Policy #: 024.000
Policy Title: Resident/Fellow Chaperone Policy
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Approved by: Graduate Medical Education Committee

Background

Florida International University (FIU) has adopted the following policy to ensure patient comfort, dignity, and safety during medical examinations and procedures, and to protect residents/fellows from potential misunderstandings or allegations.

Purpose and Scope

A. The purpose of this policy is to provide a consistent, standard and safe care environment for residents/fellows interactions with patients. There can be physical, psychological, and cultural reasons why chaperones may be requested or needed. This policy promotes respect for the patient's dignity and the professional nature of the examination. Health professionals should only perform sensitive examinations, procedures, or care in accordance with this policy.

B. A chaperone may be provided to help protect and enhance the patient's comfort, safety, privacy, security, and/or dignity during sensitive examinations or procedures. The chaperone is frequently also present to provide assistance to the health professional with examinations, procedures, or care.

C. A chaperone's presence may also provide protection to health professionals against unfounded allegations of improper behavior. A health professional may request a chaperone for any examination or procedure.

D. For patients with mental health needs, neurodevelopment disorders, or for cultural/religious reasons, sensitive examinations, procedures or care may be especially threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with a minimum of distress.

E. The use of chaperones, while vital, is only a part of our institution's efforts for safe and responsible care. Maintaining and fostering a culture of responsibility, mutual accountability, education for practitioners and patients, and appropriate response to suspected unprofessional or unsafe behavior is paramount to our mission.

Definitions

A. Chaperone

1. A chaperone is a person who acts as a witness for a patient and a health professional during a medical examination or procedure. A chaperone should stand in a location where he or she is able to assist as needed and observe the examination, therapy or procedure.

2. Sensitive examinations/Procedures: Examinations or procedures involving the placement of finger(s), a speculum, swabs, or any other instruments into the vagina, penis, urethra, rectum, or breast.
3. A chaperone may be a health care professional or a trained unlicensed staff member. This may include medical assistants, nurses, technicians, and therapists. A medical student and residents/fellows may NOT serve as a chaperone due to the inherent reporting structure to the resident/fellow and the attending.
4. Whenever possible, but not required, the chaperone should be the gender that the patient feels most comfortable with. A chaperone may also assist the health professional or provide support to the patient with personal hygiene, toileting or undressing/dressing requirements if requested or needed by the patient.
5. Family members or friends of an adult patient should not be expected to undertake any chaperoning role in normal circumstances. A family member may be present during sensitive examinations or procedures if it is the expressed desire of the patient but should not serve as a chaperone for the purposes of this policy. For vulnerable adult patients, an accompanying caregiver, social worker, or group home escort can be present along with a clinic/hospital chaperone to alleviate potential stress to the patient.
6. Family members CANNOT act as the chaperone for adolescent patients, nor can family members opt out of a chaperone on behalf of their adolescent child.
7. Exception: A family member, parent, or legal guardian may serve as a chaperone for the examination of a pediatric patient (age 0–10) except when there is a suspicion of abuse.

B. Health Professional

1. A Medical Staff Member, Clinical Program Resident/Fellow, Advanced Practice Nurse, Certified Nurse Midwife, Imaging Technologist, Therapist, Physician Assistant, Registered Nurse, Licensed Registered Nurse, and assistive personnel (e.g. nursing techs, nursing assistants, medical assistants).

C. Patient

1. A patient is a person who requires medical care, who is receiving medical treatment or is under a health professional's care for a particular disease or condition.
    a. Pediatric patient: Age 0 – 10 years
    b. Adolescent patient: Age 11 – 17 years
    c. An adult patient is a person who has attained the age of majority (18 yrs.) and is therefore regarded as independent, self-sufficient, and responsible.
    d. A vulnerable patient is defined as: anyone under the age of 18 or an adult patient who lacks the capacity to give informed consent or is unable to protect him or herself from abuse, neglect or exploitation. This includes those who only lack momentary capacity due to sedation or altered mental status/delirium.

D. Sensitive Examination or Procedure

1. A sensitive examination or procedure for the purposes of this policy includes the physical examination of, or a procedure involving the intimate areas, that involves placement of finger(s), swabs, or medications / medical equipment on or into the intimate areas.
2. In acknowledgement of the fact that a patient's personal and cultural preferences may broaden their own definition of a sensitive examination, chaperones will always be provided for other examinations if requested by a patient, parent or legal guardian.

