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A Report on the Investigation of Allegations of Medical Misconduct

At the
Youth Forensic Psychiatric Services
Inpatient Assessment Unit
Burnaby, BC

By: Reviewing Dr., MD, FCFP

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FOIPPA Revision on: January 28, 2008

Investigation of Misconduct at the Youth Forensic Psychiatric Services IAU

The following report was compiled on request from the Clinical Director, in response to an allegation of misconduct that was directed towards a physician working at the Youth Forensic Psychiatric Services (YFPS) at the Inpatient Assessment Unit (IAU). (Respondent Dr.) is a family physician who has worked at the Inpatient Assessment Unit (IAU) of YFPS for many years. The IAU is the provincial facility responsible for doing court ordered psychiatric assessments. Clients admitted to the IAU receive a medical, psychiatric and psychological assessment.

A young female who had a physical examination at the IAU by (Respondent Dr.) in November 2004 brought forward details about her breast exam during an outreach session with the Justice for Girls advocacy group at the Youth Custody Centre in June 2007. Other girls from her group participated in the discussion and felt that she represented their concerns. Subsequently, a lawyer associated with Justice for Girls prepared an affidavit describing allegations of inappropriate touching that "went beyond the rightful boundaries of a breast examination." No collateral information was received. The identity of the physician and complainant were not revealed initially. The Burnaby RCMP initiated and concluded an investigation. No charges were laid. The complainant was the Justice for Girls group, not the client

The YFPS informed (Respondent Dr) of the allegations. His practice at the IAU was restricted to male patients because of these allegations. A locum physician was hired to do medical examinations of females at the IAU. On recommendations from the College of Physicians and Surgeons (Respondent Dr) has been using a female chaperone for examinations of females under nineteen years old in his own practice. These changes were made pending the results of further investigations.

The Assistant Deputy Minister of Children and Family Development initiated an investigation into the allegation of misconduct with a team comprised of the Provincial Director YFPS, Clinical Director YFPS, Assistant Director YFPS, Administrative Nurse, and Reviewing Dr. (a family physician who is a member of The College of Physicians and Surgeons' Committee on Office Medical Practice Assessment). The investigation commenced following the conclusion of the RCMP criminal investigation in July-August 2007.

An on-site visit to the IAU was made in October 2007 by The Reviewing Dr, the Assistant Director and a nurse from administration. The facilities, including client rooms, medical and nursing offices, and interview rooms, were evaluated. Charting and monitoring of laboratory results was noted. Results of this part of the review are summarized in subsequent documents. Overall, the facility and charts appeared to be well organized, and there was good evidence that client information was being cumulated and forwarded where necessary for continuity of care.

Chart summaries of twelve female clients were carried out by Reviewing Dr.. Of these twelve clients, five were present at the outreach session in June 2007. All twelve had

been admitted to IAU in the past three years and had physical examinations by Respondent Dr. A brief summary of the charts is presented in this report. Of the five clients who were present at the outreach session, only two females actually had breast exams by Respondent Dr, one of whom was the index client. The other three girls declined to have a breast exam. Only one female had a pelvic exam, the other four declined (one recently had a pelvic examination). From this data it is not clear that the index client was actually representing the other girls in the group in terms of her complaint about her own breast examination. The girls did have a number of concurrent health issues and risk factors, and this would support the need for a methodical review of their medical condition, rather than a random 'as needed' approach.

Interviews were conducted throughout October 2007. Most were audio taped and transcribed. Those interviewed included, Respondent Dr, Nurse 1 (nurse chaperone present during the index client's physical exam) and three other nurses, the index client and several other girls were interviewed by teleconference). Several other interviews were set up but could not be conducted as the girls declined to be interviewed. Attempts were made by Administrative Nurse to contact remaining females in the group without success to date.

In his interview Respondent Dr. did not recall anything unusual about the physical examination performed on the client three years earlier. He did not remember the client very well. His chart notes indicate that her mental status was pleasant and cooperative. Progress notes indicate that she had some issues during her stay with medication changes and interactions with another client.

Clients have a chaperone in attendance throughout all parts of the physical examination. The physical examination of the client was chaperoned by Nurse 1, a nurse with 15 years of experience. There is no evidence of anything unusual occurring during the client's examination by Respondent Dr. The client had just arrived on the unit that morning. In retrospect, the physical examination was done quite soon after her admission and the patient may have felt rushed. She had not had a breast exam before and consented to the examination as she wanted to do well on her assessment and was also on hormonal contraception. Three years later she reported in the outreach session that her breast exam felt like a "groping." In her interview she clarified this word as like a "cupping," and said she did not recall having her axilla (armpit) checked. She also did not identify her chaperone as being a nurse, when in fact her chaperone was a well-qualified nurse.

Interviews with Respondent Dr. and the other nurses all indicate that physical examinations are fairly standardized, and consent obtained carefully as they proceed. Respondent Dr. explains that for women receiving hormonal therapy he feels it is important to check for lumps and cancer. Variations in draping may occur depending on whether the girls are having full examinations or not. Some may wear their Unit clothes and underwear, and some may change fully into paper gown with cover sheet for full examinations. It was difficult to determine whether breast exams were always conducted with the client sitting, or whether they were sometimes reclining on the bench. Overall it

was the opinion of the nurse chaperones that Respondent Dr. is respectful of clients and makes efforts to put them at ease.

Interviews with the four clients indicated that in general they felt they were treated with respect at IAU. Some had unique preferences or dislikes for certain staff members, and were outspoken about this. There seemed to be a recurrent theme about the appropriateness of these clients having breast and pelvic examinations. Some clients were apprehensive about having an examination by a male physician. At least two clients, likely more, had recent assaults or sexual abuse as a child. These clients are a high-risk group with multiple psychosocial issues who have come before the courts to face various charges. At their life skills group they were learning about their rights and boundaries. It was the opinion of these young clients that they should have some choices about having breast and pelvic exams and who performed the exams.

The client felt that she represented her group from the custody centre in bringing forward her complaint. She used the words "get something done," and had told the Justice for Girls group that she would be the one to represent the girls with this issue. She did not bring forward a complaint herself, but participated in helping the Justice for Girls prepare an affidavit. No other girls came forward with complaints.

Several other nurse chaperones were interviewed, and all concurred that the physical examinations were conducted with respect and attempts were made to explain and obtain consent. Some chaperones took a more active role in chaperoning and explaining the choices available, or in discretely telling the physician that the client felt uncomfortable about having the exam. Data from the clients' charts and from the nurses indicates that many clients do decline their breast and or pelvic examinations. However, many clients do have health problems requiring some kind of examination and attention. Clients seem to vary in their understanding of the overall reason for the court ordered examination.

Overall, it is my opinion that there was no medical malfeasance. The complaint of "inappropriate touching" may be due to various factors, and apparently arose out of the conversations that took place within this high-risk group of adolescents at the BYCC outreach session three years after the actual examination. In general, complaints may be avoided by using accepted techniques of inspection and palpation, avoiding 'cursory exams' through clothing, using proper gowns and drapes to adequately expose that area, explaining the reason for and findings of, the examination (College Quarterly 1994). Current BC Cancer Agency (BCCA) 2004 guidelines recommend an annual breast examination by a health professional for women over 20 years of age to screen for breast cancer.

If a breast examination is required for completion of a psychiatric assessment or for some medical reason, then this should be clearly explained. Perhaps the emphasis should be on breast and pelvic health rather than cancer screening in this teenage group.

In the following report I summarize my review of the IAU site and services, my chart summaries of 12 female clients, interviews with Respondent Dr, four IAU nurses and

four interviews with clients (3 of these were telephone interviews). I review the processes of orientation, chaperoning, informed consent, physical examination and draping, and conclude with recommendations.

Sincerely

Reviewing Dr, MD, FCFP
December 5, 2007 (1st draft)
Revised January 18, 2008, then
January 24, 2008
FOIPPA January 28, 2008

Table of Contents - IAU Investigation

*Index Client

S.51(5)(c) Evidence Act

Background Information--IAU Investigation 2007

Background

On June 11, 2007 a life skills outreach session was held at the Burnaby Youth Secure Custody Centre (BYSCC). It was attended by the advocacy group, Justice for Girls, several staff members, and a number of girls who were living at the BYSCC. Some of the girls had been assessed previously at the Inpatient Assessment Unit (IAU). There was a general discussion about any problems at the custody centres and one of the girls brought up the issue of breast exams. Other girls joined in with this discussion. There was also some discussion about Pap tests being offered. Justice for Girls maintained contact with who agreed to act as the spokesperson to carry the issue forward. An affidavit was drawn up by a lawyer for Justice of the Girls, stating that some girls at the BYSCC had disclosed inappropriate touching of the breast during medical examinations at the Youth Forensic Psychiatric Service (YFPS) Inpatient Assessment Unit (IAU). The girls allegedly reported that the examinations "went beyond the rightful boundaries of a breast examination." The girl did not bring forth any charges. The complainant was the Justice for Girls group. No other collateral information was forthcoming.

Comments:

When the client was interviewed she recalled that there were about sixteen girls present at the outreach session and she did not recall ever talking to a girl who said no to a breast exam. On review, there were twelve girls present. Only five of these twelve girls had ever been to the IAU. Out of these five girls, two had breast exams, the remainder declined them, and only one had a pelvic exam. The client was at the IAU three years earlier, in November 2004. She had a court ordered assessment, including a medical examination by the clinic physician, with a female chaperone in attendance. The affidavit that was drawn up referred to the breast examination she had at that time.

On June 12, 2007 as a result of this disclosure, Justice for Girls sent a facsimile letter to the Director of Youth Forensic Psychiatric Services, which read: "Urgent: Sexual Assault Allegations at Inpatient Assessment Unit." No specific names or details were received initially, but the physician could be identified, as he was the sole male physician providing medical services at that time.

Respondent Dr. contacted the CMPA and the College of Physicians and Surgeons who instructed him to use a female chaperone for all physical examinations on female patients under the age of nineteen, until further notice. Respondent Dr. temporarily withdrew his services at the IAU and a locum was obtained. He was invited to return to work on June 28, 2007 to provide services to male youth.

An investigation was initiated by the Burnaby RCMP, Police Constable, on June 15, 2007 and was concluded between July and August. The client did not make a criminal complaint. The identity of the client was ascertained by the Assistant Director on

June 20, 2007. He subsequently reviewed her chart and reported to the Director. The RCMP did not interview Respondent Dr, but did interview both the client's mother and the nurse who chaperoned the client's exam. The RCMP concluded their investigation. No charges were recommended.

Details of the allegation appeared in both the media and the political forum. The client said in her interview in October 2007 that she had been approached by CTV but had not decided if she wanted to meet with them.

The Assistant Deputy Minister for Children and Family Development, requested that an investigation be conducted into the specific allegations to determine whether there were reasonable grounds to conclude that inappropriate touching or conduct took place during the physical examination of the specific complainant or in relation to other girls who have been examined at the IAU.

The College of Physicians and Surgeons was asked to recommend physicians who could form part of the investigating team. The Clinical Director subsequently contacted Reviewing Dr, to participate once the RCMP investigation was concluded.

On September 1, 2007 Reviewing Dr. met with the Clinical Director at his Willingdon office to discuss the investigation. Another meeting was held to discuss the terms of the contract, and the investigation commenced on October 10, 2007.

Investigation

On October 10, 2007 a site review was conducted with the Assistant Director, Reviewing Dr. and an administrative nurse. A tour of IAU was carried out to see the physical layout of the rooms, visit the medical and nursing offices, and observe the handling of patient chart and laboratory information.

On October 11, 2007 a chart review was done on the index client who was admitted as an inpatient to the IAU on November 12, 2004.

The following day, October 12, 2007, an interview was held with Nurse 1, the nurse chaperone who was present during the index client's physical examination.

October 17, 2007 was to have been the day for the interview with the index client but she did not show up. The interview was to take place at Willingdon, with Administrative Nurse, Reviewing Dr. and a Youth Advocate from the Office of the Representative for Children and Youth. Youth Advocate spoke with the client and rescheduled the interview.

On October 18, 2007 Respondent Dr was interviewed at Willingdon and was accompanied by two legal representatives. Assistant Director and Reviewing Dr. conducted the interview.

On October 19, 2007 the client (was interviewed downtown in the office of the Representative for Children and Youth. Administrative Nurse and Reviewing Dr. conducted the interview, with Youth Advocate in attendance.

On October 29, 2007 an interview was to have been conducted with the client . She was unfortunately not able to meet with us and we have been unable to reschedule a meeting with her. I met with Administrative Nurse and we reviewed interview transcripts and made plans for interviewing nurses.

On October 30, 2007 we conducted phone interviews with the clients and from the downtown office of Youth Advocate. We had initially arranged to meet with the client and conduct the interview with her there, but she did not show up, and when we called her at home she agreed instead to have a phone interview. This was conducted by teleconference by the Administrative Nurse and the Reviewing Dr, with the Youth Advocate in attendance.

The client, had been an inpatient at IAU in 2006, but did not participate in the outreach session in 2007. The client, was at the IAU in 2007, and did participate in the outreach session in June 2007.

On October 31, 2007, Reviewing Dr. and Administrative Nurse interviewed two nurses who have worked at the IAU, Nurse 4 and Nurse 3. These interviews were conducted at the Willingdon office. Both of these nurses have participated in chaperoning IAU clients for their physical examinations.

On November 1, 2007 Administrative Nurse and Reviewing Dr. interviewed Nurse 2 who worked at IAU from 1997 to 2006.

An interview was set up with a female client who was at IAU but not at the outreach session. She was in custody, on the Willingdon site, at the time of the planned interview, but she would not meet with us on the morning assigned as she was having some difficulties that day.

Overview of IAU Site and Assessments, October 2007

The IAU is an Inpatient Assessment Facility of the Youth Forensic Psychiatric Services (YFPS). YFPS is a specialized mental health service within the Ministry of Children and Family Development. Services are provided to youth between the ages of 12 and 17 who are in conflict with the law. YFPS has regional outpatient clinics, including three in the Lower Mainland. Referrals are usually from the Youth Court, Youth Justice Probation Officers, and Youth Custody Service staff members. Clients who are referred to the IAU directly from the Probation Officer may not have received the benefit of a previous medical assessment or screening. These youths are a high risk group. The Court requires a systematic review of their psychological and psychiatric condition so that it can make an appropriate decision regarding disposition. Therefore clients' stay at IAU may be their opportunity to receive a comprehensive review of their health status and its influence on their psychosocial function.

Role of IAU to Provide Court Ordered Assessments

The IAU is the only provincial unit that provides inpatient assessments. It is a designated mental health facility under the Mental Health Act. It is also a place of temporary detention. Assessments done at IAU are comprehensive and conducted by a team of health care professionals that includes nurses, psychiatrists, physicians, psychologists, psychiatric social workers, and health care workers. Youth attending IAU are there to undergo court ordered assessments, under Section 34 of the Youth Criminal Justice Act. Under this Act a youth justice court can request and take into consideration the findings of both psychological and physical examinations of young people who have come before the courts. The issue of Informed Consent in this setting will be discussed separately.

IAU Facilities and Staffing

IAU was located at the Burnaby site on Willingdon Avenue, but has relocated in November 2007 to a new site near the Fraser River. It is a locked secure Unit, and youth clients arrive in hand cuffs. They may be transferred from the Burnaby custody centre or from more distant sites in northern BC and the Yukon. The Unit has a capacity for six clients. Usual occupancy is three beds. The Unit has males and females but the ratio is approximately 80% males and 20% females. Staffing ratio is typically 4 clients to 3 staff members. Staff members are either nurses or psychiatric nurses or allied health care workers. Clients are closely supervised and frequently checked. For most procedures there is some sort of supervision. Clients are initially strip checked under supervision by a same gender health care worker and then are given unit clothing. There is a central 'bubble room', with glass windows, where various staff members conduct interviews and take histories. There is always a same gender chaperone present during the medical examination. A physician, Respondent Dr, is on site at least three days a week to conduct examinations, and is available on call for urgent medical concerns. Arrangements have been made, at present, to have a female physician available to conduct physical examinations as needed.

There is a kitchen, but it is usually locked. Food is brought to the Unit and served from containers so that the youth can help themselves to the meal size they desire. There are several activity rooms where clients can sit on sofas and chairs, watch TV or play games. They also have access to physical activity areas indoors (weight equipment) and outdoors (fenced yard). There is a locked room with a foam pad where clients can do time out to allow them to settle. Client behaviour is closely monitored and expectations clearly explained from the start.

