Understanding How Complaints Arise

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Pamela Ferrada
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During a clinical round, an intern supervised a student while they attempted to insert a cannula. Despite the student's familiarity with the procedure, the event was problematic. After three failed attempts, the intern inserted the cannula successfully on the fourth try. The patient developed a large haematoma at one of the initial sites, which later became infected.

The ward nurse complained to the hospital, stating that she felt the patient had been put through unnecessary procedures. She believed the intern had allowed the student too many attempts at cannulation, which may have contributed to the patient's complications. The intern and the student's clinical school were subsequently contacted by the hospital's administration, who requested their version of events.

A communication lens on this case

Cases like this are also a useful prompt to think about communication throughout a procedure, not just before or after it. The Medical Board of Australia's Code of Conduct notes that good practice involves informing patients of the nature of and need for a procedure, and giving them adequate opportunity to question or decline treatment (4.3.3), as well as discussing potential risks along the way (4.3.4).

In a scenario like this, that means more than obtaining initial consent for student involvement; it requires ongoing consent as the clinical situation evolves. After each failed attempt the supervising intern should have explicitly checked with the patient: are they comfortable continuing, would they prefer a more experienced clinician to take over, and do they understand why. Patients who feel consulted and informed, even when a procedure doesn't go smoothly, are less likely to come away feeling like something was done to them rather than with them which, in turn, reduces the likelihood of formal complaints and escalations.

Clear, real-time communication is therefore a key risk mitigation strategy.

After contacting MIPS

A letter of explanation and a statement for the hospital, education provider or patient is a common request following an incident like this. In this case, both the intern and the student were MIPS members. Letters were drafted for each, demonstrating empathy and insight into what had occurred, including acknowledgment of the patient's experience. Following their dispatch, no further action was required.

In these cases, the university is responsible for helping the student navigate the complaint, but MIPS is also available to assist if required, including with drafting responses and offering guidance on next steps.

Key messages

- If you're performing any invasive procedure, understand and follow any protocols the hospital has in place. As a rule of thumb, three failed attempts is usually an indication to seek help from a more experienced clinician. Remember: the patient comes first, and how you respond after a mistake can be just as important as preventing it in the first place.
- You should promptly notify MIPS of any adverse or unexpected outcomes, complaints, claims or investigations.
- Always provide MIPS with the facts and a full copy of any written complaints and consultation notes.

References

- NSW Health, Legislation changes for medical practitioners: Medicines, Poisons and Therapeutic Goods Act 2022
- Medicine approvals webpage
- SafeScript NSW
- Good Medical Practice: a code of conduct for doctors in Australia