STUDENT TRAINING AND RIGHTS OF PATIENTS

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Applies to (bold indicates selection):
All Ambulance Service of NSW staff
All Operational Staff
All Administration staff
All Headquarters staff
Division staff (select Aero medical, Northern, Southern, Sydney, Western)
Operations Centres (select All, Aero medical, Northern, Southern, Sydney, Western)

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Compliance with this policy directive is mandatory.
STUDENT TRAINING AND RIGHTS OF PATIENTS

Policy: To provide direction on the issue of “implied patient consent”.

Purpose: This policy describes the manner in which students will conduct themselves and how patients’ rights will be protected. This policy should be read in conjunction with the Ambulance Service of NSW’s Code of Conduct and Ethics.

DEFINITIONS

“Trainee” Is a person undertaking studies with the Ambulance Service of New South Wales. This may be an employee or a person from another organisation.

“Implied Patient Consent” May be implied where patients exhibit behaviour that clearly indicates their consent. This may include compliant body language, for example adopting a certain position such as extending an arm for an injection to be given or by willingly acquiescing to treatment without objection.

“Medical Mentor” Is a Doctor who is appointed by a hospital for the purposes of supervision, advice and guidance of a trainee.

“Invasive Procedures” Are any procedures that involve the penetration of a patient’s tissue or body cavities. Examples include but are not limited to intubation, cannulation, the insertion of intraosseous infusion needles and the decompression of a tension pneumothorax.

Procedure:

1. Trainee Competency
   a) All patients have a right to expect that a safe and adequate level of care will be delivered by competent staff. As such, all trainees given access to patients of the Ambulance Service of NSW will have passed assessments which have been determined by the Service as demonstrating a satisfactory level of competence.

2. Trainee Supervision
   a) All trainees will have an appointed mentor and/or supervisor.
   b) In the operational setting this will be an appointed employee of the Service to oversee all aspects of patient treatment and training. The Service will determine or review qualifications for the position of Mentor or Supervisor from time to time.
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c) "In hospital" a qualified medical practitioner appointed as a “medical mentor” will supervise training. Either the medical mentor or a delegate appointed by the medical mentor will supervise trainees at all times when they are in contact with patients.

3. Adherence to Policy

a) Employees of the Ambulance Service must adhere to this policy at all times including whilst on hospital placements. In the unlikely event of a conflict between the hospital and Service policy, officers should immediately seek advice from the Ambulance Education Centre.

4. Patient Consent

a) Consent should be obtained in a manner to ensure that the patient's confidence in a trainee is not undermined. Request patients permission prior to a trainee undertaking an invasive procedure.

b) The provision of information or advice to a patient should only be given by a trainee in the presence of a mentor. Subsequent obtaining of consent to a treatment or procedure need only be sought by a mentor when new skills are to be performed.

c) Patient consent is required where it is proposed that a trainee be involved in undertaking invasive treatment or procedures as opposed to general non-invasive care.

d) The NSW Health Department Consent to Medical Procedures Circular 92/21 states:

Consent-General Principles

4. It is a general rule that no procedure or treatment may be undertaken without the consent of the patient. Any invasive treatment, where it is not defensible on the grounds that the patient had consented is prima facie an assault. Exceptions to this rule are found below at paragraph 9....

9. Exceptions to the rule of consent include:

111. Treatment required due to necessity (e.g. patients requiring treatment of an urgent “life saving” nature, or necessary to prevent serious damage to their health. This includes treatment deemed by the Guardianship Act to be “special, major or minor”).
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5. Identification of Trainees
   a) Any patient may refuse to have a trainee participate in their treatment. The mentor/supervisor should determine if it is appropriate to inform the patient that a trainee is to be involved in their care. Because of the unique nature of ambulance operations, the routine identification of trainees may not be desirable. There is no requirement to identify a trainee simply because of their presence.

6. General Principles
   a) Where a patient is fully conscious, the performance of invasive procedures must be preceded by an adequate explanation of the nature of the procedure and its risks and benefits.

   b) Patients must be treated with respect and should not be placed in situations, which may cause them to feel embarrassed, harassed or offended. This means providing adequate privacy and appropriate supervision for interviews and examinations wherever possible.

   c) Part of the learning experience for the trainee may include the opportunity for the patient to comment on the trainee’s interaction.

   d) The Service encourages all staff to pursue the outcome of their patients and seek feedback as to how they could improve the care they deliver.

7. Further Reading
   a) This policy has been based on the NSW Health Department Circular 97/46 and should be read in conjunction with Circular number 92/21 Consent to Medical Treatment, Circular 92/59 Agreement for Access by TAFE Students to Health Establishments and the Ambulance Service’s Code of Conduct and Ethics.