

Introduction

The use of medical chaperones is recommended by many professional organizations to provide patient comfort and communicate respect, particularly during sensitive examinations and procedures. (1, 2, 3) The use of a chaperone can also be an ordered requirement for clinicians by licensing boards and other regulatory entities, typically as a term and condition during a period of license probation. However, most chaperones lack formal training in their role and responsibilities, as few medical chaperone training programs exist. Moreover, many boards lack systems that include criteria for vetting, approving, and implementing chaperones in the context of either an investigation or license probation. Recently, doubts over the effectiveness—and even appropriateness—of chaperones have emerged, stemming at least in part from inadequate chaperone training and board systems. (4) These doubts have caused some state licensing boards to abandon the practice of ordering them altogether.

Doubts over chaperone effectiveness and appropriateness cannot be resolved without clear definitions and expectations of chaperones and the availability of training programs. PBI Education developed an online medical Chaperone Training Program (CTP) to further the professional conversation about chaperone usefulness and to advance efforts to integrate and elevate chaperones as members of a healthcare team and protectors of the public. We describe the process by which the CTP was developed and then situate the training as but one component of a model chaperone monitoring system that boards may wish to consider as a way to increase the effectiveness of their monitoring reach.



Methods

Step 1: Develop curricular content through data gathering

- Literature review
- Internet search and YouTube training video review
- Sampling of hospital and clinic websites for chaperone policies
- Review of medical licensing board websites and communication with board personnel regarding chaperone guidelines, policies, and practices
- Interview of authors of two existing chaperone training programs
- Interview of a healthcare professional monitoring organization that trains and provides mandated chaperones

Using an iterative process, the synthesized materials and interview data were reviewed and re-reviewed until consensus was achieved on a draft final curriculum.

Step 2: Draft curriculum sent to experts in law, medicine, and healthcare licensure. Revisions made based on feedback.

Step 3: Pre-launch curriculum sent to experts in law, medicine, and healthcare licensure for additional review and feedback.

Results

This work yielded the PBI Chaperone Training Program (CTP):

- 2 CE contact hours
- Approved by the California Board of Registered Nursing
- Instructional text
- Clinical vignettes
- Interactive decision-making branch points
- Explanations for both correct and incorrect responses
- Chapter quizzes
- Final examination

The CTP addresses the professional duties of chaperones who are board-mandated during the investigation or probation of a licensee, or who are utilized on a voluntary, as-needed basis by a practice for certain clinical indications, such as sensitive physical exams. The curriculum is relevant to both types of chaperones; separate sections that apply only to mandated chaperones are clearly indicated.



The Curriculum

Introduction

- Goals
- Objectives

Types of Chaperones and Their Roles

- Mandated
- Voluntary, as-needed
- Friends, family, translators, and trainees
- Overview of a chaperone's presence

Chaperone's Roles and Responsibilities

- Navigating the first day
- Navigating interactions
- Gowning and draping of the patient
- Gloving and gowning of the healthcare professional
- Appropriate and inappropriate communication
- Intimate examinations
- Professional boundaries
- How to handle harassment
- HIPAA compliance

Specific Clinical Scenarios

- Twelve specialty, subspecialty, practice- and patient-related scenarios

Documentation and Reporting Responsibilities

- Accountability through documentation
- Challenges with patients
- When do you have a duty to report?
- How, when, and to whom to report

Personal Relationships

- Romantic situations
- Personal connections

Discussion

In PBI Education's work remediating healthcare professionals in boundaries and ethics, we see the casualties of poor utilization of chaperones, such as harm to patients and complaints against clinicians who meant no harm but were careless or unthinking. We developed this course in order to address the lack of consistency in chaperone training, to further the professional conversation about chaperone usefulness, and to advance efforts to integrate and elevate chaperones as members of a healthcare team and protectors of the public.

Learnings derived from the CTP development process:

- Clear definitions of different types of chaperones and their roles is critical to advancing the conversation about their usefulness and effectiveness.
- A chaperone training program should include adequately detailed medical information regarding clinical norms, while recognizing that acceptable variations in physical examination and draping techniques exist among individual healthcare professionals.
- Some clinical areas are newer or have little professional consensus in the use of chaperones (e.g., telemedicine, interventional radiology), limiting the amount of available didactic information that can be integrated into chaperone training.
- Members of the public and other medical staff may misunderstand the role and importance of a medical chaperone; chaperones should be able to explain their role clearly and professionally.
- Some medical licensing boards do not have set processes and criteria for vetting or approving mandated chaperones.
- An apparent conflict of interest occurs when licensees nominate existing members of their staff to serve as mandated chaperones.

Conclusions and Recommendations

The potential for chaperones to dually function as both an extension of a licensing board's reach and a valued member of a healthcare team appears to be untapped and under-explored. Without proper training, it is difficult to draw conclusions about whether chaperones can be effective. In addition, we make the following recommendations.

General Recommendations:

Formal chaperone training

- Elevates the chaperone into the team orientation
- Empowers the chaperone to serve as part of a larger regulatory chaperone monitoring system
- Opens additional avenues, such as reporting to professional health programs
- Equips chaperones to maintain neutrality in their demeanor and conduct

Recommendations for Boards:

- Boards may wish to develop their own chaperone monitoring system with:
 - Internal processes for chaperone vetting and approval, stipulating no prior relationship with the licensee being disciplined or sanctioned
 - Performance criteria (e.g., log sheets, reporting procedures) with a designated 24/7/365 contact system to report concerns
 - A formal training requirement in order to equalize performance expectations
- Boards may prefer to outsource the chaperone monitoring system to an agency that handles the vetting, approval, training, performance, and contact functions.
- Boards may wish to include in their "for the public" webpages a definition of a medical chaperone, including when and why they are used, to avoid public misunderstandings and provide education regarding chaperones as an arm of boards' public protection mission.

References

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2. Committee on Ethics, American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion No. 373: sexual misconduct. Obstet Gynecol. 2007;110(2 pt 1):441–444.
3. Committee on Practice and Ambulatory Medicine. Use of chaperones during the physical examination of the pediatric patient. Pediatrics. 2011;127(5):991–993.
4. Paterson R. Independent review of the use of chaperones to protect patients in Australia. Commissioned by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency. February 2017.