

Policy Number:	HSM TLR 4.04
Name of Policy:	Incidental Findings (Events and Findings During Clinical Education Activities (Self, Peers, and Simulated Patients))
Applicability	Faculty of Health Science and Medicine Students
Contact Person:	Associate Deans: Learning & Teaching / Student Affairs & Service Quality
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Related policies:	HSM – Management of Allegation of Student Misconduct Student Support Policy COR 4.01 Bond University Student Charter HSM-related Program Student Charters

1. OVERVIEW

Bond University Faculty of Health Sciences & Medicine (HSM) recognises ‘history-taking’, physical examination, procedures, physical activity (exercise) pre-screening, prescription and delivery (of exercise), standardised assessment test and specimen analysis as routine elements of clinical education and industry-preparedness. The “patient” or ‘client’ can be the student him/herself, student peers, or standardised patients. This policy intends to inform HSM academics, students and simulated patients of ethical and procedural issues pertaining to the matter of consent, as well as adverse events and the discovery of incidental findings during such educational sessions. Specifically, adverse events and incidental findings can have emotional and clinical consequences for students, teachers, and simulated patients and therefore need to be dealt with appropriately.

2. DEFINITIONS

Adverse event: any undesirable experience associated with the use of a medical product (e.g., medical device, drug). This may be a complication of a medical procedure.

Incidental finding: An unanticipated or unexpected physical, visual or other observation resulting from a deliberate search (e.g., history taking, physical exam, laboratory test, imaging) or exercise pre-screening, testing, prescription and delivery. Not all abnormal findings are incidental findings as some examinations expect to detect abnormality. All incidental findings should be addressed with sensitivity and confidentiality.

Clinical skills: A clinical skill may contain one or several different domains such as physical examination skills, practical procedure, communication skills, and management. Procedures include techniques such as venepuncture, pupillary dilation, sputum collection, point of care testing, performing electrocardiograms, soft tissue massage (physiotherapy program), exercise testing (SPEX), and anthropometry (dietetics program).

3. POLICY

3.1 Teachers

- a) Teachers must obtain informed consent from their students for their participation in procedures or examinations for which there is a risk of adverse events. Appropriate consent should be ascertained by the academic responsible for the session/ program, taking into account the nature and extent of risks to the 'patient' or 'client.' Written informed consent can be via a signed information sheet, or the teacher's documentation of a verbal informed consent discussion with the students, noting informed refusals. There would be situations in which consent may be implied e.g. a 'patient' / 'client' holding out an arm to have a blood pressure measured.
- b) Teachers will preface clinical education sessions by reminding students of [this] policy for handling adverse events and incidental findings.
- c) If a student reports an adverse event or incidental finding to the clinical teacher, the teacher will examine the student/simulated patient/client (with permission) and refer the individual to their personal physician or the Bond University Student and Staff Medical Clinic as appropriate. The teacher will document the incident and referral in a Note To File: however, this shall not be construed to be a "medical record." See also item 3.2d below.
- d) Teachers should consider conducting a debriefing to allow class members to reflect on the emotional features of experiencing an adverse event or discovering an incidental finding in oneself, a peer, or simulated patient as these matters can be confronting. Debriefings will also encourage a culture of openness where students can report such during clinical sessions.
- e) If a teacher observes a violation of confidentiality with regard to the adverse event or incidental finding, he/she has a professional duty to report this to the HSM Associate Dean Student Affairs and Service Quality for review.

3.2 Students

- a) For medical safety and privacy reasons, a student with a medical problem has the right to refuse to act as a subject during related clinical skills or industry-preparedness training sessions. Non-participation will not incur any penalty.
- b) Cultural or personal reasons can also be exclusions to participating as a subject during such training sessions. Non-participation will not incur any penalty.
- c) A student who discovers an adverse event or incidental finding in him/herself or another must notify the clinical teacher, even if the student is in doubt about the finding.
- d) After the teacher's finding(s) within the clinical examination, exercise pre-screening, testing, prescription or delivery, the student should disclose the finding(s) to the subject (peer patient or standardised patient/client) in the presence of the teacher.
- e) If a student experiences a personal adverse event or incidental finding and then given a physician referral by the clinical teacher, the student should facilitate his/her personal wellness by obtaining follow-up medical care and not attempting to self-treat the matter.

If a student observes a violation of confidentiality with regard to the adverse event or incidental finding, he/she has a professional duty to report this to their teacher.

3.3 Simulated Patients

- a) For safety and medical privacy reasons, a standardised patient with a medical problem has the right to refuse to act as a subject during related clinical skills or industry-preparedness training sessions. Non-participation will not incur any penalty.
- b) Cultural or personal reasons can also be exclusions to participating as a simulated patient/client. Non-participation will not incur any penalty.
- c) Standardised patients must not rely on students or teachers for any diagnosis or clinical care.
- d) If a standardised patient experiences a violation of confidentiality, he/she should report this to their supervisor.

4. DISCIPLINARY ACTION

- a) Students alleged to have breached confidentiality or engaged in other forms of misconduct will have such behaviour addressed by relevant Bond University and HSM policies and procedures.

5. RELATED PROCEDURES, GUIDELINES, AND FORMS

- As noted above and any applicable documents which define or outline Professional Behaviour, Personal Behaviour, Ethical Behaviour or Conduct established by Bond or relevant professional societies (medicine, physiotherapy, dietetics, OT).

6. RESOURCES

Boendermaker PM, Pols J, Scherpbier AJ. Unexpected pathological findings in skills training and assessing skills. *Med Teach* 1999;21(6):586-7.

James Cook University. Peer (Physical) Examination Policy for Year 1-6 Medical Students. Version 2010-2.

Michels MEJ, Evans DE, Blok GA. What is a clinical skill? Searching for order in chaos through a modified Delphi process. *Med Teach* 2012;34(8):e573-81

Pols J, Boendermaker PM, Muntinghe H. Incidence of and sequels to medical problems discovered in medical students during study-related activities. *Med Educ* 2003;37(10):889- 94.

Wearn AM, Rees CE, Bradley P, Vnuk AK. Understanding student concerns about peer physical examination using an activity theory framework. *Med Educ* 2008;42(12):1218-26.