

<b>DEPT/DIV/OPS AREA:</b> All WCM Outpatient Practices	<b>TITLE:</b> USE OF MEDICAL CHAPERONES	<b>POLICY NUMBER:</b> WCM-PI-002
<b>APPLIES TO:</b> All		

**PURPOSE:**

To provide guidance on the use of medical chaperones and to promote patient safety, dignity, and comfort during examinations, treatments, and procedures at Weill Cornell Medicine.

**DEFINITION:**

A **medical chaperone** is defined as a member of the healthcare team, who acts as an impartial observer of the examination, treatment, or procedure.

**POLICY STATEMENTS:**

1. Respect for patients’ privacy and dignity is paramount, especially under circumstances where the examination, treatment or procedure being carried out is considered intimate or sensitive to the patient.
2. Patients may request to have a medical chaperone present during any examination, treatment, or procedure.
3. Weill Cornell Medicine faculty and patient-facing staff may also request the presence of a medical chaperone during any examination, treatment, or procedure.
4. The use of medical chaperones must be clearly communicated to the patient prior to commencement of any examinations, treatments or procedures.
  - a. Examinations, treatments and procedures that **require** the presence of a medical chaperone include:
    - Vaginal and pelvic examinations
    - Intravaginal examinations and procedures including ultrasound
  - b. Examinations (including visual inspections), treatments and procedures that **require offering** the presence of a medical chaperone, include but are not limited to:
    - Examination, treatments, or procedures involving external genitalia
    - Examination, treatments, or procedures of the breast(s)
    - Rectal examinations, treatments, or procedures
    - Diagnostic studies specific to external genitalia, rectum and breast(s)

Examples of procedures included in this category are:  
insertion of indwelling urinary catheters, mammography,  
rectal administration of medications, testicular ultrasounds

c. Minor or Adult without Capacity:

- Patients under the age of 18 and adults without capacity **cannot** decline a medical chaperone for any of the exams or procedures listed above in **4b**.

5. Providers, Registered Nurses, Licensed Practical Nurses, and support staff such as, Medical Assistants, Nursing Aides, Patient Care Attendants, Technicians, Mental Health Workers, and other medical personnel who have received chaperone training may perform the medical chaperone role.

**Note:** Students (medical, nursing, and allied health students) cannot serve as medical chaperones.

6. If a medical chaperone is required (**4a**) or requested (**4b**) but is unavailable, the healthcare provider will reschedule or defer until one is available.

7. For Medical Emergencies: Life-saving care should not be impeded by this policy.

8. If a medical chaperone observes inappropriate healthcare provider behavior or receives a complaint from the patient and/or family of potential inappropriate interaction or conduct, the medical chaperone shall immediately escalate the matter to their direct supervisor as well as document the observed behavior and/or complaint in the Weill Cornell Medicine's SafetyZone safety event reporting system.

9. **Training:** Members of the healthcare team who serve as medical chaperones shall receive training in the following:

- Privacy and confidentiality
- Protecting the interests and well-being of patients
- Verifying the content of clinical conversations and physical exams - Reporting concerns

**APPLICABILITY:**

All Physician Organization clinical settings.

The corresponding New York-Presbyterian Hospital Policy shall apply to all hospital clinical settings, including all hospital outpatient and inpatient settings.

## **PROCEDURE:**

### **I. Determining Need for a Medical Chaperone:**

- a) Before initiating care, the healthcare provider will explain to the patient the nature of the clinical encounter and whether a medical chaperone is required or available for all or part of the examination, treatment or procedure.
- b) Every effort should be made to arrange for a medical chaperone of the gender preferred by the patient.

### **II. Declining the Use of a Chaperone**

- a) Patients shall be provided with an explanation of this policy and sign documentation acknowledging their right to a chaperone.
- b) If a patient refuses a chaperone for an examination, treatment, or procedure in **4a**, the examination, treatment or procedure should not be performed.
- c) Adults with the ability to make their own medical decisions have the right to decline the use of a medical chaperone during examinations, treatments and procedures listed in **4b**.
- d) Should a patient decline a medical chaperone under **4b**, the patient will confirm the declination with the provider before the examination, treatment or procedures may proceed and the declination will be documented in the medical record.
- e) If the patient declines a particular medical chaperone, reasonable efforts will be made to provide the patient with an alternative chaperone, if one is available. Such efforts should be noted in the patient's medical record.
- f) A family member, parent or legal guardian may serve as a medical chaperone for a pediatric patient (age 0-11) examination except for examinations or procedures where there is placement of finger(s), speculum, swabs or any other instruments into the vagina or rectum or if there is suspicion of abuse.

