

United States Senate

March 11, 2020

Dr. Barbara Barzansky, PhD, MHPE
Co-Secretary and Director, Undergraduate Medical Education
Liaison Committee on Medical Education
American Medical Association
330 North Wabash Avenue, Suite 39300
Chicago, IL 60611-5885

Dear Dr. Baransky,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

Various news outlets have reported on this issue over the past two decades, including most recently in the *New York Times*.¹ There is limited data available to help inform policymakers and the public about the frequency with which non-consensual pelvic examinations occur. However, I have heard from constituents concerned about this practice and the devastating impact that it could have on patients, particularly those who have experienced prior trauma.

I appreciate the commitment of the medical community as it relates to informed consent,² and I hope that we can work together to prevent non-consensual pelvic examinations. Medical students are often the people who report these non-consensual exams, so it is clear to me that there is an acknowledgement among providers that we need to improve the process to better protect patients. All patients should be fully informed, and should knowingly provide consent, if any provider or resident will be performing a pelvic exam during their procedure for educational purposes.

By gathering additional, substantive information on best practices and informed consent for educational pelvic examinations, stakeholders and lawmakers can work together to address

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concerns that patients and trainees have expressed over the years. I am hopeful that we can find ways to ensure that pelvic examinations performed for educational purposes are only done under the circumstance where the patient is fully informed, and willing to participate. To begin our work together on this important issue, please respond to the following questions:

1. What best practices have been identified by your accrediting body to ensure that a patient is fully informed when a trainee will participate in or perform a pelvic examination for educational purposes?
2. Does your organization evaluate best practices for obtaining consent for educational pelvic examinations that will be performed on anesthetized patients, compared to those used for pelvic examinations on conscious patients? If so, please identify those differences.
3. As described in the survey on *Medical Simulation in Medical Education: Results of an AAMC Survey* published nearly 10 years ago, “simulation is arguably the most prominent innovation in medication education over the past 15 years.”³ The opportunity for integration of simulation techniques at medical schools exists ubiquitously. In fact your organization performed a survey in 2013-2014 found that 136 of 140 medical schools had physical simulation centers.⁴ With programs that provide the opportunity to humanize the patient experience for trainees through standardized patient experiences, including genitourinary teaching such as pelvic examinations, does your organization believe that trainees need to be performing sensitive and medically unnecessary exams on patients?
4. Considering the LCME is the accrediting body for educational programs at schools of medicine, what are the standards that should be required by an accrediting body as it relates to the physical exam? Do specific course or clerkship requirements exist regarding interactions with real or simulated patients? If so, please identify those differences.
5. How does the organization engage with, disseminate, and update best practices to medical schools?
6. Do your best practices include protocols to ensure that a patient is aware before the surgery takes place of every individual on their care team – including medical students – who will be involved in a pelvic examination during the surgery?

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7. How have your informed consent processes and procedures changed in states such as California that have passed legislation addressing this issue, and has there been any disruption in patient care?
8. How does this organization define “consent” in a situation in which trainees will conduct or be involved in a pelvic exam during surgery?
 - a. Does your organization require that consent be both written and verbal in a situation in which a medical student would perform or participate in a pelvic examination? If so, please provide detailed best practices regarding the processes for obtaining both written and verbal consent in a situation in which a medical student would perform or participate in a pelvic examination.
 - b. Does your organization require that informed consent be provided for each medical student participating in a pelvic examination during surgery?

I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. Veronica M. Catanese, MD, MBA
Co-Secretary and Senior Director, Accreditation Services
Liaison Committee on Medical Education
Association of American Medical Colleges
655 K St NW #100
Washington, DC 20001

Dear Dr. Catanese,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

Various news outlets have reported on this issue over the past two decades, including most recently in the *New York Times*.¹ There is limited data available to help inform policymakers and the public about the frequency with which non-consensual pelvic examinations occur. However, I have heard from constituents concerned about this practice and the devastating impact that it could have on patients, particularly those who have experienced prior trauma.

