

Recommendations for Intimate Exams in Outpatient Settings

Rationale: Although some organizations and individual offices have policies concerning intimate exams, many do not. The Board of Medical Practice has received a number of complaints about the manner in which intimate exams were performed. Most of those complaints could have been avoided if certain procedures had been followed.

Definitions:

“Intimate Exam” - any exam of the female breast, exam of the female pelvis, vaginal speculum exam, exam of the male or female external genitalia or rectum. Exams that are not specifically of those parts of the body, but that are likely to result in incidental contact with those parts of the body, or viewing of those parts of the body, are also considered intimate exams (see note regarding incidental contact with female breasts at end of document). In addition, if the patient is asked to undress fully and put on a robe, or to undress from the waist down and cover with a sheet, this may also be considered an “intimate” exam.

“Chaperone” – medical personnel who are present during an exam. Chaperones may be licensed or unlicensed staff members who work at the facility. Family members present during an exam are not considered chaperones. A chaperone may assist the healthcare professional or their role may be limited to being available as support for the patient and as a witness should questions arise about how the exam was performed or the communication between the provider and the patient.

Best practices:

1. It is best practice for medical facilities that provide services that may include intimate exams to have a written policy regarding intimate exams and the use of chaperones. (This does not imply a requirement to distribute the policy to every patient as a part of the recommendation.)
2. Before an intimate exam is going to be performed, it is recommended that patients be asked if they would like to have a chaperone present. It is recommended that patients be offered a chaperone and not be required to request one.
3. If a staff member is going to be present to assist the healthcare professional during the exam, that person may serve as the chaperone.
4. If the healthcare professional feels more comfortable with a chaperone present, it is reasonable for one to be present even if the patient has declined one.

5. If a chaperone, family member, or other third party is present during an exam, it is recommended that the patient be offered an opportunity to discuss the findings and the plan in private with the healthcare professional before the patient leaves. There may be occasions when this is not appropriate or not possible due to the age of the patient (e.g. - a young child) or because the patient is disabled and requires the presence of a guardian or other authorized representative.
6. If a chaperone is offered, accepted, or declined, it should be documented in the medical record. When a chaperone is used, the person should be identified by name (or, if sufficient for identification, initials) in the medical record.
7. Before performing an intimate exam, it is recommended that the procedure be explained to the patient. It is best that the patient understands what is going to occur. If during the course of an exam it is determined that something needs to be done that was not explained earlier, it is recommended that the healthcare professional stop and discuss the unforeseen actions before proceeding.
8. Universal guidelines for use of gloves and other Personal Protective Equipment (PPE) should be followed.
9. It is important to document in the medical record that the exam was discussed beforehand with the patient and that consent was given.

In summary, the main objective is to do what is reasonably possible to promote patient comfort and protect healthcare professionals from unfounded complaints about misconduct that may arise when only the patient and provider are present during an intimate exam. Explaining what is going to be done ahead of time, ensuring patient understanding, and having chaperones available will help in this regard.

Special Note Regarding Incidental Contact with Female Breasts: The Board recognizes that when performing many types of exams or procedures, incidental contact with a female patient's breasts may occur, and that some patients may be less sensitive to, surprised by, or offended by such contact, as compared to the other interactions listed in the definition of "intimate exam." Because these are recommendations that will not be the basis for disciplinary action, the Board has included such contact in the definition to encourage its licensees to be mindful that some patients may be sensitive about such contact and may complain to the Board or others about it. The Board acknowledges that this is an area in which the health care professional's discretion plays a role and notes that even brief communication with the patient can help to avoid patient discomfort and complaints. The Board further acknowledges that it would be rare for a patient to need or want a chaperone only because of brief, incidental contact with a breast as described above; however, for some patients use of a chaperone would still be welcome and advisable. Healthcare professionals should do their best to assess the sensitivities of their patients and respond accordingly.

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