

## ACHA Guidelines

# Best Practices for Sensitive Exams

The American College Health Association (ACHA) recommends every institution have a policy regarding sensitive medical exams to protect patients' safety and minimize risk associated with the performance of these exams. It is ACHA's recommendation that, as part of institutional policy, a chaperone be provided for every sensitive medical examination and procedure.

The purpose of this guideline is to provide recommendations for a consistent and safe environment for care on college campuses. The recommendations on policy development promote respect for patient dignity and the professional nature of a sensitive medical examination or procedure. Maintaining and fostering a culture of responsibility and mutual accountability, providing education for both providers and patients, and appropriately responding to suspected unprofessional or unsafe behavior is paramount to the college health and wellness mission.

### Introduction

ACHA is committed to promoting best practices that provide optimal care for all students. As part of this continued effort, the guidelines that follow will intentionally outline practices, procedures, and policies for sensitive exams. ACHA encourages institutions of higher education to not only adopt the following guidelines, but to also consider the entire student experience, beginning with how we create safety in our clinics and how we build rapport with the patients we serve.

Best practices indicate that we should approach our work through a trauma-informed lens. Trauma-informed approaches emphasize physical, psychological, and emotional safety for both patients and providers. This fosters a sense of safety, control, and empowerment for diverse patient populations.<sup>1</sup>

In addition to providing trauma-informed care, ACHA recommends being sensitive to the creation of an inclusive environment to serve a diverse patient population. To achieve inclusivity, we recommend intentional design and regular review of campus health

center intake and medical history forms, cultural sensitivity training for providers and other clinic staff, and patient educational materials and signage that better ensure physical, psychological, and emotional safety.

Despite recommendations regarding use of chaperones for sensitive examinations from the American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the General Medical Council (GMC) in the United Kingdom, and the states of Georgia<sup>\*</sup> and Ohio,<sup>†</sup> many organizations do not have a standard.

There is a lack of policy, consistency in policy, and implementation of policy in part due to a lack of evidence regarding impact on patient experience or care outcomes. AAP<sup>2</sup> recommends that a chaperone be mandatory for all adolescent genital, rectal, and breast exams, and AWHONN<sup>3</sup> has since 2001 maintained a position statement supporting patient opt-out of chaperone presence during the sensitive exam. The AMA<sup>4</sup> and ACOG Committee on Ethics<sup>5</sup> endorse offering a chaperone for all sensitive exams (opt-in), as does the British GMC<sup>6</sup> with the AMA stating in their Code of Ethics Opinion 1.2.4 that physicians should adopt and communicate a policy offering chaperones (opt-in) for all patient care, not limited to sensitive exams.

To date, most college health organizations with a chaperone policy have adopted opt-out policies. Several schools offer opt-in policies, and others have policies specifying that a chaperone is mandatory for male-identifying providers when the patient is assigned female at birth or female-identified. Some schools have mandatory policies for all sensitive examinations that do not permit patients to opt out unless there is a clinical emergency and a chaperone is not available.

Much of the research on chaperone policy centers on provider compliance, documentation, and satisfaction

\* Official Code of Georgia Annotated 360-3-02(12)

† Ohio Administrative Code 4731-26-01

with use of chaperones,<sup>9-13</sup> with a few surveying patient attitudes<sup>14</sup> regarding chaperones, and none exploring patients' experiences with chaperones or impact on outcomes.

The intent of this document is to provide guidance to ensure best practices around sensitive exams. Given the lack of consistent recommendations from other major organizations on chaperoning for sensitive exams and a paucity of data on outcomes and patient satisfaction with chaperoning, ACHA has created these guidelines to promote patient safety and mitigate risk. We recognize that schools are differently resourced, which may necessitate increased collaboration with campus and community partners to develop creative solutions in order to provide optimal care for all students.

Institutions must keep in mind their obligation to protect the safety of their students regardless of how they meet student health care needs. Many schools have separate training facilities for athletes and may outsource specific specialized care (i.e., physical therapy, gynecological care). Contracts for institutional and non-institutional providers should include the protocols for sensitive exams to ensure consistent adherence to protections and ethical practices. The outsourcing of specialized care does not negate the institution's obligation to protect patients, and contracts for outsourced care should include expectations of compliance with the institution's chaperone policy.

