STATEMENT 5.0.15 – Patient Consent to be Involved in Clinical Teaching
Undergraduate Medical Education

Approved by: Curriculum Committee
Date of original approval: September 2014
Date of last review: July 2014
Date of next scheduled review: July 2016

I. PURPOSE

The purpose of this statement is to clarify student-patient relationships when simulated or volunteer patients are used in clinical teaching. For the purposes of this policy, the use of a simulated or volunteer patient encounter is to benefit the education of a learner rather than the health of a patient. This statement does not apply to situations where clinical clerks are acting in consort with a faculty member as a health team to provide patient care.

II. DEFINITIONS

a. Simulated Patients (SPs) are people who have been carefully coached and trained to simulate an actual patient, including the history and physical findings, socio-economic and educational background, emotions and personality characteristics.

b. Volunteer Patients (VPs) are real patients with stable physical findings who are willing to tell their real stories and be physically examined.

III. STATEMENT

1.0 It is the responsibility of the faculty member to ensure that a member of the health care team meets with the volunteer patient prior to the proposed teaching encounter to assess their health status as it applies to suitability for teaching.

1.1 If it is judged appropriate, then the faculty member will explain the nature of the proposed session and obtain verbal consent from the patient at that time.

2.0 With regards to patients judged incapable of providing informed verbal consent by virtue of an impaired state of consciousness, the onus of responsibility regarding involvement of such an individual in a teaching session falls upon the faculty member.

2.1 Faculty are responsible for monitoring the special teaching encounter to ensure that the volunteer patient is not subjected to physical or mental discomfort and that their modesty and dignity remain uncompromised.

2.2 Some explanation of the teaching encounter commensurate with the individual’s ability to comprehend should be given.

2.3 Should a patient refuse to participate, even though incapable of giving legal consent, the refusal will always be respected.

2.4 No patient will ever be coerced to participate against their will.

2.5 It is important to recognize the dual role of the teaching faculty member:

2.5.1 The teaching faculty member is responsible for providing a meaningful learning experience for students;
2.5.2 The teaching faculty member is responsible for respecting the best interesting of the patient and patient care when they cannot be responsible for said care themselves.

2.6 If a parent of next of kin indicates to the attending physician a wish to exclude a patient from all teaching programs at the Schulich School of Medicine & Dentistry, it is the responsibility of the physician to clearly indicate this on the patient record for all faculty to see and respect. This applies to both mentors and those not able to make health related decisions on their own.

2.7 All students should be instructed of the legal and ethical aspects of consent and be required to obtain verbal consent once again at the outset of each educational encounter.

2.7.1 If a patient appears reticent to give consent to an interview or examination, the student should not proceed.