

Center for Professional Health

***Hazardous Affairs:***  
***Preventing Sexual Boundary Violations in Medicine*** ©

**Workbook**



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# Center for Professional Health – Vanderbilt University School of Medicine

**Background:** The Vanderbilt Center for Professional Health (CPH) was founded in late 1997 with support from The Robert Wood Johnson Foundation and Vanderbilt Medical Center under the leadership of Dr. Anderson Spickard, Jr. and William Swiggart. It was designed to be an educational, research and prevention resource to address matters of professional health.

They began by developing a continuing medical education course on proper prescribing of scheduled drugs. The need was based on the number of physicians who came to the attention of medical boards and state physician's health programs for misprescribing. Subsequently, they developed two other courses: *Maintaining Proper Boundaries* and the *Program for Distressed Physicians*. **Hazardous Affairs**<sup>®</sup> was developed based on the experiences and challenges faced by physicians who attended the *Maintaining Proper Boundaries* course. Dr. Spickard and Mr. Swiggart have over ten years of experience in educating physicians and are considered experts in these areas. For printed copies of *Hazardous Affairs*<sup>®</sup> materials, please contact the CPH or download materials free at our web site.



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Hazardous Affairs®

## Introduction:

Welcome to **Hazardous Affairs**®! This self-study course could save your career in medicine! We developed this training program to help physicians understand the rules, regulations, and consequences regarding professional boundaries in medicine. In 2002, Swiggart et al. described the increasing prevalence of sexual misconduct over a three-year period and estimated that between 3 -10% of U.S. physicians struggled with boundary issues across medical specialties. This should be considered a key issue for medical educators.<sup>(1)</sup> Physicians may struggle with understanding the rules and risk factors for sexual misconduct. Many physicians have stated, “I just didn’t know the rules.” “I didn’t understand the consequences.” The Center for Professional Health has been training, educating, and remediating physicians with boundary violations for over ten years. It is with the knowledge gained from this experience with >700 physician participants from 40 states, Canada and Europe that we created this educational module. This self-instruction or group learning activity was designed to help medical students, trainees and practicing physicians understand the rules and risk factors associated with crossing sexual boundaries and how to prevent sexual misconduct.

### Learning Goals:

The goals of the **Hazardous Affairs**® **Learning Module** are to: 1) instruct participants on the general definitions, rules and guidelines around professional conduct regarding professional boundaries and sexual misconduct in the medical profession; 2) make physicians aware of their own vulnerabilities, 3) help physicians understand how to prevent crossing sexual boundaries, and 4) stimulate reflection on current and future professional practice behaviors.

### Learning Objectives:

By the end of the self-learning module, participants will be able to:

- 1) List the two levels of sexual misconduct.
- 2) Define sexual harassment.
- 3) Compare and contrast examples of the two levels of sexual misconduct as defined by the Federation of State Medical Boards (FSMB).
- 4) Identify three main risky behaviors for sexual misconduct based on various issues like self-wellness, stress, social behaviors, and medical cultures.
- 5) Identify five behaviors on the *slippery slope*.
- 6) Identify three preventive measures to avoid sexual misconduct.
- 7) Practice simple phrases to help define professional boundaries with patients.
- 8) Describe professional obligations for reporting sexual misconduct.
- 9) Develop an individual action plan to set proper boundaries in your office environment.

## How to Use This Workbook:

This program was designed for easy use. The content expands on the information provided in the DVD and we encourage you to make notes in the side column as needed, take part in the reflection activities and complete the *Test Your Knowledge* items. The workbook and DVD should be used together. The learning activity can take two formats: individual or small/large group learning. To complete this module you will need the following materials:

- *Hazardous Affairs*® DVD
- *Hazardous Affairs*® Workbook
- Computer with internet access and a DVD player (RealPlayer®; Windows Media Player®; or other compatible DVD program)
- Pen or pencil


### 1. Step One – Select the learning format: Individual Use vs. Group Discussion

**Individual Use** – As an individual learner, you may work through the DVD and workbook at your convenience and pause at any time for breaks. If completed continuously, the entire session should take about 45-60 minutes. To receive maximum benefit, we recommend viewing the DVD first and working through the workbook after so you can participate in the learning activities.

**Group Discussions** - This program can be used within a group setting. The lesson plan (found on our web page) will guide you in implementing the *Hazardous Affairs*® learning module for any size group of learners. The session is planned to take about 60 minutes. The full program may be purchased from the Center for Professional Health or you can download the printed class materials from the Center for Professional Health's web page. <http://www.mc.vanderbilt.edu/cph>

### 2. Step Two – Pre-Learning Assessments

It is important for you to understand your current level of knowledge and attitudes so you can improve both while completing the DVD and workbook. The workbook will also have several options to test your knowledge as you progress. In order to assess your current knowledge and attitudes about professional boundaries please complete the knowledge pre-test assessment. Please use the following link to register as our student to take the pre-test. <http://quizstar.4teachers.org/> Registration is free.

To begin, on the home page, select “**student site**” to register. Then continue registration by clicking on the yellow arrow  in the upper right hand corner to “**sign up.**” Enter your **name** (first, last) and create a **user name** and **password** that you can remember. You will need to confirm or retype your password then click register. Then scroll to the bottom of the page to click on the hyperlink: “**Click here to search for a new class.**” In classroom search, type in *Hazardous Affair* and click **key word search**: select the class and then click register. Once you receive the success notification, click on “**Classes**” at the top of the page then click on “**Untaken Quizzes**”. Now select **Hazardous Affairs Knowledge Pre-Test** and click on the “**Take Quiz**”. You will receive feedback on your total score and the items you missed.

This is a secured learning site and no personal information is needed to register except your name.)

### 3. Step Three – Watch, Learn and Practice

All of the key information from the DVD is included in the workbook. The workbook also contains writing exercises, knowledge questions, and reflection activities to assist in your learning. The accompanying DVD provides a visual picture to help reinforce information while demonstrating sexual misconduct cases. Take notes or make comments in the margins as needed. The DVD and workbook should be used together to optimize learning.

### 4. Step Four – Complete the Action Plan

As part of your learning experience, we suggest you complete the action plan in the workbook. This individual action plan (IAP) helps you identify what you learned and what if any behaviors you will change as a result of completing this self-learning module. Remember, you are more likely to make changes if you write them down.

### 5. Step Five – Post-Learning Assessments

After completing the self-learning module, please complete the post-learning assessments. We are sure you will see some improvement and this will provide you with positive feedback on your success. Re-enter the classroom at <http://quizstar.4teachers.org/> to complete post-test assessment.