IAU Assessments

The staff psychiatrist carries out a full psychiatric assessment and prepares a report that will ultimately go forward to the court. The ultimate goal of the assessment is to provide an accurate profile of the client's medical, social and psychological condition. The assessment begins with a nursing intake history, followed by an interview with the psychiatrist. Clients may be seen by a staff psychologist and receive psychometric testing as required. Depending on the availability of the physician, a medical history and examination are carried out, usually within seventy hours of their admission. The medical examination is done in a separate medical office along one corridor of the IAU. The current office is very small, but is equipped to carry out a full physical exam, including a gynecological exam.

Medical history taking is directed toward eliciting details that will help to identify clients with fetal alcohol syndrome, significant drug and alcohol abuse, previous sexual and physical assault, eating disorders, etc. The physical examination provides additional evidence for these. Measurements of facial features such as philtrum length assist in identifying fetal alcohol syndrome. From a psychiatric perspective, a thorough physical examination may provide further evidence of abnormal sexual development, body modifications, abuse and mutilations, or more rarely of genetic, metabolic or endocrine syndromes.

Balanced against this need to produce a thorough assessment of these young clients is the issue of voluntariness. Clients have the right to choose, and if on being informed of the reason for conducting the physical examination they choose not to be examined, then that choice is respected.

IAU Role in Health Care Maintenance

IAU is an inpatient facility and hospital. Clients are in the Unit for a variable length of time and then return to a custody setting, pending sentencing, further custody, or possible probation in the community. They may come from a variety of backgrounds, including foster and group homes, and living on the streets. Some have had recent or remote sexual or physical abuse or assault. Some are high-risk for sexually transmitted infections (STI's). Some are pregnant. Many clients have significant drug and alcohol use issues. They have been exposed to crime, both as victims or victimizers. Some have regular family physicians, but many have discontinuous, episodic health care or none. They neither have access to, nor reliably seek out, regular screening health care. Clients have

common health concerns such as acne, asthma, eczema, respiratory infections, vaginal and urinary tract infections and contraception needs.

An IAU medical assessment begins with a history taking. This is standardized, detailed and includes most facets of a client's health care. Clients are then offered a physical exam, to confirm suspected problems and to check for others that may be otherwise undetected. The health care professionals at IAU see this time as an important opportunity to offer these young clients some regular health care maintenance. Clients are offered screening lab work, such as urinalysis, blood tests for hepatitis and HIV, with some assurance that the results will be followed up. They can receive immunization updates, such as hepatitis B. Included in this health care maintenance are procedures such as Pap tests (screening for cervical cancer) and screening to ensure that females on hormonal contraception are in good health, which may include a bimanual examination of the pelvis. For young men this screening would include testicular checks for both cancer and other abnormalities.

Despite the life experiences of many of these clients, many are quite young and may not have encountered health-screening procedures before. They may have some anticipatory anxiety or discomfort about having these done. Although some clients may have little problem in declining breast and pelvic exams, others may see the procedures as required in order for them to do well in court. The pacing and mentoring of the examination may allow them to discuss their alternatives and carry out their most comfortable option. Clients who choose not to have screening breast and pelvic exams have the option of completing these at a later date. For those returning to the Custody Centre, there is health care provision there on an as needed basis.

Review of Practice Standards

A comparison of Adolescent (Forensic) Psychiatric services and assessments across Canada has been initiated by Administrative Nurse, RN at YFPS. Preliminary data suggests that there is variation within this process. Only BC, Alberta and Quebec have section 34 inpatient, adolescent, psychiatric assessments. The remaining provinces have outpatient services or data is still lacking (smaller provinces). In Quebec, only male youths are kept as inpatients (Institut Phillippe-Pinel de Montreal). There are other, non-section 34 adolescent inpatient psychiatric assessment units across Canada. In some of these units, a physical exam is done on site. In others, the client must be medically cleared by the emergency department or referring agency, prior to transfer and admission to the unit, or sent to a community or clinic GP for assessment.

Chart Organization at the Inpatient Assessment Unit

Twelve client charts were reviewed for this investigation, including the chart of and eleven other females who were at IAU between 2005 and 2007, five of whom were at the outreach session.

IAU charts are detailed and comprehensive. There are multiple entries from the various agencies and professionals involved in assessing these clients (notes from the psychiatrist, physician, nurse and psychologist). Charts are well organized and consistent. In each case it is clear who is making the entries, by paper color, and identifiable sections and signatures. The front of the chart contains a legal description of crimes and or charges, followed by the psychiatrist's formal assessment and notes. There may also be a psychological report and psychometric testing.

There does not seem to be a specific consent form for a physical exam. This is obtained verbally during the admission procedure where both nurse and physician obtain medical history. The formal IAU consent document is titled *Orientation to Assessment Process and Limits to Confidentiality* and is signed by both the client and a witness (usually an IAU nurse). There is a copy in the back of every client's chart.

The physician's report is on a standardized yellow form filed in the middle of the chart. It contains a medical history on one side that is concise and contains additional areas for psychiatric information such as maternal alcohol intake and client drug use. The medical examination is recorded on the other side and also has preset headings for identifying features, parts of the body examined, and specific measurements. The only drawback from these preset headings is the tendency to revert to ticking "N" or "done" or "declined," rather than using descriptions. The physician and nurse sign off both sides of the exam sheet. Respondent Dr. writes a patient problem list.

There are progress notes and although the SOAP (Symptoms, Observation, Assessment, Plan) format is not followed it is evident that there is continuity of care. Requests for previous relevant medical records are made, and laboratory results and medical concerns are forwarded to subsequent caregivers. Immunization history is reviewed and clients are given boosters for hepatitis as needed. Clients sign consent forms for all medications given and for all laboratory tests conducted at the IAU. Laboratory tests are always signed off (routing stamp) and there is evidence of action taken. A clip folder in the nursing station holds laboratory work in progress. Nursing notes are complete and include intake, progress notes and a summary. Issues with client behaviour are recorded.

Active charts are filed in burgundy folders in the nursing station. When clients leave the IAU their information is transferred to a blue folder and kept on the Unit until laboratory and other outstanding medical issues are complete. Client charts are filed permanently in standardized manila folders with numerical coding and clearly marked ID stickers inside the front cover of the folder.

There were no chart entries to indicate any problems during her exam by either her physician or nurse, and her mental status was described as pleasant and cooperative.

Brief summaries of other client charts are recorded elsewhere in this report. In general, clients had a number of medical issues to be addressed, including asthma, acne, injuries, and skin, respiratory, urinary, vaginal and sexually transmitted infections, head lice, heartburn, and eating disorders.

Almost all clients had a history of significant drug and alcohol use.

S.51(5)(c) Evidence Act

Chart Summary of Client **– File reviewed on October 10, 2007**

This client had been to IAU on more than one occasion (2004 and 2006)

2004

Seen by IAU Psychiatrist 1– youth attending court.
Seen in mental health office for court ordered psychiatric assessment. Cooperative.
Transferred to IAU for a court ordered psychiatric assessment.
Returned from IAU
Released

Clinical Notes (psychiatry):

Oct. 12 Readmitted to Burnaby Youth Custody Centre (BYCS).

Nov. 2 Consent to psychiatric treatment, by IAU Psychiatrist 1, signed by client.
Nov. 10 Authorization form signed to try and obtain information from client's physician, and faxed by psychiatric nurse . Signed.

Transfer Notes (BCMCFD):

Signed November 12, 2004
Transfer to IAU.
Gives information on medications, current medications issues and pertinent meds.
Investigations – including recent Pap/STD testing and counselling by physician.

Signed 2004 by nurse.

Psychiatric notes summarized:

Diagnosis

Medications

Psychiatric assessment

Medical Examination: (Youth Forensic Psychiatric Services).
This is recorded on a yellow form in her chart (a standardized double-sided form with pre-written headings to guide history-taking and physical findings).
Date of exam: 2004.
Age of client:

Client history: (detail omitted for report)
Present problems: (detail omitted for report)
Past Medical History

Medications:
Immunizations:
Review of Systems: brief but done
Sex History:

Family Psychiatric History: (omitted for report)
Maternal Alcohol History: (omitted for report)
Smoking History:
Alcohol Intake:
Marijuana History:
Medical history is signed off by Respondent Dr.

Physical data: Identification at the top of this page is completed by the nurse and includes any additional features such as scars, rings, piercing etc.

Physical examination section: There are headings for various measurements such as PFL, OFC, ICD, philtrum length, arm span (this data is obtained from most clients in order to provide clinical evidence re: possible FAS or other syndromes). The next part of the exam record pertains to the head and neck examination and includes visual testing, ENT (ears, nose and throat) and Glands.

For Glands there are 3 headings across the page (Lymph, Mammary, and Thyroid).

Further headings include Chest: / Abdomen: / piercing noted, Locomotor: / Genitalia:

Mental status:

Remarks: this is where the medical and psychiatric problems are summarized.

This side of the sheet is signed off by Respondent Dr, and witnessed by Nurse 1, RPN.

S.51(5)(c) Evidence Act

Nursing admission history November 12, 2004:
Confidentiality warning given.
Tour given.
Orientation manual given.
Signed off by Nurse 1, RN.

No obvious delusions or other active problems identified.

November 12, 2004 Care Plan Review Log (IAU)

Nov. 12 Settled and cooperative
Admitted at 10:30 am. Seen by Respondent Dr. after admission procedures from RN. Appeared stable per RN. CPX (physical) conducted with writer present. Cooperative to exam but declined Pap test.
Client signed Orientation to Assessment Process and Limits to Confidentiality. Co-signed by Nurse 1.

Nov.16.

Nov 19

Nov 20
Nov 23. Discharged to BYSC.

Nursing note dated December 2, 2004.

Physician notes:

Dec 9 Chart reviewed.

S.51(5)(c) Evidence Act

All entries are signed and dated. Labs are signed off prior to filing. Copies of labs are sent to Client's MD.

Orders and prescriptions:

S.51(5)(c) Evidence Act

Summary of Females who were at IAU and Outreach Session, June 2007

A total of five charts were reviewed from females who were at the outreach session in June, 2007, and also had been at the IAU between 2004 and 2007. A summary of their charts is as follows.

Summary:

Ages	Ranged from 13-16 years old
Dates seen	November 2004 to June 2007
Breast exams	Done in 2 females. Three clients declined
Pelvic exams	Done in 1 female. Three declined. A fourth had one recently.

Health Issues

Drug and alcohol issues (all clients), anxiety (OCD), acne, contraception, conduct disorder, ankle sprain, hepatitis B shot, fetal alcohol syndrome (two of the five), asthma, ear infection, asthma, head lice, upper respiratory infection, sexually transmitted infection

Incidental

The following are comments in the nurse's progress notes from these clients: medication changes, irritable, confrontation with another female, recent date rape/assault (seen by SAT/WAVAW), sexually abused as child, angry, hematuria.

Chart Summary of other Female Clients at IAU but not at Outreach 2005-2007

A total of seven client charts were reviewed on October 12, 2007. These were from female clients who had been seen over the past three years. All were admitted to IAU and had physical exams done by Respondent Dr. None of these females attended the outreach session in June 2007.

Summary:

Ages	Ranged from 14 to 17.
Dates seen	December 2005 to May 2007.
Breast exams	Done in 4 out of 7 clients. Two clients declined breast exams.
Pelvic exams	Done in 3 out of 7 clients. One client initially declined but then had her pelvic exam later. Two clients had recent pelvic exams elsewhere.

Health issues

Drug and alcohol issues (all clients), sexually transmitted infections, fetal alcohol syndrome (diagnosed during admission), contraception issues, asthma, attention deficit and hyperactivity disorders, skin infections, heartburn, vaginal infections, abdominal pain, urinary tract infections, elevated white counts (infection), upper respiratory infection, possible eating disorders.

Incidental notes

The following are comments in the nurse's progress notes from the 7 clients: Per staff include "racist," rude to GP after physical, then apologized to writer. Hesitant about being seen by male doctor but complied when found out about abnormal urine. Refused gown. Permitted breast exam. Hesitant to cooperate. Responded to humour. Client questioned presence of health care worker. Client had lack of modesty and personal boundaries. Immature.

S.51(5)(c) Evidence Act

Comments on Respondent Dr.'s Interview and the Client's Physical Exam

Respondent Dr. did not clearly recollect his physical exam on the client . conducted 3 years ago at IAU. His notes served as an *aide-memoire* for him, and indicate that he obtained a medical history from the client in addition to performing a physical exam.

Timing of the Physical Exam

Respondent Dr. was able to determine that the physical was conducted on the same morning as the client was admitted, therefore in retrospect the client had limited time to settle onto the Unit. In general, Respondent Dr. said he tries to pace the exam according to the client, and if they are irritable he gives them a break and does it later.

Consent for the Physical Exam

Respondent Dr. was able to determine from the client's chart that this client had given written consent for the psychiatric assessment, and for various tests and medications that she received. There is no current mechanism or wording on the psychiatric assessment consent form to obtain consent for the physical exam. Consent for the physical exam is obtained verbally directly from the client. Respondent Dr. stated that he normally asks for consent ("is this OK?") as he goes along, and that he will stop if there is any sign of discomfort from the client. When a client does not want a breast or pelvic exam he indicates this by writing 'declined'.

Informing the Patient about the Physical Exam

Information about the IAU physical exam is given verbally by the admitting nurse/staff member. There is an orientation manual, *Resident Rules*, available for each client to read (It is seven pages long and refers to an exam by a medical doctor in several areas on the first 2 pages, but no additional written information is available). When a staff member has given the client their orientation, it is ticked off on their chart. In the case of this client, her chart was signed off by Nurse 1 on] 2004.

Respondent Dr. gives some verbal information as he proceeds with his physical examination. He gives reasons such as screening for health problems and for sexually transmitted infections and he has some handouts about health maintenance in his office. He directs his exam according to the medical history, but does follow a standard routine.

Physical Examination of the Client : , 2004

Respondent Dr. was asked if he remembered this client's physical exam. He did not clearly recall it, but his interview and his notes indicate that he did both a history and physical exam. He has a standard procedure for doing this. There is a yellow form with headings. One side is for history; the other is for the physical exam. He usually begins by taking an adequate history that includes not only general health, but also drug and alcohol use, family history, and sexual history. Once the history is obtained, Respondent Dr. will

then proceed to a physical exam, providing the client is comfortable. On this occasion, the client had her history and physical done within a few hours of arriving at the IAU.

The patient was offered a breast exam as part of general screening because Respondent Dr. had noted in her history that she was on hormonal therapy and in his opinion a breast exam is clinically indicated to check for lumps and cancer. Respondent Dr. was not able to tell from his notes whether this client had ever had a breast exam before. His notation after the 'Mammary' heading is N (normal). He also made note of "bruising" but could not tell from his notes exactly where on the body this was. He said that perhaps it was on the chest wall as he wrote the note above the heading "Mammary." He indicated that the bruising was from pinching by girls at the YDC, prior to her coming to the IAU.

Although the nurse's recollection is that Respondent Dr. would usually have the client in a gown, open at the back, and expose one breast at a time, Respondent Dr. said he would examine both breasts at the same time. Both the nurse and Respondent Dr. indicate that clients may sometimes keep their unit clothing on.

From Respondent Dr.'s description he does a breast exam with the client sitting on the medical examining bench. This position is used for inspection of the breasts, but a breast exam usually also includes examination with the client in a reclining position. It is not clear that the client was asked to recline and have her arm raised above her head as each breast was examined. (This is the typical method of examining breast tissue as it stretches the breast tissue over the chest wall, making it easier to palpate the tissue between the fingers and the chest wall.)

Respondent Dr. indicated he would listen to the lungs with his stethoscope over the client's back, with the gown open at the back, and then would put his stethoscope down inside the gown at the front in order to check the heart. (Typically, a physician would expose the anterior/front of the chest as much as possible in order to do a full cardiovascular check and auscultation of (listening to) hearts sounds, particularly over the left lower part/apex of the heart.)

Respondent Dr. records whether there is a maternal history of alcohol intake and reinforces this history with measurements of various parameters, including philtrum length, to assist the psychiatrist in determining the presence of fetal alcohol syndrome. The client in her interview did not recall these being done.

As indicated in the interview, there is no running water/sink in this examining room, therefore no access to warm water. (For many women, warming the hands before a breast exam can make it more comfortable.) This situation may change as the facility has moved to a new site.

I asked Respondent Dr. if he wears a white coat, and he said he does not. He uses a casual dress code to try to put his clients at ease. The client's recollection was that the physician wore a white coat.

