



## **POLICY DOCUMENT**

### **INVASIVE PROCEDURES**

#### **Background**

For many years now, medical students enrolled at Monash University have learnt invasive procedures through practising on each other. This has included a Faculty endorsed and led program in second year for the instruction of venipuncture. In addition to this, cannulation is taught in a similar fashion at some clinical schools.

In 2010, it came to the attention of MUMUS that cannulation was being taught by senior students without supervision from doctors, nurse educators or members of the clinical school. Certain doctors have also instructed students how to administer local anaesthetic and perform ring blocks on each other.

In 2010, the Faculty raised concerns with the instruction of cannulation and other procedures with the Year 3 Management Committee.

#### **Policy**

MUMUS believes that:

1. The teaching of invasive procedures is paramount to being a clinical medical student.
2. Invasive procedures such as cannulation provide students with a real way to be part of the treating team and contribute to the care of patients. Such procedures should remain early in the MBBS curriculum and not be reserved for final year students.
3. Simulated patients provide an adequate introduction to procedures; they do not, however, provide sufficient realism.
4. Appropriate supervision on live patients must be offered to students such that there is no need to practise on each other.
5. Without adequate supervision of students to practice on a sufficient number of live patients, students will resort to practicing on each other. It is the responsibility of the Faculty and Clinical School to ensure this supervision is made readily available.
6. If a clinical school feels unable to provide students with an opportunity to practice on live patients, MUMUS believes in a harm-minimisation model whereby the Faculty would provide equipment and appropriate supervision to students who wish to practise on each other.
7. No student should be forced, pressured or coerced either to practice invasive procedures on another student or to be practiced on by another student.
8. Once students have completed a sufficient number of a given procedure under supervision, they should then be deemed competent to perform that procedure without supervision.

Policy adopted April 2010.

For review April 2012.