### 6. Step Six – Evaluate the Program

Help us to improve our product. Please complete an evaluation of the program using one of two available methods: 1) complete the web-based evaluation form at the link below, or 2) complete and mail the printed evaluation form in the back of the workbook. Please feel free to contact us if you need assistance with any of these learning materials. We appreciate your comments and look forward to your help in improving the learning module. <https://www.surveymonkey.com/s/HazardousAffairs-CourseEvaluationForm-2010>

### 7. Step Seven – Practice Medicine Safely

After participating in this self-learning module, we believe you will be better prepared to practice medicine safely and avoid *slippery slope* behaviors that may lead to a charge of sexual misconduct.

**DVD Chapters:** The Hazardous Affairs<sup>®</sup> DVD consists of the following chapters that you may use if you wish to restart the DVD after pausing or taking a break. (Time: 30 min)

- ⇒ Chapter 1: Introduction and Overview
- ⇒ Chapter 2: Sexual Violations
- ⇒ Chapter 3: Sexual Harassment
- ⇒ Chapter 4: Doctor-Patient Boundaries
- ⇒ Chapter 5: Teacher-Learner Boundaries



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## Evidence and Importance of Topic

### Background:

Most physicians attending the ***Maintaining Proper Boundaries*** course at the Center for Professional Health in Nashville, TN are physicians who crossed a sexual boundary because, “[We] did not know the rules.” Maintaining a professional boundary has its challenges but should be something that all physicians, students and trainees are prepared for just as equally as they are prepared to complete a physical exam.<sup>(2)</sup> In Gabbard’s 1995 JAMA article, he describes areas that physicians should be aware of in maintaining professional boundaries with patients. These include dual relationships, gifts and services, language, time and duration of appointments, self-disclosure, the physical examination and chaperones, and general physical contact (shaking hands vs. hugging patients). We suggest you read this article as a supplement to this learning module.<sup>(2)</sup>

While the current prevalence rate of sexual boundary violations is unclear, we do know that from 2004 to 2008, more than 600 physicians were sanctioned by their state medical board for sexual misconduct.<sup>(3)</sup> While 600 seems like a small number relative to the total number of physicians, the question remains, why are there any physicians crossing sexual boundaries? There must be more to it than just knowing or not knowing the rules. The literature supports that there are different patient and physician characteristics that contribute to how boundaries are defined and/or crossed.<sup>(4,5)</sup> Faber et al. also noted that transgressions are more likely to occur when the physician-patient relationship or the rules of boundaries are not well defined or poorly understood.<sup>(4)</sup> Therefore, we believe there are a number of issues that can lead even the best physician down the *slippery slope*. It is best to be prepared and think about how to protect oneself rather than learn from a bad experience. Thus, prevention is key!

The doctor-patient relationship is considered sacred in our society and crossing a boundary violates the trust of both the individual and society as a whole. Even when relationships develop out of attraction and love without any ill intent as the motive, **the physician will always be held responsible**, making a sexual boundary crossing a potentially career ending event. In most cases, patients initiate the boundary crossing. In one survey, up to 63% of general internal medicine physicians who experienced a patient initiated crossing DID NOT address the boundary violation with the patient when it occurred.<sup>(4)</sup> Thus, the physician failed to reinforce the rules of proper boundaries and professional conduct within the doctor-patient relationship. In the more egregious cases, the physician initiates or crosses the boundary, sometimes violating patients and seriously compromising patient safety.<sup>(2,6,7,8,9,10)</sup> These rare events often make headlines and can damage the reputation and trust for those in health care. Medical boards, physician health programs, chairs of departments, lawyers, colleagues, employees, patients, etc. can file a complaint and refer physicians to their licensing boards for sexual or professionalism misconduct. While patients may sometime be emotionally

unable to file a complaint for various reasons, colleagues and peers should report such behaviors; but often do not.<sup>(6)</sup> A study by Campbell et al surveyed over 1,600 physicians from seven different specialties. They found that up to 96% of physicians felt we should report “impaired or incompetent” physicians but also found that less than 55% of physicians experiencing impaired colleagues actually reported their behaviors to a relevant authority.<sup>(11)</sup> Thus physicians are reluctant to inform superiors or others of their colleagues’ unprofessional behaviors and they fail to define boundaries within their work environment. The AMA Code of Ethics states:

*“Physicians have an ethical obligation to report impaired, incompetent, and/or unethical colleagues in accordance with the legal requirements in each state...”*

~Opinion 9.031 - Reporting Impaired, Incompetent, or Unethical Colleagues  
<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9031.shtml><sup>(12)</sup>

This evidence suggests we need more educational initiatives and training in this area in order to help students, trainees, physicians, and others in the health care arena be better prepared and knowledgeable about maintaining professional boundaries. It also reminds us of our ethical duty to report unprofessional conduct.

**Reflection Exercise:**

Have you read any of the AMA Code of Ethic Sections related to sexual conduct and maintaining proper boundaries in medicine?

Were you aware of your responsibility of reporting unethical sexual conduct to the medical board?

Are you at risk for crossing a sexual boundary? How would you know?

**Self-Assessment Boundary Violations Index (BVI)<sup>®</sup>:**

The Boundary Violation Index (BVI)<sup>®</sup> is a screening tool validated by Swiggart et al. to help physicians identify if they are at risk for crossing sexual boundaries with patients and colleagues.<sup>(13)</sup> This tool was adopted from the original Exploitation Index by Epstein. Take a moment to complete the BVI<sup>®</sup> to assess your risk of crossing a sexual boundary.



## Boundary Violations Index©

Use the following scale: N = never (0 points); R = rarely (1 point); S = sometimes (2 points); O = often (3 points). Write the point value in the column for each item you selected and total according to the directions below.

	N/0	R/1	S/2	O/3
I have told patients personal things about myself in order to impress them.				
I have accepted social invitations from particular patients outside of scheduled clinic visits.				
I have used language other than clinical language to discuss my patient's physical appearance or behaviors I may consider seductive.				
I have found myself comparing the gratifying qualities I observe in a patient with the less gratifying qualities in my significant other.				
I have thought that my patient's problem would be helped if he/she had a romantic involvement with me.				
I have found myself trying to influence other employees in my workplace over whom I have supervisory influence, to support political causes, or positions in which I have personal interest.				
I have felt a sense of excitement or longing when I think of a patient or anticipate his/her visit.				
I have found myself talking about my personal life or problems with a patient and expected sympathy.				
When a patient has acted in a manner I consider seductive, I have experienced this as a gratifying sign of my own sex appeal.				
I have engaged in a personal relationship with a patient either while I was treating him/her, or after treatment was terminated.				
I think about what it would be like to be sexually involved with a patient.				
I have initiated or engaged in a personal relationship with an employee that I supervise.				
I take great pride in the fact that such an attractive, wealthy, powerful, or important patient is seeking my help.				
I have found myself talking about my personal life or problems with patients.				
I have resisted or refused consultation with appropriate professionals, when others have told me I have problems that cause difficulty in my work or personal relationships.				
I have initiated or engaged in a personal relationship with a person over whom I have power, authority, or decision-making ability.				
I have asked one or more patients to do personal favors for me.				
I have found myself trying to influence my patients to support causes, business deals, or positions in which I have personal interest.				
I have initiated business deals with patients.				
I have solicited gifts, bequests, or favors from patients for personal benefit or to benefit a business with which I am or plan to be involved.				
I have recommended treatment procedures or referrals that I did not believe to be necessarily in my patient's best interests.				
I have found my self-fantasizing or daydreaming about a patient.				
I have made exceptions for patients, e.g., scheduling, benefits, and/or fees, because I found the patient attractive, appealing or impressive.				
I have made exceptions for some patients because I was afraid he/she will otherwise become extremely angry or self-destructive.				
I have sought social contact with patients outside of scheduled clinic visits.				
Totals:				
	Sum Total:			

