

Module 4

Case 4.1: Balancing Patient Care and Student Education—Mr. Harvey's Central Line

Case Presentation

Mr. Harvey was admitted to the general medical service of a teaching hospital. It was his third admission in 8 months. One prior admission was, like this one, due to exacerbation of long-standing chronic obstructive pulmonary disease (COPD). The other admission was prompted by dizziness and fainting brought on by his poorly controlled diabetes. Mr. Harvey is 57 years old and is African American. Management of his health is complicated by obesity and (as he confessed to Tina Moseley, the third-year medical student who interviewed him when he arrived on the unit) his continued smoking. A chest X-ray ordered in the emergency department before Mr. Harvey's admission showed results consistent with pneumonia, though blood culture results were not back. Antibiotic treatment administered intravenously was indicated, but Mr. Harvey's peripheral circulation was poor, and several attempts to place the IV in his arms failed. Becoming somewhat irritable with the attempts, Mr. Harvey complained that, "No one in this place can ever find my veins."

Dr. Amanda Gage, the senior resident, decided that a subclavian central line should be placed to gain intravenous access. Dr. Gage is supervising 2 third-year medical students. The students—Kenny Krasnow and the previously mentioned Tina Moseley—are in week 6 of their 8-week internal medicine rotation. Kenny has successfully placed central lines on several occasions during his rotation. Tina has been unsuccessful on 2 attempts with different patients; in each case Dr. Gage stepped in and completed the placement. For a couple of reasons, Mr. Harvey is a good patient for Tina's next attempt. His condition is not emergent; he is accustomed to the teaching hospital routine, and has taken Tina into his confidence. He considers her to be "on his side." On the other hand, his obesity makes the procedure more difficult than usual. Because of his multiple health problems, should Tina puncture his lung, the complications would be life-threatening. Additionally, he is already irritable about the inability of the staff at this hospital to "find his veins."

Tina knows that she should succeed at placing a central line before completing her internal medicine rotation, and time is running out. Dr. Gage asks Tina to attempt to place the line. She is on her way to inform Mr. Harvey about the procedure and its risks and to obtain his consent. She identified herself as a student when she first introduced herself and interviewed him. They seem to communicate well, but Mr. Harvey continually refers to her as "doctor." As she walks, she wonders how much she should tell Mr. Harvey about her past attempts and whether she needs to remind him that she is a student. When she enters Mr. Harvey's room, he is chatting with his grown daughter who has just arrived.

What should Tina tell Mr. Harvey? (select an option)

- A. [She should remind him of her status as a student and inform him that she will be performing the procedure under supervision.](#)
- B. [She should inform him that she will be performing the procedure.](#)
- C. [She should describe the procedure and inform him that the health care team, including Dr. Gage, will be performing it.](#)

- D. [She should remind him of her status as a student and inform him that she will be performing the procedure under supervision. She should also mention her previous failures to place a central line.](#)

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Option Assessment

- A. Reminding Mr. Harvey of her status as student and notifying him that she will be placing his central line with Dr. Gage's supervision is **preferable** and supported by *Code Opinion 8.087*, "Medical Student Involvement in Patient Care": "Patients should be informed of the identity and training status of individuals involved in their care and all health care professionals share the responsibility for properly identifying themselves."
- B. Informing Mr. Harvey that she will be performing the procedure without reminding him of her status is **acceptable** but is not the preferred option. *Opinion 8.087*, "Medical Student Involvement in Patient Care" states that "Students and their supervisors should refrain from using terms that may be confusing when describing the training status of students." This course of action does not violate this standard, inasmuch as Tina has identified herself as a student, at least once. However, it would be better to remind Mr. Harvey that she is a medical student and then explain that she will place the central line under Dr. Gage's supervision.
- C. Describing the medical procedure to Mr. Harvey without informing him that Tina will be performing the procedure should be **avoided**. It violates *Code Opinion 8.087*, "Medical Student Involvement in Patient Care": "Patients are free to choose from whom they receive treatment." It is important for the roles and activities of each member of the health care team to be clearly explained to the patient. This must be done in advance for patients who will be unconscious during the procedure.
- D. Informing Mr. Harvey of her past difficulties is **acceptable**, but it is not required by the *Code*. *Opinion 8.087*, "Medical Student Involvement in Patient Care" states that patients "should be informed of the identity and training status of individuals involved in their care." Informing Mr. Harvey that Tina is a medical student fulfills the requirement. Further, Mr. Harvey's safety does not depend on Tina's individual expertise but on the structural expertise arising from the supervision of medical students by residents and attending physicians.

