

## Using Clinical Chaperones

### Question

We're not always certain about the implications of using and not using clinical chaperones. Can you provide some guidance?

### Answer

Part of providing a comfortable atmosphere for your patients and respecting their dignity involves having clinical chaperones available when conducting physical examinations. Healthcare providers should inform patients that they are entitled to have a clinical chaperone present for any physical examination.<sup>1</sup> They also should let patients know if the organization has a policy that requires or strongly encourages chaperones for sensitive examinations (e.g., genital, rectal, breast, or full-body skin examinations).

Some states have implemented legal mandates for the use of clinical chaperones during sensitive physical examinations,<sup>2</sup> so it is best to consult an attorney for more information regarding your state laws and regulations. Having clinical chaperones present during physical examinations may not only preserve the patients' dignity, but also help prevent any misunderstandings between the patient and the healthcare provider.

To ensure all parties understand, healthcare practices should have a clinical chaperone policy in place that specifies how these situations will be handled. The practice's commitment to honoring patients' requests for clinical chaperones as well as its position on when a patient declines to have a clinical chaperone present should be addressed in the policy. If a patient declines to have a chaperone, this can make a healthcare provider uneasy, so guidelines can be helpful to protect the healthcare provider as well.

Healthcare providers should inform and educate their staff on the practice's clinical chaperone policy, including the role and purpose of clinical chaperones as well as guidance on communicating

this information to patients. Staff members also should be told that additional duties should not distract them from observing a procedure or require them to leave the room when serving as a designated chaperone. Often times, a staff member is called into a room to fulfill the role of the chaperone but is occupied with other tasks, such as documenting results or preparing lab specimens. Chaperones should not turn their backs while examinations are taking place.

Other concerns the policy should address include gender and training when developing clinical chaperone selection criteria. If the policy requires a clinical chaperone for certain types of physical examinations, then this requirement should be applied to both male and female healthcare providers.

Here is some additional risk advice about the use of clinical chaperones:

- Specify in the patient information packet that chaperones are always available upon request.
- Display signage that offers the option of a clinical chaperone for any patient requesting one.
- When performing physical examinations, use only the necessary amount of physical contact to get information for diagnosis and treatment.
- Wear gloves when performing all intimate physical examinations.
- Provide time after the physical examination to ask questions and discuss personal matters privately with the patient to minimize sensitive inquiries and history-taking during chaperoned examinations.
- Use trained healthcare professionals who are members of your healthcare team to serve as chaperones. Physicians should establish clear expectations that clinical chaperones will maintain the patient's privacy and confidentiality. Nurses or medical assistants are often requested to serve as clinical chaperones. However, family members or friends of the patient should not be considered chaperones, although a patient should be able to choose whether to have a family member or friend present during a physical examination.
- Provide patients with sufficient private time to prepare for a physical examination that requires undressing. Healthcare providers should not stay in the examination room at this time or assist the patient with undressing unless it is medically necessary and the patient agrees. If the patient agrees, then a clinical chaperone should be present for the healthcare provider's benefit.

- Healthcare providers should not say anything unrelated to the medical necessity of the examination to the patient, such as offering opinions on a patient's tattoo, piercing, undergarment, or suntanned skin.
- If a clinical chaperone is unavailable for an examination, then postpone it until one is available. Discuss the risks, benefits, and alternatives with the patient.
- Document both the presence of a chaperone as well as his/her identity in the patient's health record, and include the time and date. Also, document any time a chaperone is offered or declined in the patient's health record.<sup>3</sup>

## Endnote

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<sup>1</sup> American Medical Association. (n.d.). Use of chaperones: Opinion 1.2.4. In *Code of Medical Ethics*. Retrieved from <https://www.ama-assn.org/delivering-care/ethics/use-chaperones>

<sup>2</sup> Pimienta, A. L., & Giblon, R. E. (2018). The case for medical chaperones. *Family Practice Management*, 25(5), 6-8. Retrieved from [www.aafp.org/fpm/2018/0900/p6.html](http://www.aafp.org/fpm/2018/0900/p6.html)

<sup>3</sup> Yates, L. A., & Nadasi, S. (2019, April 10). *Chaperone roles in risk management*. American Society for Health Care Risk Management. Retrieved from <https://forum.ashrm.org/2019/04/10/chaperone-roles-in-risk-management/>; Pimienta, et al., The case for medical chaperones.

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