs against allegations of improper behaviour. This is the role of a formal chaperone who has received training from their employer that includes protection of vulnerable adults (POVA).

If the procedure or examination is primarily a learning experience the medical student may exhibit some behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act, and an appropriate chaperone offered readily.

Transfer/Escort: Medical students may be asked to accompany a service user who is being transferred to another ward, department, hospital, residence or community activity. Local practice policies should determine the level of care required for service users, including during transfer.

A risk assessment should be made by the mentor/supervisor to determine:

- the complexity of the service user's needs
- the competency of the student
- the circumstances of the particular situation.

If the medical student is deemed to be competent to manage the care of the service user throughout the transfer, then they may accompany the service user as the escort.

Learning Experiences for Students: Medical students learn via observation of and participation in procedures. If a student is involved in a procedure as part of a learning experience they may demonstrate some of the behaviours of an informal chaperone BUT IT MUST BE CLEAR TO ALL in what capacity the student is expected to act.

Students are likely to require a chaperone if they are involved in the performance of intimate procedures and should assess the situation with their mentor/supervisor and decide with them if the situation indicates that a chaperone (formal or otherwise) is required.

Reference: Committee of Inquiry. Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling. The Honourable Mrs Justice Pauffely. D.B.E. July 2004