In keeping with best practices, when creating a chaperone policy consideration must be given to the power differential between patient and provider, as well as chaperone and provider. The power differential between patient and provider and provider and chaperone informs who may serve as a chaperone. It is important to understand the inherent vulnerability of our patients when they are seeking care, as well as the potential vulnerability of the chaperone. This vulnerability encompasses the reliance on providers' professionalism and expertise, ethical practice, and a chaperone's ability to provide input that might change the course of an exam without fear of retaliation.

Because the provider has the power to make and influence decisions and is involved in sensitive touch, chaperones play a critical role by offering a sense of safety and balance of power. Due to the heightened vulnerability during sensitive exams, chaperones play an integral role in protecting both patient and provider and better ensuring there is no abuse of power by the provider. [SAMHSA's tenets of trauma-informed care](#) should be utilized by both chaperone and provider. Trauma-informed care honors patient voice, agency,

control and choice. It is important to note that providers are often unaware of a patient's prior experiences; therefore, adopting the tenants of trauma-informed care are crucial to avoid potential re-traumatization.

Chaperones should be able to freely provide critical input during an exam based on the needs of the patient, as well as feedback after an exam without coercion, fear of retaliation, or reprimand. Therefore, organizationally, chaperones should not report directly to the provider, or to the direct supervisor of the provider when possible. The chaperone should also not be subject to academic evaluation; therefore, it is not recommended that medical students or other health care trainees serve as chaperones.<sup>15</sup> A clear protocol for documentation and complaints should be outlined as part of the policy with consideration to organizational power structures that might deter critical feedback, risking ethical standards of care.

## Core Principles for Policy Development

All institutions that provide sensitive exams should have a written policy that includes:

- Definition of Sensitive Exam, Near Sensitive Exam, and Chaperone
- Use of Chaperones
- Chaperone Training
- Provider and Staff Training
- Patient Education
- Reporting of Non-Compliance and Complaints
- Risk Management Related to Investigation of Complaints

## Definition of Sensitive Exams, Near Sensitive Exams, and Chaperone

A sensitive exam or procedure includes, but is not limited to, an exam, evaluation, palpation, physical therapy for, placement of instruments in, or exposure of:

- Genitalia
- Rectum
- Breast

A patient's personal and cultural experiences may broaden their own definition of a sensitive exam or procedure. Some patients may include in their definition of a sensitive exam an examination or procedure that involves partial exposure or palpation of body parts near sensitive areas (e.g., exposure of undergarments, palpation of the groin or buttocks, or auscultation near the breast), and a chaperone should be offered.

A chaperone is a trained person who acts as a support and witness for a patient and a provider during a sensitive exam or procedure. If properly trained to do so, they may also assist the provider with equipment and specimen handling. However, these responsibilities should not detract from their ability to support and witness important aspects of the examination. A chaperone is utilized to help protect and enhance the patient's comfort, safety, security, and dignity during a sensitive exam or procedure. The chaperone may be a provider or a trained staff member. Whenever possible the patient should be allowed to request the gender of the chaperone. A family member or support person may be present during a sensitive exam or procedure if it is the expressed desire of the patient but cannot serve as a chaperone.

We have chosen to use the word "chaperone" for the purposes of this document primarily due to its specific use in policies, guidance from major organizations and literature around the topic of the sensitive exam. However, we understand there may be a negative connotation surrounding the term chaperone, which may imply that someone needs to be supervised or cannot be trusted to act with integrity. In addition, students may view the term as out-of-date and creating a culture of distrust. Some institutions have used different terminology in their policies and patient education materials such as clinical attendant or assistant. We support individual institutions' choice to use the terminology that is most accepted on their campus for their policy development and educational resources. Again, for the purposes of this document and to avoid confusion, we will continue to use the word chaperone within this document.

## Types of Chaperone Policies

There are three recognized options for a chaperone policy—opt-out, opt-in, and mandatory. ACHA recommends an opt-out policy for all sensitive exams and supports institutions who endorse a mandatory chaperone policy for sensitive exams to mitigate risk.

**Opt-out policy** is one in which a chaperone is planned and provided for at every sensitive exam or procedure and available for any exam upon patient or provider request. A patient has a right to decline a chaperone after being provided adequate education that explains the nature of the sensitive exam and the role of the chaperone.