E. Types of Consent Policies

1. OPT IN Policy: A chaperone will be provided if requested by a patient for any examination or procedure.
2. OPT OUT Policy: A chaperone will be present during the examination or procedure unless declined by the patient.
    a. Documentation in the patient's record, including the name of the chaperone is required
    b. "Documentation in the patient's medical record must include the name of the chaperone or a note of the patient's declination." The patient does have a right to opt-out of having a chaperone present for certain examinations, procedures and care. This refusal should be documented in the patient's record, and it is recommended that the following documentation is used:
        i. "A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present."
3. If the healthcare professional is uncomfortable proceeding without a chaperone, they may decline to perform the examination and should explain their preference to the patient. In such cases, the provider may reschedule, consult a supervisor, or seek assistance from the appropriate clinical leadership." A chaperone must be present, or the examination or procedure should not be performed.

I. Policy Standards

An adult, pediatric patient, adolescent patient, or their parent or legal guardian may request a chaperone for any examination or procedure. It is good practice to discuss with patients the different options to have a chaperone present during sensitive examinations and procedures as defined above.

1. Opt-In Exams/Procedures: For the following exams, a chaperone can be offered but is not required
    a. Echocardiograms will be considered opt-in and do not require a chaperone unless requested by a patient.
    b. Standard patient care protocols such as listening to the heart or lungs or placing EKG leads will be considered opt-in and do not require a chaperone unless requested by a patient.
    c. In all patient care scenarios, the patient should be appropriately draped and the drape utilized as a barrier between the patient and the health professional. Every effort should be made to maintain the patient's dignity and physical privacy.

2. Opt-Out Exams/Procedures: For the following exams/procedures in non-vulnerable adults, a chaperone must be present unless declined by the patient:
    a. Examination of or procedures to the urethra in both males and females are considered opt-in and do not require a chaperone unless requested by the patient.
    b. Breast examination of a post-pubertal female patient or the breast of a patient who identifies as female
    c. Examination of the external genitalia
    d. Placement of finger(s), speculum, swabs, or any other instruments into the intimate areas.
3. Mandatory Exams/Procedures: A chaperone is mandatory during a sensitive examination or procedure as listed in Section B for all vulnerable patients as defined in Section C.
4. Emergency Situation: Emergency care should not be impeded by this policy

II. Procedure Actions

1. There's an expectation that clinical sites will staff their clinical areas to appropriately accommodate this policy.
2. Confidential communications and clinical care discussions between the physician and the patient should generally take place before or after the sensitive examination or procedures (i.e., without the chaperone present) unless the patient or health professional requests otherwise.
3. For sensitive examinations or procedures, the following practices should be followed:
    a. The scope of the examination and the reasons for examination should be explained to the patient.
    b. If a patient with decision-making capacity declines a part of or the whole examination, it should not be done. The refusal should be noted in the chart
    c. The health professional should provide privacy for patients to dress and undress.
    d. The health professional should generally not assist with removing or replacing the patient's clothing, unless the patient is having difficulty and/or requests assistance. The chaperone may also be available for such assistance.
    e. A patient must be provided with an adequate gown or drape.
    f. All exams should follow established standards for infection control.
4. A chaperone has the right to stop a sensitive procedure, examination or care if they feel that the health professional's or the patient's behavior is inappropriate or unacceptable. A chaperone who witnesses inappropriate or unacceptable behavior on the part of the health professional or patient, will immediately report this to their manager or another supervisor, even if they did not stop the procedure while it was ongoing.
5. It is the responsibility of the health professional to ensure that accurate records are kept of the clinical contact, which also includes records regarding the use or refusal of a chaperone (see Definitions, Section C – Types of Consent Policies).
6. If the health professional is in a department that has a separate policy regarding sensitive examinations or procedures that exceed this policy, those policies should be followed. Health professionals' non-compliance with this chaperoning policy should be

reported to the Medical Director of the clinical location, rotation supervising attending, Program Director and the appropriate patient safety personnel of the clinical unit.

III. Virtual Visits

1. Virtual visits are currently covered under the provisions of the policy, even though no physical contact will occur. A chaperone can be offered to and made available to the Patient or be present at a Patient's request. A Health Care Professional can still require a chaperone to be present in order to complete the examination if he/she is uncomfortable performing the virtual examination without one present.
2. The chaperone can be a third party witnessing the virtual examination via split screens or can be present with the Health Care Professional or the Patient.
3. Documentation should occur as noted above.

Reference:

1. https://www.youtube.com/watch?v=gRk6z936ZNI
2. https://www.uofmhealth.org/patient-visitor-guide/patients/use-chaperones-during-sensitive-examinations-and-procedures

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