

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

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Introduction and Purpose:

Health Care Organizations (HCO) play an important role in the education of health care professionals. Patients will encounter students as part of the health care team and HCOs need to make sure that every effort is made to inform patients, family and visitors that they can expect student involvement in care.

The purpose of this guideline is clearly articulate the requirements and process for obtaining informed consent from a patient or their substitute decision maker to have students involved in their care. The right to refusal is discussed. Roles and responsibilities are delineated to ensure that this consent is obtained in all instances where the student observes or participates in care.

Definitions:

Also refer to: Standardized Guideline definitions in Practice Education Guideline (PEG) Introductory Module.

Health Care: Services that are provided for therapeutic, preventive, palliative, diagnostic, cosmetic, or other purposes related to health¹.

Consent: To give assent, as to the proposal of another; to agree².

Informed Consent: consent to medical treatment by a patient or to participation in a medical experiment by a subject after achieving an understanding of what is involved and especially of the risks³.

Substitute Decision Maker: an individual who acts on behalf of the patient/client who is incapable of giving or refusing consent to health care⁴.

Guideline Standards:

Students and Post Secondary Institution (PSI) Educators practice in accordance with the HCO policies for consent to treatment / procedures.

Patients or substitute decision makers (hereafter included with patients) must be notified that students and PSI Educators may be involved in their care for educational purposes.

Information regarding the educational nature of the HCO and its services and student involvement in health care should be included in all HCO public information (e.g., websites, patient information leaflets, etc.) and made available in the physical location of services and facilities that regularly have students.

¹ Government of BC. (2003). Health Care (Consent) and Care Facility (Admissions) Act (HCCCFA), 1993. Queen's Printer, Victoria, BC.

² The American Heritage® Dictionary of the English Language, Fourth Edition
Copyright © 2000 by Houghton Mifflin Company

³ Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

⁴ Provincial Health Services Authority. (2011). *Policy: Consent to treatment/procedures_AS_170*. PHSA, Vancouver, BC.

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

Consent for student observation involvement in care (observation or providing direct care) should be done:

- by the PSI Educator, HCO Educator (term includes all HCO practice education supervisory roles) or physician;
- without the student present so that consent is obtained without any undue pressure;

Consent is given, or presumed to be given, if the patient does not refuse the request for student observation or participation in care. Documentation of consent for student involvement in care is not required unless specifically required by the HCO, the student's PSI, or the student's particular discipline.

Patients have the right to refuse to participate in the education of students and understand that refusal will not adversely affect care or service. If the patient refuses observation or participation in care by the student, rationale must be documented in the patient's chart and communicated with to the health care team.

Students must always introduce themselves or be introduced as a student (refer to PEG 2-2: Identification of Students and PSI Educators), so that there is no possibility of confusion with an employee of the organization or any potential of misrepresentation of the student's professional status.

The HCO Educator / PSI Educator should ask the patient's permission for the student to observe/participate in care each visit or encounter so that the patient has an opportunity to change the consent decision.

The elements of informed consent to student involvement in care include:

- that a student is providing care or service;
- the extent of the care or service;
- who is supervising the student;
- how the student is supervised;
- how often the student is supervised.

The patient must be informed:

- of the type of student observing or participating in care;
- that the patient can refuse presence or participation by the student;
- that the patient can ask the student to leave at any point during the visit.

If staff, PSI/HCO Educator, or physicians wish to perform an examination/demonstration solely for educational purposes, the educational purpose must be explained and consent obtained from the patient. The staff, PSI/HCO Educator, physician must ensure that the proposed examination or clinical demonstration is not physically or psychological detrimental to the patient.

The student must not observe or participate in any interaction that is private, invasive, or sensitive in nature, unless all involved individuals (patient and staff) have expressly given permission.

Roles, Responsibilities and Expectations:

Health Care Organization:

Provide information for patients and families throughout the HCO about the role of the

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

organization in the education of students, the presence of students and their possible involvement in care.

PSI Educator / HCO Educator:

Inform patients/substitute decision makers of student observation or involvement in care in accordance with stated guidelines. Obtain consent prior to allowing the student to observe and/or participate in care.

Specifically inform patients when a significant component of a diagnostic or therapeutic procedure is to be performed by a student independently and not under direct supervision of a staff member.

Provide teaching and support for the student in situations where patients have refused care by the student or asked the student to leave.

Students:

Confirm patient consent received for their involvement in care with PSI Educator, HCO Educator or physician prior to observing or participating in care.

Introduce and identify self as a student and inform the patient of your:

- discipline
- level of study to date (e.g. second year Physiotherapy student in a two year Masters program at XYZ University.)
- supervising HCO Educator, PSI Educator by name, location and form of supervision.

If required by HCO, PSI or discipline policy, document patient consent in the patient chart.

Resources and References:

College of Registered Nurses of British Columbia. (2011). *Practice Standard. Consent*. CRNBC, Vancouver, BC.

Fraser Health Authority. (2011). *Policy. Consent to health care*. Surrey, BC.

Government of BC. (2013). Health Care (Consent) and Care Facility (Admissions) Act (HCCCFA), Queen's Printer, Victoria, BC. Available at:
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Provincial Health Services Authority. (2011). *Policy: Consent to treatment/procedures_AS_170*. PHSA, Vancouver, BC.

Public Guardian and Trustee of British Columbia. (2011). *Information for temporary substitute decision makers authorized by the public guardian and trustee*. Vancouver, BC.

Practice Education Guidelines for BC Consent For Student Involvement in Care

GL#4-1

The American Heritage® Dictionary of the English Language, Fourth Edition
Copyright © 2000 by Houghton Mifflin Company. Retrieved on May 5, 2006 from
<http://dictionary.reference.com/>.

Vancouver Coastal Health Authority. (2006). *Policy: Consent to health care_CA_100*. Vancouver, BC.

Guideline Review History:

Revision #	Date	Author(s)	Brief Description of Change (reason for change)
Original	March 2007		
1	March 2013	Diana Campbell (VIHA), Carrie Edge (FHA), Heather Straight (VCHA), Debbie McDougall (BCAHC)	Revised to new template Content revised References updated