

In your practice, are you planning to have a chaperone present for all intimate examinations?

The American College of Obstetricians and Gynecologists now recommends that a chaperone be present for all breast, genital, and rectal examinations



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Although pelvic examinations may only last a few minutes, the examination is scary and uncomfortable for many patients. To help minimize fear and discomfort, the exam should take place in a comfortable and professional environment. The clinician should provide appropriate gowns, private facilities for undressing, sensitively use draping, and clearly explain the components of the examination. Trained professional chaperones play an important role in intimate physical examinations, including:

- providing reassurance to the patient of the professional integrity of the intimate examination
- supporting and educating the patient during the examination
- increasing the efficiency of the clinician during a procedure
- acting as a witness should a misunderstanding with the patient arise.

Major medical professional societies have issued guidance to clinicians on the use of a chaperone during intimate physical examinations. Professional society guidance

ranges from endorsing joint decision-making between physician and patient on the presence of a chaperone to more proscriptive guidance that emphasizes the importance of a chaperone at every intimate physical examination.

Examples of professional societies' guidance that supports joint decision-making between physician and patient about the presence of a chaperone include:

- American Medical Association: "Adopt a policy that patients are free to request a chaperone and ensure that the policy is communicated to patients. Always honor a patient's request to have a chaperone."¹
- Society of Obstetricians and Gynecologists of Canada: "It is a reasonable and acceptable practice to perform a physical examination, including breast and pelvic examination without the presence of a third person in the room unless the woman or health care provider indicates a desire for a third party to be present." "If the health care provider chooses to have a third person

present during all examinations, the health care provider should explain this policy to the woman."²

- American College of Physicians: "Care and respect should guide the performance of the physical examination. The location and degree of privacy should be appropriate for the examination being performed, with chaperone services as an option. An appropriate setting and sufficient time should be allocated to encourage exploration of aspects of the patient's life pertinent to health, including habits, relationships, sexuality, vocation, culture, religion, and spirituality."³

By contrast, the following professional society guidance strongly recommends the presence of a chaperone for every intimate physical examination:

- United States Veterans Administration: "A female chaperone must be in the examination room during breast and pelvic exams...this includes procedures such as urodynamic testing or treatments such as pelvic floor physical therapy."⁴

- Royal College of Obstetricians and Gynaecologists: “The presence of a chaperone is considered essential for every pelvic examination. Verbal consent should be obtained in the presence of the chaperone who is to be present during the examination and recorded in the notes. If the patient declines the presence of a chaperone, the doctor should explain that a chaperone is also required to help in many cases and then attempt to arrange for the chaperone to be standing nearby within earshot. The reasons for declining a chaperone and alternative arrangements offered should be documented. Consent should also be specific to whether the intended examination is vaginal, rectal or both. Communication skills are essential in conducting intimate examinations.”⁵
- American College Health Association (ACHA): “It is ACHA’s recommendation that, as part of institutional policy, a chaperone be provided for every sensitive medical examination and procedure.”⁶

New guidance from ACOG on trained chaperones

The American College of Obstetricians and Gynecologists (ACOG) recently issued a committee opinion recommending “that a chaperone be present for all breast, genital, and rectal examinations. The need for a chaperone is irrespective of the sex or gender of the person performing the examination and applies to examinations performed in the outpatient and inpatient settings, including labor and delivery, as well as during diagnostic studies such as transvaginal ultrasonography and urodynamic testing.”⁷

This new proscriptive guidance will significantly change practice for the many obstetrician-gynecologists

Trauma-informed care

Sexual trauma is common and may cause lasting adverse effects, including poor health.¹ When sexual trauma is reported, the experience may not be believed or taken seriously, compounding the injury. Sometimes sexual trauma contributes to risky behaviors including smoking cigarettes, excessive alcohol consumption, drug misuse, and risky sex as a means to cope with the mental distress of the trauma.

Trauma-informed medical care has four pillars:

1. Recognize that many people have experienced significant trauma(s), which adversely impacts their health.
2. Be aware of the signs and symptoms of trauma.
3. Integrate knowledge about trauma into medical encounters.
4. Avoid re-traumatizing the person.

