

Unit One

Medicolegal issues in the treatment of young people

Activity 1.1 Welcome and introduction



Welcome and introduction (2 minutes)

Purpose	To welcome participations, introduce trainer and attendance requirements of participants.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Handout folders
Method	<p>Show powerpoint slides 1-3 </p> <p>Welcome participants to the training.</p> <p>Introduce yourself and co-facilitator(s). Provide some information about your professional background and any other relevant information.</p> <p>Explain to participants that this session is Unit One of three units that comprise the face-to-face part of the Active Learning Module (ALM).</p> <p>Point out that participants will be required to attend all three units in order to receive their Category 1 CPD points.</p> <p>Show powerpoint slide 4 </p>
Key Points	Point out that participants will be required to attend all three units in order to receive their Category 1 CPD points.

Icebreaker (5 minutes)

Purpose	To introduce group members to each other.
Method	<p>Ask participants to briefly introduce themselves by name and where they work.</p> <p>Ask each participant in turn to describe one aspect of their practice with young people that has changed since they completed ALM 1 (if they have done ALM 1).</p> <p>Ask each participant to name one goal or expectation that they have for this ALM.</p>
Key points	Clarify any goals or expectations that can and cannot be met in this ALM.

Training overview (3 minutes)

Purpose	To go through the ALM structure and housekeeping.
Materials	<input type="checkbox"/> Powerpoint slides
Trainer Note	<p>State clearly to all participants that the material in the unit is intended to give information about general principles and is not a substitute for specific advice. Participants are advised to contact their medical defence provider if they require specific advice.</p> <p>Trainers need to be aware that participants are likely to raise questions about specific cases and medicolegal concerns they have been faced with. Therefore, it is essential to manage and contain the amount of discussion and question about these issues – as there is neither sufficient time to answer individual case concerns, nor is it the role of the trainer to provide these answers.</p>

<p>Method</p>	<p>Show powerpoint slides 5-7 </p> <p>Give a brief summary of the overall goal of the ALM and the learning objectives for Unit One.</p> <p>Give an outline of the contents and activities of this unit.</p> <p>Provide any necessary housekeeping information – e.g. breaks; refreshments; finishing time; location of toilets; etc.</p> <p>Inform participants that there will be some presentation of didactic information. However, the majority of the training activities will be interactive with a focus on practicing skills and looking at ways to apply the skills and knowledge in working with young people in their own practices. Participants will also have an opportunity to share their knowledge, skills and practical experience in working with young people.</p> <p>Show powerpoint slide 8 </p> <p>Refer participants to the <i>Adolescent Health GP Resource Kit, 2nd edition</i>. Point out that this ALM is based on the topics covered in the GP Resource Kit and is designed to assist GPs in applying the information and skills contained in the Kit. Ideally, participants will have copies of the Kit. If not, coordinators will have copies of excerpts from the Kit included in handouts for participants. Show the Kit and mention that much of the reference material in the training is drawn from the Kit.</p> <p>Refer to <i>Adolescent Health GP Resource Kit, 2nd edition</i>, section two - chapter six, Medicolegal issues. pp. 67-76.</p> <p>http://www.caah.chw.edu.au/resources/gpkit/08_Section_2_chap_6_medicolegal_issues.pdf</p> <p>Show powerpoint slide 9 </p>
<p>Key Points</p>	<ul style="list-style-type: none"> • Learning objectives • Structure of the ALM • Resource being used in this ALM - <i>Adolescent Health GP Resource Kit 2nd edition</i> <p></p>

Discussion of predisposing activity (5 minutes)

<p>Purpose</p>	<p>To review the predisposing activity</p>
<p>Method</p>	<p>Show powerpoint slide 10 </p> <p>Refer participants to the predisposing activity.</p> <p>Ask participants for feedback on what they learnt from this activity or was most interesting to them.</p>
<p>Key Points</p>	<p>Note the feedback from participants and use it in the course of the ALM to clarify issues, make observations, comparisons etc.</p>

Activity 1.2 Key medicolegal principles - Self-reflection exercise



Small group discussion (10 minutes) and powerpoint presentation (5 minutes)

