

SOUTHFIELD PEDIATRIC PHYSICIANS CHAPERONE POLICY

Introduction

Southfield Pediatric Physicians, PC is committed to providing a safe, comfortable environment where the safety of patients and staff is of paramount importance. Patients being seen in the office need to feel and be safe and to experience as little discomfort and distress as possible. Equally health professionals are at a potential risk of their actions being misconstrued or misrepresented if they conduct examinations where no third party is present. Clinicians have a professional responsibility to minimize the risk of false accusations of inappropriate behavior.

This policy presents principles and outlines the procedures that should be in place for appropriate use of chaperones for patients during their visit with the doctor.

Responsibilities

Guidance on chaperoning is for the assistance and protection of both patients and healthcare professionals. All clinicians have a responsibility to consider chaperoning issues and to work in accordance with the following principles.

Principles of Good Practice

Patients may find any examination distressing, particularly if these involve the breasts, genitalia or rectum (known as “intimate examinations”). Some individuals for personal or cultural reasons may feel uncomfortable if the clinical examination requires them to undress and / or be touched and may feel vulnerable.

Chaperoning may help reduce distress, but must be used in conjunction with respectful behavior, explanation, informed consent and privacy.

Consent

In scheduling an appointment it is assumed that a patient/parent is seeking appropriate clinical assessment, diagnosis and treatment and therefore is granting implied consent to necessary physical examinations. However, before proceeding with a physical

examination, healthcare professionals should always seek to obtain, by word or gesture, some explicit indication that the patient/parent understands the need for examination and agrees for it to take place.

What is a chaperone?

A chaperone is present as a safeguard for both parties (patient and healthcare professionals) and is a witness to the conduct and the patients continuing consent to the examination or procedure.

The precise role of the chaperone varies depending on the circumstances. It may include providing a degree of emotional support and reassurance to patients but more commonly incorporates:

- Providing protection to healthcare professionals against unfounded allegations of improper behavior.
- Assisting in the examination or procedure, for example handing instruments during an examination or procedure.
- Assisting with undressing, dressing and positioning patients

Who may Chaperone?

There are two main types of Chaperone: 'formal' and 'informal'.

Informal Chaperones

Informal Chaperones are family, friends or supporters of the patient invited by the patient to accompany them to the appointment. Many patients feel reassured by the presence of a familiar person. Clinicians will accept the patients wish for an informal chaperone in almost all cases.

Formal Chaperones

A 'formal' chaperone implies a health care professional or medical office staff. This person may be a receptionist, nurse or a medical assistant.

Protecting the patient from vulnerability and embarrassment means that the chaperone will usually be of the same gender as the patient. There may be occasions when no

staff member of the same gender as the patient is available; the patient will be offered the option to rebook for the examination / procedure at a time when a clinician of their choice is available.

The patient always has the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any justifiable reason.

Offering a chaperone

The relationship between a patient and healthcare professionals is based on trust. A practitioner may have known a patient for a long time but a chaperone should be offered in all circumstances that meet the criteria outlined in this policy regardless of how long the patient is known to the practitioner. Therefore all patients have equity of access to chaperones in identical clinical situations. Any patient is entitled to a chaperone if they feel one is required.

Staff should be aware that intimate examinations might cause anxiety for both male and female patients whether or not the examiner is of the same gender as the patient.

If a chaperone is refused, a healthcare professional cannot usually insist that one is present. However, there may be cases where the practitioner makes a professional judgement that they cannot conduct the examination of procedure without a chaperone present and may decline to proceed without a chaperone. Examples include where the healthcare professional considers there is a significant risk of the patient experiencing distress, displaying unpredictable behavior, or making false accusations. In any such case, the practitioner must make his/her own decision and carefully document their decision and rationale in the notes along with the details of any procedure undertaken.

Where a chaperone is needed but not available

If the patient has requested a chaperone and none are available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe (this may include simple waiting in the practice until a member of staff is available). If the seriousness of the condition dictates that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise must be jointly reached.

In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgement and be able to justify

their course of action. The decision and rationale should be documented in the patient's notes.

It is acceptable for a healthcare professional to perform an intimate examination without a chaperone if the situation is life threatening or speed is essential in the care or treatment of the patient. The rationale for any such examination should be recorded in the patient's notes.

Issues specific to children

Children and their parents or guardians must receive an explanation of the planned examination/ procedure in order to obtain their informed consent, co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for an examination and the nature of the examination. In these cases it is advisable for a formal chaperone to be present for any intimate examinations.

Issues specific to religion, ethnicity, culture and sexual orientation

All patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires examination. Some patient's ethnic, religious, cultural background and sexual orientation can make intimate examinations particularly difficult. For example, men or women may have a strong cultural or religious or belief system reason why they are adverse to examinations by clinicians of the opposite gender.

In any situation where concerns are raised or an incident has occurred this should be dealt with immediately in accordance with the Incident Reporting Procedure.