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 - b. Does your organization require that informed consent be provided for each medical student participating in a pelvic examination during surgery?

I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. Patrice A. Harris
President
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Harris,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

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4. Describe the roles that accrediting bodies have for educational programs at schools of medicine, what are the standards that should be required by an accrediting body as it relates to the physical exam? Do specific course or clerkship requirements exist regarding interactions with real or simulated patients? If so, please identify those differences.
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7. How have your informed consent processes and procedures changed in states such as California that have passed legislation addressing this issue, and has there been any disruption in patient care?

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 - b. Does your organization require that informed consent be provided for each medical student participating in a pelvic examination during surgery?

I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. David B. Hoyt, MD, FACS
Executive Director
American College of Surgeons
633 N Saint Clair Street
Chicago, IL 60611-3295

Dear Dr. Hoyt,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

Various news outlets have reported on this issue over the past two decades, including most recently in the *New York Times*.¹ There is limited data available to help inform policymakers and the public about the frequency with which non-consensual pelvic examinations occur. However, I have heard from constituents concerned about this practice and the devastating impact that it could have on patients, particularly those who have experienced prior trauma.

I appreciate your organization's commitment to informed consent,² and I hope that we can work together to prevent non-consensual pelvic examinations. Medical students are often the people who report these non-consensual exams, so it is clear to me that there is an acknowledgement among providers that we need to improve the process to better protect patients. All patients should be fully informed, and should knowingly provide consent, if any provider or resident will be performing a pelvic exam during their procedure for educational purposes.

By gathering additional, substantive information on best practices and informed consent for educational pelvic examinations, stakeholders and lawmakers can work together to address concerns that patients and trainees have expressed over the years. I am hopeful that we can find ways to ensure that pelvic examinations performed for educational purposes are only done under

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the circumstance where the patient is fully informed, and willing to participate. To begin our work together on this important issue, please respond to the following questions:

1. What best practices have been identified by your organization to ensure that a patient is fully informed when a trainee will participate in or perform a pelvic examination for educational purposes?
2. Does your organization have best practices for obtaining consent for educational pelvic examinations that will be performed on anesthetized patients, compared to those used for pelvic examinations on conscious patients? If so, please identify those differences.
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5. How does the organization engage with, disseminate, and update best practices to your membership?
6. Do your best practices include protocols to ensure that a patient is aware before the surgery takes place of every individual on their care team – including medical students – who will be involved in a pelvic examination during the surgery?
7. How have your informed consent processes and procedures changed in states such as California that have passed legislation addressing this issue, and has there been any disruption in patient care?

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I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611

Dear Dr. Nasca,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

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I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. Maureen Phipps
Chief Executive Officer
American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024-2188

Dr. Maureen Phipps,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

Various news outlets have reported on this issue over the past two decades, including most recently in the *New York Times*.¹ There is limited data available to help inform policymakers and the public about the frequency with which non-consensual pelvic examinations occur. However, I have heard from constituents concerned about this practice and the devastating impact that it could have on patients, particularly those who have experienced prior trauma.

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With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. David Skorton
President and Chief Executive Officer
Association of American Medical Colleges
655 K St NW #100
Washington, DC 20001

Dear Dr. Skorton,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

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4. Considering the AAMC is the sponsor for the LCME, the accrediting body for educational programs at schools of medicine, what are the standards required by the accrediting body as it relates to the physical exam? Do specific course or clerkship requirements exist regarding interactions with real or simulated patients? If so, please identify those differences.
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With every good wish,



Margaret Wood Hassan

United States Senate

March 11, 2020

Dr. Ranjan Sudan, MD
President
Association for Surgical Education
11300 W. Olympic Blvd, Suite 600
Los Angeles, CA 90064 USA

Dear Dr. Sudan,

I write requesting information about reports of trainees performing non-consensual pelvic examinations on anesthetized patients for educational purposes. I appreciate your organization's commitment to working with members of Congress to uphold the integrity of teaching hospitals, protect patient safety, and ensure the autonomy of individuals in making informed decisions about what happens to their bodies during surgical procedures.

