



Research Letter

Chaperone use among dermatology residents and attendings is influenced by gender



What is known about this subject in regard to women and their families?

- Male and female residents and attending physicians have different approaches to practice regarding genital examinations of the same and opposite genders.
- Chaperone use during genital examinations is medicolegally protective in nondermatologic fields.

What is new from this article as messages for women and their families?

- Regardless of resident or attending physician status, male and female physicians have significantly different chaperone utilization rates for genital examinations of both same- and opposite-gender patients.
- Regardless of patient or physician gender, chaperone use should be offered.

Dear Editors,

Chaperone use during genital examinations allows for patient advocacy while providing a witness to the examination should concern about misconduct arise. Risk factors for physician-initiated sexual misconduct include male gender and examination without a witness or chaperone (DuBois et al., 2019). The purpose of this study was to compare chaperone use among female and male dermatology residents and attending physicians, as well as gender-based expectations of chaperone use during residency training.

Two anonymous, institutional review board–approved surveys were distributed via the Association of Professors of Dermatology listserv: one for residents and one for attending physicians. Attending physicians were asked to forward the resident survey to residents in their training programs. Responses were analyzed using χ^2 tests.

A total of 110 dermatology residents (65 female, 45 male) and 71 dermatologist attendings (41 female, 30 male) completed the surveys. Comparisons of chaperone practice habits stratified by resident or attending status and by gender are presented in Table 1. Genital examination expectations among male and female residents and attendings are presented in Table 2.

Male residents and attendings reported the lowest rates of chaperone use for same-gender genital examinations (7%) but

the highest rates of use for opposite-gender genital examinations (73%–80%). In comparison, female residents and attendings reported higher rates of chaperone use for same-gender examinations (9%–29%) but much lower rates for opposite-gender examinations (25%–46%). Regarding expectations of chaperone use for opposite-gender examinations, 43% of female residents reported no expectation that they use a chaperone and 53% of male residents reported being expected to always use a chaperone by their attendings. All subgroups reported greater expectations of chaperone use regarding opposite-gender examinations compared with same-gender examinations, with the greatest increase for male attendings, who rarely expect residents to use a chaperone for same-gender examinations (7%) but have the highest rate of expectation for opposite-gender examinations (82%).

The American College of Obstetricians and Gynecologists recommends chaperone use for all sensitive examinations, regardless of physician gender, but also recognizes that patients may refuse the presence of a chaperone (American College of Obstetricians and Gynecologists, 2007), although formal recommendations for dermatology do not exist. The American Medical Association recommends that physicians use a policy that patients are free to request a chaperone and to always honor a patient's request for chaperone use (American Medical Association 2020). We agree with these recommendations and further encourage dermatologists to routinely use chaperones regardless of patient or physician gender, especially in the context of genital examinations. Furthermore, residency training experience regarding opposite-gender genital examinations varies significantly with resident gender (Kuraitis and Murina, 2021), and it is important to ensure residents of all genders are sufficiently trained in genital examinations, which may require additional clinic staffing for chaperones.

This study demonstrates significant gender discrepancies among residents and attending physicians regarding chaperone use and highlights the need for formal chaperone guidelines in dermatology. Resident gender also influences expectations by attendings, with male residents reporting greater expectations of chaperone use, likely owing to background medicolegal concerns. Future studies should characterize reports of misconduct and whether chaperone use is protective in the field of dermatology. Limitations to this study are due to listserv reliance, including selection bias and the inability to calculate response rates, because resident participation required survey forwarding by the attending physicians.

Table 1

Dermatology residents and attendings reported use of chaperones for same- and opposite-gender genital examinations

	Resident		p-value	Attending		p-value
	Female n = 65	Male n = 45		Female n = 41	Male n = 30	
Use a chaperone for same-gender genital examination, n (%)						
Always	6 (9)	3 (7)	<	12 (29)	2 (7)	<
Sometimes	27 (42)	8 (18)	.001	14 (34)	8 (27)	.001
Never	32 (49)	34 (76)		15 (37)	20 (67)	
Use a chaperone for opposite-gender genital examination, n (%)						
Always	16 (25)	33 (73)	<	19 (46)	24 (80)	<
Sometimes	31 (48)	12 (27)	.001	18 (44)	3 (10)	.001
Never	18 (28)	0 (0)		4 (10)	3 (10)	

Table 2

Expectations of dermatology residents and attendings regarding chaperone use for same- and opposite-gender genital examinations

	Yes, always n (%)	Sometimes n (%)	Rarely or never n (%)	p-value
Same-gender genital examination chaperone use				
Female residents: Do your attendings expect you to use a chaperone for same-gender genital examinations? (n = 65)	7 (11)	25 (38)	33 (51)	.002
Male residents: Do your attendings expect you to use a chaperone for same-gender genital examinations? (n = 45)	2 (4)	14 (31)	29 (64)	
Female attendings: Do you expect residents to use a chaperone for same-gender genital examinations? (n = 38)	18 (47)	14 (37)	6 (16)	< .001
Male attendings: Do you expect residents to use a chaperone for same-gender genital examinations? (n = 28)	2 (7)	9 (32)	17 (64)	
Opposite-gender genital examination chaperone use				
Female residents: Do your attendings expect you to use a chaperone for opposite-gender genital examinations? (n = 65)	14 (22)	23 (36)	28 (43)	< .001
Male residents: Do your attendings expect you to use a chaperone for opposite-gender genital examinations? (n = 45)	24 (53)	20 (44)	1 (2)	
Female attendings: Do you expect residents to use a chaperone for opposite-gender genital examinations? (n = 38)	27 (74)	7 (18)	4 (11)	.004
Male attendings: Do you expect residents to use a chaperone for opposite-gender genital examinations? (n = 28)	23 (82)	3 (11)	2 (7)	

Attending physicians who do not work with residents did not complete this portion of the survey.

Conflicts of interest

None.

Funding

None.

Study approval

The author(s) confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.

References

American College of Obstetricians and Gynecologists. [Internet]. 2020 [cited. Committee on Ethics. Sexual misconduct 2020. November 7] Available from <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/01/sexual-misconduct>.

American Medical Association. Use of chaperones; Code of Medical Ethics Opinion 1.2.4 [Internet]. 2020 [cited 2021 January 1]. Available from: <https://www.ama-assn.org/delivering-care/ethics/use-chaperones>
 DuBois JM, Walsh HA, Chibnall JT, Anderson EE, Eggers MR, Fowose M, et al. Sexual violation of patients by physicians: A mixed-methods, exploratory analysis of 101 cases. *Sex Abuse* 2019;31(5):503–23.
 Kuraitis D, Murina A. Gender discordance of genital examination experiences among dermatology residents and attendings. *J Am Acad Dermatol* 2021 S0190–9622(21)00320–0.

Drew Kuraitis MD, PhD*
 Andrea Murina MD
 Department of Dermatology, Tulane University, New Orleans, Louisiana
 *Corresponding Author:
 E-mail address: dkuraiti@tulane.edu (D. Kuraitis)
 Revised 16 July 2021