

MD PEER TO PEER PHYSICAL EXAMINATION

CLINICAL SKILLS TUTORIALS: PEER- PEER PHYSICAL EXAMINATION (AND PROCEDURES)

Development of sound and skilful clinical skills is fundamental to competent patient care. Peer-peer physical examination has for many years been a recognised and successful component of clinical skills teaching throughout Australia and worldwide¹. Peer-peer physical examination (P-PPE) involves one student undertaking the role of the patient to be examined and the other undertaking the role of the student performing the examination.

ADVANTAGES OF P-PPE

- Allows repeated practice of the same examination (not possible when examining a patient)
- Allows the student practicing the examination to receive constructive feedback from a peer
- Allows development of a sense of the range of 'normal' anatomy and function
- Allows development of communication skills appropriate to the situation
- Allows skills to be developed in terms of using gowns and drapes to improve patient comfort
- Provides an opportunity for students to receive constructive feedback from an experienced clinician
- Allows errors to be identified and corrected by tutors
- Provides all students with an opportunity to practice
- Allows the student undertaking the role of patient to gain a more informed perspective on the patient experience
- Promotes understanding and empathy
- Promotes teamwork and collaborative learning

CONSIDERATIONS WITH RESPECT TO P-PPE

- Scrutiny of student performance. Peer and tutor feedback provides a valuable learning experience. Students receive education about how to deliver feedback in an appropriately supportive and constructive manner.
- Requires partial disrobing. Screens, sheets and gowns are provided. Within their group students are able to choose their partner.
- Potential to cause embarrassment or anxiety. Discussions with the Clinical Skills Coordinator can assist in resolving these concerns.
- Potential discomfort. Physical examination, performed correctly, on a well person is not expected to cause any pain. There may be feelings of pressure and minor discomfort. The student 'patient' has the right to stop the examination at any point. Advice can be sought from the tutor about changing examination technique to minimise discomfort.
- Unexpected abnormal findings on physical examination. On occasions clinical signs may be noticed during peer-peer examination. The tutor needs to be informed of any concerns. Generally the advice given will be to seek medical advice from the student's usual medical practitioner. Tutors are present in their role as educators and are not in a position to be able to perform a full history and examination, or to provide medical advice. If the matter is deemed urgent then the unit first aider will be notified and appropriate measures will be taken to assist the student in accessing timely healthcare e.g. arranging an ambulance

MONASH RURAL HEALTH CHURCHILL: YEAR A

In Year A physical examination and procedures are taught within small groups of 10-12 with an experienced clinician as a tutor. The tutor will respond promptly and appropriately to any concerns that arise.

Within these groupings students may choose their partner to work with. There is an expectation that all students will participate in and fully engage with tutorials. There is an absolute requirement that students are able to meet the recognised standard for hand hygiene (including sleeves rolled up to above the elbow).

Examination of the following systems is covered: musculoskeletal, cardiovascular, respiratory, gastrointestinal, neurological, renal, haematological and endocrine. Examination of the following areas is not permitted: examination of groin, genitalia, rectal area or female breast. Students are asked to wear sports shorts/crop tops or bathers under their professional dress in order to undertake the role of the 'patient being examined' in these teaching sessions.

Procedures: invasive procedures are not performed on other students. However students are expected to undertake the role of a 'patient undergoing a procedure' in a simulated environment.

EXPECTATIONS OF BEHAVIOUR DURING CLINICAL SKILLS TUTORIALS

- Professional behaviour at all times
- The relationship between the student being examined and the student performing the examination should be the same as that expected of a doctor and patient. For example, but not limited to: respectful, confidential, and culturally sensitive.
- 'Informed consent' must be sought before commencing an examination or procedure. If a student does not give consent they are not required to provide a reason and their decision is to be respected.
- Matters related to or discussions about personal health matters occurring within the tutorial session must remain confidential unless the student concerned indicates otherwise.
- If an incidental 'abnormal' finding is noted then this needs to be reported, initially, to the supervising tutor and thence to the Clinical Skills co-ordinator.
- Students are also required to comply with the relevant Monash University Policies.

All Australian medical practitioners and students training in Australia are expected to be able to examine all patients regardless of age, gender, culture and religion. However it is recognised that a student's willingness to participate in P-PPE may be influenced by their gender, race, culture, religion, background, and prior experience. Participation in P-PPE is expected and if a student has concerns they need to contact the Clinical Skills Co-ordinator on commencement in semester 1 and organise a meeting to discuss their individual situation. Every effort will be made to ensure students have the opportunity to participate in a way that that they can be comfortable with, whilst ensuring learning outcomes are met and that other students are not disadvantaged. Conversations regarding these concerns are kept confidential except where limited disclosure is required to other staff members to implement strategies to assist the student, or where the advice of other staff is required. It is expected that students demonstrate professional behaviour by being proactive about seeking out and discussing their situation with the relevant staff member(s). This needs to occur prior to the teaching day if the student has identified a concern that may impact on their ability to participate.

REFERENCE

1. Outram, Suzanne ; Nair, Balakrishnan, Medical Journal of Australia, Sep 1, 2008, Vol.189(5), pp.274-6