This client did not have a pelvic exam. Respondent Dr. had obtained the client's history of having a recent pelvic exam. A repeat exam was not felt to be necessary. He did make note of an abdominal piercing.

Respondent Dr. recollects this client vaguely. Her mental status was "pleasant and cooperative." We have no further information either from him or the nurse, Nurse 1, to suggest that this physical exam was abnormal or in any way different from other exams.

Respondent Dr. indicated that he felt he was part of a team at the IAU. His interview revealed that he is systematic in obtaining medical information required not only for health maintenance and screening, but also in assisting the psychiatrist in completing the court ordered psychiatric assessment.

Chaperone

A chaperone is always present, per Respondent Dr. and the nurse interviewed previously. The chaperone (nurse or health care worker) assists in explaining the process, obtaining consent (for the psychiatric assessment) prior to the exam and with any relevant parts of the exam process. The chaperone is present while the client changes into a gown, where necessary, and remains with the client when the physician leaves the room. Respondent Dr. was able to tell us from the chart notes, that the chaperone present on this occasion was Nurse 1 (who is a psychiatric nurse with 15 years of experience). She signed off the orientation process, as well as the witness section of the physical exam.

The client did not recall the same person doing her orientation and chaperoning her physical exam. She said that a staff member was present but did not think it was a nurse. She also said that she would have felt more comfortable knowing that another professional was present.

Chart Documentation

Chart documentation was discussed briefly at the end of the interview. Respondent Dr. felt that the chaperone/nurse should document how the youth reacted. I reinforced that all parties present should ensure that their documentation is adequate, and that anything not documented may be deemed as not having been done.

Recommendations from Respondent Dr.

Although there is at least an hour set aside for the exam, there is somewhat of a time constraint as the youth are in the IAU for a week or so, and Respondent Dr. is on site three days a week. He felt that increasing the length of stay or having a physician available every day might alleviate this somewhat. This would give clients time to settle into the routine.

Respondent Dr. felt it would be better to meet with clients more than once. This would give the opportunity to talk first and establish rapport, rather than complete the history

and then do the physical right afterwards. Respondent Dr. also felt that written information about procedures such as the physical exam might be of benefit.

Respondent Dr. said that about 80% of the IAU clients are males. Although the number of clients at the IAU is relatively small and resources might not support two physicians, he thought it might be good for clients to have an option of a same gender physician to do their physical exam.

Interview with Nurse 1, RPN, October 12, 2007

The following is a summary of the interview with Nurse 1, RPN, conducted by Assistant Director and Reviewing Dr at Burnaby on the above date. (Nurse 1 was the chaperone present during the physical examination of the client from which the allegation of an inappropriate breast examination arose).

Assistant Director prefaced the interview with a brief review of the reason for this investigation. He outlined that at least one female adolescent had made comments at a Justice for Girls outreach Session at the Burnaby Youth Custody Centre, on June 11, 2007. The Justice for Girls advocacy group took those comments and advanced an allegation of sexual abuse to the Director of the BYCS who apprised the Director of YFPS. A local police investigation has been concluded. No charges were laid. The present investigation was for the purposes of examining the incident and current practices with respect to medical examination and treatment practices of clients at the Inpatient Assessment Unit in Burnaby. The ensuing report would be prepared for the Assistant Deputy Minister for Children and Family Development, and any summary reports released publicly would contain no identifying information. Nurse 1 was told that audio taping of the interview would be done with her voluntary consent and that information would be treated with confidence.

Comments

Nurse 1 was then asked if she had any comments to make at the outset of the interview. She explained that she and her team are very aware of the needs of these clients (adolescents at IAU) and always strive to do all they can to ensure that they are comfortable and treated with "respect and dignity." She feels that she is an "advocate for youth" and provides a "professional service." She said they all work together as a team and that a team member would rarely be left in a 1:1 position (if some difficulty arose).

Experience

Nurse 1 has worked as a nurse for 15 years.

Comments about Procedures

Nurse 1 was asked if she had any comments about the Unit's medical and nursing policies and procedures. She said that she thought it was probably a good idea to review general procedures. She also wondered if it might be an idea to have a female physician available to do the physical exam, as some of the clients have said they feel uncomfortable about the thought of a male doctor.

Orientation

Nurse 1 was asked about the orientation process for clients admitted to the Unit (IAU). This is always done soon after clients arrive at IAU. Clients receive a strip check and

may shower. They are given the orientation manual and may receive help if they have difficulty with reading. These youths know that they will be having a physical exam, and the purpose is explained verbally.

Chaperone

Nurse 1 was asked if she remembered the admission physical examination for the client, (done November 12, 2004), and she said "vaguely." She had reviewed her nursing notes pertaining to the time of the incident. She recalled the client from her notes. She said it is always her policy to stay close to clients, about 1 to 2 feet from them, especially if they have a breast or pelvic exam. She said she would have been standing close to this youth and would have been an advocate for her. Nurse 1 did not notice anything unusual during or after the examination conducted on The client did not approach her afterwards with any concerns.

Physical Examination

Nurse 1 was asked to describe how the examining physician conducts a physical exam. She said that the physician stands in front of the client with the RN standing to the side. The physician always asks first and will pause to ensure that the client has time to consider. Nurse 1 said that this physician is very sensitive to clients' needs.

Breast Exam

When doing a breast exam, the physician examines one breast at a time, using the drape to uncover one side, then will quickly re-drape. The breast exam is conducted using the technique of a circular motion, to check each of the quadrants of the breast. The exam is brief and appears appropriate. The axilla (armpit) is also examined. Nurse 1 could not recall if the arm was held overhead during the breast exam.

I asked Nurse 1 about a note that was written on the physician's clinical record of that exam. His notation was made above the heading Mammary, and was "bruising (pinching from girls at BDC)". I asked Nurse 1 if this referred to bruising on the chest. Nurse 1 said she did not recall any bruising on the chest. It was her recollection that this client had some general body bruising that was acquired while she was at Magnolia (YDC) prior to coming to IAU. (Nurse 1's notes mentioned this.)

Draping

I asked Nurse 1 about the draping of clients, in general, and how this was done. She said that the paper gown is put on so that it is open at the back, and this is what the clients (girls) prefer. The gown can then be moved up or down as needed to expose the area being examined. The drape is "dropped down" on one side to examine each breast individually, and rolled up to other examine other parts of the body. A blanket is also on the bed and is used as an additional drape over the client, as in a pelvic exam.

I asked Nurse 1 to describe how the physical examination would proceed. She said that the initial part of the exam involves measurements and is done by the physician. He then explains what is required next and leaves the nurse with the client. The physician always leaves the room while the client undresses. The chaperone (nurse or health care worker) remains present while they undress. Nurse 1 said that the client usually removes her bra, but will always have the option to leave underwear/panties on. The nurse will then let the physician know that the client is ready to be examined.

Informed Consent

It was Nurse 1's impression that this physician was very respectful about examining female patients and would be very aware of their body language, as would the accompanying RN. The physician would always wait for the client to give permission and would never proceed if there was some indication that a client was uncomfortable. I asked what type of information the physician discussed prior to proceeding with a breast exam and she said that he would explain that the breast exam was being done to ensure that there were no lumps or abnormalities.

We had some general discussion about what constitutes a routine screening exam in the community (what type of exam would generally be done on a female in this age group, on oral contraceptives). Although breast carcinoma may be uncommon, fibroadenomas (benign lumps) may occur in younger people.

Timing

We discussed the timing of the exam. Nurse 1 said that they can be done on the same day as admission to IAU, or they can be done several days later. Sometimes the history is taken first and then, depending on the client, the physical may be deferred until later if that seems appropriate.

Consent

We discussed clients' ability to decline breast and pelvic exams. Breast exams are declined in many cases.

We then talked about pelvic exams. These are probably deferred about 50% of the time. Clients may have had them recently, particularly if involved with assault or STI (sexually transmitted infections) checkups. (Some clients have regular family physicians and have therefore had some regular screening exams, whereas other clients may come from the streets and have negligible medical care).

I asked about pelvic exam procedures. When done, the physician uses the stirrup set up and disposable specula. Nurse 1 said she believes there are several sizes of speculum available. During these exams she will remain near the client's head, and then when the physician needs assistance with swabs she will move closer to where he is standing.

Interview with Nurse 2, RN, November 1, 2007

Nurse 2 was interviewed at the Burnaby office, on November 1, 2007. Administrative Nurse and Reviewing Dr. conducted the interview.

Experience

Nurse 2 has worked as a nurse since 1997 and came to work at the IAU in that same year. She worked at IAU from 1997 to 2006, initially as an auxiliary then as a full time nurse.

Comments

She felt very comfortable with the staff at the IAU and found them "professional" with "a high degree of nursing standards." She felt very comfortable in being interviewed.

Orientation

Nurse 2 described how she would orient youths to the IAU. First the youth would have a strip search, then there would an initial introduction by the nurse or health care worker who would explain the rules, take a history, and do their height, weight, and vital signs. She said this job is done sometimes by a health care worker, who is trained to do that. The admission process takes place in the medication room or in the bubble room so that there is confidentiality but they are visible to the other staff. She was asked specifically about the orientation manual. She said "they are actually expected to read it before they come to the unit."

Informed Consent

When asked how a client would be informed about their physical examination, Nurse 2 said, "We will usually explain to them," "While you are here you will be seen by a psychiatrist, by a medical doctor, and if you have any concerns that would be the time to bring them up to them. It's just sort of a general check up on your health and that sort of thing."

She said, "I worked with my health care workers", "so my kids are prepared." "We try to be a little more specific, like you're going to see a psychiatrist, but for what?" "You're going to see psychologist/testers for this kind of testing and multiple choice and fill in the blanks." She tried to make sure that her team explained things fully.

Nurse 2 said she would explain that the general check was "like you would have done at your family doctor" and would also explain that there are other tests like STD testing, Pap smears, internal and breast exams that can be done "if they choose."

When asked if she thought that they saw it as a choice, she said, "I think so, yea, I mean we will generally offer it to them once. If they say no, we will give them a second opportunity and if they say no again, then we just leave it. And if they change their

mind... they are always welcome to come back." "We are not going to force them to do that stuff." "In general they are pretty good about saying when they don't want to do something, be it a physical exam or anything else." "They are reminded that's totally up to you if you choose to do that."

Regarding breast exam information, Nurse 2 said that Respondent Dr. "usually explains that you know it's a good idea from a young age to start checking your breast for lumps." "Women have this potential of breast cancer." "Have you ever done a breast exam on yourself before or had someone do it for you, do you know what it entails?" "They are given the option." "It was never really an issue that was pushed, like, no I'm not comfortable, OK and then they leave it."

Nurse 2 was asked about pelvic examinations and said the procedure was much the same, very structured. Clients would be offered an internal exam and it was explained to them that we can check for STD's, "or cancer," or "a Pap smear."

Timing

When asked about the timing of a physical examination after the admission. Nurse 2 said that Respondent Dr. was very good at tracking new clients and if he was in on a Friday and there was a new client he would try to get the physical done so they would not be waiting until Monday.

Dealing with Health Concerns

Nurse 2 said that any abnormal laboratory results would be flagged, so that the physician would check them when he/she came in to the IAU. For urgent problems they would page the psychiatrist or physician.

Chaperone and Positioning

Nurse 2 had attended many physicals. She said she tried to position herself close to the doctor, or closer to the door and would have to move around quite a bit, as the room was small. She always remained with the client throughout the whole exam.

Physical Examination and Draping

Nurse 2 said that she chaperoned physical examinations with Respondent Dr. many times. She said he usually lets them know what is happening, that they need to change into a gown, and he waits outside while they change.

When asked if they stayed in their Unit clothes she said, "I have never had a girl say no to change into a gown." "The only thing they may not be comfortable with, some of them wanted to keep their underwear and bra on, and their socks on," "and certainly if that's what they choose to do that wasn't an issue." Nurse 2 said she was aware that for some clients it was more comfortable for them to remain in their unit clothing.

She said, "I would engage them, I sort of lightly chat and banter with them because it gets their mind off the fact that they are changing, so I usually hold up the gowns that they wear in front of them, while they quickly change," " so they don't feel uncomfortable."

Nurse 2 was asked about the routine of the physical exam. She said, "it's very structured." She said that the measurements are actually done last, even though they are located at the top of the physical exam form. She said that as far as she could recall Respondent Dr. would check eyes, ears, throat, breath sounds, abdomen, then legs and reflexes.

Breast Examination

Regarding the positioning of the client for a breast exam, Nurse 2 said, "I've seen him do them both ways, like with girls sitting up on the bench and then sometimes when they are still lying down." She did not recall whether the arm was raised up or not, but thought that the technique used for breast palpation was circular.

Client Comfort

When asked if she had encountered any clients who expressed discomfort with their physical examination, Nurse 2 said, "not the kids that I have worked with, it's been pretty full cooperation." "There are girls where they are offered breast exams, internal exams or you can tell that are not comfortable with it, and they are informed that they have the right to decline." "A lot of them, you know, [are] not entirely comfortable having a male physician examine them." She said that clients are encouraged to follow up with their family doctors or clinic later.

Nurse 2 said "When he was doing the breast exams he would make light conversation to make them more comfortable and less embarrassing and make them feel a little bit more at ease I think."

Nurse 2 said that while some girls were able to say in front of the doctor that they were not OK about being examined by a male physician, others would wait until they were alone with the chaperone, then say, "I'm not OK with that." Nurse 2 would then let Respondent Dr. know this "out of earshot of the client," so he was aware of their preference and knew that the client did not wish to go further.

Pelvic Examination

Concerning pelvic exams, Nurse 2 said, "We probably had quite a few girls that cooperated with it." Others would just say that they would see their own doctor.

Comments

Nurse 2 felt that a lot of the practices were reviewed during the accreditation process a few years previously. She commented about staffing and said it could be difficult when there was only one male or female staff member dealing with a client of the same sex as the policy is to try never to leave a client 1:1 with a staff member. Otherwise she felt that things were being well done.

Comments on the Interview with Nurse 3, RN, October 31, 2007

The interview with Nurse 3 took place at the Willingdon office on October 31, 2007. Administrative Nurse and Reviewing Dr. conducted the interview, and obtained permission to have it audio taped. The nurse declined the option of having a shop steward present for the interview.

Experience

Nurse 3 has worked at IAU for almost 2 years. This is her first and only nursing job.

Orientation

Nurse 3 was asked about client orientation to IAU. She described the strip search and said that each client is given an orientation manual to read over. If they cannot read, then it may be read to them. She was not sure if some clients ever read the manual. The nurse does an admission history interview. Clients will then see the psychiatrist and physician, depending on who is at IAU that day. Nurse 3 said she would always try to answer any questions that clients may have.

Timing

Ideally, youths arrive at IAU around 10:00 AM, although sometimes as late as 2:00 AM if it is a late admission. Occasionally clients are from out of town (Northern BC, Yukon) and then they may arrive in the evening. Respondent Dr. is not on site every day, therefore physicals have to be booked to coincide with his days or with another physician. Some physicals may be done on the day of admission; others may have to wait. Sometimes the history is done first and the youth are given a break to avoid a long day for them. Laboratory work is done on Wednesdays and does not always coincide with the physician's on site day, so there may be a lag in communicating lab results.

Chaperone

Nurse 3 said, "I honestly have not sat in on that many physicals" (she has been present for about 10 physicals at IAU) "because if I am the nurse doing the admission then I often delegate it to the female health care worker that's on with the female youth." Nurse 3 thought that the chaperone would usually sit at the youth's feet during the exam. She saw her own role as more of an observer.

Assessment of Client Comfort

Nurse 3 was asked whether she had any concerns about client comfort during the exams that she had chaperoned. She said they would try to ensure that the staff member was someone with whom the client had rapport. She said that clients might feel uncomfortable because of the personal questions that are asked. The clients are usually given some warning (5 to 15 minutes) prior to going to see the physician.

Draping

Nurse 3 was asked what process was followed for draping youth for physical exams. Nurse 3 said she would turn to give some privacy to those who changed into a gown. Respondent Dr. always leaves the room while youth are changing. It was her recollection that for general eye checks, head measurements, lung and heart checks, the youth would remain in their own clothes. She said that she had seen Respondent Dr. check the heart and lungs "over whatever the kids are wearing. So if they are wearing their IAU T-shirt we'll do it over that." For fuller exams, the youth are asked to change into a gown.