### **III. Conducting Examination, Treatment or Procedure**

- a) Healthcare providers explain the purpose and scope of any examination, treatment or procedure.
  - i. Patients are offered sufficient information about the examination, treatment, or procedure to make an informed decision regarding whether to request a medical chaperone.

- ii. If appropriate, written information clearly stating why and how the procedure is to be performed is made available for patient education.
- b) Confidential clinician/patient communication may take place without the medical chaperone present, unless the healthcare provider or patient request otherwise.
- c) The healthcare provider shall conduct the non-exam portion of the visit after the patient dresses or has been provided privacy with appropriate gown or other coverage.
- d) The patient is given privacy to undress and dress.
  - i. The healthcare provider does not assist with removing or replacing the patient's clothing, unless the patient is having difficulty and/or requests assistance. The medical chaperone may be available for such assistance.
  - ii. The patient must be provided with an adequate gown or drape.
- e) Healthcare providers drape the patient to minimize exposure during an examination.
- f) Examinations, treatments, and procedures are performed with the least amount of physical contact required for adequate diagnosis and treatment.
- g) Healthcare providers will keep dialogue medically relevant and avoid unnecessary personal comments.
- h) Before completing the chaperoned examination, the healthcare provider will elicit any final physical concerns from the patient before clearly communicating to the patient that the examination will be concluded. For example: "Is there anything else you would like me to check? Otherwise, I will end the exam and the medical chaperone and I will leave to let you get dressed."
- i) The healthcare provider shall then exit the examination room with the medical chaperone and not re-enter the room or attempt to perform any
- j) further examination without a medical chaperone again being present and all other requirements of this policy followed.

#### **IV. Virtual Visits**

- a) When genital, breast and/or rectal area requires virtual examination, these situations should warrant the same care and respect afforded to sensitive in-

person physical exams (as listed in **4b** above). A medical chaperone will be offered to and made available to the patient or be present at a patient's request. A healthcare provider may also request the presence of a medical chaperone for any virtual examination.

- b) The medical chaperone can be a third party, witnessing the virtual examination via split screens or can be present with the healthcare provider or the patient.
- c) Documentation occurs as usual standard within the patient record.

## **V. Home Visits**

- a) In the event the Department permits home visits, when the home visit may include examination of the genital, breast and/or rectal area, these situations should warrant the same care and respect afforded to sensitive physical exams in the office setting (as listed in **4a** and **4b** above). A medical chaperone will be offered to and made available to the patient or be present at a patient's request. A healthcare provider may also request the presence of a medical chaperone for any home visit.
- b) If the examination, treatment or procedure to be performed at home is of the type listed in **4a** above, the healthcare provider will bring to the home visit an appropriate medical chaperone. If the examination, treatment or procedure to be performed in the home is of the type listed in **4b** above, the healthcare provider may either offer a medical chaperone in advance or may bring an appropriate medical chaperone and offer the chaperone's presence at that time.
- c) All other applicable requirements of this policy will also apply, including but not limited to who may perform the medical chaperone role and all medical record documentation requirements. If appropriate, the healthcare provider should bring paper versions of required forms to the home visit.

## **DOCUMENTATION:**

1. The healthcare provider performing the examination, treatment or procedure documents the presence and name of the medical chaperone in the patient's electronic health record.
2. If a patient declines a medical chaperone for examinations, treatments or procedures listed in **4b**, such declination shall be documented in the patient's electronic health record.
3. Documentation for virtual and home visits should also follow the above requirements.

**REFERENCES:**

AMA Code of Medical Ethics: Patient-Physician Relationships – Responsibility of Physicians and Patients, <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-patient-physician-relationships>, accessed 9/24/2021.

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Sexual Misconduct. ACOG Committee Opinion No. 796. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020; 135:e43-9.

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The American College of Obstetricians and Gynecologists (ACOG), Committee Opinion Number 796 – Sexual Misconduct, January 2020, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/01/sexual-misconduct> accessed 09/24/2021.

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**RESPONSIBILITY:**

Chief Medical Officer, Weill Cornell Medicine Physician Organization  
Chief Quality and Patient Safety Officer, Weill Cornell Medicine Physician Organization  
Weill Cornell Medicine PO Quality and Patient Safety Committee  
Weill Cornell Medicine Privacy and Compliance Office  
Weill Cornell Medicine Risk Management

## **APPROVAL/REVIEW HISTORY**

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WCM PO Chief Medical Officer Approval: October 2020, December 2020, September 2023