Ensuring Patient Confidentiality in the virtual world:
When there is a Shadowing Medical Student obtaining consent should be standard practice

Telemedicine has become a regular occurrence in both primary and secondary care settings as a result of the Covid-19 Pandemic and is a tool that is likely to remain in use in clinical practice post-pandemic. However, with the reintroduction of medical students into clinical placements, challenges around explicit consent and patient confidentiality are now emerging, and clear guidance is needed for telephone consultations involving shadowing students.

In face-to-face consultations where medical students are present, the student's inclusion in the consultation has an immediate visual cue. The student's presence prompts both the clinician to seek consent for the student to be involved, as well as for the patient to object. Therefore, either direct or implicit consent is gained from the patient for that student to be involved in the consultation. However, with the increasing use of telephone consultations, this visual cue has been removed. When I am shadowing these telephone consultations as a student most clinicians have placed the call on speaker to allow me to hear both sides of the interaction for educational purposes. Unfortunately, it has been my personal experience, and that of my peers, that sometimes this explicit verbal consent can be overlooked. According to guidance from the Medical School Council (MSC) surrounding students attending remote consultations, "patients must consent to a student being present during a remote consultation" [1].

Anecdotally, from both my personal experiences and discussions I've had with my peers, it appears that there is inconsistency in practice with variation of when or if consent is obtained over the phone. By not explicitly obtaining consent there is a risk of reducing the patient's trust within the clinician which could undermine the therapeutic relationship [2]. As a student in these situations, I feel uncomfortable if consent has not been gained, and yet often don't feel able to raise this with the clinician. It has been reported that up to 56% of medical students don't feel able to speak up with concern over patient safety in a critical situation, and as little as

28.5% feel able to report such incidences [3,4]. A hierarchical structure persists in medicine, and it can be intimidating for students to feel like they're disrupting this in any way. This power dynamic makes it difficult for medical students to speak up if consent is not gained during a telephone consultation.

This poses the question of when the most appropriate time is to gain consent over the phone and for the medical student to speak up and mention this if it's not gained. The MSC suggest for this to be done by the clinician leading the consultation at the start of the call and have provided an example of how to do so within their guidance [1]. However, if this is not done the ownness then falls to the student who, although may be hesitant, could approach this in a few ways. Firstly, they could proactively mention it at the start of the session before any consultations have begun. Secondly, if the consultations have already started, they could politely remind the clinician in between calls. Thirdly, if they do not feel able to mention it directly, they could discuss it with a clinical supervisor. However, the ultimate responsibility lies with the clinician that is initiating the telephone consultation.

Moving forward it's important to facilitate the participation of students within telephone consultations while continuing to prioritise the responsibility that all medical professionals (including students) have to patient safety and respect for their autonomy [5]. It, therefore, seems clear that gaining explicit patient consent for students' involvement in all consultations and clinical interactions (including telemedicine) should be re-iterated among clinical staff and students. Medical schools along with the hospitals and practices which facilitate placements should disperse the MSC guidance to their clinicians and students as a standard of practice for students attending remote consultations.

The increasing use of telephone consultations in clinical settings with the presence of an 'invisible' shadowing medical student presents a potential threat to patient confidentiality. It is essential to directly address patient confidentiality in these scenarios and gain explicit consent from the patient for anyone present in the room to listen in to the consultation.

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