### Scoring instructions:

After completing the survey, use the scale below to calculate your score. Add the totals based on the following scale:

- N = never (0 points)
- R = rarely (1 point)
- S = sometimes (2 points)
- O = often (3 points)

Then total the score for each column. The cut-off for the Boundary Violation Index<sup>©</sup> is 6. In general, a score  $\geq 6$  signifies you may be at risk for crossing a sexual boundary.<sup>(13)</sup>

#### Reflection Exercise:

Reflect on any items you selected as “*sometimes*” or “*often*” and determine if there is room for change.

Document these on your Individual Action Plan



***“Nobody ever did, or ever will, escape the consequences of his choices.”*** - Alfred A. Montapert



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## Professionalism & Professional Behaviors

### Overview:

The professionalism “bar” or the expected level of professional conduct in medicine is set very high. There are old and new documents that emphasize our roles as physicians and our professional conduct in the care of our patients. While several definitions of professionalism exist, most agree that professionalism is based on competence, communication skills, ethical and legal understanding, humanism, altruism, excellence and accountability.

## Resources on Professionalism:

Links to each of the sources listed below are found in the reference and resource section of the workbook and on our web page. <http://www.mc.vanderbilt.edu/cph> You should be familiar with these and any specific guidelines for your specialty area.

- Hippocratic Oath <sup>(15)</sup>
- American Medical Association (AMA) Code of Ethics <sup>(12)</sup>
- American College of Physicians Ethics Manual <sup>(31)</sup>
- Medical Professionalism in the New Millennium: A Physician Charter <sup>(32)</sup>
- Federation of State Medical Boards (FSMB) <sup>(30)</sup>
- U.S. Equal Employment Opportunity Commission (EEOC) <sup>(16)</sup>

### Test Your Knowledge:

Chose the best answer for the following scenario:

A patient you have not seen in over two years invites you to a social function and you feel some attraction to this person. Which of the following statements are true?

- a) Unless you have formally discharged this patient from your practice he or she is still a patient
- b) "Once a patient always a patient" applies to all physicians and all of their patients
- c) You are free to date this patient
- d) All of the above
- e) None of the above
- f) I don't know

**Answer:** The following are quotes from the AMA Code of Ethics that addresses this issue.

### Regarding Current Patients:

*"If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician's ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient."*

### Regarding Past Patients:

*"Sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship."*

~Opinion 8.14 – Sexual Misconduct in the Practice of Medicine - AMA Code of Ethics - <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion814.shtml><sup>(14)</sup>

These statements make it very clear that it is not ethical for a physician to enter a romantic or sexual relationship with a patient and if they plan to do so, they **MUST**

formally terminate the doctor-patient relationship first and they **MUST NOT** use information about a patient to gain trust or power over them in the relationship; doing so would make this unethical behavior.<sup>(6)</sup> Psychiatrists should never enter a dual-relationship with a patient. Thus in the scenario above, because the doctor did not formerly discharge the patient from his/her care, they are still considered a patient. The doctor should not engage in a dating or romantic relationship with this patient.



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## Sexual Misconduct

### Overview:

Practicing medicine can be hazardous to one's health! The career choice sometimes lends itself to a high level of stress. Being a physician is NOT always an easy job. Physicians are human and being human means we are all subject to the career pressures and stress that comes along with the career choice. Personal life stressors can also play a role in how we conduct ourselves in our professional environment. Sometimes physicians go through work or personal situations that make them prone to loneliness, anxiety, stress, depression, and/or burnout. These periods of stress or burnout can lead to lapses in professionalism. Doctors can get into trouble for reasons that have nothing to do with their knowledge or competency as a physician in their medical specialty. In fact, their behaviors can put their careers at risk!

**Accountability:** Poor choices in professional behaviors cause harm to self and others, and can result in the loss of family, licenses, and careers. Rules exist and physicians need to know the rules. Pleading ignorance will not save your license or career. **The physician is always held responsible in situations related to sexual misconduct.** As a physician, you are responsible for your behaviors.

### Reflection Exercise:

Do you know the rules for professional conduct related to sexual boundaries and how to avoid sexual misconduct?

Are you familiar with the AMA Code of Ethics regarding sexual misconduct?

Can you list the types of sexual misconduct and provide an accurate definition for each?

If you answered "no" to any of these items above then this course is for you! The goal of this course is to help you know the rules and protect you from making mistakes that can cost you everything!

**The Perfect Storm:** The perfect storm is created when a vulnerable patient encounters a physician who may also have hidden or unrecognized risk factors. This combination can create a situation in which the patient and the physician begin to lose sight of the doctor-patient relationship. This situation may result in a lapse of professional behavior and crossing professional boundaries. Patients may perceive your caring and support as a romantic or sexual invitation. Just as physicians have times of vulnerability, so do patients. During these times of vulnerability, patients may turn to the physician as a source of comfort, caring and someone to talk to. They can develop a dependency or emotional feelings toward you without intentionally trying to harm you or them. **However, what you must remember is, the physician will always be held accountable – even if the patient initiates the relationship!**



***“One brief encounter in a hotel room cost me my family, my job, and my medical license.”***

~ CPH physician course participant

**Reflection Exercise:**

What do you think about the statement above?

Would a relationship be acceptable if both were consenting adults?

Imagine the stress and aftermath of losing your license and a career you worked so hard to achieve all because of sexual misconduct!

***“There are no consensual sexual relationships with patients, employees or students [trainees].”***

~Anderson Spickard, Jr., M.D.

There are **no consensual sexual relationships** with patients, employees, or learners – EVER! In general, anyone “whose destiny is in your hands” – including students, residents, or fellows in training - cannot consent to a sexual relationship with a physician!

