



Section: Rutgers Robert Wood Johnson Medical School

Section Title: Rutgers Robert Wood Johnson Medical Group (Rutgers RWJMG)

Policy Name: Use of Chaperones During Sensitive Exams Policy

Formerly Book:

Approval Authority: Rutgers RWJMG Board of Governors

Responsible Executive: president, Rutgers RWJMG

Responsible Office: Rutgers RWJMG Practice Administration

Originally Issued: 10/10/13

Revisions:

Errors or changes?

1. **Policy Statement**
The New Jersey Administrative Code regulation places the responsibility of providing notice to a patient of the right to a chaperone during sensitive examinations upon the licensed independent practitioner (LIP) (NJAC 13:35-6.23).
2. **Reason for Policy**
“The valued human experience of the physician-patient relationship is damaged when there is either confusion regarding professional roles and behavior or clear lack of integrity that allows sexual exploitation and harm” (ACOG, 2007). Having chaperones available for use during sensitive examinations demonstrates respect for patient dignity and privacy, and recognition of their vulnerability (AMA, 2011). These examinations include, but are not limited to, “breast and pelvic examinations of females, and genital and rectal examinations of both males and females” (NJAC 13:35-6.23).
3. **Who Should Read This Policy**
Rutgers RWJMG faculty and staff
4. **Related Documents**
Chaperones Available During Sensitive Exams Signage
5. **Contacts**
Office of the Dean, Rutgers RWJMS (732-235-6300)

6. **The Policy**

All requests for a chaperone shall be honored. Authorized health care professionals are preferred as chaperones whenever possible. Family members may be used as a chaperone under the following condition: if specifically requested by the patient, and then only in the presence of an additional chaperone who is not a family member.

A patient may decline care if a chaperone that is acceptable to him/her is not available. LIPs are not obligated to provide further care to a patient if an acceptable chaperone is not available.

Patients may waive their right to a chaperone but an LIP may override this waiver and have a chaperone present. LIPs are not required to provide further care for the immediate medical problem presented if the patient refuses a chaperone and the LIP wants to have one present.

Documentation in the EMR is required whenever immediate care is not rendered due to the absence of a chaperone that is acceptable to the patient, or a patient refusal to use a chaperone requested by an LIP.

Inquiries and history-taking should be limited during the time the chaperone is in the room. The LIP is responsible for creating an opportunity for private conversation with the patient during the office visit if a chaperone has been present during the examination.

Notice of the availability of chaperone services shall be displayed in the registration and patient care areas as well as posted to the Patient Information portal on the Rutgers RWJMG website.

- A. Privacy for patients while the patient is removing or replacing outer and undergarments is provided by using examination room doors, privacy curtains within the exam rooms, and verbal information to staff in the vicinity. Appropriate gowns and coverings are available to limit the exposure of the patient's body to the field of clinical interest.
- B. The interview component of the patient visit does not require a chaperone.
- C. Signage is posted in the examination rooms to clearly indicate when a chaperone is needed, at which time the patient is offered the opportunity to accept or decline one.
- D. The chaperone enters the room just prior to the sensitive examination and leaves immediately following.
 - i. A lay chaperone is ushered into the exam room to meet the LIP in order to ascertain his/her comfort level with this role. When all are in agreement, the lay chaperone is seated near the head of the bed so as to not compromise the safety of the patient or the LIP or him/herself.
 - ii. A professional chaperone may also be an assistant to the LIP, when asked to assist with a portion of the examination or to secure a specimen or equipment used during that examination.

References

1. New Jersey Administrative Code 13:35-6.23.
2. American Medical Association, Code of Medical Ethics: Opinion 8.21. Available at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion821.shtml>. Accessed 2/28/11.
3. American College of Obstetricians and Gynecologists, ACOG Committee on Ethics Opinion No. 373, Aug 2007. Available at http://www.acog.org/from_home/publications/ethics/co373.pdf. Accessed 2/28/11.