GUIDANCE ON HOME VISITS BY MEDICAL STUDENTS

Introduction

Whilst medical students are on placements in primary care, an essential part of their learning is seeing patients in their own homes.

During home visits, they will be able to take histories and examine patients to improve their clinical skills. They will also have an opportunity to develop an understanding of how patients’ medical problems can affect their functionality (e.g. mobility) and quality of life. Seeing a patient in their home adds to the richness of the history and often provides a greater understanding of the background to a problem or the patients’ responses and reactions to the problem.

Home visits may at times be undertaken by medical students unaccompanied by the GP tutor, other healthcare professional or medical student.

Aim of Guidance

This guidance aims to ensure that when medical students undertake home visits, the nature of the visit (and any work that has to be undertaken by the medical student during the visit) is risk-assessed and managed by clear guidance and policies which serve to protect the Practice, the GP tutor, the medical student, the patient and the general public.

Indemnity and insurance

Medical students have discretionary professional indemnity through a medical defence organisation (usually the Medical Protection Society or Medical Defence Union). The supervising clinical staff in a practice will also have their own professional indemnity insurance which will indemnify them as the responsible clinician who has sent the student to the home visit to the extent that the student has acted according to the supervisor’s instructions.

The Practice will have public and employers’ liability insurance cover which should extend to medical students while on placement at that Practice and this will include cover for harm to students while on practice business outside the practice premises.

Procedure for Facilitating Home Visits by Medical Students

1. Whilst on placement at a practice, medical students should be regarded as ‘employees’ of the practice in terms of health and safety legislation and general welfare.

2. The Practice, medical students and their supervising GPs have a choice as to whether or not to accept organisational, professional or personal risk
relating to medical students doing home visits alone (on most placements we anticipate students visiting in pairs or with a health professional but there will be a small number on solo placements who might appropriately visit a patient alone).

3. Before every home visit, the supervising GP should ascertain the level of risk the medical student would be exposed to during the visit. This risk may be physical or psychological. If the risk is deemed to be anything more than minimal, the student should not be permitted to do that home visit without the supervising GP accompanying the student.

4. It is essential that it is made explicit to students that if at any point during the home visit, the medical student feels unhappy, unsafe or has concerns about the visit, they should leave the house and contact the Practice as soon as possible.

Guidance for Medical Students Undertaking Home Visits Alone

All home visits must be deemed clinically or educationally appropriate by the medical student’s supervising GP before the visit.

To minimise any risk to the students, patients and public, please ensure the following steps are taken prior to each home visit:

1. Medical students should be made aware of the Practice’s procedures for student home visits. The supervising GP should ensure these procedures are followed to ensure the students are safe and protected during visits.

2. The supervising GP is responsible for performing the risk-assessment of a home visit before the student embarks on the visit (see Appendix 1 for examples of ‘unsafe’ visits for students to do unsupervised).

3. The supervising GP should have contacted the patient before the visit and to ensure they are happy to be seen by a medical student initially and should also discuss the nature of the visit and what to expect of the student. They will also discuss how they will see the patient themselves after the student visit.

4. Medical students should never do any of the following unsupervised:
   - Venepuncture
   - Administration of any injections
   - Administration of topical, oral or rectal medications
   - Catheterisation
   - Physical examinations normally requiring the presence of a chaperone:

   Generally, students should not examine patients from “below clavicles to above knees”. Alternatively, students could wait until their GP
supervisor arrives at the house before doing any physical examinations.

5. Before the visit, the supervising GP must have an agreed form of communication with the medical student during the visit (see “Procedures For Students To Follow Before a Visit”).

6. The supervising GP must ensure that the student reports the results of the visit to them in a timely fashion (e.g. if the visit was to follow-up a previous consultation or was purely educational in nature, the feedback does not need to be as immediate as a visit for an acute problem (but still has to be within that clinical session):

   - Confirm the student is safe
   - Give feedback to the student on their visit and address any concerns the student may have
   - Ensure any documentation of the visit by the student (e.g. on Practice’s IT system) is complete and accurate

7. After the visit, the supervising GP is responsible for checking the patient’s state is as reported by the student and for following up any concerns raised.

Procedure For Students To Follow Before A Home Visit

1. Before a visit, students should give their mobile number to reception and also be given the Practice’s number.
2. Students should inform reception when they leave to go on a visit and give their approximate expected time of return.
3. Students should also inform reception when they have returned from visit.
4. Students should give reception a pre-agreed ‘secret code word’ which if the student mentions on the telephone whilst out on a visit, this will signify they feel they are in danger.
5. If doing more than one visit at a time, they should describe to reception (in broad terms) their intended route.
6. The Practice should have an appropriate plan in place for students in case the GP supervisor is not available.

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Appendix 1

Some examples of ‘unsafe’ visits for students to do unsupervised:

- Male or female student seeing a patient with history of violent/aggressive behaviour.
- Male or female student seeing a patient with severe psychosis/schizophrenia.
- Male or female student seeing a patient who has previously made inappropriate advances on staff at the Practice.
- Male or female student seeing a patient with history of severe recreational drug or alcohol problems.
- Male students seeing a female patient who is Muslim (unless prior to the visit, the patient has agreed with the GP supervisor that this is ok).
- Male or female student seeing a patient with previous conviction for rape or child abuse.