Informed Consent

On admission, clients sign consent for various things, including routine lab work. During the physician's medical history session, clients are asked about their last Pap smears, to determine if they need one. It was Nurse 3's impression that youth were given a choice about breast exams, and that some youth were adamant about not wanting it and that was fine. She also said, "it never happened that a kid had never been informed of what it is, it's just a matter of when they are informed." She described a case in which a youth declined to be examined by a male doctor. Respondent Dr. didn't push and the client later changed her mind when she received an abnormal lab result. She stated that consent for physically examinations was done verbally.

Nurse 3 does not tell the youth explicitly that they have the right to refuse an exam. She believed they had the right to refuse but would not necessarily say that to them.

Breast Examinations

Nurse 3 could not be certain of the technique used for examining the breast, but thought it might be done with the youth lying down.

Comments on the Interview with Nurse 4, RN and RPN, October 31, 2007

The interview with Nurse 4 was held at Willingdon on October 31, 2007. Administrative Nurse and Reviewing Dr. conducted the interview and obtained permission to have it audio taped.

Experience

Nurse 4 has been a nurse for 25 years. She is an RN and RPN (registered psychiatric nurse). She has a Bachelor of Science in Nursing, a Master of Science in Community Nursing and is in the last year of a Master of Nursing in Family Nursing Practitioner. Her work experience includes 7 years at Riverview Hospital, work at the Burnaby Youth Secure Custody Centre and teaching at Douglas College in the Psychiatric Nurse Department. She has worked as a casual at IAU for four years, and does evenings and weekends.

Orientation

Nurse 4 described the admission procedure. Clients are un-handcuffed, they sign papers, change into custody clothing, then they go to their rooms and make their beds. They are given the booklet with the rules and regulations. She said "I go over it with them, what they read, what they understood and if they have any questions." She looks out for those who cannot read and will go over it with them.

Informed Consent

Nurse 4 explains to the youths that they are going to be interviewed by a number of people, including a nurse, a psychiatrist, a social worker, and maybe a psychologist. She tells them that these people will be asking many of the same questions, in different ways. She tells them they are going to have a physical, and some tests. She says to them "You have the right to not do this if you choose not to, but it helps us give a much better picture of what's going on if you are able to participate." She suggests they go in and meet the doctor but "then we will decide what you want to do and you won't be made to do anything." She also reminds female patients that if they do not feel comfortable there is a female physician next door at the custody centre.

Nurse 4 was asked if she thought that the youth understood the purpose of the physical. She said that she "will happily explain and re-explain at whatever level they are needing." "The girls, most of them certainly understand that a physical includes an internal or a Pap test and we'll talk about whether they want that done or not." "I reinforce that they have a choice on whether to do it or not." "Some of the boys are actually more comfortable with a female also, some of the boys tend to be homophobic, and so they will come out being upset that the doctor has wanted to examine them."

Nurse 4 says she will explain to the youth that "we want to make sure there is nothing else going on that might have something to do with your health," like diabetes or "some other illness that we haven't caught."

In terms of informing the youth about the next part of the physical exam, Nurse 4 said, "Well, they have been asked. I'll ask them or have told them before going in what we are likely to do. And (Respondent Dr.) will also say, "I would like to do this, I would like to do that, what are you comfortable with, what are we doing today?"

Nurse 4 spoke of the balance required in helping the youth understand what was expected. "I mean you have kids from the whole spectrum right, so there might be some that are yea, like I want this done, please get it done, and others that are uptight and anxious about it. So, again will depend on the child how much. I try not to make a big deal about it, right so there's a balance between making sure they have the information that they need, and not making something out of it that doesn't need to be made out of it."

"Most of them are pretty clear about their rights, I think, for the most part. Now they may not feel that they have an overall choice in that they want to look good for the judge, and therefore they want to do what they are told to do on the Unit but most of them if they don't want to do it, they are going to tell you."

Timing

Timing of the physical depends on when the physician and psychiatrist are available. She said that Respondent Dr. prefers to take a history first and then see the client a second time to do the physical exam. She felt this might give youths a better opportunity to get to know the staff. She said that on occasions where a youth was really apprehensive, he might only see them for a minute. "We stop the process and see them later." She did recall that there were times when Respondent Dr. sees the kids quite quickly but said there was no real standard practice around that.

Chaperone

Nurse 4 was asked if it would be clear to the youth that she was a nurse and she said "Yes." She has personally chaperoned at least 10 to 20 physical exams at IAU (because she often does evenings and weekends there are fewer admissions during this time).

It was clear from the interview that Nurse 4 is a skilled chaperone and takes an active role in preparing youths for their examination, offering them choices, being very aware of their comfort level, and using opportunities to teach them. She said that she will do this regardless of whether she has boys or girls, and does not delegate this job. She sees it as her nursing role.

Physical Examination

Nurse 4 did not feel that there was anything unusual about the physical examinations. She said that Respondent Dr. was very standardized in his approach, often using "the same jokes with every kid." She also said that he was very careful. "I have never been in the room where I have been unhappy with his approach." "If the youth is uncomfortable, then one makes adjustments right? You're going to get a much better cardiac assessment if you can do a full one, but if the youth is not comfortable you can do what you can do."

Nurse 4 said that measurements were not always done, unless there was history of fetal alcohol (exposure). Nurse 4 could not recall specific details of a breast exam by Respondent Dr. but said that she has worked with him for a long time both in IAU and at the custody centre, and she has "never been uncomfortable with his practice in any way, shape or form." She said that she was aware that there were some girls who find him "uncomfortable," but says that "He's careful not to push that," and she always provides them options to see someone else.

Nurse 4 said that many of the youth "are not interested in having their breasts examined." Pelvic exams are often deferred. However, Nurse 4 says that she reinforces the importance of having STD testing, she asks them if they have a GP, and will send a note to the GP if follow up is required. (She uses the opportunity to teach these youth about the difference between a Pap, which is an annual screening test for cervical cancer, and STD testing which may be required at any time if they have been exposed.)

Draping

When asked about draping, Nurse 4 said, "when any parts of clothing need to be removed, Respondent Dr. leaves the room, and unlike you would do in a typical setting and give somebody total privacy to change, they are going to change in front of us, and I am going to hold up a sheet and let them get changed." Nurse 4 said that the clients might leave their tops on "depending what we do."

Custody Centre

As Nurse 4 has worked at the Custody Centre she was asked about the routine in this area. She said clients are first stripped, then they go to the health care and see the nurse. The nurse takes a history to identify overt health concerns and to see if they need any medications. They then see the mental health nurse who does a mental status exam. Then they go to the unit. A physician may not see them. Their physical exam may be vital signs (blood pressure, pulse, temp etc). The nurse triages their health concerns, and acts as more of a primary care provider. There are several female physicians, and a male physician.

(Nurse 4 was clear about the difference between the health care provided in the custody centre, which is more on an as needed basis, and the IAU assessment, where the physical exam is an important part of the assessment. She said that in the custody centre there are too many youths to do a full physical on every youth).

Interview with Nurse 5, RPN, January 9, 2008

Nurse 5 was interviewed at the new South Fraser office on January 9, 2008. Administrative Nurse and Reviewing Dr. conducted the interview.

Experience

Nurse 5 is a registered psychiatric nurse and has been practising since 1989, with experience at the Maples for over 13 years. She has also worked at Surrey Memorial Hospital, Children's hospital and the IAU. She tends to work casual at IAU for the past 4-5 years, and has worked a lot of nights.

Comments

Nurse 5 felt that the kids were oriented well to the IAU. She thought the process was detailed, very specific, well organized, and very thorough.

Orientation

In addition to her above comments about their orientation, Nurse 5 said she would let the youth know that the doctor was there, that he does the complete work up, that he does a physical and will offer to do an internal if they are comfortable with it. She would also let them know that there might be lab work, and tell them that if they had any medical concerns they can discuss them with the doctor. Nurse 5 felt that some clients do not function well and require repetition of information many times, while others understand completely. During the orientation the RN will tell the client that the doctor will make sure they have no infections. They may also teach them about breast exams.

Timing

Nurse 5 said that until recently (when the timing of the medical was changed) clients would come into the Unit very quickly and leave quickly. There would be very little time between their admission to the Unit and their subsequent meeting and physical examination with the doctor.

Dealing with Health Concerns

Nurse 5 gave an example of a fifteen-year-old girl who had questions about the menstrual cycle and how pregnancy occurred as "she had no idea." Nurse 5 explained how the health care workers as a group educated this youth, by drawing pictures of female anatomy, explaining how the system works, and why she had periods.

Informed Consent

Nurse 5 said that the doctor always asks for consent and tells them what he is doing. For example, he might say "I am now going to look at your ears, test your reflexes." She said

that he deals with the more personal part of the exam, such as Pap tests and internals in the girls, and testicular checks in boys, at the end of the physical. He tells them why he is doing it and always gives them a choice and allows them to say no so it's never pressured. Nurse 5 gave an example of one girl who changed her mind while she was changing into a gown. Although she had initially consented to an internal exam she felt too nervous and Nurse 5 told her that "she didn't need to do this," so instead of changing into a gown she redressed. Nurse 5 understood that there was no formal written consent and that this was obtained verbally as they went along.

Nurse 5 was asked if she thought that the girls understood the reasons for pelvic exams. She replied that "some girls don't understand because of their functioning and level." She thought that a lot of girls would have a pelvic exam done specifically if they had vaginal or bladder infections or sexually transmitted infections. Nurse 5 thought that the older girls would understand that a Pap test was to check for cancer. She was not sure if some of the younger girls understood words like STD's/STI's (sexually transmitted diseases or infections). She felt these topics came up when clients were asked about their family history of cancer, or their sexual history.

Nurse 5 was asked if clients know that a physical exam is an option or if they think it is mandatory. She replied "I don't think that most of them know...because most of them will say, 'do I have to?' and I basically say it's for your protection to see if you are healthy and it's a good exam."

Nurse 5 said many of the clients do not want blood work because of the needle. They "say they don't want to see the doctor. It's usually the blood work that they don't want to do."

Nurse 5 was asked if clients knew they could say no, and she said, "They know that they can decline, yea, and they are not penalized for it in any way."

Chaperone and Positioning

Nurse 5 said she often worked night shift, but had attended about 20-25 physical exams. She was asked if the girls knew that she was a nurse and she said, "No, not unless they specifically ask." She said that youths are always accompanied by a staff member of the same sex. The doctor entered the room first, then the nurse/health care worker entered with the youth. The entire exam was always done in the presence of the chaperone and the chaperone never left the room.

Nurse 5 was asked about the positioning of the chaperone and the youth. In the old office the chaperone would be near the door, near the feet of the youth. In the new clinic the chaperone is positioned near the head of the youth, near the door of the office. For the physical exam the youth would be sitting up on the bed with their back to the wall and their feet on the edge of the bed. They would be draped and lie down for examination of the abdomen and if they were having a pelvic exam.

Physical Exam and Draping

Nurse 5 was asked to describe how a physical exam proceeds. She said that the history taking is systematic and covers every part of the body, going from system to system. She said the doctor uses plain language, such as "do you get out of breath when you are running?" For draping the youth often wear a paper gown, open at the back. A second drape is sometimes used if a youth has a pelvic exam or if they are cold. She said the lungs would be examined with a stethoscope on the back and then in front, down inside the paper gown, which is lowered a little.

Nurse 5 says Respondent Dr. does not lower the drape to examine the chest and heart. When asked how he would check for piercings or abnormalities she said he would rely on the nurses' notes made during the initial admission strip search.

Nurse 5 was asked if some girls kept their clothes on, and she said that some girls would be willing only give a history and no physical.

Nurse 5 was asked how the tummy was examined. She said, "Through the clothes. It's not done underneath. He just presses and goes around the abdomen…he doesn't look." She confirmed that Respondent Dr. would only know about abdominal piercing or tattoos from the nursing notes and that all of these were always recorded.

Nurse 5 described one instance where the female doctor did examine the breasts of a youth who had burns on the breasts.

Nurse 5 said she did not recall any incidents where she felt uncomfortable with Respondent Dr.'s practice.

Breast exam

Nurse 5 said she had never seen Respondent Dr. perform a breast exam on a youth, but said that he asks them if they know how to do a breast self exam and he says he has diagrams to show them how.

Client Comfort

Nurse 5 felt that for adolescents, physical exams were always uncomfortable. She said that they did not see doctors regularly, and were dealing with a strange place, away from home. However, she felt that with support from nursing staff, or health care support, or doctor's rapport "we get through it." Nurse 5 described an incident where as a chaperone she identified the anxiety of a young client who did not want to proceed with an internal exam. "I picked it up between the two of us and we talked about it."

Nurse 5 felt that the gowns/drapes were not always large enough for some of the girls, and brought this forward as a recommendation.

Recommendations

Nurse 5 felt that education was important especially in younger girls and "low functioning girls." She said this education needs to be repeated and repeated.

Nurse 5 felt that "it should be charted that the kids have been advised that they don't have to legally be doing this if they don't want to."

Nurse 5 suggested that nurses include their title when they introduce themselves.

Nurse 5 thought that a female doctor was a good idea. She mentioned that the female doctor currently working at the IAU would not be staying.

Nurse 5 recommended "big covers" as some of the girls are quite big and the drapes do not over them adequately.

Interview with Nurse 6, RPN, January 10, 2008

The following is a summary of the interview with Nurse 6, RPN, conducted by Administrative Nurse and Reviewing Dr at YFPS South Burnaby on January 10, 2008.

Comments

Nurse 6 was given an opportunity to bring forward any comments about IAU's policies, procedures and practices, but did not have any comments to make at the onset of the interview.

Experience

Nurse 6 graduated in 1994, worked in North Vancouver for four years in a facility, then came to work full time at YFPS in 1999. She worked at IAU in the past and now works in the Custody Centre.

Orientation

Nurse 6 recalled that when she first worked there youths were given a tour and that a lot of the information was given verbally. She also recalled that youths were given information about the rules and their rights and that the booklet was updated a few times.

Nurse 6 was asked if youths had questions about what was going to happen to them there. She replied that the "bulk" of the kids required clarification. She mentioned that the booklet was put in their rooms but then taken away after. She felt they did not read the whole thing at once. She was asked if there were youths who could not read and she said "some couldn't" and that some of the staff would notice this and ask them to read the first paragraph.

Nurse 6 said that youths were advised about the doctor's office and that they would be having an exam when the doctor came in. She was asked if the orientation would be done by a nurse or a health care worker and she said, "It depends. There are usually more health care workers than nurses around especially in the morning." She was asked if there were situations where youths changed their minds. Nurse 6 said, "Kids change their minds and the expectation is that (they) will be checked over even if they are coming from the custody centre." She said, "They say, I'll see the female doctor over at the Custody Centre."

Chaperone

Nurse 6 worked a lot of midnight shifts, but she estimated that she had chaperoned about 15-20 physical exams at IAU. She said sometimes she would do the initial nursing history and also chaperone the youth, but not always if the physical was deferred until another day when the doctor was in. Nurse 6 was asked if nurses were consistent in their

message and prepping kids for physical examination and she said that there was a "Full range of styles and approaches."

Informed consent

During the orientation youths would be told about the physical exam. Nurse 6 said that, "if you saw a reaction, it was very carefully explained to them that they were fully in charge of the physical." She said that this meant that the females "wouldn't have to have a Pap smear or whatever if they chose not to."

Nurse 6 was asked whether youths understood the court ordered assessment. She replied that she thought some kids were very concerned about complying and whether something would show up on their assessment.

Nurse 6 was asked if youths understood that the assessment was to get a good overall sense of their health and functioning. She replied that although youth would present well, she felt that they were "far removed from regular kind of stuff that you know," and that "things are not explained as thoroughly as they should be."

Nurse 6 was asked if the youth were anxious and she said, "when they are more confident, less is explained to them." She said there would be a lot of anxiety just before they changed. She said, "we wouldn't see these behaviours until it came close to the time." She said the two things that the kids were most often afraid of were needles and spiders.

She recalled that youths would be asked if they wanted a breast or internal exam, towards the later part of the physical exam process. In her experience the girls had been asked about breast exams and had always just said no.

Nurse 6 recalled that some youths would ask her later if it was alright that they had to disrobe and have a doctor touch them. She was asked if they were looking for reassurance and how she dealt with that question. She said she would reassure them, talking about their testicles, and letting them know that if they were uncomfortable they had the right not to be touched, "because of the nature of some of the kids' backgrounds." She also told them "if you're going to be sexually active you're going to have to make sure that you're checked over and that you're OK."

Nurse 6 recalled that there were some kids who had not been sexually active that were asked if they wanted a breast exam. She said they reacted very strongly to that.

