

Australasian College for Emergency Medicine

Use of Volunteers as part of Ultrasound Education

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Document review

Timeframe for review: Document authorisation: Document implementation: Document maintenance: every three years, or earlier if required. Council of Education ED Ultrasound Committee Department of Education

Revision history

Version	Date	Revisions
v1	June-2022	Approved by the ED Ultrasound Committee and the Council of Education

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1. Overview

Medical education and clinical training often incorporate simulated patients to realistically replicate the doctor-patient encounter in a safe, low-risk, supportive environment.

In ultrasound training programs (structured teaching sessions and workshops), volunteers act as live physical models to facilitate the acquisition of clinical skills in ultrasound.

In addition to skills development and clinical reasoning, there are additional benefits of incorporating volunteers, including opportunities to improve communication, professionalism, teamwork, and leadership. All are essential attributes of a practising clinician.

The purpose of this guideline is to outline items for training providers to consider when engaging and utilising volunteer models and provides a template for information for volunteer patients. The guideline also outlines considerations about workshop participants. This guideline does not cover patients that may be scanned for teaching in a hospital setting.

1.1 Definitions

Simulated patient means a person who has been trained to portray a real patient.

Volunteer means a person who is participating as a live physical model in an education or training activity: this can be a participating clinician or colleague.

2. Volunteers

2.1 Requirements

Volunteers are not required to have any specific knowledge or skills, only to be able to follow instructions and be physically examined. Volunteers should be independently mobile, adults, who can participate in repeated physical examination, often of a specified body region for teaching purposes. Volunteers, including those who may be participating in the workshop, must be informed in advance of the nature of the examination and are required to provide consent before taking part in any activities.

In addition to being recruited in advance, volunteers must be scanned in a confidential setting by an appropriately qualified clinician prior to any scans being undertaken for training. Given the risk of incidental findings, this is recommended for all ultrasound scans, but specifically for obstetrics and gynaecology scans.

Volunteers that have a managed health condition are not excluded from participating in learning activities; however, their personal health status is not the purpose of participating and personal medical history will not be taken. Volunteers should be advised of this prior to the session.

The name and address of the volunteer's doctor/medical centre should be collected on the consent form in the event of further communication required for unexpected or incidental findings.

2.2 Recruitment

Volunteers should be recruited specifically for the purpose of volunteering rather than being participating clinicians or colleagues who are co-opted during the workshop. Recruitment of volunteers must occur prior to the workshop so that the necessary consent and pre-workshop assessment (if needed) can be done. Individuals should volunteer for scanning prior to the workshop rather than be asked or nominated during the workshop.

Where a workshop is taking place at a workplace, trainees/staff must not be pressured into acting as models. Recruiting volunteers who are team members or participating clinicians is not appropriate due to potential conflict regarding supervision and employment, and to protect confidentiality of those volunteers.



2.3 Abnormality or medical condition identified in a volunteer (Incidental findings)

During an educational session, it is possible that an incidental finding is detected in a volunteer. If this is the case, the volunteer should be advised to seek medical advice from their GP. A letter can be sent to their nominated GP (see template in Appendix 1) with a copy provided to the volunteer for their records.

If the situation involves an injury or is of a more urgent nature, first aid should be provided.

3. Video and Audio Recording

Video and audio recordings may be taken during live education and/or training sessions to supplement learning. Volunteers must consent to be recorded; recordings will only be used for educational purposes. Publication of audio/video should have the necessary consents and be edited to remove identifiable features.

A consent for recording can be included in the declaration of consent document outlined in section 7 or can be created as a standalone document as recommended by the host institution.

4. Withdrawing/Cancellation

Volunteers are free to withdraw or cancel their participation at any time.

5. Termination

Facilitator and/or teaching staff reserve the right to terminate volunteer participation at any time.

6. Volunteer information

Participants should be provided with information prior to consenting. Volunteer information should:

- Describe:
 - the teaching and learning environment, noting that discussions and observations will take place between facilitators, peers, and learners.
 - the hands-on skills performed, and tools/equipment involved. For non-medical volunteers, provide information on ultrasound, FAQs, etc.
 - the level of supervision from facilitators and staff.
- Note:
 - Volunteer's right to privacy and confidentiality.
 - Volunteers should be independently mobile, adults, who can participate in repeated physical examination.
 - Facilitators, staff, examiners, and learners are not providing any medical service.
 - Volunteers are required to notify the facilitator or other staff immediately if they feel unwell or experiencing any discomfort.
 - Volunteers participate freely and have the right to terminate participation at any time.
 - Participation includes consent to video and audio recordings.
 - Contact information for questions, concerns, and support.

7. Consent

A declaration is required for all volunteers acknowledging that they have read and understood the volunteer information and can provide informed consent ahead of participation. This declaration should be generated by the host institution with appropriate legal advice where required.

8. Workshop Participants

The use of volunteers who are recruited specifically for the purpose of volunteering is also preferable when considering workshop participants. Participants should not be expected to perform ultrasound scans on their colleagues particularly those whom they supervise or manage. Where there is no alternative to using volunteers from within the workplace or community of practice, workshop participants must be notified of this prior to the workshop and given the opportunity to opt out.

9. References

Become a volunteer [Internet]. ANU College of Health & Medicine. 2021 [cited 17 December 2021]. Available from: <u>https://medicalschool.anu.edu.au/connect/become-volunteer</u>

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Simulated Patient Program - University of Wollongong – UOW [Internet]. Uow.edu.au. 2021 [cited 17 December 2021]. Available from: <u>https://www.uow.edu.au/science-medicine-health/schools-entities/medicine/about/simpatient/</u>



INSERT INSTITUTION LOGO

Date

[GP name]

[practice address]

Dear [GP name],

Cc [participant name]; [DOB or other identifier]

RE: Report of an abnormality on ultrasound scan from [insert institution]

[participant name]; [DOB or other identifier] recently attended [description of educational session] as part of [program name] at [Institution name]. While participating in [procedure/activity] as a volunteer model, we identified [abnormality or finding]. This finding may be potentially serious and if confirmed, can have a substantial impact on [specific bodily function, quality of life, etc.]

A copy of the report is provided with this letter if you feel further referral or clinical investigation is warranted. If required, you can request a digital copy of the relevant scans by emailing [email address] or by telephoning [Dept/contact] on [phone number].

We have provided a copy of the report and this letter to [participant name] and have advised them to make an appointment to see you at the earliest opportunity.

Kind regards,

[insert name/contact details]





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