**The Power Differential:** Any situation in which there is an obvious hierarchy of power, (e.g. doctor-patient; nurse-student; doctor-nurse; doctor-technician; or teacher-learner [where the learner is a trainee or student]) results in a *power differential*. Hierarchy or a *power differential* makes a sexual relationship with a patient unethical and wrong in any situation. A patient cannot give informed consent due to the power differential. Agreement is **NOT** an excuse for having a sexual relationship with someone with whom you have power over. **The rules apply in ALL situations unless the patient has been formally discharged from your practice/care!**



### Hippocratic Oath:

*“Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all...mischief and in particular of sexual relations with both female and male persons.”<sup>(15)</sup>*

## Definitions, Rules and Consequences:

Many of our course participants say they did not know the rules or the consequences of breaking these rules. We want you to be well informed on the definitions, rules, and guidelines regarding possible consequences of crossing a sexual boundary. This section covers sexual misconduct and harassment.

### Test Your Knowledge:

Examination or touching of genital mucosal areas without the use of gloves is an example of:

- a) Sexual violation
- b) Sexual impropriety
- c) Sexual harassment
- d) Sexual risky behavior
- e) I don't know

A physician is laughing with his/her staff and commenting about “dumb blondes.” A blonde patient overhears their joking. The patient files a complaint. This is an example of:

- a) Sexual violation
- b) Sexual impropriety
- c) Sexual harassment
- d) Sexual risky behavior
- e) Poor judgment
- f) I don't know

## Answers

These questions address the topic of sexual misconduct and sexual harassment. In the first question, this is an example of sexual impropriety. Based on the Federation of State Medical Boards, sexual impropriety involves contact of sexualized body parts. The second is an example of poor judgment, but more importantly, it is harassment and could result in an investigation into the physician's office practices.

## Sexual Misconduct:

In 1996, the **Federation of State Medical Boards (FSMB)** defined the levels of sexual misconduct (below). There are two (2) levels of sexual misconduct. Each has serious consequences associated with them. Individual states have different laws governing sexual misconduct so you should also check with your state medical board. Physicians may lose their license to practice medicine and their jobs if they cross these boundaries. Criminal charges may also ensue and could result in imprisonment. The two levels of sexual boundary violations are:

1. **Sexual Impropriety**
2. **Sexual Violations**

**Level 1: Sexual Impropriety** – behaviors, gestures or expressions that are seductive, reflecting a lack of respect for the patient’s privacy. This may result in loss of reputation, job and license.

- ❑ Disrobing or draping practices that reflect a lack of respect for the patient’s privacy
- ❑ Deliberately watching a patient dress or undress without providing privacy
- ❑ Subjecting a patient to an intimate exam without consenting the patient – must have additional consent if others will be observing the exam – such as students. You must have explicit consent to have students present during the exam.
- ❑ Not using gloves to examine genitals
- ❑ Using your physician-patient relationship to solicit a date
- ❑ Initiation by the physician of conversation regarding sexual problems, preferences or fantasies of the physician that is not in the purview of the medical condition
- ❑ Inappropriate comments about or to the patient including:
  - Making sexual comments about a patient’s body or underclothing
  - Making sexualized or sexually demeaning comments
  - Criticizing the patient’s sexual orientation whether homosexual, heterosexual or bisexual
  - Making comments about sexual performance unless that is why the patient is there

**Level 2: Sexual Violations** – more serious offences – results in loss of reputation, license, practice, and may result in criminal charges. Physician-patient sex, whether initiated by the physician or the patient, is a sexual violation. Any conduct that is sexual or may be interpreted as sexual including:

- ❑ Kissing in a romantic or sexual manner
- ❑ Sexual intercourse: genital-genital contact; oral-genital contact; oral-anal contact; genital-anal contact
- ❑ Touching of the breast, genitals, or any sexualized part for any other purposes than appropriate examination or treatment, or where the patient has refused or withdrawn consent
- ❑ Encouraging the patient to masturbate in your presence or if the physician masturbates while the patient is present
- ❑ Offering practice related services, such as drugs or care in exchange for sexual favors



### Reflection Exercise:

What did you learn about the definitions of sexual misconduct that you DID NOT know before?

List the two levels of sexual boundary violations.

Describe the meaning of the “power differential.”

## Sexual Harassment:

Sexual harassment as defined by the **U.S. Equal Employment Opportunity Commission (EEOC)** is defined below. Sexual harassment involves both a victim and a harasser. The victim and the harasser can be of opposite gender (male to female or vice versa) or they can both be of the same gender (male to male or female to female).



*“It is unlawful to harass a person (an applicant or employee) because of that person’s sex.*

*Harassment can include “sexual harassment” or unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical harassment of a sexual nature.*

*Harassment does not have to be of a sexual nature.”*

*~EEOC Web Page<sup>(16)</sup>*

Harassment can also be based on offensive remarks about a person’s gender or sexual orientation.

- For example, harassing a woman by making crude or offensive comments about women in general would be considered harassment.

Based on the U.S. Equal Employment Opportunity Commission (EEOC), sexual harassment is discrimination that is covered under title VII of the Civil Rights Act of 1964 and applies to those employers with “15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government.” Quote obtained from the EEOC web page, January 2010, found at: <http://www.eeoc.gov/eeoc/publications/fs-sex.cfm><sup>(16)</sup>

The harasser could be an employee (supervisor, boss, or colleague) or someone not even employed at the location. Patients and other visitors to your office can also harass employees and create a **hostile work environment**.

**Hostile Work Environment:** The law does not prohibit simple teasing, off handed comments, or isolated incidents that are not very serious; harassment is illegal when it is so frequent or severe that it creates a *hostile or offensive work environment*; or when



it results in an adverse employment decision (such as the victim being fired or demoted). The key component is **Hostile Work Environment**.



**DVD Observation:**  
Operating Room Banter

What behaviors did the doctor portray that resulted in the accusation of sexual harassment?

How did his behavior create a hostile work environment?

What action would you take if you were his superior/supervisor/department head?

In most situations, the physician is the role model and sets the tone for the entire practice. Some teams have special close relationships but they should be kept professional at all times. Excellent knowledge and technical skill does not excuse inappropriate behavior and no amount of stress, tension, or blowing off steam is an excuse for crossing a sexual boundary. Behaviors can shape and change your reputation so be aware of the impact of your behavior on others. Be professional in all work situations and don't put yourself at risk. (See examples on page 26 under Practice Management Tips for common phrases on how to handle a harasser.)

**Consequences:** The consequences for crossing sexual boundaries in the practice of medicine can result in suspension or loss of your medical license, your job and relationships. Overall, the state medical board exists to help protect patients and the public at large. It is their duty to investigate any complaints of sexual misconduct. An investigation will ensue in order to substantiate the complaint and then collect sufficient information around the complaint. If there is evidence to support the complaint, the board can exercise its authority to act appropriately to protect the individual and the greater public. To learn more on the process of investigations and the guidelines for state medical boards, go to the Federation of State Medical Boards web page at: <http://www.fsmb.org/> to read, "*Addressing Sexual Boundaries: Guidelines for State Medical Boards.*"



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## Preventing Sexual Misconduct

### Overview & Risk Factors:

This is where the saying, “***an ounce of prevention is worth a pound of cure***” may be relevant. Why wait until you get into trouble? Look for your own risk factors and clues from patients that if identified early could help prevent sexual misconduct. You need to know what to think about and what to look for in order to prevent a lapse in professionalism. Protect yourself and your practice. Be aware of the rules and the consequences so you can prevent them and implement measures to take care of yourself and your practice. Remember, the physician is always held responsible. Make sure your entire office/practice environment is appropriate and professional.