Nurse 6 was asked about the verbal consent that is obtained by the doctor as a physical exam is going on. She said that there had been some concern over the way in which consent to check for STD's was obtained. It was her impression that consent was supposed to be signed for different things. We discussed that there is a policy to obtain written consent for nursing issues such as blood work, urinalysis, and STD (laboratory) testing.

(It seems that there was some lack of clarity about procedures that required written consent such as lab work (and medications), and those parts of the physical exam for which verbal consent was obtained by the doctor during the course of the exam by informing the patient and asking them if they wanted to be examined. It also seems that there was some lack of clarity about STD testing. Consent for the actual internal speculum exam used to examine the vagina and take cervical and or vaginal swabs to check for infection should be obtained verbally. Consent to have cervical and vaginal swabs (and bloodwork) taken for STD testing is obtained in writing at IAU.)

Reviewing Dr. explained why we were reviewing the process of information being given to youth/patients when they come in and as they go along. Reviewing Dr. explained, "That's how it's done in practices, we talk to patients and say to them as we go along, this is what we are going to do next." Nurse 6 indicated that the policy "Was being defined and refined." She said that she thought there was some confusion, "So I don't know what was told to the kids."

Nurse 6 said that Respondent Dr. would ask the youths "Do you want a pelvic exam," and the same with a breast exam. Nurse 6 was asked if youths recognized that the IAU presented them with an opportunity to have a full exam. Nurse 6 replied by focussing on the Pap smear, saying that when girls were asked if they wanted a Pap smear they would reply "I'll get it done on the outside or I'll get it done next door, when they don't..."It's just that they are being compliant." Nurse 6 was asked if the girls knew the questions and responded assertively and she said "Yes it's very assertively."

Physical exam

Nurse 6 recalled that staff would check the eyes, and that weight and height were done on admission. She said that the doctor would use the yellow form to ask and record questions about their health, then would proceed with the physical exam. She thought it was done the same way each time. She said at one point that she had only witnessed youth having to take clothes off once or twice, but later said she had not chaperoned a breast or pelvic exam.

Draping

Nurse 6 recalled that the youths might have a shirt on and if they chose to the girls would keep their bra on. The boys would lift their shirt up, but she thought the girls would pull the neck (of their clothes) down so the doctor can check their chest with a stethoscope.

Nurse 6 had only witnessed youths having to undress for an internal once or twice so she was not sure about the procedure of draping for that part. She felt that about 50% of the time they did not change out of their regular IAU clothes. She said that some youth would feel stupid and embarrassed about having to wear a gown and she would reassure them by saying they she would be right there with them, not to worry, that they would just have their chests listened to.

Breast exam

Nurse 6 had not seen any breast exams. She said the girls had said no when asked about them.

Comfort Measures

Nurse 6 was asked if she recalled any incidents where youths were uncomfortable. She said there was one boy who was very worried,

So I reassured him and it has never come up again and I have been seeing him for a year."

Timing

Nurse 6 said that Respondent Dr. would come in at 9 AM and the youth might be brought over at 10 AM and then they would be seen.

Health Care Issues

Nurse 6 was asked if youths who were offered a physical exam at the IAU and did not want one "can do a physical at the Custody Centre because of the female doctor." Nurse 6 said, "Right but they don't do physical exams there, so it's totally different." "They just meet the needs that the kid is presenting. If they ask for STD testing they do that."

Nurse 6 was asked if she was aware of IAU youths having health issues for which they didn't want to be examined. She said, "Yes that has happened," and gave examples. "If there are mental health issues they are quite paranoid... and they don't want anything." "We had some pretty sick kids there that you know, banged their heads and there was blood everywhere and they wouldn't let anybody check them. It was a day or so before we got to check them."

Nurse 6 currently works at the Custody Centre and was asked if it was different. She said, "It's quite different. The kids are actually fighting to get in and see the doctor over there... It's all females."

Recommendations

Nurse 6 felt youth should be asked if they had ever had a physical exam before and how often they saw a family doctor and get a sense of how much the youth knew, and establish a baseline and plan of action.

Nurse 6 felt it would be great to have a male and female doctor.

Nurse 6 also mentioned that the poor state of some clients' teeth and dental work indicates that these youth probably do not regularly see doctors and dentists or keep up with health issues.

Nurse 6 felt that larger drapes would be an idea. She suggested cloth gowns that would be more comfortable and less see through.

Nurse 6 suggested that important health information and allergies be recorded on the front of their chart. This could also include their past history of physical exams.

Interview with NURSE 7, January 15, 2008

The following is a summary of the interview with NURSE 7, conducted by Administrative Nurse and Reviewing Dr by teleconference on January 15, 2008.

Comments

NURSE 7 was asked if she any general comments to make concerning nursing practice or nursing and medical staff. She did not have any specific concerns apart from wondering why the incident had taken a long time to be investigated.

Experience

NURSE 7 received her nursing degree in 2001 and is an RPN. She worked at Maples for 2 to 2 1/2 years, then at the YFPS. She was at the IAU from January 2003 to 2006, a total of 4 years, and worked from the role of RN4, to supervisor 5 in 2005. While at the IAU she worked days and evenings, with occasional nights. Since 2006 she has worked at Psychiatry Emergency (Richmond).

Orientation

NURSE 7's recollection of IAU is that youth would come in and be strip searched, and given their IAU clothing. This was always done with two staff members with one person taking notes. Then the client would be taken on a tour of the facility and learn the routine. They would be given the manual and a short time in which to read it. NURSE 7 said she would ask them if they are able to read and would try to put them at ease. She said there were a few girls who could not read and that they may not inform staff about this. NURSE 7 said that she would explain the procedure at IAU during the nursing interview and as the client filled out the authorization form.

Chaperone

NURSE 7 said that she had only been to about 4 or 5 physical examinations as a chaperone. In many cases she was an acting supervisor so would assign the chaperone role to one of the health care workers. The health care workers had varying levels of education and backgrounds, and were trained to take vital signs.

NURSE 7 had only attended one breast exam, and had never attended a Pap test at IAU. She did not recollect any client discomfort.

NURSE 7 was asked if chaperones remained in the room during the exam. She said they did, but there might be a rare instance where a chaperone/nurse might be called away.

Physical Examination

NURSE 7 said that Respondent Dr. would start with the history first and in some cases would leave the physical for another day, particularly if the youth had trouble focussing, or if Respondent Dr. had several physicals already to do. NURSE 7 thought this might occur about 25% of the time.

Although NURSE 7 had not attended many physicals she recalled that the doctor would be sitting at the desk with his back to the client, who was seated on the examining table. After the history taking there would be an eye exam, with the nurse instructing. For the physical exam, she said the youth would start sitting up, while the doctor checked the eyes and ears, then listened to the lungs at back and front. She recalled the doctor using the stethoscope over the thin paper drape to listen to (auscultate) the front of the chest, and dropping the drape slightly in the front to listen to the heart. The knees and reflexes would be done with the client sitting as well. NURSE 7 said that the Pap test was not done unless they were sexually active and that youths could have a Pap test at the Custody centre.

Breast exam

NURSE 7 said she had not chaperoned any breast exams so could not comment on the technique used.

Draping

Youths who were to have a physical exam would change into a paper gown. A paper blanket was also available for draping. Those who were not going to have a Pap test would leave their underwear on.

Informed consent

NURSE 7 would ensure that clients she was admitting could understand their booklets. She recognized that there were a few clients who were not able to read. She would review the document *Orientation to Assessment Process and Limits to Confidentiality* with them and was aware that they had to sign this document. She would explain to them what was to occur during the physical exam and that they had the right to refuse "hands on." She would also explain to them that the purpose was to obtain a whole picture of their health, not just their mental health. NURSE 7 said that many of the youths were from the streets and had not seen doctors, and that this was an opportunity to be checked.

NURSE 7 was a supervisor in the IAU and had been responsible for establishing written consent for the laboratory work done during the IAU assessment. It was her opinion that youths would agree to have lab work done after they saw the doctor.

NURSE 7 was in agreement with written consent. She was not in agreement with any assumptions about consent. She gave the example that just because a woman opened her

legs did not imply consent to do a pelvic exam. We discussed the issue of verbal consent in this interview and talked about a more general example of a woman having a Pap test in a regular doctor's office. Reviewing Dr. explained that in these situations the consent to examine a person is obtained verbally as part of the doctor patient relationship. We again discussed the IAU orientation process in which youth are prepared for the physical examination and have an opportunity to ask questions, and the physical exam where the doctor explains what s/he is going to do, and does not proceed if the patient/client has any discomfort or concerns.

Timing

NURSE 7 said that the doctor usually was in IAU on Monday, Thursday and Friday and that the timing of their physical exam would depend on when the doctor was available. She thought that there were times when the client might feel rushed if they saw the doctor soon after they were admitted.

Recommendations

NURSE 7 would have liked time to prepare recommendations and did not know she would be asked for any. She felt the investigative process was formal and would like an opportunity to discuss issues as a group.

Comments from the Interview with the Client, , October 19, 2007

Interview

The interview with was scheduled for October 17, 2007 at Burnaby but she did not arrive. She was contacted by Administrative Nurse and Youth Advocate (from the Office of Representative for Children and Youth, ORCY) and initially told them she had been contacted by various groups (including CTV) and did not want to talk to anyone. Youth Advocate spoke with her further and arranged another meeting time on Friday 19, 2007. was given a ride to the meeting and seemed fine with being interviewed on that day (in the ORCY office, downtown).

General Comments

recalled being in the IAU in 2004 at age The client felt she was treated "pretty well" and that in general the staff treated her "nice." She was not happy and she was not comfortable when she found she was going to have a physical examination conducted by a male physician.

Orientation

The client recalls her orientation being "really fast, right?" She was taken, almost straight away, to the doctor (on the same morning as her admission to IAU). With some prompting she recalled that she was asked to read something over, but said she could not keep it. "They didn't like talk me through this, I didn't even know there was a physical examination they wanted me to go through." (This contradicts another statement she made about knowing a medical doctor would be checking her out.)

Chaperone

She was told that someone would be in the room with her, and said, "I remember she wasn't a nurse; she was one of the staff members." "I'm pretty sure if it was a nurse they would have said there will be a nurse in there with you. Because that would make me feel a lot more comfortable, knowing there's another medical person in there." In fact, her chaperone (Nurse 1) was an RN, with 15 years of experience.

Consent

The client did not really remember signing the consent form during her initial orientation procedure. She did recall being told that a medical doctor would check her out, "to see if there's any problems."

Once she was in the doctor's office, she did recall being asked questions about her health, and being asked "would you like a breast exam?" She explained that she "wanted to do everything as well as I could, so it would look good on my court, right?"

In terms of informed consent she questioned the reason given, saying she did not think that checking for breast cancer in year old girls was a very good reason.

. She felt that she had a choice about her Pap test. She had a Pap done the week before at YDC, "So technically I didn't need to get one, they said."

Client's Recollection of her Physical Exam

History - The client recalled being asked questions about her menses, whether she was pregnant and what medication she was on. She did not recall being asked if she had a previous breast exam. (This was her first breast exam.)

Draping - The client did not recall being placed in a gown. "I wasn't in a gown. The only thing they asked me to do was take my shirt off. I just finished getting changed after the search, so I was in my shirt and pants and I kept those on."

Physical Exam - She did not recall much detail about her physical exam and said "the only physical was the breasts." She did not recollect having measurements, or having her ears, nose and throat examined. She was not quite sure if she had lungs and heart checked. (Overall it seems that the client perceived the physical exam as something she had to do as part of the psychiatric assessment, like something she had to 'pass'. It is not clear that the client understood the court-ordered function of a physical exam in terms of complementing and aiding the psychiatric assessment, in terms of identifying particular syndromes, disorders, or signs of abuse. As recorded in the chart, this client apparently had several general health concerns that were dealt with by Respondent Dr. and the psychiatrist, but her memory of the exam is more focussed on the screening aspect.)

Breast Exam - The client stated that this was not a good experience for her. "When it got uncomfortable was when a male doctor was in the room, and there wasn't a nurse or anything (she did not know that her chaperone was an RN). "It seemed really wrong the way he was doing the breast exam, because my mom works at hospitals and I know how it's supposed to be done. And this was more like a groping of the breast, and it wasn't really like, it wasn't a breast examination pretty much all in all."

The client was asked further questions about her breast exam. She confirmed that she had not had a breast exam by a professional before, but had been told what to expect from her mom. She said her chaperone was present and "she was like at the door." "I was on the doctor's bed thing, sitting." She felt that she gave consent because "this really goes toward my court time to be on my good behaviour right."

Her expectation of the exam was, "And then you're supposed to have your arms lift up, with like go in circles and whatever, and this was more like he was just touching my breast," "just like grabbing them and just lifting them up." She was asked to explain her use of the word "grabbing them," and she said, "cupping them I guess." She was asked if the exam was done using the fingers and she said, "Not really, because that's what you're

supposed to use, right right, you're supposed to feel the tissue." She was asked if she had a check of her axilla (armpit) and she said, "No, that's how I knew it was wrong, cause I know you're supposed to lift up the arm." (In fact, the axilla is usually examined with the arm down, but the breast may be examined with the arm raised.) The client was asked if she had spoken to anyone on the Unit, but she said she did not feel like she could talk to anyone.

Client Health Concerns

The client's main concern was that she got her She had been on this since age 13, "on a pretty high dose." She was concerned when the Psychiatrist took her off this drug and put her on another

The client was noted to have some bruising on her chest and when questioned about how this happened, she said that she got this from the other girls "from pinching each other's breasts," "from screwing around," prior to coming to IAU.

Client's Recommendation for Changes

The client was given the opportunity to comment on changes that could be made. She felt the assessment should just make sure she is healthy, "yea, you should be checked out." She felt there should be a choice of a male or a female doctor. She also said, "make sure there is still another nurse in the room, if you have any questions and if you feel uncomfortable." (As previously indicated, there was an experienced nurse present during her exam, but this client evidently did not recognize this.) She did not feel that a Pap and breast exam should be done, "that should be 100% your own choice." (This client did have a choice about both, but felt concerned about the court and did not want to start problems.)

Events on June 11, 2007 and Involvement of Justice for Girls

Administrative Nurse led the questioning of the client about the events that occurred this June, when the client was living at the Burnaby Youth Secure Custody Centre (BYSCC). The client recalled that the event occurred during a life skills outreach session. The Justice for Girls group was involved. "We were just talking about the Centre and if anything had gone wrong and I brought it up." The client indicated that there was a big group discussion. She was asked if it was a problem in the Custody Centre and she said, "Yea, it was what happens in the custody centres or anything you hear about that you'd like to talk about, because they know we're youth and just to see if we have any problems."

The client was asked who else was there. "All the girls in my unit like all the girls in the custody centre who were in there at that time." She thought there were "like 16" girls

there. (There were actually 12 girls present. Review of their files indicates that of these 12 girls only 5 of them had been to the IAU. Chart reviews indicate that of these 5 only 2 had breast exams and only 1 out of 5 had a pelvic exam.) The client was asked if she knew if the rest of the girls went through a breast exam and she replied, "Yea, like I don't recall ever talking to a girl that said no to a breast exam."

The client indicated that she had continued to have contact with Justice for Girls, and said "I was the one that was coming forward with this and I didn't want to get the other girls involved." The client was asked about her further contacts with the Justice for Girls group and she said that they had talked to her and asked, "Would you like to have another conversation about this?" " And at first I wasn't really sure about it." She said she had talked to the girls about it and they had said that "when it's sexual it's OK in anybody's books, so I was like alright, so I like talked to them (Justice for Girls)." "They like visited me regularly and we talked on the phone, " "and we still talk I guess." "They (Justice for Girls) want to like go through with it; they want to like get something done."

The client was asked about further contact with Justice for Girls, including their lawyer. She said she had met with the lawyer, initially. She claimed that she was then denied contact with this lawyer or Justice for Girls. She did have contact with her youth advocate.

Preparation of the Affidavit

Although the client was the one who brought up the issue of breast exams during the outreach session, she did not actually file a complaint. The actual complainant was the Justice for Girls and their affidavit includes allegations of Sexual Assault, inappropriate sexual touching in a way that they felt was "beyond the rightful boundaries of a breast exam."

The client was asked about her participation in the preparation of this affidavit. She said, "Well just me and Person 1 talked and she's like, oh well we'll make an affidavit and it will only go forward if you want it to and I was like OK, whatever. And lawyer came in and they write me the whole thing and I was like yea, you can go forward with it. I agree with everything on it." "Then she got cut off from me."

