

MANAGEMENT OF INCIDENTAL FINDINGS IN BSc (HONS) MEDICINE PRACTICAL SESSIONS

Context and Rationale

1. During practical classes (such as physiology laboratories or training, assessment and demonstration of clinical skills and other relevant investigations such as ECGs and ultrasound for educational purposes in our Medical School), potential incidental findings may be identified in otherwise healthy students or volunteer/simulated patients participating in teaching sessions as living models for demonstration purposes. For the purposes of this document, a “volunteer” will refer to either a simulated patient (i.e. an actor trained to emulate someone with a condition, or an anatomical live model) or a Patient Partner (i.e. a patient who may well have an actual pathology, unrelated to the investigation/examination undertaken).
2. Extrapolating from the existing literature on incidental findings in research involving human subjects, these are defined as “a finding concerning an individual research participant that has potential health or reproductive importance and is discovered in the course of conducting research but is beyond the aims of the study”¹. In the broader sense, incidental findings also encompass clinically insignificant and false positive findings especially as the artefactual nature of the latter is only revealed following further assessment².
3. In educational settings, an incidental finding could be defined as a finding with potential health implications identified in an individual student/volunteer patient while participating within a practical session. As educationalists, it is our ethical obligation and duty of care to adequately inform students/volunteers of the possibility of such incidental findings being detected when participating as living models in an educational setting and put a mechanism in place for their management in the eventuality of encountering an incidental finding. However, as “the goal of research is to seek generalisable knowledge, not to provide health information to individuals”, our capacity within a pedagogical framework is also not to diagnose and treat³. At this point, it should be re-emphasised that no staff, either clinical or non-clinical, will be making a diagnosis. In addition, if any potential incidental findings are overlooked the School of Medicine does not bear any responsibility for such omissions. If a student was examining another student or volunteer and noticed a potential incidental finding, the process outlined within this guidance document will be followed if this information is passed to the teaching tutor or GCM.

Guidance Notes for BSc Hons Students

4. The purpose of any teaching session that may uncover incidental findings should be made clear to all students: This may be verbally at the start of each relevant teaching session, or on Galen under the respective element’s notes for students and tutors, and it will be emphasised the practical session will not carry any diagnostic value. Instead, it will be used purely for educational purposes in terms of consolidating scientific knowledge and linking this to related clinical applications. It will also be stated that there may be a possibility of identifying an incidental finding and in such cases appropriate advice/guidance will be offered to individual students. Having

¹ Wolf SM, Lawrenz FP, Nelson CA, et al. Managing incidental findings in human subjects research: analysis and recommendations. J Law Med Ethics 2008;36(2):219–248.

² Schmücker R. Part I: introduction. Incidental findings: definition of the concept. In: Weckbach S (ed). Incidental Radiological Findings. Switzerland: Springer International Publishing; 2017. p. 3–7.

³ Wolf SM, Lawrenz FP, Nelson CA, et al. Managing incidental findings in human subjects research: analysis and recommendations. J Law Med Ethics 2008;36(2):219–248.

read/heard and understood the above information, students will be expected to provide verbal informed consent to their tutors prior to volunteering as a living model for demonstration purposes (with the exception of clinical examination skills, which students agree to participate in via the BSc (Hons) Medicine Professionalism Agreement or ScotGEM Student Contract). In addition, if a student would prefer not to partake as a volunteer model in the hands-on part of these laboratory or demonstration sessions, due to a pre-existing condition or due to being self-conscious, their wishes will be respected and tutors will be advised/trained on how to handle such a situation. Tutors will also be advised/trained on how to recognise potential cultural differences that they may encounter.

5. Ultimately, it is important that a medically-qualified and suitably-trained healthcare professional (in the appropriate institution out-with the School of Medicine) decides whether a finding is of significance to the individual's health or not. Thus, we propose to adopt the flowchart detailed in Appendix I for the management of any incidental findings that may be encountered during examination/investigation for educational purposes. A face-to-face discussion, conducted by the respective teaching tutor, will be employed to allow for effective communication of the next steps that are to be taken and also mitigate any immediate fears relating to the disclosure without at the same time providing a false sense of security⁴. In terms of record keeping, the student name and matriculation number along with the date of the face-to-face discussion and the date of when the letter was handed to the student will be kept in a secure file which will be managed by the clinical skills suite manager. This file is not to contain any medical information or any details regarding the potential incidental finding.

Guidance Notes for Volunteers

6. The purpose of any teaching session that may uncover incidental findings should be made clear to all volunteers prior to the session: This should be either verbally or in printed form, but in either case it will be emphasised the practical session will not carry any diagnostic value. Instead, it will be used purely for educational purposes in terms of consolidating scientific knowledge and linking this to related clinical applications. It will also be stated that there may be a possibility of identifying an incidental finding and in such cases appropriate advice/guidance will be offered to individuals. Having read/heard and understood the above information, volunteers will be expected to provide verbal informed consent prior to volunteering as a living model for demonstration purposes. Tutors will also be advised/trained on how to recognise potential cultural differences that they may encounter.

7. When possible, tutors should examine volunteers using the technique/clinical skill ahead of the class to minimise the risk of a potential incidental finding being uncovered during a class in progress.