**Opt-in policy** is one in which a chaperone is offered and available upon the request of the patient. Institutions should provide patient education regarding the option of a chaperone and the nature of

the sensitive examination. Signage alone as patient education is insufficient. A power differential during a medical encounter may exist, making it uncomfortable for the patient to request the additional support of a chaperone. For this reason, opt-in policies are discouraged for sensitive examinations.

**Mandatory policy** is one in which a chaperone must be present during a sensitive exam or the exam will not be performed. Institutions that adopt a mandatory policy should not allow their policy to impede emergency care. While this may provide the greatest institutional protection, patient autonomy and agency may be negatively impacted.

An institution's policy regarding sensitive medical exams may contain elements from each of these types of policies. While ACHA recommends an opt-out policy in most situations, there may be circumstances that necessitate a mandatory chaperone. For example, any patient who is defined by state law as a minor requiring parental consent, who is sedated, or who lacks the capacity to provide informed consent at the time of care requires a chaperone and cannot decline. Opt-in policies may be more appropriate for consideration for exams near sensitive areas (i.e., near-sensitive exams).

While policies should respect the patient's ability to decline a chaperone, policies should also allow a provider to retain the right to not perform the examination and refer that patient to another health professional or clinic if they are not comfortable completing the sensitive exam without a chaperone.

All policies should include:

- Patient education
- Chaperone and provider training
- Documentation of chaperone use or declination of use
- Reporting of non-compliance or complaints
- Investigation of complaints or allegations of misconduct.
- Consent for photographs that may be taken during a sensitive exam
- Supervision structure for chaperones independent of clinical providers

A core component of policy development includes reporting responsibilities regarding violations of the policy, as well as concerns for inappropriate exams. The chaperone and patient should be educated and empowered with a clear understanding of how to report concerns. Similarly, all staff should be aware of and have a mechanism for reporting violations of the policy.

## Implementation of Policies

### Chaperone Training

A key component to the successful implementation of a chaperone policy is the training of staff who will chaperone sensitive exams. Depending on the type of staff employed for this function, they may have little experience observing or assisting with the sensitive exam. It is crucial to outline expectations of the chaperone, as well as key components of the exam, procedures, and steps performed by the provider during the sensitive exam.

In the clinical setting, there is often a perceived power differential or hierarchy between the provider and support staff or assistants. Chaperones may feel uncertain or concerned about intervening during an inappropriate exam or reporting potential misconduct. Training of both chaperone and provider should review expectations for each role, improve communication between the team, suggest neutral terms for intervention in the case of patient distress or chaperone discomfort, and set expectations for provider behavior and procedure. A portion of the training for the chaperone must include how to report unprofessional conduct during the medical exam or concerns about violation of the chaperone policy.

Training should occur at hire or when someone is designated as a chaperone and renewed regularly with knowledge/skill competency to include cultural sensitivity and trauma-informed practices. Below are key components of the role to be included in chaperone training:

- Ensuring patient comfort during exam
- Ensuring patient dignity with privacy for dressing/undressing and appropriate gown or drape
- Informing patient that chaperone will be present if a sensitive exam is performed or for any other exam as requested by the patient or provider
- Documenting chaperone presence during exam or declination of chaperone by patient
- Positioning of chaperone during exam to visualize point of contact of exam or procedure
- Assisting other staff with dressing/undressing and toileting before or after examination. Two staff, one of which is a chaperone, should be provided to patients who require such assistance.
- Reviewing how chaperone may intervene or stop an exam if they are concerned about patient distress or inappropriate steps during the exam

- Reviewing reporting mechanisms for concerns or non-compliance with policy

### Provider Training

Training providers on sensitive exams is another key component to providing patients with a safe care environment. With the inclusion of chaperones for sensitive and near-sensitive exams, training should be given to all providers performing such exams including, but not limited to, physicians, residents, fellows, advanced practice providers, nurses, imaging technologists, physical therapists, and athletic trainers.

Training should include respecting a patient's decision to refuse a chaperone while also acknowledging a provider's right to refer that patient to another health professional or clinic if the provider is not comfortable completing the sensitive exam without a chaperone. Providers should not consider parents and other untrained individuals as proper chaperones for sensitive exams. While it is important to have chaperones present during the sensitive exam, providers should minimize the amount of sensitive information asked and shared in front of the chaperone to protect patient confidentiality.