<p>Purpose</p>	<p>To give participants the opportunity to reflect upon the ways in which medicolegal principles are practised in day to day clinical work and why consultations with young people might raise unique medicolegal concerns.</p>
<p>Materials</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker <input type="checkbox"/> Pens and paper for participants <input type="checkbox"/> <i>Adolescent Health GP Resource Kit, 2nd edition</i>, section two - chapter six, Medicolegal issues. pp. 67-76. http://www.caah.chw.edu.au/resources/gpkit/08_Section_2_chap_6_medicolegal_issues.pdf
<p>Method</p>	<p>Introduce this activity:</p> <p><i>We're going to start by reflecting on the ways in which you use medicolegal principles in day to day clinical work and why consultations with young people might raise unique medicolegal concerns.</i></p> <p>Show powerpoint slide 11 </p> <p>Divide participants into small groups of 4 - 5 people.</p> <p>Instruct the groups to do the following:</p> <ul style="list-style-type: none"> • Choose a scribe, spokesperson and one GP who has seen a patient between 12 and 18 in the past month ("the storyteller"). • Ask the storyteller to briefly tell the group about their consultation with their young patient. It does not matter what the reason for the consultation was (the simpler the better!) Ask the storyteller to give the age and sex of the patient, why they presented and what the GP did in the consultation (eg history taking, examination, investigation, treatment advice or prescription etc). Ask the storyteller also to tell the group how well they know this patient, and whether any parents/carers, family members, partners or friends of this patient also attend the practice. • Have the group now explore medicolegal issues, by addressing the following questions: <ul style="list-style-type: none"> • <i>What medicolegal issues were put into practice during this consultation (consciously or subconsciously)</i> • <i>Did the patient's age (being under 18 years) make medicolegal issues more prominent during or after the consultation and why or why not?</i> • Have the scribe write down the group's responses to the above questions. • Have the spokesperson from each group feedback to the large group and write the key points made up on the whiteboard or flipchart. <p>Show powerpoint slides 12-13 </p>
<p>Key Points</p>	<p>While there is a range of potential medicolegal issues that can arise in consultations with young people under 18 years, there are a few that are unique, or pertinent to any clinical consultations with this age group:</p> <ul style="list-style-type: none"> • The capacity of a minor (someone under 18 years) to consent to their own medical treatment • The young person's legal right to confidential health care • Privacy and medical records • Child protection and mandatory reporting

Activity 1.3 Application of key medicolegal principles



Presentation (10 minutes) and group discussion (30minutes)

Purpose	To give participants knowledge to apply in clinical practice regarding four key medicolegal issues (Consent to treatment, confidentiality, privacy and medical records, child protection and mandatory reporting).																									
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker <input type="checkbox"/> Resource for 1.3: Medicolegal principles <input type="checkbox"/> Prepare white board or one page of flipchart with the following table: <table border="1" data-bbox="459 560 1396 768"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> <th>Depends</th> </tr> </thead> <tbody> <tr> <td>Scenario 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scenario 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scenario 3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Scenario 4</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't Know	Depends	Scenario 1					Scenario 2					Scenario 3					Scenario 4				
	Yes	No	Don't Know	Depends																						
Scenario 1																										
Scenario 2																										
Scenario 3																										
Scenario 4																										
Method	<p>Show powerpoint slide 14 </p> <p>1. Introduce this activity</p> <p><i>We are now going to explore the application of four key medicolegal issues. We'll start off by asking the whole group some trigger questions and counting and recording the responses on this flipchart.</i></p> <p>Ask the group to answer the following four trigger questions quickly and record the number of responses on the flipchart. Do NOT stop for discussion at this stage.</p> <p>Scenario 1 Two 16 year old girls come in to see you, you don't know either of them, but one of the girls (a friend of the 'identified patient') has seen another GP in the practice before. The 'identified patient' says she wants to go on the Pill. Can you legally prescribe the Pill to her without parental/ guardian consent?</p> <ul style="list-style-type: none"> • Yes/ No/ Don't know/ Depends <p>Scenario 2 You are reviewing a known patient, a 15 year old boy, who has diabetes. You take a HEADSSS history because it has been a while since you have seen him. He reveals that he and his friends drink alcohol at parties about once a month and that last weekend he got quite drunk. His diabetes has not been well controlled for the past 4 months. Until now he has always attended with his mother. You feel that his alcohol use is affecting his diabetes control and would like to inform his mother, who didn't come in today because she had to pick up his younger sister. She is returning to the surgery to pick him up, and hopes to make it for the last couple of minutes of the consultation. Can you tell her directly about your concerns?</p> <ul style="list-style-type: none"> • Yes/ No/ Don't know/ Depends <p>Scenario 3 A family of two parents and two children aged 13 and 17 years is moving interstate. You know the whole family and have seen each of the children in the past 12 months for immunisations and minor illnesses. The mother rings you to request a copy of the children's medical records to take interstate for their new GP. Can you legally give her a copy of her children's records?</p> <ul style="list-style-type: none"> • Yes/ No/ Don't know/ Depends 																									