When asked further about this she said, "Yea, we talked about it over the phone and they said well this is what we think and if you want to make any changes in it, or if you think anything is not what it appears to be on the paper, you can make any changes. And it was completely like what I said."

The client was asked if she had read it in person after the information was collected over the phone and she said "Yea." When asked if it was recorded "word for word" she said it wasn't word for word but "we had like many conversations and they wrote a note or whatever and then just put it together and wrote it." "It's pretty much what I said." When asked if she had read the document after it was typed up, she said "Yep," and when asked if it was in her own words, she said, "they did polish it, but it was like 99% my own

words." "Maybe they changed the words a little bit and polished it, and made it look like a professional document but the meaning was all me."

Interview with , the Client's Mother, December 4, 2007

The following is a summary of a telephone interview with (index client's mother) that took place with Administrative Nurse and Assistant Director on December 4, 2007. The following comments are based on review of the transcript of this taped interview.

Transcript summary

The client's mother, did not have a good recollection of when her daughter was admitted to IAU (2004). When asked if she understood the purpose of a court ordered assessment she said she did not and it took her some time to recall what the IAU was. She did not recall if she had a phone conversation with her daughter while she was at IAU, but did recall visiting her there. When asked about the alleged incident, she could not recall when her daughter told her about it, "I can't be sure whether she told me at home or if she told me there."

said, "so far as I can remember she said, yea I had to see that doctor again, the pervert. I think those were her words."

thought she may have asked her daughter why is he a pervert and why she called him that and she said, oh because he just gropes me.

thought that they left it at that because "no one is going to believe us if we say anything. It will be like her word against everyone else's so we can't really do anything."

was asked if her daughter understood the purpose of the exam and said she probably thought it was just routine.

had the impression that the physical exam was not explained to her daughter. thought it strange "that a doctor would examine breasts when children in there (IAU) were under 19 years of age."

When was asked if she thought her daughter had the right to say no said no and said that "most people go in there thinking they have no right whatsoever, they can't say no to anything." However, when she was asked if her daughter was offered a pelvic exam she said that "she declined and that she had been seen by her family doctor the week before for that specific exam."

was asked how she responded to her daughter about this issue, given that they did not feel they had any control in terms of expressing their concerns. said that she had just said that it was awful and should not be allowed or something like that, but added that she felt they "had hit a brick wall" "because they are criminals and seen by society as such, the impression is that they are not always treated well in the system, that we wouldn't have a chance, that I wouldn't even have a chance of suggesting anything." When asked if she had spoken to any staff members about the incident said no.

mentioned another episode involving a comment by a pastor that had seemed wrong. She was informed that the IAU has no pastor and that this episode probably referred to the Custody Centre. thought they were one and the same.

was asked if her daughter ever had a breast exam previous to coming to IAU and she said no, and that she usually went with her daughter to the doctor. said that she had described how to do a breast (self) exam to her daughter, saying it was done using a circular pattern with intermittent gentle pushing, feeling for lumps. I felt that her daughter would be able to tell that the alleged incident was just groping because there is a pattern and that her daughter said that was not what happened.

was asked about her visits to her daughter in IAU and said she saw her once or twice for 45 minutes to an hour or so and thought it was a week night. She said the visit was fine but her daughter did not want her to hug her saying "they're going to think things." She agreed that the professional staff members were friendly and appropriate, and spoke of the IAU as being spacious, controlled, and "heavily secure." could not comment on the medical staff and said she was not sure "who all met with her."

was asked whether she thought it would make a difference if her daughter was examined by a male or a female doctor and she said that she did not think that breast exams should be done at all, "with the exception of a contusion." "Maybe examine a breast that's been bruised or something like that but not the actual examination. It can be done by pictures and such." She then said that she thought that breast cancer was rare in women under 39, "so, you know, kids getting breast cancer is kind of ridiculous."

was asked about pelvic exams. She felt they were OK if kids are sexually active and only if they are requested, and that they be done by an RN, a female RN or a female doctor.

was asked about her daughter's experience when she was living at the Burnaby Youth Custody Centre in June 2007. She was reminded about the Justice for Girls (JFG) session and said she was not sure what they were talking about. She said "I can only speculate, but it did get brought up about the doctor groping other girls, or someone made a comment." She was not really sure if it was her daughter or her friend who had made a comment about "yea, I find the doctor really gropes me or something like that." thought that 2 other girls (3 in total) had spoken up. She got the information from her daughter. She did not know if they were talking about a doctor at the Custody Centre or the IAU, but she said "It was a East Indian doctor, whom ever he is." She did not know how the conversation about their experience had started.

did not recall much about JFG and thought that her daughter was "the only one who went forward from it." was asked who from the JFG group had visited her daughter and from a list of 4 names she selected the name Person 1.

was asked about the affidavit and did not recall. She did not recall any issues about access to a lawyer.

was asked if she met with the JFG. She said no. But she said that her daughter told her she thought that Justice for Girls wanted to talk to her. said, "I don't think I spoke to any of them."

was asked about the effect of this incident and on her daughter and she said she was tired of it but would do what she has to. With respect to her daughter coping with media requests she said that she was used to exposure

Comments

The client's mother does not seem to remember much about the alleged incident. The client derived her knowledge about how to do a self breast exam from her mother. The one thing that this client's mother is clear about is that she did not think young girls should have breast exams, and her language about this is similar to her daughter's in terms of bringing the issue forward.

S.51(5)(c) Evidence Act

Phone Interview with October 19, 2007 (Other female at IAU)

lives in Kamloops. She was at the time she was in IAU. She was admitted to IAU. 2006. She was also at the outreach session in June 2007.

The interview was set up as a morning teleconference with Reviewing Dr, Administrative Nurse, and Youth Advocate. When the call first went through this client was still asleep. She had been to a party the previous night, and had apparently been involved in some sort of altercation, but we were told she was OK.

Administrative Nurse introduced the participants and explained the purpose of the interview per our interview script. was asked if she could tell us about her experience while at the IAU. She said, "not really, I was only there a week". When I asked her when she was there, she responded, "Last summer." She was asked how she was treated and she answered, "fairly." She was then asked to elaborate on what she meant by "fairly," and she answered, "Good, with respect."

She was then asked if she had any comments about staff, doctors, etc. She replied, "No comments." She was asked, "Do you recall the admission process?" And she answered, "Don't really remember." When asked about the physical exam, she did not remember having one. But she did recall that she was "sick," and did have her throat checked, and she said that she had "strep throat."

When asked by Administrative Nurse about the outreach session in June 2007 at the custody centre. said she thought it took place "in the gym" and that it was a "large group." She was asked if she remembered the girls who were there and she said, "No clue who"; "bunch of people; don't remember who." She was asked if it was other girls from Magnolia, and she answered, "Yeah." She was then asked if there were other staff members present and she said, "yeah." When she was asked what they were talking about she replied, "don't remember." She was asked about the life skills discussion and she said "it was in a different location" and "they told us about Hep C, AIDS, and stuff." She was asked if they discussed anything else and she replied, "Can't remember." She was asked, "Did you talk about IAU assessments?" And she replied, "No." She was asked if they discussed physical exams, and she said, "No." She was asked, "Who was leading the discussion?" And she replied, "I dunno." She was then asked, "You don't remember?" And she said, "No."

She was then asked if any girls were talking about their experience, and she said, "One girl got treated the wrong way." . was asked, "Did they discuss breast exams?" And she said, "Yes." She was asked, "When you were at the IAU did you understand the purpose of the physical exam?" and she replied, "No, not really." She was asked if she remembered who was in the life skills group, and she said, "No." She was asked if there was anything uncomfortable about her experience at IAU and she replied "No." She was asked if she had any suggestion about the services at IAU and she said, "No."

S.51(5)(c) Evidence Act

Comments from the interview with October 30, 2007

This interview on October 30, 2007 was conducted by teleconference as the client is currently in a treatment centre in the interior of BC. She agreed to audio taping of the interview. Reviewing Dr, Administrative Nurse and Youth Advocate were present. The interview took place in the downtown office of the Representative for Child and Youth.

was assessed at the IAU on 2007 and was also at the outreach session in June where the allegations of misconduct were brought forward. was at that time per medical record. Client says she was

General Comments

The client was asked if she had any general comments to make from her stay in the IAU. She said that, "it felt kind of weird, the guy nurse that was there at the IAU." He "seemed so unprofessional and he kind of grossed me out when he wanted to ask me if he wanted to test me for breast cancer."

"I liked most of the staff there but some of the staff kind of bothered me." She went on to describe how someone interrupted her conversation with the doctor.

She said, "it wasn't horrible", but was "kind of boring" and she would have liked "Other choices besides the movie."

Orientation

She recalled rules about behaviour and also recalled a little book, "I didn't read the whole thing but I read part of it."

Consent

The client remembered that her consent was to do with what they expected from her in terms of behaviour and "to see if you were mentally handicapped or mentally disordered or something like that."

When asked about having a breast check, she said, "No, he just asked me if I wanted to see if I had breast cancer and I said no." She was asked if she felt she had a choice and she said "yep."

Timing

Timing of her exam was not discussed but review of her chart indicates that her physical exam was done 4 days after her admission to IAU. Her history and physical were done on separate days.

Physical Examination Preparation

recalled being told about the physical exam but said, "I was just doing the assessment so I could get out of jail and be done with it." She said, "He was just asking about my family" and she recalled questions about drug and alcohol use, and if she wanted an HIV or pregnancy test. She was asked if she was sick during her stay and she recalled an ear infection and having it examined by someone. She also recalled having lab tests. When asked more about a physical exam she said, "what is a physical?" When it was explained to her she did recall having her eyes, ears, lungs, etc. looked at. She said, "it was just the same as going to a doctor and getting that done." "They were just checking to see if everything was working good and if my health was good from all the drinking and stuff like that."

Draping

"I remember having to wear those outfits." She said she had to change into boxer pants and shirt.

Chaperone

She was having some frustrations with her chaperone whom she felt was trying to explain things when "I already know what he's saying to me."

Psychiatric Assessment

When asked about her health concerns the client remembered having psychological testing. She had some issues about the history and recommendations from her IAU assessment that she did not think were true.

Recommendations

This client wanted "new clothes" (she felt the Unit clothes were old and ripped), and "some new felts (pens) that actually work." She felt it was boring to watch TV and movies.

Events at the Outreach Centre

This client was also present for the events at the outreach centre that lead to the allegation of sexual abuse. Administrative Nurse asked her about her recollections. She was asked if she was there for the group discussion with the Justice for Girls Advocacy Group and she said "Yea." She initially thought the meeting was in the 'bubble room' at IAU, but was then asked about the Youth Custody Centre. She said, "Oh yea, we had a little talk. It was kind of boring because they kept coming back and telling us the same stuff and how they wanted to help girls who have been abused. Sexually abused and stuff like that and it was like well you guys have come here like 2 or 3 times since I've been there."

She was asked about the discussion in the life skills room and she said they were told about "what are your rights. And they were talking about women's and um, sexual abuse, prostitution and stuff like that." Administrative Nurse confirmed with her that this was referring to "when you get arrested what are your rights."

She was asked who was present at the discussion and she said, "three spots (staff), two Justice for Girls, I forgot their name, and then there was Magnolia and Peter (groups)." She was able to name 6 girls, in addition to her self, who were at the discussion.

Administrative Nurse asked if they discussed physical examinations at the Custody Centre, and she said "Yea." The client was then asked if they discussed IAU assessments and she said, "Yea, we were talking about the male doctor and how we didn't like it being there and he didn't seem so professional." The client felt that all the girls in the session had been through the IAU process.

Administrative Nurse asked the client to be specific about what happened in the group discussion and the client said, "they were like asking us if we wanted him to search for breast cancer or whatever, or to see if we had it or something, and it just kind of creeped us out when he asked us that and I don't think there should be a male doctor there, I think there should be a female doctor there too." The client was asked if the purpose of the exam was explained to her, but she said "not that I can think of right now." (This client actually did show some insight into the assessment earlier in the interview.)

She was asked if the girls knew they had a choice and she said she didn't know. (This client already indicated that she declined a breast exam.)

The client did not recall much about these discussions, but did attend a second meeting with the Justice for Girls, and said it was attended by "basically all of the same people," "and the same people from Justice for Girls or whatever it's called."

Comments from the Interview with **Tuesday October 30, 2007**

The interview with was initially set up for Tuesday, October 30, 2007 at 10:30 AM, in the downtown office of the Office of the Representative for Child and Youth. As the client did not show up for the appointment, phone contact was made, and she gave permission to have her interview by phone instead. Administrative Nurse, Reviewing Dr. and Youth Advocate were present. Permission was granted for us to audio tape the interview.

General Comments about IAU

When asked about her experience at the IAU this client said, "it was laid back, very laid back. It focussed on mainly feelings and how to cope with them." She recalled that she was on IAU last year (actual date was March 2006 and she was years old at the time). She said "The staff there were really nice so you get a lot of respect for all the kids at IAU." "The doctors and psychiatrists were very nice and understanding."

Orientation

The client was admitted straight from Willingdon. She recalled the orientation process, including change of clothes, being given a hygiene pack, bedding and a blank journal to write in. She also recalled being told what was going to happen next. "Yea, they made you sign lot of papers so the judges understand what they are saying. I don't know what that was but that asked for signatures."

Timing

This client recalls that her physical exam took place on the second day she was there, (but then said later it was on the same day she arrived at IAU) and that "it takes like 3 hours to check every inch of you from like head to toe." "They sit there and they ask you questions." She asked how long her stay at IAU was and she said two weeks. (Her chart notes indicate a stay of a day or so).

Chaperone

The client recalls a male doctor and a female nurse being present. The nurse was present for the entire process.

Informed Consent

Concerning consent for her physical exam this client commented, "Yes, and it's mandatory like, it's kind of messed up. They say it's mandatory, they had a male doctor assess me, because I was like really nervous." When asked if they explained things as they went along, she said, "that whatever was being done was mandatory and I felt uncomfortable in any way we could stop, but they couldn't completely shut down the

exam because it was mandatory." She understood that the reason for doing the (breast) exam was "for cancer and like, um, anything is wrong and because I was pregnant."

Administrative Nurse asked her further questions, about her understanding of the physical exam process being mandatory. She said, "I was doing jail time anyway, so it was like you know, like something I had to do. And mandatory is like they give you three days to get the exam done and if you don't I don't know what they do if you don't." When asked about a court ordered assessment and why she was at IAU she said, I was at IAU because I was doing time for my other charges." "And I was 7 months pregnant and depressed and everything and don't know why they sent me to IAU because I was doing jail time and I was huge and like they thought it was the right place to put me."

Draping

This client had to change into a blue gown, "like when you're in the hospital."

Physical Exam

The client recalled having an assessment of her head, ears, lungs and heart, and having measurements taken. But she clearly was very apprehensive thinking about the next part of the exam and referred to it as "embarrassing," "something like a female doctor should have done." She acknowledged that she understood that "in the real world they see a lot of it right" "But it was embarrassing."

She was asked if she had an exam like that before and she said "No," but "all the exams I had before were by female doctors." She said that she had a breast exam done before but not by a male physician.

She was asked if she had a full physical below as well. She said "yea." She had no comments to make about this. (Her chart notes indicate that a pelvic exam was declined and she refused a gown.)

Breast Exam

She was asked about her breast exam. She said she had the breast exam sitting up, but also had to lie back on the bench. Her comments were. "It was embarrassing, I was in tears, I was crying.

She was asked to explain why it was embarrassing. "Well most people the first day they are there, they all have backgrounds so like you expect them to get a female doctor to examine them. So to have a male doctor go down there and like you know." Reviewing Dr. asked her to focus on her breast exam and whether it was because a male was doing her breast exam or whether it was something about the breast exam itself. She said, "No, it's the same as when I had a female doctor do it." She said that her breasts were examined one at a time.

Client Recommendations

The client was asked for her recommendations on how things might be better. She said "more options," "maybe not a male doctor," "because there are some girls that come in there and they get (have been) raped by these guys and they get some doctor touching them in these places it's just wrong, that's traumatizing."