Various news outlets have reported on this issue over the past two decades, including most recently in the *New York Times*.¹ There is limited data available to help inform policymakers and the public about the frequency with which non-consensual pelvic examinations occur. However, I have heard from constituents concerned about this practice and the devastating impact that it could have on patients, particularly those who have experienced prior trauma.

I appreciate the commitment of the medical community as it relates to informed consent,² and I hope that we can work together to prevent non-consensual pelvic examinations. Medical students are often the people who report these non-consensual exams, so it is clear to me that there is an acknowledgement among providers that we need to improve the process to better protect patients. All patients should be fully informed, and should knowingly provide consent, if any provider or resident will be performing a pelvic exam during their procedure for educational purposes.

By gathering additional, substantive information on best practices and informed consent for educational pelvic examinations, stakeholders and lawmakers can work together to address concerns that patients and trainees have expressed over the years. I am hopeful that we can find

¹ <https://www.nytimes.com/2020/02/17/health/pelvic-medical-exam-unconscious.html>

² <https://www.aamc.org/news-insights/what-informed-consent-really-means>

ways to ensure that pelvic examinations performed for educational purposes are only done under the circumstance where the patient is fully informed, and willing to participate. To begin our work together on this important issue, please respond to the following questions:

1. What best practices have been identified by your organization to ensure that a patient is fully informed when a trainee will participate in or perform a pelvic examination for educational purposes?
2. Does your organization have best practices for obtaining consent for educational pelvic examinations that will be performed on anesthetized patients, compared to those used for pelvic examinations on conscious patients? If so, please identify those differences.
3. As described in the survey on *Medical Simulation in Medical Education: Results of an AAMC Survey* published nearly 10 years ago, “simulation is arguably the most prominent innovation in medication education over the past 15 years.”³ The opportunity for integration of simulation techniques at medical schools exists ubiquitously. In fact the Liaison Committee on Medical Education (LCME) survey in 2013-2014 found that 136 of 140 medical schools had physical simulation centers.⁴ With programs that provide the opportunity to humanize the patient experience for trainees through standardized patient experiences, including genitourinary teaching such as pelvic examinations, does your organization believe that trainees need to be performing sensitive and medically unnecessary exams on patients?
4. Describe the roles that accrediting bodies have for educational programs at schools of medicine, what are the standards that should be required by an accrediting body as it relates to the physical exam? Do specific course or clerkship requirements exist regarding interactions with real or simulated patients? If so, please identify those differences.
5. How does the organization engage with, disseminate, and update best practices to your membership?
6. Do your best practices include protocols to ensure that a patient is aware before the surgery takes place of every individual on their care team – including medical students – who will be involved in a pelvic examination during the surgery?
7. How have your informed consent processes and procedures changed in states such as California that have passed legislation addressing this issue, and has there been any disruption in patient care?

³ <https://www.aamc.org/system/files/c/2/259760-medicalsimulationinmedicaleducationanaamcsurvey.pdf>

⁴ <https://www.aamc.org/data-reports/curriculum-reports/interactive-data/simulation-center-use-medical-schools>

8. How does this organization define “consent” in a situation in which trainees will conduct or be involved in a pelvic exam during surgery?
 - a. Does your organization require that consent be both written and verbal in a situation in which a medical student would perform or participate in a pelvic examination? If so, please provide detailed best practices regarding the processes for obtaining both written and verbal consent in a situation in which a medical student would perform or participate in a pelvic examination.
 - b. Does your organization require that informed consent be provided for each medical student participating in a pelvic examination during surgery?

I look forward to your response, and to working with you on this very important issue.

With every good wish,



Margaret Wood Hassan