Scenario 4

A 14 year old boy whom you have never seen is referred to you by his school counsellor and complains of headaches. A HEEDSSS history reveals that his stepfather is violent towards his mother and has 'once or twice' hit him and his younger brother. He has missed several days of school in the past month and seems sad and anxious. Do you need to make a report to a Child Protection authority?

- Yes/ No/ Don't know/ Depends

2. **Divide** participants to small groups, and ask participants to discuss in groups:

Let's now look at key medicolegal issues illustrated by these 4 scenarios:

Recap scenarios.

Show powerpoint slide 15 

Scenario 1 – 16 year old girl

In South Australia, she can consent on her own.

In NSW, it is reasonable to assume she can consent on her own.

In all other jurisdictions you must make a competency assessment.

Show powerpoint slide 16 

Invite discussion about how to make a competency assessment.

Show powerpoint slide 17 

Scenario 2 – 15 year old boy

You cannot tell his mother directly about anything discussed in the consultation without the boy's permission.

Invite group discussion about how to approach this clinical and legal/ethical dilemma.

It is reasonable and clinically appropriate to talk to the boy before his mother comes in about your concerns and say that you would like to be able to discuss these with his mother present (as well as him). It is also reasonable to say that although he can attend for confidential consultations by himself, by putting his health at serious risk there could be reasonable grounds for having to break confidentiality. Central to managing this patient is engaging him in a trusting relationship and giving him the opportunity to talk about his risk taking behaviour, exploring the context of this and what might lie underneath it (eg a wish not to be 'different' from his peers).

Show powerpoint slide 18 

Scenario 3 – 13 and 17 year old adolescents

It would be best to ask the 17 year old permission to release their health information to the mother to take interstate. For the 13 year old, it would not be unreasonable to also inform them, however, depending on the adolescent it is not as critical. A mature minor who can consent to their own treatment is entitled to the same privacy of medical records as an adult.

Invite group discussion about how you would discuss this with the mother.

Show powerpoint slide 19 

Scenario 4 – 14 year old boy

Your obligation to report the boy's risk of harm depends on your jurisdiction. In most jurisdictions the disclosure of physical abuse, and in some jurisdictions the disclosure of domestic violence, would legally require reporting to the relevant Child Protection authority.

Invite group discussion about whether participants would or would not report this scenario to Child Protection authorities.

Distribute Resource for 1.3: Medicolegal principles.

Check that those participants who chose the 'wrong' answers understand why another answer was better.

Key Points	<ul style="list-style-type: none"> • Consent to treatment for those under 18 years is mostly guided by competency assessments of maturity. • Explain the competency means a FULL understanding of treatment/s being proposed. • Confidentiality is a legal right of minors, but can present ethical and practical difficulties. Engaging the adolescent in a trusting relationship by assuring confidentiality will also help to explain the importance of involving parents in their management, while still allowing them their own space and time. • Legislation about Privacy and Medical Records in general practice is governed by federal laws and by state or territory laws in some jurisdictions (eg Health Records and Information Privacy Act in NSW). A mature minor should be asked whether their records can be shown/ given to a parent or guardian. • Mandatory reporting is a requirement for doctors in all states and territories in Australia, but the threshold for reporting varies.
-------------------	--

Activity 1.4 Skills practice: documenting competency assessment and applying medicolegal principles



Large group case demonstration and discussion (10 minutes)

Purpose	To demonstrate how to document a competency assessment.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker
Method	<p>Introduce the activity:</p> <p><i>We are going to review what exactly you can write in your notes to document your competency assessment.</i></p> <p><i>Imagine that a 15 year old girl comes to see you who you haven't seen before and says she wants to go on the Pill. She says she doesn't want her parents to know about it.</i></p> <p>Show powerpoint slide 20 </p> <p>Write on the whiteboard what you would write in your notes to document your competency assessment.</p>
Key Points	Reinforce what questions you would ask in a competency assessment and what you would document in the notes.