#### Test Your Knowledge:

Risk factors that may predispose you to sexual misconduct issues include which of the following:

- a) Poor self care
- b) Poor office practices
- c) Burnout
- d) Lack of sleep
- e) All of the above
- f) None of the above
- g) I don't know

**Answer:** All of these may cause even a strong physician to have a professionalism lapse. Each is important and should be addressed. Make taking care of yourself your first priority!

**Risk Factors for Crossing Sexual Boundaries:** Three (3) common risk factors may lead to *slippery slope* behaviors. These include stress and burnout, poor self-care, and inappropriate office culture.



1. **Stress and Burnout:** As care givers we are under stress. Stress may contribute to and/or make you more prone to boundary crossings. Recognize when you are under stress and take measures to help manage it. Try regular sleep, exercise, engage in spiritual activities and keep connected to family and friends. Lack of control over hours, schedule, practice and patient workload, etc. may lead to burnout. By definition, **burnout** is *exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.*

~ Webster's Dictionary <sup>(17)</sup>

*“Burnout...It represents an erosion in values, dignity, spirit, and will – an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover.”*

~Christina Maslach<sup>(18)</sup>

**Burnout results from six main areas:** 1) work overload, 2) lack of control, 3) insufficient rewards, 4) breakdown of community, 5) absences of fairness, and 6) conflicting values. Day to day this means: reduced control, over-involvement, lack of rewards/recognition, doubt, guilt, narcissism, lack of resources, no sense of community, unfair treatment, and mismatched values. **Burnout can result in:** emotional exhaustion; isolation; impaired productivity; avoidance; feelings of cynicism; interpersonal conflicts; and high turnover. The risk factors for burnout are listed in Table 1 below.

Table 1: Risk Factors for Burnout	
Single	Fatigue & sleep deprivation
Gender (females over males)	General dissatisfaction
Sexual orientation (homosexual)	Alcohol and drug use
Increased number of children at home	Minority/international physicians
Family problems	Multitasking (teaching, research, administrative and other duties)
Mid-late career	Potential litigation
Previous mental health issues (depression)	

(19,20,21)

2. **Poor Self-Care:** Doctors don't always take care of themselves as well as they could or should and some neglect their needs for regular sleep, exercise, eating well, healthy relationships, and interests (hobbies) outside of work. The lack of these behaviors may make you vulnerable. You may unknowingly be setting yourself up for a fall. Self-care is an integral part of professional health and wellness and is key in prevention of professionalism lapses. Care for yourself first so you can care for your patients better!

*“The medical academy’s primary ethical imperative may be to care for others, but this imperative is meaningless if it is divorced from the imperative to care for oneself. How can we hope to care for others, after all, if we ourselves are crippled by ill health, burnout or resentment? ...medical academics must turn to an ethics that not only encourages, but even demands care of self.”*

~Cole, Goodrich & Gritz. “Faculty Health in Academic Medicine: Physicians, Scientists and the Pressures of Success.” Humana Press 2009; pg 7.<sup>(22)</sup>

- 3. Inappropriate Office Culture and Lack of Knowledge:** Establish clear rules and guidelines for your office and insist that everyone follow these guidelines. Arrange office meetings to discuss professionalism and establish guidelines; make it a collaborative effort and discuss the rules of professional conduct. Having buy-in from all office personnel will help ensure a safe and professional work environment.

**Reflection Exercise:**

How many risk factors do you have?

How could you improve your self-care?

How could you improve your office culture to promote maintaining proper boundaries?

**The Slippery Slope:**

Most physicians get into trouble one-step at a time. Learn the behaviors that are risky and that could lead you down the wrong path. (We call this the *slippery slope*.) This *slippery slope* begins with mild behaviors or boundary crossings that are not violations but if allowed to progress, you can find yourself on a very steep and fast downhill track to sexual misconduct or violation.

**Test Your Knowledge:**

Ms K has been a patient for about two years and you have seen her four times. She is very pleasant and always hugs you when she is ready to leave. While sitting on the exam table, she reaches across to straighten your tie and smiles while she states, “*If you weren’t my doctor I would ask you on a date.*” This is an example of what type of behavior?

- a) Avoidance
- b) Gesturing
- c) Grooming
- d) Flirting
- e) Personal favoritism
- f) I don’t know

**Answer:**

In this scenario, Ms K feels comfortable enough to reach into your personal space and adjust your tie. She is “grooming” you. She then states her interest in moving the relationship past the doctor-patient relationship. She is opening a door just waiting for you to walk through it. This is clearly an indication that she has crossed a professional boundary. Physicians need to recognize the behaviors that patients may demonstrate when they have advanced their emotional attachment to you. How you handle Ms K at this point is critical to setting your professional boundary and maintaining it. You don’t have to be rude but you should be clear, specific and firm in stating your office’s regulations on professional boundaries. (See Practice Management Tips on page 26 for examples.)



**DVD Observation:**  
Doctor-Patient Relationships

What type of misconduct occurred?

How did the doctor set himself up for this sexual boundary crossing?

**Slippery Slope Behaviors**



**Warning: Slippery Slope Behaviors**

Adapted from-Swiggart, W. - Maintaining Proper Boundaries-CPH Course 2008

Figure 1: The *Slippery Slope*

Most of these “*slippery slope*” behaviors are self-explanatory. You set yourself up to fail if you allow any bending of the rules or mild boundary crossings. Set your own office policies regarding professional boundaries and stick with them!

**Guidelines for Staying off the *Slippery Slope*:** Knowing the guidelines for preventing *slippery slope* behaviors as well as knowing the rules and regulations will help prevent sexual misconduct. You should try to keep those rules/regulations and guidelines visible in your office where colleagues, employees, patients and visitors can view them. Place a copy of the AMA Code of Ethics or another professional policy in your office near the check-in desk so that all patients also know of your efforts to maintain a professional environment. (See an example of a general office policy sign on our web page.) You should recognize the “*Slippery Slope Behaviors*” so you can avoid them.

