Is Three a Crowd? Patient and Provider Attitudes towards Chaperone Use

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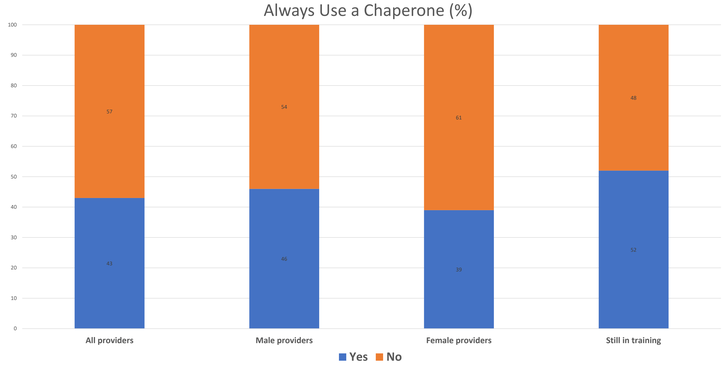
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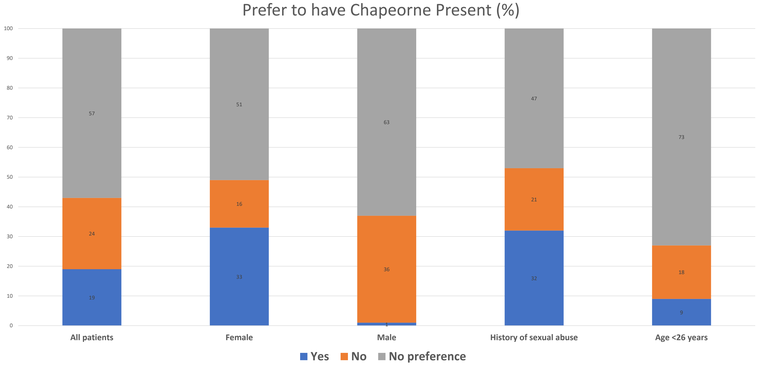
Background: While there is data that suggests the majority of patients do not have a preference regarding chaperone presence during sensitive exams, there are certain patient factors that may influence this preference. Previously reported patient factors include patient gender and patient age. Similarly, while data suggests the majority of providers do not always use a chaperone when performing a sensitive exam, there may be certain provider factors that influence the decision to use a chaperone. The purpose of this study was to survey patients and medical providers on their attitudes towards chaperone use and explore factors that may influence these attitudes.

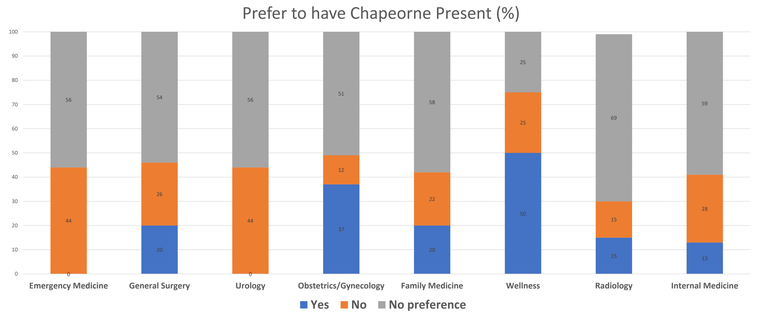
Methods: A survey was administered at a single tertiary military medical center to providers and patients across multiple specialties, and further sub-analysis of the data was completed. For providers, sub-analysis was done for provider gender and training status. For patients, sub-analysis was done for gender, age, history of sexual abuse, and clinic seen in.

Provider Results: 61 provider surveys were collected. 42% of providers always use a chaperone during a sensitive exam, 79% are more likely to use a chaperone if a patient is of the opposite gender, and 43% select a chaperone based on the gender of the patient. The majority of providers (57%) document when a chaperone is used. On sub-analysis, compared to the overall use male providers are more likely to always use a chaperone (46%) and females are less likely to use a chaperone (39%). Providers in training are more likely to use a chaperone (52%).



Patient Results: 319 patient surveys were collected. The majority of patients (57%) have no preference regarding chaperone use during a sensitive exam, 19% prefer to have a chaperone, and 24% prefer to not have a chaperone. On sub-analysis, compared to overall preference patients in the urology and emergency department are less likely to prefer having a chaperone (0%), and patients in the obstetrics and gynecology (OB/GYN) and wellness clinics are more likely to prefer having a chaperone (37% and 50% respectively). Females are more likely to prefer having a chaperone (33%), and males are less likely to prefer having a chaperone (<1%). Patients younger than age 26 are less likely to prefer having a chaperone (9%). Patients with a history of sexual abuse are more likely to prefer having a chaperone (33%).





Disclaimer: The opinions and assertions contained herein are those of the authors and do not reflect those of Dwight D. Eisenhower Army Medical Center or the Department of Defense.

Conclusions: The majority of providers do not always use a chaperone when performing a sensitive exam. Providers are more likely to always use a chaperone if they are male or if they are still in training.

The majority of patients do not have a preference regarding chaperone presence during sensitive exams, however female gender and history of sexual abuse increase the likelihood of a patient preferring to have a chaperone present and young age (<26 years) decrease the likelihood. Patients seen in urology clinic and the emergency department are less likely to prefer having a chaperone present, while patients seen in OB/GYN and wellness clinics are more likely to prefer having a chaperone present. These factors should be considered when creating an institutional policy regarding chaperone use.

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