Small group case discussion (20 minutes)

Purpose	To apply the medicolegal issues that have been explored to a case scenario.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Pens and paper <input type="checkbox"/> Case study- Yasmin <input type="checkbox"/> Reporting abuse and neglect: State and territory departments responsible for protecting children https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect
Method	<p>Show powerpoint slide 21 </p> <p>Introduce the activity:</p> <p><i>We are going to use a case scenario to apply the medicolegal issues explored so far in practice. Choose one person to be the narrator. The facilitator will be the time keeper.</i></p> <p>Divide the group into small groups of 4 – 5. The narrator uses Yasmin case study. Ask the rest of the participants not to refer to the case study at this time. The case scenario unfolds as the discussion progresses. Instruct the participants to address ONLY the questions asked and to keep to the recommended time limits for each question.</p> <p>Refer to Yasmin case study for discussion.</p> <p>Keep time and instruct each small group to move on to the next section of the scenario and its question every 5 minutes.</p>

Large group discussion (20 minutes)

Purpose	To apply the medicolegal issues that have been explored to a case scenario (continued).
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Show powerpoint slide 22 </p> <p>Questions 1 & 2</p> <p>Invite comments, reiterate that competency to consent and confidentiality issues are straightforward in relation to contraception and chlamydia testing. If Yasmin is competent, she can consent to both, and if her test is positive there will be statutory requirements in each jurisdiction to notify, as well as obligations on your and Yasmin's parts to assist with partner notification.</p> <p>Show powerpoint slide 23 </p> <p>Question 3</p> <p>Invite discussion about how participants would ask questions about Yasmin's attitudes and beliefs about sexuality.</p> <p>Adolescent sexuality is influenced and shaped by many factors, including parental and cultural beliefs and attitudes.</p> <p>Question 4</p> <p>Invite feedback from the group about their discussion for this question. Ask participants to give examples of what they would actually say to Yasmin.</p>

	<p>Examples:</p> <p><i>Can I ask you to tell me a little about your family and cultural background, and how these have influenced your beliefs about sex?</i></p> <p><i>Can you tell me a little about the worry you have about your parents finding out about your relationship? I'm interested in what makes you worried – is it their personal or cultural beliefs, or your age, or other factors?</i></p> <p><i>It's very common for young people around your age to be concerned about having different beliefs than their parents or feeling that their parents wouldn't approve of things they do. Would it be OK if you tell me a little more about your own beliefs about sex and relationships and whether you think these are different from your parents?</i></p> <p>Show powerpoint slide 24 </p> <p>Offer this form of words as an example of how you might further explore abuse.</p> <p>Yasmin has made a disclosure about an event at home 3 years ago. To further assess current or past abuse or neglect it is important to reiterate the limits of confidentiality and explain what you want to do.</p> <p>In every jurisdiction except Western Australia, Yasmin's disclosure would be reasonable grounds for mandatory reporting [physical abuse, exposure to domestic violence (NSW)]. In WA, doctors are only required to report sexual abuse, but can report other forms of abuse or neglect.</p> <p>Show powerpoint slide 25 </p> <p>Question 5</p> <p>Invite feedback from the group about their discussion for this question.</p> <p>Refer participants to the following resource sheet: <i>Reporting child abuse and neglect: State and territory departments responsible for protecting children</i> http://www.aifs.gov.au/nch/pubs/sheets/rs26/rs26.pdf</p> <p>Invite discussion about how to make a report in the relevant jurisdiction.</p> <p>Show powerpoint slide 26 to conclude this activity </p> <p>Show powerpoint slides 27-28 to conclude Unit One </p>
Key Points	See powerpoint slide 26 on summary of Unit One