Training should occur at hire and renewed regularly with knowledge/skill competency to include cultural sensitivity and trauma-informed practices. Below are key components to be included in provider training:

- Proper communication with patient about why the sensitive exam is needed
- Proper communication before and during sensitive exams to explain what to expect from the exam and what will happen during the exam
- Documentation of patient education provided
- Documentation if patient declines any part of exam
- Documentation of chaperone presence or declination of chaperone use
- Chaperone communication to signal the need to pause exam due to obscured view or patient discomfort
- Documentation of consent when taking photographs of sensitive areas
- Two staff, one of which is a chaperone, should be provided to patients who need assistance with dressing/undressing or toileting before or after an exam.

## Patient Education

Patients are understandably vulnerable during a medical examination, particularly during a sensitive exam. Understanding what to expect throughout the visit—from questions about the patient's history to the components of the physical exam—is critical to empower patients. Prior to the exam, it is important to educate the patient as to why the examination is needed, what the exam entails, the purpose and availability of a chaperone, and importantly, the patient's ability to decline or stop any portion of the exam. Patient education may be provided using a variety of educational resources or materials including chaperone or provider explanation, in-room posted or written materials, and web-based written information or videos.

Best practice recommendations should include:

- Provision of materials outlining the components of a sensitive exam, the role of a chaperone, and how to report concerns about inappropriate exams or violations of the policy
- Expectation that a chaperone will be present for a sensitive medical exam and available for any other exam upon patient request
- Ability of a patient to request the gender of a chaperone
- Verbal explanation of the planned examination by a provider
- Education on the patient's right to request further clarity on the exam, express discomfort, or to terminate an exam at any point
- Provision of adequate privacy to undress/dress with appropriate gowns/drapes to afford patient dignity

## Reporting of Non-Compliance or Violation of Policy

As mentioned above, chaperone and provider training and patient education should include information on the processes for reporting violations of policy. All reports and complaints should be evaluated by a process developed by each institution to ensure a timely investigation, quality assurance, and quality improvement. Chaperone policies should include processes for reporting concerns of suspected non-compliance and policy violations by patients, chaperones, clinic staff, and providers. Because of power differentials inherent in clinical care and resultant disincentives for reporting, reporting lines of authority should be distinct from employment and

clinical supervisory hierarchy. To minimize disincentives for patient reporting, multiple processes should be developed and included in patient education materials at each visit, including an anonymous reporting option.

## Risk Management

Instances of alleged misconduct by providers may place organizations at considerable reputational or financial risk. These policies should be reviewed and approved by the institutional general counsel, and for those institutions affiliated with academic medical centers, the procedural and response policies of both organizations should be closely aligned.

The presence of a chaperone may provide some protection to providers against unfounded allegations of improper behavior. Consistent with this objective, the institutional guidelines should include provisions for addressing instances when the provider is uncomfortable with a patient request for no chaperone.

All providers should be adequately educated about the policies and expectations related to the use of chaperones during medical examinations.

Organizations should include within their policies guidelines for the appropriate response to reports of non-compliance with the guidelines and must investigate allegations of suspected unprofessional behavior by providers. Institutions must be cognizant of state law, especially those concerning minors.

- Timely investigations of suspected inappropriate behavior should be conducted by an impartial external office (e.g., Title IX, campus law enforcement, medical ethics review board).
- Results of external investigations should be reviewed by institutional general counsel or a human resources team and should be shared with the governing body of the organization for corrective action as indicated.
- Organizations should retain objective and subjective comments received regarding provider interactions with patients (e.g., patient comments, patient satisfaction survey data), which may be useful as part of investigations in demonstrating patterns of behavior.
- Understanding that being the subject of an investigation may be a traumatic experience, institutional support resources should be made available to providers or chaperones during the course of an investigation.

- If a patient is the complainant, they should be made aware of campus support resources such as the sexual assault resource center or counseling center.
- To respect the integrity of the investigative process and those involved, all inquiries related to a complaint should be directed to public affairs and general counsel for advice. In accordance with HR policies, the nature of the complaint and the names of the involved parties should remain confidential.

### **ACHA Sensitive Exams Task Force**

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