1. DO NOT offer late appointments or appointments outside of your regular office space.
2. DO NOT accept personal gifts from patients; inexpensive general office gifts are acceptable.
3. DO NOT attend social engagements with a patient – NO dates! Seeing a patient at a social gathering is ok. Be professional.
4. DO NOT accept special office favors or enter business deals with patients.
5. DO NOT encourage or tolerate any flirting or inappropriate joking that could offend or light the spark for a potential relationship with a patient.
6. DO be aware of your own level of stress and vulnerability. If you are tired, fatigued, lonely or needy, you are vulnerable and your patients may see an opportunity or you may not be at your best to recognize or avoid their advances.
7. DO build in office rules as a professional culture and expectation.
8. DO set policies and standards for professional office practice. Display the AMA Code of Ethics in your front office and check-in area.
9. AVOID excessive self-disclosure. Be friendly but stay professional.
10. AVOID asking inappropriate questions or jokes about a patient’s sex life that are sexually oriented or may be perceived as sexual.
11. ALWAYS ask for consent for intimate examinations of private body parts.
12. ALWAYS allow patients to dress and undress in private.
13. ALWAYS have a chaperone present for genital exams – even if you are a female doing a male prostate exam!
14. BOTTOM LINE – stay off the *slippery slope*!



***“I am your doctor. You are my patient and there are boundaries we just cannot cross.”***

~Anderson Spickard, Jr., M.D.

## Protective Factors:

These behaviors may help you avoid *slippery slope* behaviors and boundary violations.

1. Stay strong – emotionally, mentally, spiritually and physically. Take proper care of yourself first!
2. Have appropriate colleague mentors. They can help you stay aware and help you avoid tricky situations.
3. Remember the *slippery slope* behaviors and recognize how either your behavior or a patient’s behavior can put you at risk.
4. Seek assistance if you are experiencing fatigue, stress, burnout, depression or other thoughts you cannot control like anger or homicidal or suicidal thoughts. Don’t let yourself become isolated. Don’t let your work consume your life. Get help!
5. Understand and manage stress and burnout.

Table 2: Protective Measures to Preventing Burnout	
<b>Personal:</b> <ul style="list-style-type: none"> <li>– Influence happiness through personal values and choices</li> <li>– Spend time with family &amp; friends</li> <li>– Engage in religious or spiritual activity</li> <li>– Maintain self-care (nutrition &amp; exercise)</li> <li>– Adapt a healthy philosophy/outlook</li> <li>– A supportive spouse or partner</li> </ul>	<b>Work:</b> <ul style="list-style-type: none"> <li>– Gain control over environment &amp; workload – negotiate as needed</li> <li>– Find meaning in work</li> <li>– Set limits and maintain balance</li> <li>– Have a mentor</li> <li>– Obtain adequate administrative support systems</li> <li>– Take vacations away from work</li> </ul>
(23)	

### Test Your Knowledge:

Dr. K was recently divorced within the past year. Dr. K feels down and is depressed. The nurses and some friends are encouraging Dr. K to start getting out and having more fun. One patient offers to take Dr. K to dinner and a movie. How should Dr. K handle this situation?

- a) Graciously accept and enjoy the evening
- b) Accept but state, “*Only this one time.*”
- c) Accept only if other friends come along
- d) Say he/she cannot decide right now because of a high level of stress
- e) Postpone declining until he/she starts counseling
- f) Decline but state, “*It would be nice but I have boundary rules preventing me from dating a patient.*”
- g) I don’t know

**Answer:** In this scenario, Dr. K most certainly SHOULD NOT accept this patient’s invitation and SHOULD restate the general rules regarding doctor-patient professional relationships. But what is another key issue in this case? Dr. K is vulnerable! Dr. K may not act in his/her own best interest because of his/her own vulnerability and possibly some impairment. No matter how it occurs, if you are vulnerable or affected mentally you may not be able to make the best decisions and you may need some help to avoid risk to yourself and your patients. This would be a good time to seek the help of the physicians’ wellness services at your institution or from your state’s physician health program. They offer confidential assistance and interventions or resources as needed. A professional office culture would help the staff understand their boundaries related to Dr. K’s personal life and avoid selecting patients as potential dates.



### DVD Observation: Teacher-Student Relationship

Identify 5 slippery slope behaviors in this scenario.

How does the power differential come into play in this scenario?

In this scenario, *slippery slope* behaviors include: Self-disclosure and talking about non-professional topics, going for coffee, flirting, grooming, and meeting for lunch and picnics outside of the regular classroom. Is the power differential in effect in this scenario? YES! Neither doctors nor teachers (recall those whose destiny is in your hands) can engage in sexual relationships with patients or students – ever! In the DVD scenario, this teacher entered into a sexual relationship with a student. Because of the hierarchy in this situation, students cannot give meaningful consent to sexual relationships with teachers – again this is due to the **power differential**. Teachers who have sexual relationships with their students will harm themselves and their students.



### Test Your Knowledge:

Dr. F is a resident in general surgery. Dr. F recently started dating a post-doctoral fellow in the biochemistry department at the same academic institution. The relationship turns serious and advances into a sexual relationship. Over the weekend, the fellow falls while playing tennis and has a large swollen left knee. Dr. F thinks it is not broken and instructs the fellow to apply ice and elevate it. Dr. F calls in a few days of hydrocodone/acetaminophen until the fellow can see her PCP. Which of the following statements are true?

- a) Dr. F prescribed narcotics properly by giving a limited amount.
- b) Dr. F prescribed narcotics properly to their significant other.
- c) Dr. F did not violate any narcotics prescribing boundaries.
- d) Dr. F prescribed narcotics to a patient.
- e) Dr. F is now having sex with a patient.
- f) All of the above
- g) None of the above
- h) I don't know

**Answer:** There are a few key points in this scenario. It involves a resident physician and his girlfriend who is a research fellow. This scenario prompts the following questions:

1. Can Dr. F date a fellow given that they work in the same medical school?
2. What does the rule say about this scenario?
3. Does the power differential exist in this case?
4. What did the surgeon do wrong in this scenario?

These two individuals are both trainees and in different departments. As long as the resident has **NO** role in evaluating the research fellow, they are ok to date. This doctor entered into a doctor-patient relationship when he prescribed medications for his partner. This is also a serious violation because it involved a scheduled medication – a narcotic. This physician could be reported for violating the doctor-patient relationship

and misprescribing narcotics – two violations! **Do not prescribe scheduled medications for family members, friends, colleagues or significant others – ever!** If you must do so because it is an emergency, you should contact their physician as soon as possible so they can place the appropriate documentation in the patients chart. Prescribing controlled substances without a proper history, physical exam, and documentation leaves you vulnerable to investigation by the medical board and/or the Drug Enforcement Agency (DEA).





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## Professional Obligations & Practice Management Tips

### Professional Obligations:

No one should have to work in a hostile environment or put up with unprofessional conduct. As professionals, we need to support our professional standards as well as our colleagues. If you observe or recognize lapses in professionalism, this should be reported to the superior in charge of your office, practice group, charge nurse, division leader/chair or other superior in your work environment. An early intervention may prevent them from going down the *slippery slope* and committing an act of sexual misconduct or harassment. Sometimes just making them aware of how their actions are viewed can be helpful. However, this is the responsibility of the superior in that immediate area unless you are close enough to discuss it with the individual themselves. Serious or egregious acts that can harm patients can be reported to the medical board. Use the resources at your institution, hospital, or state to help physicians who are at risk of going down that *slippery slope*. See the resource section for more information.