Summary of Orientation and Chaperones, IAU

Clients arrive at IAU from various destinations to begin their court ordered assessments. Those arriving from Burnaby Custody Centre may arrive early in the day at 10:00 AM; clients who travel from further away in BC may not arrive until the evening. When clients arrive they are in handcuffs. During their initial orientation they are unhandcuffed, a strip search is conducted by a same gender health care worker and they are checked for lice and given Unit clothing and a hygiene pack. They have to sign an orientation and confidentiality consent form. Their orientation is conducted both verbally and through a written document. Each client is given an orientation booklet, *Resident Rules,* that outlines what is expected from them, in terms of interviews, physical examination, non-smoking, clothing, phone calls, visits, mail, hygiene, lab work, and behaviour. They do not keep this but are expected to read it over on arrival. There are no details about the physical examination in this booklet, so any additional information must be provided verbally by the orienting staff.

There is also a Policy and Procedures # IAU 001 pamphlet that outlines, very briefly, the procedure upon admission to IAU. Point 2.0.4 indicates that a nursing admission history shall be completed, arrangements will be made for a psychiatric assessment within 24 hours, and that arrangements will be made for a physical examination.

In an ideal situation, clients would arrive early and have time to settle into the Unit before having to attend interviews with psychiatrist and physician, and the attending health care worker would be able to spend time with them explaining the processes that they will need to go through. From the interviews that were conducted with the index client and with various IAU nurses, it seems that this does not always happen. Client was taken almost immediately following her arrival to see the physician who was there that day, to have her medical examination. This client had underlying anxiety. It is likely that she would need a little time to adjust to a new setting. For her it was important to do things right and she had a sense of having to pass her assessment, to look good before the courts. In her case, she had heard about breast exams from her mother. She had never had a professional breast exam before,

Chaperones

The client said in her interview that she was told that someone would be in the room with her, but she had thought it would be a nurse and it was her recollection that this person was not a nurse. It is not clear why she would think this. Her chaperone actually was a nurse with fifteen years experience. The reason did not know this could be due to various factors: She may have had a different person for her orientation and physical exam, therefore not much time to ask questions and be clear about the process. She may have felt rushed and not been taking in much information. She may have relied on other cues to identify this person as a nurse, and there are no labels or particular dress codes to serve as identifiers. It is possible she just does not remember the situation very well. She

thought the doctor wore a white coat, and in his interview Respondent Dr. said he never does this, he dresses quite casually.

Comments

Physical examinations of clients at IAU are always chaperoned either by a nurse or a health care worker. There appear to be varying degrees of participation in this role. Some staff members may take a more passive role, as simply a chaperone, whereas others take a much more active role, continuing to explain things and assist clients with their decisions and options during the physical examination. In the current office there is not much room, so the chaperone must find a place to sit either close to the head of the client or stand closer to the door, at the foot of the examining table. Once a decision is made about whether to proceed with the physical examination, the chaperone may be required to help with draping. For security reasons the client cannot be left alone in the exam room. Therefore the chaperone remains with the client while they change. Some chaperones said they would hold up a sheet to create some privacy for the client.

Regardless of the degree of engagement by the chaperone, and the role they played in orienting the client for their physical exam, there is always a chaperone present for a physical examination. The chaperone never leaves the client alone. None of the chaperones had any concerns about client physical examinations. It seems there are some variations in what is examined, depending on the history, but the basic structure of the examination is quite standardized.

When the client said she would have felt more comfortable about her examination if she had another medical person there, it seems that she was just asking for some additional assurance. It is clear from review of the client's chart notes that a nurse, Nurse 1 completed this client's admission history and attended her medical examination. There is nothing in the physician or nursing notes to indicate that her physical exam differed, and no indication from the notes to support her later allegation of inappropriate touching of her breasts. Her entire exam would have been monitored by her chaperone and all notations indicate that she was cooperative and pleasant. She did not mention how she felt about this exam to anyone at IAU during her stay.

S.51(5)(c) Evidence Act

Physical Examination and Draping of the Patient, IAU

Within seventy-two hours of arriving at the IAU, most clients have had a physical examination done by the clinic physician. Respondent Dr. has been the primary physician at IAU for many years. A female physician has been seeing female IAU clients since July, 2007 pending the outcome of this investigation. Respondent Dr. has a standardized way of conducting his medical history and examination. All findings are recorded on the yellow history and physical sheet that is filed in the middle section of a client's chart. History taking is assisted by the intake nurse, who records information about tattoos, scars, and piercing, etc. Additional details about medical history may be available from the Custody Centre.

Timing

Timing of the examination is variable. Respondent Dr. is on site three days a week, (Monday, Thursday and Friday) and he fits the clients into this schedule. He has an hour to see the client and from this perspective does not feel rushed. However, clients may want to take their meals around the noon hour. From interviews with him and the nurses, it is his preference to have some time to develop rapport with the youth. To do this he may give them a break, or do the physical on another day. Some clients, despite some initial reluctance, later decide to have the physical to check out a health concern.

In the case of client : the timing was not optimal. She arrived in the morning, and within the hour was seeing the physician for her examination. In her interview, she commented that it was "really fast, right." She did not feel that there had been enough time to talk her through the process. She stated that she did not know that her chaperone was a nurse.

Informing Clients

Respondent Dr. informs his clients as he goes along and confirms that it is "OK" for him to proceed at each stage. As well described by one of the nurses, the clients may vary a great deal in terms of how much they have been prepared, how much they know and understand, how anxious they are, and how comfortable they are in expressing themselves and deciding on their options. It was clear from at least one client interviewed, that she did not know what the word "physical" examination actually meant. Most clients seemed to know about breast exams and screening for cancer and pelvic exams, however, and many had a sense of discomfort about these exams. They may not appreciate some of the physical details required for psychiatric screening.

Clothing and Draping

Most clients start out in their unit clothing for the initial part of their physical. Although the examination is fairly standard, there seems to be some flexibility in how they are draped. For a less complete examination, not involving a breast exam or pelvic exam, clients may stay in their unit clothing, and have their lungs and heart checked through

their clothing at times. For clients having a breast exam, they would either need to take their bra and top off, or change into a gown that permits undraping of the breast. Those having a pelvic exam need to change fully, and be draped with a gown open at the back and with a sheet to cover their abdomen and legs as needed.

Breast Examination

It was difficult to obtain exact information about the positioning and technique used for breast examinations. Respondent Dr. indicated that in general, he uses a circular technique with the fingers to check the breasts. He did not recall specific details about his examination of the client and neither did the nurse who was present as a chaperone. The client indicated that it was not what she expected. She had never had a breast examination, but her mother had discussed breast examinations with her. Although none of the three people present remembered exactly, it seems she may have had her exam while sitting. claimed that it felt more like a cupping of the breast. She says she took her top off for her breast exam. She stayed in her unit clothing because she did not require draping for a pelvic exam, having received one a few weeks before. Another nurse who was interviewed thought that breast exams were done with the client in a reclining position. Ideally, the breast is examined in both positions, but the actual palpation may be more easily performed while the client is reclining. With the arm extended over the head, the breast tissue is stretched over the chest wall, making it easier to palpate, particularly if the breast is full. Several nurses interviewed felt that the breast exam included an exam of the armpit or axilla, but the client did not recall having her armpit checked.

Comments

Performing an examination on a client, who remains clothed, without full exposure of the area that needs to be viewed, may not always be optimal. It may seem warmer, or in a young person it may seem to preserve a sense of modesty, but it is possible that it may lead to a quicker, more cursory examination that could be misconstrued. For the purpose of the psychiatric assessment the more valuable part of the chest examination is probably the visual inspection, which may reveal surface features such as tattoos, scarring, nipple rings, skin infections, nipple discharge etc. Palpation of the breast is certainly recommended annually for those aged 20 and over, to screen for cancer. In a younger population such as this group at IAU, the majority of breast lumps that may be found on palpation are likely to be fibroadenomas or fibrocystic disease, both benign conditions.

S.51(5)(c) Evidence Act

IAU and Informed Consent

Pursuant to section 34 of the Youth Criminal Justice Act, youth admitted to the IAU are there for a Court ordered assessment of their medical, psychological and psychiatric condition. What this means is that the Youth Courts are requesting a psychiatric and psychological examination and evaluation of a young person, to assist them in the making or reviewing of a sentence.

Following the allegation of sexual assault at IAU in an affidavit from an advocate from the Justice for Girls, the issue of informed consent was reviewed. Assistant Deputy Minister for Children and Family Development, requested a legal review of the scope of authority of an assessment ordered under Section 34 of the YCJA and whether informed consent could be obtained in the setting of the IAU.

The results of this review were made available in a memorandum from the Ministry of Attorney General, dated August 31, 2007 (see appendix) and are summarized as follows:

Are Physical examinations within the scope of section 34 YCJA's authority?

The legal interpretation of Section 34 is that both psychological and physical examinations may be used, although "in a majority of cases" these assessments may be "purely psychiatric or psychological."

Breast and pelvic exams would be within the scope of authority of YCJA Section 34, but only if conducted with the patient's informed consent, or if they are conducted without consent for one of the purposes within Section 34(2).

An assessment may not be conducted simply at the discretion of the physician.

Can valid informed consent be provided by a young person at the YFPS IAU?

Four criteria need to be in place in order to provide valid informed consent.
(1) Voluntariness - i.e., no force, coercion or manipulation.
(2) Capacity - understanding the nature, risks and benefits of the procedure, and understanding that this explanation applies to him or her.
(3) Specificity - the particulars of the treatment or medical intervention must be indicated, and the name of the person who is going to carry them out.
(4) Informed consent - usually implies that a practitioner provides sufficient information that a "reasonable person in the patient's circumstance would want to know before choosing to accept or reject the treatment."

Overall, the conclusion of the legal research is that girls at IAU "can provide valid consent to medical treatment," "given the provision of and adherence to appropriate sensitivities, safeguards and procedures."

The legal opinion also referred to Section 19 of the Mental Health Act (MHA), which deals with chaperoning of a female who is admitted to a Provincial Mental Health facility by a near relative or a female person.

Comments:

Clients sign an *Orientation to Assessment Process and Limits to confidentiality* form when they are admitted to IAU. It is located at the back of each client's chart and is usually witnessed by the IAU nurse. This form explains what is going to be done while they are there, including the psychiatric assessment. There is no wording anywhere on this document about a physical examination or medical assessment. The document could be amended to have this information or the current situation could continue with greater clarification around informed consent for a medical examination.

There is no specific form for consent to a physical exam. This appears to be obtained verbally during the admission procedure. The admitting nurse or health care worker orients each client to IAU. This is the initial opportunity for providing adequate information about what procedures a client will be asked to go through. There is a range of clients, with variable degrees of literacy. One client did not understand the meaning of "physical" exam. It might be easy to overlook this and miss an opportunity to describe an exam more clearly. The only written reference to a physical examination that clients see is in the rules and regulation booklet where a couple of lines refer to this as something that will be carried out. Many clients become uncomfortable thinking about this exam. One client described being very upset about what was going to come next during her exam. It is likely that many of these females focus on the more sensitive areas of an exam (breast and pelvic), with some anxiety, without realizing that there is much more to the exam than that. Technically, there is information that can be gleaned for forensic purposes, in terms of surface features, sexual development, evidence of metabolic or other syndromes, or abuse. This kind of information conforms more closely to the court ordered assessment. The other professional perspective on the physical examination is the provision of health screening and maintenance to a population that is otherwise sporadically served.

In the legal assessment about informed consent, there is a concise list of what should be disclosed to a client in order for them to make a decision:

- A description of the treatment
- The benefits of the treatment and the likelihood of achieving such benefits
- Whether the treatment is necessary or elective
- The urgency of the treatment
- The risks during the treatment and likelihood of each materializing
- Alternate available treatments and related risks
- The consequences of refusing treatment
- The inevitable adverse consequences of receiving the treatment
- The recommendation of the physician as to whether the treatment should be given

- Any information that the patient specifically requests

Many of the above apply more to a specific treatment than a physical examination, but given this framework it would be possible to construct a description of the medical examination that clients will go through and ensure that they are informed prior to their consent.

The following is an example of the sort of information that clients could be presented with. It could be prepared as an information booklet available to youth and all health care workers who are preparing youth for their assessments:

You are at IAU for a court ordered assessment. This means that the court would like to consider all aspects of your health before they make a decision about your sentence or probation etc. You will see a number of health professionals during your stay, and will be asked lots of questions in different ways. A nurse will admit you, ask you about your history, and tell you about the Unit. A psychiatrist will meet with you next and may ask a lot of questions to find out more about you and what led to you being here. You may also be asked to meet with a psychologist who will ask you other sorts of questions.

A medical doctor is at IAU three or four days a week. You will have a nurse with you for this meeting. The doctor will ask lots of questions first to see if you have any health concerns that they can help you with. Then they will do a checkup of your eyes, ears, nose, throat, lungs, skin, chest, heart and abdomen (tummy), and back, and will take some measurements of your pulse and blood pressure, and head.

There are some other parts of the exam that may be offered to you. These are what we call screening exams that are done to check for things like cancer or infections.

For example:
(1) Screening breast exam. There are two parts to this. First, the doctor will look at your breasts to see if there is anything abnormal about the skin, like scars, or problems with nipples. The second part of the exam involves feeling your breast. A technique called palpation is used where the breast tissue is checked with the fingers flattened, moving in a circular way, to check if you have any lumps. It can be done with you sitting but is probably more comfortable if done while you are lying back with you arm raised above your head. You may also have your armpit (axilla) checked.

An official breast screening exam does not have to take place before you are 20 years old (because breast cancer is very rare in teenagers). Doctors may, however, suggest a breast check if you are on birth control pills or hormone shots, to make sure you do not have any lumps, or if you are having any pain or signs of an infection in your breast, or discharge from your nipple.

A breast palpation is an optional screening exam. If you have questions or concerns about this exam please ask the nurse of physician.

(2) A Pap test is a very specific check for cancer of the cervix. It is done using a speculum in the vagina to look at the cervix and take small brushings and spatula samples. This test goes to the Cancer Agency and takes a few weeks to come back. It is done every year, until you are told it can be done less often, or more often if it is abnormal.

(3) A Pelvic examination is often done every year at the same time as the Pap test, or it can be done separately if you have pain in your lower tummy or pelvis. The doctor may first check your lower tummy, then do a 'bimanual' exam. This is an exam done with a glove on, to check your female organs (uterus, ovaries, and cervix) with the fingers in the vagina and a hand on your tummy. A pelvic check may be done if there is pelvic pain, or if you are pregnant, or to check for problems with your ovaries (cysts, infections, cancer).

If you are having tummy or pelvic pain, please tell the nurse or doctor.

(5) Check for sexually transmitted infections. This is done in three ways. The doctor can check the skin of your genital area (vagina, vulva and pubic area) for signs of infection like herpes (cold sores) or warts or lice. The doctor can check your vagina and cervix with a speculum and take swabs for infections like chlamydia, gonorrhea and yeast. (This can be done at the same time you have a Pap test.) These test results should come back in a day or two. The doctor may also offer tests of your blood to check for infections like syphilis, HIV and hepatitis B or C. Blood tests take longer to come back and some, like HIV, require repeat tests. Results will go to your care provider if you have left the IAU.

You can have a check for sexually transmitted infections (STD's or STI's) any time you think you have been exposed. Please ask the doctor or nurse if you think you need to be checked.

(6) Urine/pee check. This may be done if you are having pain or blood in your pee, to check for infection or other problems like kidney stones. Some sexually transmitted infections can cause pain with peeing. Please ask the doctor or nurse if you are having problems like this.

When you see the doctor he or she will do the general examination that helps the psychiatrist know if you have any medical problems that are affecting your behaviour and general health. The doctor will ask during your physical history taking if you want any screening exams, based on your risk factors and any health issues you have. These are optional exams. You can have them done during the medical examination if you would like, or you can defer or put them off until a time when you are more comfortable. Written consent will be obtained from you if you are given medications, or have laboratory work done.

Adolescent Health Assessments in Forensic Settings

This investigation was initiated by an allegation of medical malfeasance during an admission physical exam at the IAU. In reviewing the appropriateness of breast and pelvic exams in this population it is important consider several aspects.

Standards across Canada have been reviewed by Administrative Nurse in a report on cross jurisdictional findings. It would appear that although "head to toe" exams are done, breast and pelvic exams are not done routinely, but arrangements are made as needed for these to be done.