Symptoms of psychological distress caused by past trauma include anxiety, fear, anger, irritability, mood swings, feeling disconnected, numbness, sadness, or hopelessness. Clinical actions that help to reduce distress among trauma survivors include:

- sensitively ask patients to share their traumatic experiences
- empower the patient by explicitly giving her control over all aspects of the examination, indicating that the exam will stop if the patient feels uncomfortable
- explain the steps in the exam and educate about the purpose of each step
- keep the patient’s body covered as much as possible
- use the smallest speculum that permits an adequate exam
- utilize a chaperone to help support the patient.

Clinicians can strengthen their empathic skills by reflecting on how their own personal experiences, traumas, cultural-biases, and gender influence their approach to the care of patients.

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who do not routinely have a chaperone present during intimate examinations. The policy provides exceptions to the presence of a chaperone in cases of medical emergencies and if the patient declines a chaperone. ACOG recommends that when a patient declines a chaperone the clinician should educate the patient that a “chaperone is an integral part of the clinical team whose role includes assisting with the examination and protecting the patient and the physician. Any concerns the patient has regarding the presence of a chaperone should be elicited and addressed if feasible. If, after counseling, the patient refuses the chaperone, this decision should be respected and documented in the medical record.”⁷

ACOG discourages the use of family members, medical students, and residents as chaperones.

Training of chaperones

Chaperones are health care professionals who should be trained for their specific role. Chaperones need to protect patient privacy and the confidentiality of health information. Chaperones should be trained to recognize the components of a professional intimate examination and to identify variances from standard practice. In many ambulatory practices, medical assistants perform the role of chaperone. The American Association of Medical Assistants (AAMA) offers national certification for medical assistants through

Why patients prefer not to have a chaperone present during their pelvic examination— A clinician's perspective

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As a female obstetrician-gynecologist trained in psychiatric social work, I have found that some of my patients who have known me over a long period of time find the presence of a chaperone not only unnecessary but also uncomfortable both in terms of physical exposure and in what they may want to tell me during the examination. Personally, I strongly favor a chaperone for all intimate examinations, to safeguard both the patient and the clinician. However, I do understand why some patients prefer to see me without the presence of a chaperone, and I want to honor their wishes. If a chaperone is responsive to the patient's requests, including where the chaperone stands and his or her role during the exam, the reluctant patient may be more willing to have a chaperone. A chaperone who develops a relationship with the patient and honors the patient's preferences is a valuable member of the care team.

an examination developed by the National Board of Medical Examiners. To be eligible for AAMA certification an individual must complete at least two semesters of medical assisting education that includes courses in anatomy, physiology, pharmacology, and relevant mathematics.

Reporting variances that occur during an intimate examination

Best practices are evolving on how to deal with the rare event of a chaperone witnessing a physician perform an intimate examination that is outside of standard professional practice. Chaperones may be reluctant to report a variance because physicians are in a powerful position, and the accuracy of their report will be challenged, threatening the chaperone's

employment. Processes for encouraging all team members to report concerns must be clearly explained to the chaperone and other members of the health care team. Clinicians should be aware that deviations from standard practice will be reported and investigated. Medical practices must develop a reporting system that ensures the reporting individual will be protected from retaliation.

In addition, the chaperone needs to know to whom they should report a variance. In large multispecialty medical practices, chaperones often can report concerns to nursing leaders or human resources. In small ambulatory practices, chaperones may be advised to report concerns about a physician to the practice manager or medical director.

Regardless, every practice should have the best process for reporting a concern. In turn, the practice leaders who are responsible for investigating reports of concerning behavior should have a defined process for confidentially interviewing the chaperone, clinician, and patient.

Even when a chaperone is present for intimate examinations, problems can arise if the chaperone is not trained to recognize variances from standard practice or does not have a clear means for reporting variances and when the practice does not have a process for investigating reported variances.

Sadly, misconduct has been documented among priests, ministers, sports coaches, professors, scout masters, and clinicians. Trusted professionals are in positions of power in relation to their clients, patients, and students. Physicians and nurses are held in high esteem and trust by patients. To preserve the trust of the public we must treat all people with dignity and respect their autonomy. The presence of a chaperone during intimate examinations may help us fulfill Hippocrates' edict, "First, do no harm." ●



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Dr. Barbieri reports no financial relationships relevant to this article.

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