

PEER PHYSICAL EXAMINATION
SCHOOL OF MEDICINE POLICY 2018 / 19

PURPOSE

1. The purpose of this document is to provide a set of evidence informed guidelines which will result in a uniform approach to consent for physical examination of students by peers and tutors and to provide a clear procedure for negotiating adverse events. In this document the term peer physical examination (PPE) will be used to indicate physical examination of undergraduate medical students by other undergraduate medical students and their tutors.

BACKGROUND INFORMATION

2. The opportunities for learning physical examination using hospital in-patients has decreased. Students numbers have increased resulting in the need for alternative strategies for learning physical examination (1). One pragmatic response to the challenges is for students to learn and rehearse physical examination skills on each other. The suggested benefits of PPE include enhanced opportunities to study normal anatomy, patients are protected from the discomfort of early learners, learners can practise gaining consent and are able to give and receive feedback and students develop empathy by being in a role as the patient. Hence PPE is commonly used in many medical schools worldwide as part of teaching physical examination skills, but is not without challenges. These include informed consent, duty of care and maintaining a safe learning environment (2). There is evidence that PPE for non-sensitive body areas is widely accepted by most students (3) and students hold positive attitudes toward participating in PPE as part of their course. Some important findings in the literature are:

- a. High acceptability of PPE (94-98%) (1)
- b. Women are more likely than men to be uncomfortable being examined by peers (4)
- c. Women and men are more willing to engage in PPE in same- sex groups (4, 5)
- d. Embarrassment, body image concerns and cultural values influence student attitudes to PPE(4)

Some of the challenges of PPE can be overcome by having a transparent, open approach to identifying and addressing some of the issues, and it is recommended that formal policies and processes should be in place (6). This document presents guidelines for PPE adapted from those practices already in place, informally and also written guidelines from other institutions (7).

SCOPE

3. This document applies to all students and teachers involved in the teaching and learning of clinical skills in the ScotGEM (MBChB) course.

GUIDELINES

4.

- a. ScotGEM medical students are expected to examine peers as part of their training in Clinical interactions (CLIC)
- b. The specific body areas which are included in this guidance are bare limbs, abdomen and chest (anterior and posterior), and the head and neck, eyes and ears.
- c. Students and tutors will never be expected to examine breasts, or the genital or rectal areas.
- d. Students must give verbal consent to be examined before each instance of physical examination.
- e. Students may decline to give consent to PPE. Students are not required to disclose their reasons for refusing consent.
- f. Students may withdraw verbal consent at any time and without any need to disclose their reasons for withdrawing consent.
- g. Students who refuse or withdraw consent may discuss this decision with their CLIC tutor and/or the programme lead, if they wish to do so. They can also use the [‘Raising concerns process’](#). All parties will handle this discussion sensitively and confidentially.
- h. Tutors must not coerce students into consenting to PPE.
- i. Tutors should offer the option of single gender PPE groups for some body area PPE, whenever possible, where this would enable greater participation.
- j. Tutors must not allow a refusal to prejudice any future teaching or assessment.
- k. In the event of discovery of a suspicious finding, inappropriate behaviour, or a breach in confidentiality, tutors and students will follow the adverse event procedures outlined below.

ADVERSE EVENTS PROCEDURES – DISCOVERY OF AN INCIDENTAL OR SUSPICIOUS FINDING

5. During PPE it is possible that a new abnormal or incidental finding may be discovered, for example, discovery of a mass, a heart murmur, or elevated blood pressure. The goal is to enable the student to access appropriate medical attention.

The following steps should be taken:

- a. The examining student confidentially informs the examined student of the finding.
- b. The examining student determines whether the student is already aware of the suspicious finding or already under medical care.
- c. Both students confidentially inform their tutor.
- d. The tutor asks permission to perform the same physical examination.
- e. If the tutor confirms the finding, and the student is not already receiving appropriate

medical care, the tutor recommends that the student seeks medical advice. In most cases this is likely to be advice to the student to self-refer to their own General Practitioner.

- f. The tutor reminds both students of the duty of the examining student to maintain confidentiality regarding the incident.

INAPPROPRIATE BEHAVIOUR

6. Inappropriate behaviour, such as inappropriate use of medical equipment, offensive language, or physical abuse may occur during PPE. Tutors may directly witness inappropriate behaviour or be alerted to it by a student. The consequence for inappropriate behaviour will vary and will be determined on a case-by-case basis.

The following steps will be taken

- a. The tutor speaks to the student(s) behaving inappropriately.
- b. The tutor informs the student that their behaviour is inappropriate and is likely to initiate a yellow card.
- c. For serious breaches of behaviour, the tutor contacts the CLIC Lead, Year lead or programme director regarding the incident, as well as initiating yellow card procedure. Students can also use the [‘raising concerns’ process](#)
- d. If a student has potentially been harmed by the inappropriate behaviour, the tutor ensures that he or she seeks appropriate care (e.g. student support team who may make an onward referral for specialist services).

BREACH OF CONFIDENTIALITY

7. Confidential information about a student may be revealed during history taking or physical examination. For example, students may reveal a history of medical issues, or physical examination may reveal surgical scars. It is possible in these situations that a breach in confidentiality may occur despite students being taught about the importance of confidentiality.

NOTE: This does not apply if a student willingly provides specific consent to have their physical findings used for the instruction of others, which would not breach confidentiality.

The following steps will be taken in the case of a breach in confidentiality:

- a. The tutor discusses the breach of confidentiality with the student(s) who breached confidentiality.
- b. The tutor informs the student(s) that sharing confidential information without consent is unacceptable and a breach of standards and initiates a yellow card report.
- c. The tutor ensures that the [‘raising concerns’ process](#) is followed in addition to other actions.
- d. The tutor ensures the student whose confidentiality has been breached is informed and, if required, seeks appropriate care (e.g. referral to student support).

REFERENCES

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Version Control Record *(expand table as required)*

Date	Revision Description	Major Changes
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