Safeguard or mollycoddle? An exploratory study describing potentially harmful incidents during medical student placements in Aboriginal communities in Central Australia

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ABSTRACT

Objective: To assess the number and characteristics of potentially harmful incidents occurring during placement of medical students in remote Aboriginal communities in the Northern Territory.

Design, participants and setting: A retrospective audit of medical students’ files from Northern Territory General Practice Education placements in Central Australia for the period from January 2006 to December 2007.

Main outcome measures: Number and type of potentially harmful incidents.

Results: A total of 163 placements were undertaken. Of these, 98 (60%) had adequate documentation to determine whether an incident had occurred. There were 28 cases (17%) where potentially harmful incidents were judged to have occurred. Most incidents fell under several descriptive categories, but clinical supervision, professional practice and administrative issues were most common.

Conclusions: One in six students experienced a potentially harmful incident during remote area placement in 2006–2007. While acknowledging the exploratory nature of this investigation and the major educational benefits that clearly arise from these placements, our findings indicate problems with clinical supervision and administration.

METHODS

We conducted a retrospective file audit of all RUSC student placements in Central Australia for a 2-year period from January 2006 to December 2007. Sources of information included the written notes in students’ files such as the application form, teleconference notes, debrief notes and any other file and action notes. Students were ideally debriefed weekly by group teleconference, and at the end of their placement by a medical educator and program administrator. However, debrief attendance was variable, and students were not specifically asked about adverse experiences. While NTGPE staff were aware of some incidents that had not been recorded in the files, anecdotal or verbal recall was not regarded as sufficient for this study.

Ethics approval was obtained from the Central Australian Human Research Ethics Committee.

Definition of incident and case selection

We used an educational institution-based definition of a “critical incident” to...
develop a student placement-specific definition of an incident as: an event, or the threat of one, which may
• cause, or is likely to cause, significant physical and/or emotional distress or harm to the student experiencing or witnessing the event
• be regarded as outside the normal range of experience of the persons affected
• threaten, disrupt or prevent the ordinary functioning of the student placement.

Two subgroups were identified:
• Clinical: events related to medical or clinical work by the student or other clinicians, or to patient morbidity and mortality (eg, accidental, avoidable or traumatic deaths or suicides; near-misses; needle-stick injuries; lack of supervision judged necessary for student competence; improper or negligent practice).
• Non-clinical: events outside the direct medical, patient-related work of the student or clinic (eg, motor vehicle accidents; physical or verbal assault; bullying or harassment; extreme weather conditions; cultural transgressions; culture shock).

The principal investigator (A P) obtained all the hard-copy student files for the study period. She systematically checked all files, coded demographic data, and noted whether a potential or actual incident had occurred during the placement, and if there was sufficient information recorded to make such a judgement.

Face validation of cases was achieved by independent file review by two other staff (M V and H T N), who assessed whether the identified case met the agreed definition of an incident. Broad descriptors were developed to categorise the cases by common themes (Box 2). The three reviewers independently recorded which descriptors they thought best applied to each case. There was no discussion of which descriptors were applied by each reviewer, and each descriptor could therefore be applied multiple times to a case.

RESULTS
A total of 163 placements were identified (97 in 2006 and 66 in 2007). Of these, 98 (60%) had sufficient documentation to determine whether an incident had occurred.

A total of 31 files with possible critical incidents were identified on initial screen-

DISCUSSION
This study suggests that, during the 2-year audit period, potentially distressing incidents occurred in at least 17% of medical student placements in remote Aboriginal communities in Central Australia. In 2006, from the 75 anonymous feedback forms completed by the cohort of 97 students, 64 (85%) rated their overall placement as above average or excellent, and 61 (81%) believed it had increased their interest in rural practice, while only four (5%) considered the placement below average or poor, and three (4%) reported less interest in rural practice as a result (unpublished data, NTGPE, 2006). Thus, there were many more students who experienced critical incidents than those who rated the placement poorly, suggesting that a “distressing” incident does not necessarily lead to an overall negative placement and may in fact be a powerful learning experience.

This retrospective audit has several limitations. The large number of files with inadequate documentation and the reliance on
self-reporting by students increases potential bias. The primary feedback noted was from students and NTGPE staff, rather than supervisors, clinic staff or patients. The interviewers’ own experiences, both of the clinical context and in counselling skills, may inform how they interpret and attach significance to feedback. The number of descriptors and the brevity of their explanations may have led to a lack of clarity for the reviewers and a wider spread of descriptors. Multiple descriptors applicable to a case may also be interrelated: for example, clinical supervision is dependent on functional interpersonal relationships, appropriate professional practice, and professional attitudes.

Good supervision promotes professional development, but we found that the quality of clinical supervision appears to be a major concern. Complex patients with multiple morbidities; major traumatic events; lower health and language literacy; clinics characterised by understaffing, high staff burnout and turnover; and some recruitment practices (eg, appointment of short-term locums) all make it difficult to develop and maintain supervisory and teaching quality. Clinical workloads can be high and students seen as a valuable “pair of hands” and left to see patients on their own. The tension between service delivery demands and teaching may result in the teaching role being seen as a low priority. Clinics are staffed by interprofessional teams; nonmedical staff may supervise medical students, and there may be a lack of clarity in roles, commitment or confidence in supervising across professional disciplines. Students may not value the roles of remote area nurses or be reluctant to accept their authority as supervisors, and have attitudes perpetuating the traditional hierarchical medical–nursing divide. Lack of training and skills in clinical supervision, compounded by remoteness and difficulty in attending training, may hamper the professional development of supervisors. These factors suggest that students require particularly careful clinical supervision to protect patients’ and students’ safety and promote ethical practice.

Personal qualities such as resourcefulness, self-confidence and cross-cultural skills will aid students in making the most of their elective. However, a “medical tourist” attitude may undermine the learning component and lead to mismatched expectations. Some students may be experiencer learners and “keen to have a go”; they may appreciate a lack of supervision as it allows them to do more, but they may lack insight into their own capabilities and have “strategies to appear as competent as possible.” All these attitudes and perceptions can challenge the inexperienced supervisor.

A review from the United Kingdom recognised the value of more structured approaches to medical electives to maximise learning and minimise the risks. Strategic planning can address some of the challenges of clinical education in the primary care and remote Aboriginal community setting, and should be applied to student electives. Immediate strategies can include organisational systems for risk management; staff and student commitment to processes such as ethical practice; feedback and debriefs; and employing staff who are familiar with local conditions. Establishing more intimate partnerships with communities, universities and clinics with stable staffing, developing rigorous standards for selection of supervisors, and resourcing interprofessional training in clinical education are some longer-term practical strategies.

While student placements are attractive and have demonstrated positive outcomes, they demand due consideration be given to safeguarding students, supervisors and, most importantly, patients. This is timely...
given the increasing burden of clinical education that is being placed on community-based health services and general practice, and in rural and remote Australia.

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COMPETING INTERESTS
None identified.

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