

Use of Chaperones in Hospitals, Health Systems and Physician Practices

The use of chaperones is specific to hospitals and physician office settings. However, the use of informed consent and good communication with the resident in the senior living setting and any other setting is equally essential in reducing risk and providing for a safe and comfortable environment for all.

Ensure for enough time to discuss the plan of care, the plan for the day and typical exams that may be needed during the encounter. The patient's perspective as to why one area of the body may require a hands-on exam may be different than the actual clinical need to perform such an exam.

Advise the patient early in the caregiving experience that chaperones are standard practice. The consent from the patient to accept or decline the chaperone should also be obtained and noted in the medical record. Consider publishing your chaperone policy on your practices or organizations website.



Current statistics from the National Practitioner Data base do not specifically report out on such cases that involve physicians and advanced practitioners. Of the studies conducted on the topic, those focused on patient satisfaction highlight that the patient found the offer of a chaperone respectful and considerate (Pimenta, 2018).

Explain what the exam will entail and how best they should alert the care team to any discomfort or questions. Ask permission to begin the exam or needed care and advise that consent may be withdrawn at any time. Avoid joking, overly casual conversations and side bar conversations with other staff during the exam. In taking such steps allegations of inappropriate conduct may be avoided.

If a chaperone is not available or the selected chaperone is not one the patient is comfortable with, reschedule the exam for another time. Providing the requested chaperone is a priority over the care team scheduling convenience.

The [American Medical Association](#) recommends the use of chaperones during exams. Not only does this offer safety for the care team but also provides comfort and offers dignity and respect for the patient during sensitive exams. Ensuring that there is a written policy for how and when chaperones are to be utilized is one important measure. The chaperone should be a member of the care team and not the patient's family member or friend. And finally, record the name of the chaperone in the patient's medical record.

Second, create a job description for this role and develop a training curriculum that can be consistently delivered to all members of the care team who will serve as chaperones. Train to set standards, observe the chaperone in action and build competencies for the role.

Contacts

Rhonda DeMeno, RN, BS, MPM, RAC-CT, A-IPC, CPHRM

Director Clinical Risk Services,
Senior Living Center of Excellence

+1 312 288 7704

rhonda.demenowillistowerswatson.com

Joan M. Porcaro, RN, BSN, MM, CPHRM

Associate Director, Client Relationship Management
North America Healthcare Industry

+1 480 528 4872

joan.porcarowillistowerswatson.com

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