See the resource section for more information.

The **American Medical Association (AMA)** offers the following guidelines: “*You have an ethical obligation to report impaired, incompetent and/or unethical behaviors in accordance with the legal requirements in each state.*” Their guidelines will help you know where and to whom to report. See AMA web page.<sup>(24)</sup>

Some options of reporting unprofessional conduct include:

- a) Direct supervisors
- b) Human resources
- c) State medical boards

### Practice Management Tips:

**Prevention is the key!** Within your office setting you can do several things to set the appropriate professional tone:

- ❑ Provide sexual harassment training for everyone in your office setting.
- ❑ Federal statutes are very clear and should be made available in most workplaces.
- ❑ Post professional conduct documents in the office area and discuss professional behaviors during scheduled staff meetings.
- ❑ Make sure all new hires receive training for professional conduct in the office environment.
- ❑ Implement routine office practices: no late appointments, chaperones for all genital exams, no personal gifts, etc.

- Avoid sexual bantering and joking around while at work.
- Share this information with those in your entire work area.

It is never easy or predictable to know how we might respond in a situation that catches us off guard. Being prepared is our best defense. If you find yourself in an uncomfortable situation, here are some immediate actions you can take to help get you out of the situation safely.

**Seductive Patients:** If a patient is trying to flirt or seduce you during a clinic visit or at other times, or asks you on a date, try one of these suggestions:

- Take a step back – create space between you and the individual.
- Step out of the room and ask for assistance or a chaperone. Ask a nurse or, if needed, a security guard to accompany you.
- Tell the patient you cannot cross certain boundaries.
- Always use a chaperone for any sensitive or sexual parts of the exam.
- Reinforce your doctor-patient relationship as a professional relationship by restating it to the patient.
  - *“We need to keep focus on our doctor–patient relationship.”*
  - *“Our doctor-patient relationship prevents me from getting involved or dating patients.”*
  - *“It is my professional duty to provide you with health care. I must avoid personal/intimate relationships with patients.”*
  - *“Even through I appreciate your offer, I have an ethical obligation to maintain a professional relationship with my patients.”*
  - *“I like to keep my personal and professional life separate.”*

Saying “no” or rejecting a patient may be difficult, challenging, and even embarrassing. Some physicians will fear the “what if” syndrome – “What if I am wrong.” Will the patient be offended, leave the practice or retaliate in some way if their advance is rejected? While each is a valid question, remember the bottom line. The physician is held responsible. In the end, it may be better to lose a patient than to lose your license. Be professional in your choice of words but develop common phrases to use when you need them. Be sure to reinforce the doctor-patient relationship and the boundaries that exist.

**Personal Gifts from Patients:** When patients provide you with gifts, make sure their intent is not to influence their care and that their gift will not impact your care for them. Patients may give gifts appropriately to demonstrate their appreciation of your services but many may also give gifts in hope to gain control or favoritism with you; this is an example of **secondary gain**. We suggest avoiding expensive gifts (>\$25.00) or any gift given when it is associated with flirting/seduction or the expectation of favoritism in the future. Do show your appreciation but keep your boundaries clear. Do not engage in any business deals with patients. Choose a common saying or phrase so you are comfortable saying “no” to a patient and keep it simple. If you want to show appreciation for your patient’s appropriate gesture try this:

- ❑ *“Thank you but I cannot accept personal gifts.”*
  
- ❑ *“Thank you for the lovely gift. Due to our doctor-patient relationship, I cannot accept it as a personal gift but I am sure the office staff will appreciate it as an office gift.”*
  
- ❑ *“I appreciate the offer but I must keep our relationship professional.”*
  
- ❑ *“While I am sure your efforts are genuine, our doctor-patient relationship prevents me from being able to...*
  - *accept personal gifts.*
  - *accompany or meet patients at social gatherings.*
  - *develop any romantic relationships with my... [Fill in the blank with patients, students, learners, employees, etc.]”.*

**Practice:**

Select a phrase above to practice with or create your own – but make sure to write it down so you can remember it.

**Harassment:** What if you are the victim of sexual harassment? What might you say or do to help protect you from being harassed? While it may seem intimidating to confront the individual immediately, we encourage you to make the harasser aware of his/her behaviors and how you are affected by them. You should consider wording that allows the individual to be aware that their behaviors, advances, or comments are unwanted.

- ❑ *“Your comments are not welcomed and I am uncomfortable with your behavior. Please refrain from making these comments in my presence in the future.”*
  
- ❑ *“I consider that inappropriate behavior for the office environment. Please don’t do that again.”*
  
- ❑ *“I am sorry but that comment is too sexual for our work environment. Please refrain from such comments in the future.”*
  
- ❑ *“I believe such behavior can be described as sexual harassment. If this continues I will report this to my superior.”*

If a patient makes a sexual comment or harasses you, reinforce the following:

- *“That’s not appropriate content for this visit.”*
- *“I feel uncomfortable with your comments. I think we should get you rescheduled with another physician.”*

If you confront the individual about their behavior and they persist in their advances, you should then report their behaviors to your immediate supervisor and then go up the chain of command if the behavior continues. If initial comments are “bantering or jokingly stated”, provide the appropriate warning but then report recurrent behaviors. For any egregious behaviors, such as inappropriate touching, outrageous comments, or discussing detailed sexual activities, report this behavior immediately.

**Practice:**

Practice a phrase in case you need to confront a harasser. If you create your own, write it down.

## **Social Media and Professional Boundaries:**

Over the last decade, we have seen a tremendous growth in the use of the internet for medical purposes as well as personal use. Email, Facebook<sup>®</sup>, Twitter<sup>®</sup>, YouTube, Ning<sup>®</sup>, LinkedIn<sup>®</sup>, and blogs, etc. are commonly used in today’s society and many health professionals as well as patients are “connecting” on various social medias. Patients are well aware of the options and benefits of the World Wide Web and Web 2.0. Many patients Google™ their potential doctors and hospitals before selecting one to be their health service provider. Many patients tweet, post, or blog about good or bad experiences they have had in a medical setting or with a health professional. What you say or post in any social media venue may have a significant impact on how you or your practice environment is perceived professionally.

**Reflection Exercise:**

What would a patient learn about you if they searched your name on the internet?

Are your blogs and postings related to your work life or personal life and is there a clear distinction or boundary between the two?

What if a patient invites you to be a friend on Facebook<sup>®</sup>? Will you agree?

How do you respond to patients’ emails requesting medical assistance on your personal email account?

