The Use of Chaperones during Sensitive Examinations and Treatments

An official position statement of the Association of Women’s Health, Obstetric and Neonatal Nurses

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Position

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) supports the right of a patient to request and to have a chaperone present during sensitive examinations, procedures, or treatments in all health care settings, especially when additional care providers are not present. All patients should be empowered to participate in the decision to have a chaperone present as part of an individualized plan of care. A chaperone is an authorized member of the health care team who upholds the professional standards of ethical practice, privacy, and confidentiality. Family members or friends may be present at the patient’s request in appropriate circumstances but are not considered substitutes for a chaperone.

Background

Chaperones protect patients and health care providers because they serve as observers and potential witnesses during sensitive examinations and treatments. The function of a chaperone is not dependent on the gender of the clinician performing the examination and applies to outpatient and inpatient settings (American College of Obstetricians and Gynecologists, 2020). Sensitive physical examinations, procedures, and treatments that involve inspection, palpation, or visualization of the breasts, reproductive organs, or genitalia may be perceived as potentially threatening to a patient’s sense of privacy or modesty and may induce feelings of fear, vulnerability, or embarrassment. Patients who identify as lesbian, gay, bisexual, transgender, and nonbinary may have increased sensitivity to pelvic examination (Tillman, 2020). The following factors may influence the decision to have a chaperone present and the choice of the best person to function as the chaperone: patient’s request, urgency and type of examination or treatment, gender of the health care provider, and facility protocol. Additional considerations that may influence the request for a chaperone include age, cultural and/or religious beliefs, mental health status, cognitive ability, and history of sexual assault or dysfunction. A chaperone or health care provider of the same gender may be needed to support the patient’s cultural and religious beliefs (Guimond & Salman, 2013).

Consent

Unintentional misunderstandings and accusations of sexual misconduct may occur during sensitive examinations and treatments; therefore, informed consent and the use of chaperones are essential. Health care providers should explicitly ask permission to perform examinations and procedures and wait for consent before proceeding. They should not assume that a patient consents to a sensitive examination or treatment because they made an appointment (Keller, 2019). All patients should be informed of the organization’s policy on the use of chaperones at the initial encounter. The patient’s preference regarding chaperones should be documented in the medical record for reference in future visits (Pimienta & Giblon, 2018). Since the patient’s preference may change, they should be asked again. Not every patient will disclose a history of sexual trauma; therefore, trauma-informed care should be incorporated into all sensitive examinations (Tillman, 2020). It is essential to empower all patients by ensuring their control over the examination or treatment process and by offering a chaperone for support (Barbieri, 2020).

Organizational Policies

Three types of policies support the use of chaperones (American College Health Association, 2019):

1. Opt-in policies. A chaperone is offered and available to every patient upon request. For opt-in policies, each patient should be educated on the role of the chaperone and the nature of the examination.

2. Opt-out policies. A chaperone is provided for every sensitive examination. A patient who declines to have a chaperone should be educated on the role of the chaperone. If the patient continues to decline, a chaperone should not be used, and the education and
declination should be noted in the patient’s medical record.

3. Mandatory policies. Sensitive examinations and procedures are not performed without chaperones except in emergency situations.

Role of the Nurse

The registered nurse is a key advocate in support of patient autonomy. Registered nurses should ensure that patients are informed about examinations and treatments before consent is obtained. Patients should receive sufficient information with which to make informed decisions. The nurse should document the discussion of the procedure, that consent was obtained, and who served as chaperone. When the chaperone is a nurse, the nurse should act as an advocate for the patient, explain what will happen during the examination, and provide support and reassurance. All chaperones should be trained to recognize the components of sensitive examinations and treatments and deviations from standard practice. Specific policies should be in place through which the chaperone can report questionable practices without repercussions (Barbieri, 2020).

Policy Recommendations

The American College of Obstetricians and Gynecologists (2020) and the American College Health Association (2019) advised that chaperones should be used for all breast, genital, and/or rectal examinations. The American College of Physicians (2021) and the American Medical Association (2021) support joint decision-making between the provider and the patient regarding the presence of a chaperone.

All health care settings should have policies in place to ensure patient safety and minimize risk during sensitive examinations (American College Health Association, 2019). Policies should include provisions for patient education and the training of chaperones and health care providers.

Health care organizations should ensure the following:

- Chaperones are offered to every patient regardless of the gender or role of the clinician or health care provider.
- Chaperones are trained to ensure patient comfort and dignity during examinations, their proper position in the room to visualize the examination or procedure, and when to intervene if they have any concerns.
- Processes are in place for reporting questionable practices.
- Providers are accountable to receive training on how to communicate with patients and chaperones about examinations and procedures.

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References