[Compare these options](#)

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Option Comparison

Medical students (and their supervising residents) have a responsibility to inform patients of their training status. Because Mr. Harvey may not have understood that Tina is a medical student, reminding him (option A) is preferable. Because Tina has already informed Mr. Harvey that she is a medical student, option B, informing him that she will do the procedure but not reminding him that she is a student, is acceptable. Option D is also acceptable: Tina does not violate the *Code* by informing Mr. Harvey of her past failures.

Option C—the vague statement that "the team" will perform the procedure—should be avoided. Because this statement may imply that someone else will be performing the procedure, and because she knows she will be, Ms Moseley should inform Mr. Harvey.

Preferable: Option A

Acceptable: Options B and D

Avoid: Option C

[Additional discussion and information](#)

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Additional Information

Perhaps the most valuable feature of medical education is the practical experience provided by supervised participation in clinical encounters. Medical students gain experience by performing basic procedures and observing clinical interactions. Patient care may also be enhanced by the involvement of medical students: medical students provide patients an additional opportunity both to discuss problems and to receive information because students have more time to spend with patients (eg, when taking a medical history). As Opinion 8.087, "Medical Student Involvement in Patient Care" makes clear, patients should be apprised of planned medical student involvement because some patients may prefer that students not be involved in their care:

Opinion 8.087, "Medical Student Involvement in Patient Care"

Patients and the public benefit from the integrated care that is provided by health care teams that include medical students. Patients should be informed of the identity and training status of individuals involved in their care and all health care professionals share the responsibility for properly identifying themselves. . . Patients are free to choose from whom they receive treatment. When medical students are involved in the care of patients, health care professionals should relate the benefits of medical student participation to patients and should ensure that they are willing to permit such participation. Generally, attending physicians are best suited to fulfill this responsibility. . . in instances where a patient may not have the capacity to make decisions, student involvement should be discussed with the surrogate decision-maker involved in the care of the patient whenever possible.

Medical students may be able to gain more experiences sooner if patients are left unaware of their training status or planned involvement. Avoiding disclosure, however, implies that the primary mission of the teaching hospital is medical training and ignores a patient's right to choose whether to participate in student education. It is inappropriate to assume that a patient is implicitly willing to participate in the training of medical students or other health professionals merely by being admitted to an academic medical center. When they introduce themselves as students and verify that patients agree to student participation in their care, medical students engage in a simple form of truth-telling that constitutes a first step in establishing and reinforcing trust in the patient-physician relationship.

In those cases when patient consent is unattainable (eg, emergency care), the participation of medical students should be evaluated judiciously and employed cautiously.

[Related topic: Medical students as "patients"](#)

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Related topic: Medical students as "patients"

Just as it is important to get permission for students to perform procedures on patients, trainees should also be aware of the ethical concerns surrounding the use of their peers as "patients" for training purposes.

Opinion 3.09, "Medical Students Performing Procedures on Fellow Students"

- (1) In the context of learning basic clinical skills, medical students must be asked specifically to consent to procedures being performed by fellow students. The stringency of standards for ensuring the explicit and non-coerced informed consent increases as the invasiveness and intimacy of the procedure increase.
- (2) Instructors should explain to students how the procedures will be performed, making certain that students are not placed in situations that violate their privacy or sense of propriety. The confidentiality, consequences, and appropriate management of a diagnostic finding should also be discussed.
- (3) Students should be given the choice of whether to participate prior to entering the classroom and there should be no requirement that the students provide a reason for their unwillingness to participate.
- (4) Student should not be penalized for refusal to participate. Thus instructors must refrain from evaluating students' overall performance in terms of their willingness to volunteer as "patients."

Medical students pretending to be patients are not in a patient-physician relationship with each other. Consequently, the information disclosed to students should differ from that disclosed in a clinical context. Students should also consider the potential effect of the exam and the possible (unexpected) findings on their relationships with fellow students. As the invasiveness or intimacy of the procedure increases, greater care must be taken to ensure that students' informed consent is explicit and uncoerced.

Voluntariness and the forces that may undermine it deserve special scrutiny in this context. It should be recognized that coercive influences may stem from individuals or from situational factors, eg, the mere fact that students are in an educational setting and are being evaluated. Some students may have conditions that they do not wish to reveal but that might be detected upon physical examination. Unless they are presented with an explicit choice to volunteer, students may feel compelled to submit to the procedures, especially if they believe that their participation impacts the evaluation they receive from instructors. Instructors should refrain from including students' willingness or

unwillingness to participate as a contributing factor in their evaluations. Some students may give reasons for not participating as "patients," but reasons should not be required, and the decision not to offer reasons must be respected.

In short, students should be given the choice to volunteer in a non-coercive setting prior to entering the classroom and there should be no requirement that the students provide a reason for their refusal to participate.

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