Screening for breast cancer may be more appropriate in girls over the age of 19, per current BCCA guidelines. However, the ultimate decision about whether or not a breast exam is suggested should rest with the physician and be based on the information obtained from his or her admission history. In the absence of family risk factors and absence of symptoms or history of breast trauma, it may be appropriate to defer a breast exam. But if there is a strong family history of breast cancer, breast trauma, or any symptoms or concerns raised by a young person, then the physician should, at their discretion and with the youth's verbal consent, be able to proceed with an appropriate exam. Screening exams such as Pap tests should be based on a history of sexual activity and a history of any previous Pap tests. Screening for sexually transmitted diseases would appear to be of high relevance and importance in this population. Their drug use, history of assault, rape, and multiple partners, would put them at increased risk of STD's/STI's. Pelvic exams and laboratory tests can identify these and provide opportunity for treatment that may be lacking for these youth living rather chaotic lives. In order for a youth to consent verbally to such screening they would need adequate time and information and understand the reason for this screening.

A literature review of research on health care issues in adolescent forensic settings shows that drug abuse, sexually transmitted diseases, pregnancy, and dental problems are common. A review of IAU youths indicates that they have many coexisting health problems (e.g., multiple drug abuse, acne, asthma, ADHD, abdominal pain, sore throats, urinary problems, and vaginal infections). The purpose of court ordered assessments for these youths is to uncover medical, psychological and psychiatric factors that contributing to their aggressive, violent or abnormal behaviour. A factor to consider in reviewing medical assessments is that this population of youth tends to be both under served as well as at high risk for health problems. For example, in a Council Report prepared by the Council on Scientific Affairs it is stated that, "youths who are detained or incarcerated in correctional facilitates represent a medically underserved population that is at high risk for a variety of medical and emotional disorders" (p. 987). Similarly, Forrest, Tambor, Riley, Ensminger and Starfield (2000, p. 286) found that the "health profiles of incarcerated male youths were worse than those of male youths in school." Several of the studies reviewed referred to the need for these youth to be adequately screened, treated, and the advantage of doing this in a comprehensive, centralized fashion. There is an opportunity in this group of youths to educate, identify and assist them in maintaining their health status in many areas.

Recommendations

These recommendations are based on review of all interviews and chart reviews, not only the index client. It appears that on most occasions the medical examination proceeds smoothly. When things do not go as well, there may be multiple factors. Some may be unique to that day and person; some may be more long-standing issues, either intrinsic or extrinsic to the system.

The client who reported the abnormal breast exam was in a chaperoned office setting at IAU. There is no evidence from the interview of the chaperone or chart review to support her claim of sexual assault, but her memory of this occasion three years later was that it did not feel right. It was her belief that she represented others in bringing the issue forward, and it is therefore important to address factors that may lead to complaints.

The recommendations discussed below include more general and detailed discussions of some of these factors. This investigation did not address the examination of male clients.

Admission Procedures/Orientation/Informed consent

Clients sign a document, the *Orientation to Assessment Process and Limits to Confidentiality*. This document refers to the psychiatric assessment but not to a physical examination. Section 34. (1) of the Youth Criminal Justice Act includes a medical, psychological or psychiatric assessment and report, where the information forthcoming from these examinations will assist the court to consider the disposition of these youth, in terms of sentencing, custody issues, or release.

It should also be clarified that verbal consent is the consent obtained verbally by the physician as a physical examination proceeds. It is generally obtained by a health care professional explaining what they are going to do and the reason for doing the exam so that the patient/client can accept or reject it.

Written consent is used particularly where there is some form of medical intervention or treatment. For example, in the IAU written consent is obtained for giving medication and taking blood, body fluid and urine samples to determine if clients have STD's/STI's, urinary tract infections, strep throat etc. A client might consent verbally to having a pelvic examination, during the physical exam, but might decide not to give written consent for having swabs or blood taken for laboratory analysis.

The *Resident Rules* booklet refers very briefly to a physical examination. On the first page it states, "you will be meeting with nurses, health care workers, psychiatrists, psychologists, social workers and medical doctors in order to gather information about yourself." On the second page, under the title "lab work" is a line stating, "A Physical examination will be done by a medical doctor." This booklet is seven pages long and includes precise information about the IAU routines and what is expected from clients in terms of behaviour. Clients do not keep this booklet, and have varying degrees of literacy and motivation to read it. There is currently no written consent for physical

examination, and provision of information is critical if the physician is to obtain consent verbally. Currently, the degree of preparation for the physical examination seems to have some variability, depending on time available, the motivation of the client, and the verbal information provided by the orienting staff members.

Additional information could be provided to the client about the physical examination. An example of some of such information is detailed above in the discussion about informed consent (see the examples above). The information could be included in the *Resident Rules*, in a simplified form or written in a separate booklet. The information could be made available to clients in a form that is easy for them to understand (through text or visual format). All staff members involved in the orientation process should be familiar with the information so that they can provide the information verbally and respond to questions comfortably. The physical examination is being done to provide details that round out the psychiatric assessment, but it is also being used as an opportunity to provide some continuity of care in a high risk, under-served population. There are choices or options within this process that need to be clear for all.

It is important for both nursing and medical staff to determine and record whether clients have seen a doctor and or had a physical exam before, and in particular, examinations such as breast or pelvic exams. Knowledge that these examinations are being done for the first time gives care givers an educational opportunity to provide very clear explanations of what is to be done, respond to questions and allay anxiety. It was suggested that this information be written clearly at the front of their charts.

Information booklets or other teaching material could be made available. Additional information could also be made available to clients and families to inform them about the IAU, how the professional team functions in providing a comprehensive assessment, in comparison to the Custody Centre where medical services are currently provided on an as needed basis.

Timing of Physical Examination

The timing of the physical examinations is difficult to control as there are some constraints. Clients may arrive early or late in the day, and a physician may not be on site every day. The current YFPS Policy and Procedure document gives a time frame for the psychiatric evaluation (within 24 hours of admission), but not for the physical examination.

Where possible it may be a good idea to give clients sufficient time to settle into the unit, and to absorb the information they need to feel comfortable about giving consent to the physical exam. Clients are adapting to a new situation and new people. They may be more trusting if they know what to expect and who the health care professionals are. This could be done in several ways: (1) ensure there is sufficient time elapsed between admission and the physical examination, and avoiding a 'rush'; (2) consider breaking up the physical examination process into several parts, with a history-taking first to develop some rapport.

Chaperone/Identification of Health Professionals

Clients have a same gender health care worker present for their strip search and their physical examination. The health care worker who does the initial orientation may not be the same person who chaperones the physical examination. Dress code is currently casual, and it may not be clear to all clients that they have a health professional chaperoning their physical exam. There may be some variation in the degree of engagement between the chaperone and the client during the physical examination.

For the purpose of continuity and standardization, it would be a good idea to review the process of preparing and chaperoning clients for their physical exam, with respect to the following:

- Ensure that all health care workers are informed and are prepared to respond to questions about the physical exam.
- Ensure that all health care workers identify who they are to the client, and repeat that information for clients who are anxious and need information reinforced.
- It is desirable, but not always possible, to have some continuity between the person who orients and then chaperones the client during the exam.
- Clients who are particularly anxious may benefit from being chaperoned by the health care worker with whom they are comfortable and feel they can engage with and ask questions. This may be important in cases where the client is uncomfortable and has an opportunity to discuss their choices with the chaperone as the physical examination is proceeding. For example, there is an opportunity while the client is changing in the presence of the chaperone, for them to consider and give voice to any concerns.

Draping/Privacy Issues

Clients have options about how they are draped for their physical. They will often begin the physical in their unit clothes. Some clients may feel more comfortable if they can keep their underwear and socks on for the exam. Adequate draping is required for a pelvic exam where they have to change, in front of their chaperone, into a paper gown, open at the back. Additional draping is achieved with a paper or cloth sheet to cover the lower half of the body while areas such as the abdomen are examined. Several nurses recommended that larger sized drapes be available as existing drapes may not always offer adequate coverage for large youths.

Examination of the upper body (back, lungs, heart, chest and breasts) requires adequate exposure. If clients are wearing unit shirts they must either lift them up or take them off. Examination of these areas in a cursory way, under the clothing, may be problematic. Although it preserves some modesty, it may not be viewed as strictly professional and may even be misconstrued. If information needs to be obtained about the physical appearance of the chest (such as evidence of scarification, tattoos, nipple alterations or

piercing, infections, asymmetry or for Tanner staging of sexual development) to aid the psychiatric assessment, then full exposure of this area is required.

If clients are wearing a standard gown open at the back it is quite easy to examine the back, and then the drape can be lowered in front to listen to the lungs and heart, and visually inspect the chest. Palpation of the breasts and armpit is an option at this point and may be included if clients have agreed to screening for lumps.

Physical Examination and Documentation

As mentioned, the physical examination could be divided up, if necessary, into history taking first, to develop rapport and discuss options, then the actual examination performed at a later time. There may be time constraints to doing this.

The use of the yellow medical examination form creates standardization in that every client is asked the same questions and undergoes a similar routine. When clients are offered an option, such as a screening breast exam or Pap test, but choose not to have this, it is recorded as declined.

Preset headings for physical findings make it very easy to just check off with a tick or record as normal, creating a document that may be rather generic. It is important to add additional details, including the absence of certain signs, where necessary, to round out the description of a patient/client and support documentation of any diagnoses. For example: description of tattoos (identifying feature) and their location; absence of wheeze or cough in an asthmatic; absence of a murmur in examining the heart; presence or absence of needle marks if there is any suspicion of intravenous drug use, or of jaundice if there is concern about hepatitis; distribution and type of lesions in clients with acne. In general, if a detail is not described or written down, it is deemed as not having been done, therefore it is always important to record pertinent details of the physical condition or emotional state.

Progress notes in the IAU demonstrated continuity and quality of care. Organization into a more formal SOAP format and commitment to tentative diagnoses are encouraged. For example hematuria (blood in the urine) may be from many sources, including STD's, menses, urinary infection or stone, or a kidney problem.

Pregnant patients are occasionally seen in IAU and these represent high-risk clients, particularly if they have been using drugs. It would be important in these clients to encourage them to be followed in a setting where fetal heart and growth could be assessed accurately, particularly if the IAU medical office does not have access to fetal dopplers and prenatal forms. One client who was seen at IAU was fourteen and pregnant, apparently four months pregnant (early second trimester) from the medical form. The client said she was seven months pregnant (which would have been early third trimester) at that time. In this case the social worker was contacted to help the client receive appropriate care.

Important details about youths/clients could be clearly indicated on the front page of their medical history. This would include allergies and also important medical information, such as seizures. It is always advisable to have a complete and up to date cumulative patient problem and medication list kept at the front of a medical chart.

Breast Exams

The wording of the initial allegation that prompted this investigation was, "inappropriate touching of the breast during medical examinations," that went "beyond the rightful boundaries of a breast examination." The client had not had a breast exam before and this particular exam was not what she thought it would be like.

Various documents have been reviewed in addition to the interviews, in order to address this complaint (see appendix). These cover three main areas: current screening recommendations, communication, and technique/draping.

Current screening recommendations - The BC Cancer Agency (BCCA) says that "An annual breast examination should be undertaken by a qualified health professional for women over age 20." There is no data to show that breast self examination (BSE) results in lowering mortality due to breast cancer; however, it is still felt to be worthwhile to do this in conjunction with other screening techniques where appropriate. Breast cancer data shows no cases in the 0 to 19 age group. Benign lumps, such as fibrocystic disease, fibroadenomas, fatty tumours (lipomas), and fat necrosis (from trauma) may be found in younger people and are checked only as required to confirm their benign diagnosis. Breast abscesses and infections can occur at any stage.

It is therefore not within current BCCA guidelines to check for breast cancer in the age group at the IAU (under 20). However, there may be clients whose breasts become sore at times, or who are concerned about areas that feel like thickenings or lumps, or who have had breast trauma. It would be appropriate to check these areas if they have complaints so they may be reassured as to their benign condition. Breast infections are important to diagnose and treat because they will usually require an antibiotic or incision and drainage.

Communication - several of the documents (see Appendix) stress the importance of communicating clearly about why the exam is being done and what was found. It is clear from interviews of several of the clients that there is the feeling that they are young and do not need cancer screening. In this age group, where a physical examination is being done as part of an assessment for the courts, there should perhaps be a shift in the focus away from cancer screening, and more emphasis placed on breast health in general. Clients could be asked if they are having any pain in the breasts during menses, or with use of contraceptives, and whether they have any other problems such as infections from nipple piercing, or trauma. If clients are having such problems they will feel much more comfortable in discussing some form of breast inspection with or without palpation and being reassured or followed depending on the findings.

Draping and technique - Examination of the breasts requires adequate exposure and draping. For visual inspection, the breasts can be examined with a client sitting, then reclining. Examination of both breasts enables comparison of size (many women have asymmetric breasts and they may be relieved to know this is not uncommon), examination of nipples for piercing, inversion and infection, and any distortions. Examination of the armpit (axilla) is part of an adult breast cancer screening exam, or diseases such as HIV and lymphomas, as it checks for enlarged lymph nodes. For breast palpation, the client is usually reclining on the examining bench, with a pillow under the head or shoulder of the side being examined. Use of a sheet or gown provides better draping, as the breast not being examined can be covered with the sheet. The breast is examined with the arm stretched over the head. This stretches the breast tissue up over the chest wall making examination easier. Palpation of the breast is then done with flattened fingers in a circular fashion using some form of grid (the type of grid may be linear or circular).

If clients are wearing unit tops, for their own comfort, and a breast exam is going to be done, it is appropriate to offer them draping with a sheet while performing the breast exam.

Pelvic Exams

There are three main reasons for pelvic examinations, and using the appropriate term for these may help clients and accompanying health care professionals understand why they are being done.

Pap tests are specific checks for cervical cancer. They are sent to the BCCA and are done annually or according to the BCCA report. They require a speculum exam and sampling from the cervix.

STD/STI check (for sexually transmitted disease or infections) is done by taking swabs of the cervix for infections like chlamydia, gonorrhea and trichomonas. It can be done at the same time as a Pap test or at any time if there has been unprotected contact or an assault. Additional STD/STI testing involves visual inspection for warts, herpes, and pubic lice, and blood tests for syphilis, hepatitis B, C and HIV. Urine tests are also done.

Pelvic exams are done to check the health of the uterus, ovaries and cervix. They are done using a bimanual exam, with one hand on the pelvic area and two fingers vaginally to palpate the organs between the hands. A pelvic exam is important to check for pregnancy, ovarian and uterine lumps or cysts, and pelvic pain from infections or other problems. It is done at any time as required.

Clients may be more inclined to have an examination if they believe they have a good reason to do so. They may be both under-screened and at high risk for STI's. For the purposes of a court-ordered assessment it is reasonable to rule these out. It may be easier to talk about checking for infections and pelvic health, than using words like Pap tests.

Comfort Measures

Some of these comfort measures were discussed during the interviews. Chaperones said they would hold up a sheet to give the client some privacy while they changed. Although use of a curtain in the medical room could add some privacy it might not provide the security that is required for this group.

The use of a larger sized drape or gown was suggested by several nurses. Drapes could be fashioned from cotton/polyester in a pattern or colour that appeals to youth. A fleece drape or blanket could be made available to youths who feel cold during the examination.

Use of gloves (latex or non latex) is being taught to medical students for skin examinations. This could be considered, although it may be most appropriate where infection is suspected, and may not add to professionalism per se. Warming the hands, and having a warm room temperature contribute to a more comfortable physical examination. Posters on the walls or ceiling above the examining bench may provide a more welcoming feel to an examining room. They could be instructive or decorative.

The issue of choice and having options was brought up many times. Several clients felt uncomfortable about the idea of being examined or touched by a male physician. Some of them had recent assaults or date rapes. It is probably reasonable for clients to have a choice of same gender examining physician where this is possible. One chaperone indicated that some of male clients might prefer a female physician. It is also recognized that 80% of admissions to IAU are males.

Conclusion

It was evident from the staff members who were interviewed that these young clients are treated with respect during their assessment at IAU. These youth represent a high-risk group with a high level of anxiety and psychosocial turmoil who would benefit from continued efforts to identify problems, and provide mentoring and education.

Appendix: IAU Investigation

Medical Practices at IAU (Friday, August 3rd, 2007, Clinical Director,).

Attorney General's Office Report on Consent (August 31, 2007).

Investigation of Allegations of Misconduct at the YFPS IAU.

College of Physicians and Surgeons Guidelines on care of the adolescent in hospital and ambulatory care.

Summary of charts of females who were at IAU but not at the Outreach session.

Summary of females who were previously at IAU and at the Outreach session.

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Examination of the Breast, A Guide to Physical Examination and History taking, sixth edition. Barbara Bates, 1995.

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Clinical Breast Exam, Women's Health, WebMD.

The Pelvic Examination Benchmarks, College Faculty of the University of Washington School of Medicine, April 2006.

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