School of Medicine

Peer Examination Information and Informed Consent

Definitions:
"Peer examination" is used at the Deakin School of Medicine to describe the practice of medical students learning the skills of physical examination by examining one another.

"Simulated procedure" describes the practice of learning procedures or examination techniques that use simulation models (e.g. anatomical part-task trainers and manikins). Simulation models enhance the value of the teaching experience for the student and may be used while attached to a simulated patient (e.g. a breast part task trainer may be worn by a student of either gender to add realism of the simulated interaction within a safe learning environment).

Background:
- The knowledge of surface anatomy and ability to competently perform a physical examination is fundamental to a medical doctor's practice. Accurate examination technique is best learnt on real people.
- Examination of many different people, without major pathology, is essential in learning what range of findings constitutes "normal" and, subsequently, being able to identify "abnormal" findings.
- It is vital that medical students practise how to interact in a professional manner and communicate effectively with their patient.
- Peer examination also provides the student with an opportunity to appreciate the patient's perspective during physical examination. When you participate in role-play scenarios, playing the role of the patient during the peer examinations, you may experience what a patient feels, hears, sees or attempts to understand when engaged in an interaction with a healthcare professional. During the peer examination, the examiner ensures the patient's comfort and provides them sufficient information about the examination process to enable to patient to give informed verbal consent.
- Peer examination is a pragmatic necessity during the pre-clinical years (Year 1 and 2) of the MD course. While it might be ideal to have a large and varied number of "real patients" to examine, this is not always possible in a pre-clinical setting.

Specific Issues:
- **Examination of students of the opposite gender:** To practise as a medical doctor in Australia, a graduate is required to competently examine all types of patients. Bearing this in mind, it is encouraged that students regularly practise examining both men and women. Medical doctors must be professional and respectful whilst examining patients of any gender identity. These behaviours are role modelled by staff at Deakin and are expected of all students.

- **Clothing and exposure**: Peer examination will include examination of the body including head, neck, thorax, abdomen and limbs. For examination of the thorax and abdomen, the degree of exposure will depend on the student's comfort. All students are encouraged to wear comfortable clothing for examinations and hospital gowns and blankets will be available to practise draping and patient comfort.

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Examination of intimate areas (breasts, genitalia, buttocks, and perineum) will always be taught using simulation models, however, students playing the role of the patient will be asked to use the anatomical part-task trainer to make the learning process more realistic. Please note, the informed consent process will be explicitly taught and subsequently practised, including the right to refuse examination.

- **Right to refuse to be examined**
  All students have the right to refuse to be examined. All students are provided the opportunity to give informed consent and have the right to choose not to participate in all or part of the examination.

- **Cultural and religious constraints:** The Deakin School of Medicine considers individual's cultural and religious circumstances to be of enormous importance. Where peer examination or simulated procedures create difficulties, these can be discussed privately and confidentially with the Unit Chair or the Lead Tutor to achieve a satisfactory balance between the need to learn the skills expected of a medical doctor in Australia and respecting the individual's cultural and religious circumstances.

- **Participation:** It is expected that all students will recognise the importance of learning surface anatomy and essential clinical examination skills during peer examination in a supervised environment. It is expected that students will contribute to the peer examination process by undertaking the role of 'simulated patient', 'examiner' or 'observer'. For some peer examination sessions, there will be alternatives to participation to optimise the ability for students to achieve the learning outcomes.

- **Behaviour during examination:** Students undertaking peer examination must adhere to the same professional standards expected of all medical doctors. In consideration of these standards, consent to examination must be obtained through free agreement, without resort to coercion or peer group pressure. If either the simulated patient or the examining student feels uncomfortable with the peer examination process, they can withdraw their consent and stop the examination. The student should discuss their concerns with the teaching staff.

- **Photography:** When performing peer assessment there must not be any photography or imaging, including via camera, phone or other electronic devices.

- **Confidentiality:** Any finding made during the examination must be treated with the same confidentiality as it would be if the subject of the examination were a 'real' patient.

- **Management of abnormal findings during physical examination**: Peer examination will be facilitated by either a visiting medical or healthcare practitioner or a member of the school's academic staff. If an abnormal finding is made during peer examination, the provision of information or concern about an abnormal finding should be made in a private setting with the support of the Lead Tutor or Unit Chair. If you have concerns about another student's health and wellbeing during a peer examination, you must speak to the Lead Tutor or Unit Chair. This information must always be treated with sensitivity and confidentiality. Examination during a tutorial must never be assumed to be a substitute for a clinical assessment.

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PEER EXAMINATION CONSENT

Across the pre-clinical years (Year 1 and 2) of the MD course there is regular utilisation of peer examination as a method of teaching. There is variability of what may be required in different tutorials. Students are required to practice and obtain informed consent in line with the professional code of conduct and industry standards. Students will be able to familiarise themselves with relevant charters and code of conduct during their tutorials. Students may be required to provide further consent prior to new procedures or activities that are introduced across the pre-clinical years. Any student may withdraw their consent at any time. However, it is also important to discuss any concerns you have with your tutor or Unit Chair to find ways to minimise the impact on your learning experience and your progression towards competency. This document details the principles of peer examination and simulated procedures.

I acknowledge and agree to:

- Practice and obtain informed consent during peer examinations
- Read and familiarise myself with relevant healthcare charters and professional code of conduct expected of a medical doctor in Australia and its requirements to obtain patient informed consent
- That I can withdraw my consent to be examined at any time
- To report and handle information regarding abnormal findings with sensitivity and in confidence to the Lead tutor or Unit Chair

In signing this document, you are acknowledging that you have read and understood the document, and agree to adhere to the principles outlined.

Name	
Student ID	
Course	H911 – Doctor of Medicine
Year of Course Commencement	2027
Signature	
Date	

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