8. If an incidental finding is discovered, the process in Appendix I will be followed. A face-to-face discussion, conducted by the respective teaching tutor, will be employed to allow for effective communication of the next steps that are to be taken and also mitigate any immediate fears relating to the disclosure without at the same time providing a false sense of security⁵. In terms of record keeping, the volunteer's name along with the date of the face-to-face discussion and the date of when the letter was handed to the volunteer will be kept in a secure file which will be

⁴ Erdmann P. Part I: introduction. Incidental findings – ethical aspects. In: Weckbach S (ed). Incidental Radiological Findings. Switzerland: Springer International Publishing; 2017. p. 9–24

⁵ Erdmann P. Part I: introduction. Incidental findings – ethical aspects. In: Weckbach S (ed).

managed by the clinical skills suite manager. This file is not to contain any medical information or any details regarding the potential incidental finding.

Key Ethical Principles

9. The key ethical principles to bear in mind for this guidance document are as follows:
 - a. To maintain confidentiality at all points regarding the incidental finding by acting on a need-to-know basis.
 - b. To ensure students are given sufficient information (including details on the procedure and risks) prior to a practical session so they can make an informed decision about taking part
 - c. To obtain verbal informed consent prior to relevant sessions.
 - d. To provide NO diagnosis at any point as this is out-with our remit.

Appendices:

Appendix 1: Flow Chart for the Management of Incidental Findings

Appendix 2: Recommended Structure for the Face-to-Face Discussion

Appendix 3: Template of the Student/Volunteer Letter

Appendix 4: Pre-Session Information

Appendix 1

Flow Chart for the Management of Incidental Findings

Identification

Possible incidental finding identified in a student or volunteer while participating in a teaching, demonstration or assessment session as a living model for demonstration purposes.

Discussion

Private face-to-face discussion to take place within 24 hours with the student/volunteer, led by the teaching tutor, regarding the possible incidental finding. Personal letter to be handed to the student/volunteer during this meeting

Recommendation

Student/volunteer advised, during the face-to-face meeting, to arrange a GP appointment for further management of the possible incidental finding and take the relevant letter with them.

Additional Actions

Teaching tutor to provide the student name and matriculation number along with the date of the face-to-face discussion/letter to the clinical skills suite manager. In the case of volunteers, the name and date of the volunteer should be recorded. Staff members should NOT provide any medical information or any other details regarding the potential incidental finding.

Appendix 2

Recommended Structure for the Face-to-Face Discussion

Introduction

- Explain the purpose of the face-to-face meeting (identification of potential incidental finding while participating in the session as a living model for demonstration purposes).
- Allow for pauses to help the student/volunteer understand the purpose of this meeting.

Discussion

- Discuss the nature of the session (for educational purposes only with no diagnostic value) and the potential incidental finding (benign or false positive or pathological).
- Mitigate the student/volunteer's immediate fears/worries relating to this disclosure without providing a false sense of security.
- **Note:** The template letter could be used to guide this discussion.

Conclusion

- Explain the recommended future steps (student to arrange a GP appointment and take the relevant letter with them while attending for this appointment).

Appendix 3

Template of the Student/Volunteer Letter

To be printed on an official University of St Andrews letterhead.

Dear *[Insert full name of student/volunteer]*,

During a teaching session on *[Insert name/nature of the examination performed during the teaching session]*, a possible incidental finding was noted while you were participating as a volunteer for demonstration/peer-examination. Incidental findings can be defined as any finding concerning an individual person that has potential health implications and is unexpectedly discovered in the course of a teaching session. In the broader sense, incidental findings also encompass clinically insignificant findings/normal variants that will not cause any health implications and false positive findings. The latter refers to findings that were initially thought to be out-with the normal ranges and later shown to be artefacts following further assessment. Thus, within an educational context incidental findings could have potential health implications, but also equally be benign in nature or even false positives.

As the above teaching session was performed purely for educational purposes, without carrying any diagnostic value, it is difficult to classify in which category potential incidental findings would fall into (pathological, clinically insignificant, normal variant, false positive). For this reason, we would strongly advise you to arrange an appointment with your GP at your earliest convenient to discuss this potential incidental finding.

Thank you for your participation in teaching session and please do not hesitate to contact us should you have any further queries.

Kind regards,

[Insert signature]

Appendix 4

Pre-Session Information

This is an example of the pre-element information that can be shared with the students (i.e. via Galen/ Solas).

In this practical, you will be working in small groups to identify important surface landmarks of the head and neck. You will also identify important anatomical structures of the neck using the ultrasound machine. Please wear a t-shirt, as the Clinical Skills dress code does not apply to this practical (except for usual hair tied back, no jewellery, etc.).

Please note that the ultrasound part of this practical does not carry any diagnostic value. Instead, it will be used purely for educational purposes in terms of consolidating your anatomical knowledge and linking this to related clinical applications such as the insertion of central venous catheters.

As with any peer examination, there is a possibility of identifying a potential incidental finding and in such cases appropriate advice/guidance will be offered to individual students in private.

If you would prefer not to take part in the ultrasound scanning, as a volunteer model for demonstration purposes, please discuss this with the tutor/element owner prior to the start of this session.

Author:	Executive Administrator (DCM)	Approval Committee:	
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Version Control Record *(expand table as required)*

Date	Revision Description	Major Changes
24 Oct 2017	Published version	
11 March 2019	Minor update	
6 March 2020	Change volunteer patient to Patient Partner	