**Emails:** How will you set limits and define boundaries for patients who send you emails requesting test results, who want to discuss medical problems or request prescriptions or appointments? This is another boundary that must be clearly defined for you, your patients and your office staff. Below is an example of a standard email created to address this issue and foster the use of a secured patient communications program. *My Health at Vanderbilt* allows patients access to the clinical staff and portions of their medical record. One example of a response to a patient who sends you anything via a personal email may look something like this:

*As a general policy, I do not conduct medical business via email for the following reasons:*

- 1. Email is not a secure site and your medical information could be viewed by other people.*
- 2. I do not respond to emails promptly as I may be out of town or unavailable for hours to days at a time.*
- 3. Your email could be blocked and never received or deleted as an unrecognized sender.*

*Please note that we do have a program set up for this use called MyHealth at Vanderbilt or you may contact the clinic nurse directly via phone. Using the MyHealth program is preferred because:*

- 1. MyHealth is a secured site, your information is confidential and it becomes part of your medical record.*
- 2. The clinic staff has someone assigned to always check message baskets regardless if I am out of town or not.*
- 3. My nurse and clinic staff can handle certain issues promptly – such as calling in prescriptions, authorizing refills or scheduling appointments and referrals.*

*In general, I will never respond to a patient email sent via my non-clinic email. I will transfer this information into a MyHealth message and you will receive notice of its posting along with my response via the MyHealth program. Always use the clinic number ### - ### - ##### to call the clinic if you need to speak with me or my nurse immediately or send messages through MyHealth at Vanderbilt for non-urgent issues as these are generally answered within a 4-8 hour window. Thank you.*

If you do not have this type of program and you want to use emails in your practice, then you should set office policies with your staff to include what type of information can and cannot be sent or requested via emails, (ex: appointment scheduling only; no confidential patient health information), know who will monitor the emails, and how they will be addressed. This email should be a general office email and not your personal email (Ex: doctors.clinic@myofficeonly.com). It should also list the disclaimers for time and responses, and what is considered personal health information. It may be wise to seek legal counsel on this before using emails for any professional purposes regarding patient care.

**Social Media and the Doctor-Patient Relationship:** Again, this is a growing area of concern especially for professional boundaries. We suggest that your patients are not included in your personal on-line communications and that you not engage in any communication from a non-secured email or on-line service especially if any information is related to “*protected health information.*”

There are several options for social media and it is basically a word of mouth product. Once you post something on Facebook© it is owned by Facebook© and can be accessed at anytime in the future. Thus the saying, *What happens in Vegas stays in Vegas* is now *What happens in Vegas stays on Facebook©*. If you plan to use one of these sites, you should be familiar with the security policy and review them often as they may change. The term “*foreverism*” is real. Anything you post on any social media site

may come back to haunt you later. Your patient *Googles* you and finds a photo and blog posted by your buddies of you and a bunch of friends drinking at a party. Will this interfere with your reputation and obtaining new patients in your practice? How will it look professionally for your business or clinic? If you have not, you should *Google* yourself and find out what is already out there and if you need any damage control. Stated clearly by Chretien,

*“Having a so-called dual relationship with a patient - that is, a financial, social or professional relationship in addition to the therapeutic relationship – can lead to serious ethical issues and potentially impair professional judgment. We need professional boundaries to do our job.”* Chretien - USA today 2010.<sup>(25)</sup>

### **Professionalism of Residents/Trainees Using Social Media:**

Unfortunately, students and trainees frequently post content on social media forums that are considered unprofessional.<sup>(26)</sup> They are often unaware of how unprofessional conduct through social media can impact them as individuals as well as their institution’s reputation. Greysen et al. noted three reasons physicians and trainees have difficulty applying principles of professionalism to social media: 1) some information is considered *“unprofessional”* but does not violate professional policies, 2) many using social media experience a sense of *“disinhibition”* and a sense of *“anonymity”* - sharing things more personal than one would do in a professional work environment, and 3) underestimating the impact is far greater using social media than a face-to-face interaction.<sup>(27)</sup> MacDonald described common use of social media among professionals. Up to 63% did not use privacy settings thus making them vulnerable to anyone who would want to see and use their information.<sup>(28)</sup> Again, avoid discussing any confidential patient health information in a blog or posting; and don’t take photos of patients without written consent. Remember, your professional reputation is potentially at risk. Set definite boundaries regarding patients and your personal postings.

#### **Test Your Knowledge:**

Chose the best answer for the following scenario:

A patient emails you a message to your home email describing a new symptom that has been going on for three days and seems to be getting worse. It is Friday morning and you will be in clinic all day. You see the email on Saturday morning while you are checking your home emails and think this is straight forward but the patient may need antibiotics. You, however, are not on call for the group this weekend. Which is the next best course of action?

- a) Email the patient back and ask for an update.
- b) Email the patient with your presumed diagnosis and treatment plan.
- c) Forward the email to the doctor on call.
- d) Call in the antibiotic and email the patient to pick it up from the pharmacy.
- e) Call the patient to discuss the plan and provide education on how to call in for acute issues.
- f) Call the answering service and provide the patient’s information for the on-call doctor.

**Answer:** In this scenario, there are a few options that may seem reasonable but the best options is to call the patient and make sure you know how they have progressed so

you feel comfortable knowing you are treating them appropriately but you must also discuss with them the best method of contacting you through your office. You should provide reasoning and identify the correct path for the patient to take in the future.

**Policy on Social Media:** Social media can be a powerful marketing tool but make sure you understand it and use it to benefit your business/practice. Review your institution's policies on use of social media and professional and ethical implications. If you work for yourself in a private setting, set your own policies, based on what the usual hospital, clinic, or academic medical center might do or based on expert opinion. Vanderbilt has great information on using social media and you can find a helpful video on how to use social media appropriately in your office environment at <http://www.mc.vanderbilt.edu/root/vumc.php?site=socialmediatoolkit><sup>(29)</sup>

**Reflection Exercise:**

Think about all you have just learned. Did you learn something new?

Did you learn the rules?

Can you see ways to prevent unprofessional sexual misconducts?

If the answer is YES to any of these questions, then we have provided you with new knowledge and you have gained understanding on how to be prepared and prevent sexual boundary crossings. Continue to reflect on your current behaviors and the new material presented. Now take the next step to make your new knowledge a behavior. Complete the individual action plan in the appendix and place it somewhere in your office to serve as a reminder that you are prepared and ready to practice smart!



## **Summary:**

- ❑ Overall, this self-learning module provided the rules regarding professional behaviors for maintaining proper boundaries, avoiding sexual misconduct, and understanding how to handle sexual harassment.
- ❑ As a result of participating in this program, you should now have a better understanding of:
  - The definition of sexual misconduct, sexual harassment, the power differential, the perfect storm, and *slippery slope* behaviors
  - Risk factors for professional lapses
  - Slippery slope behaviors
  - Protective factors to help avoid lapses in professionalism and sexual misconduct.
- ❑ If you reviewed the whole module, you should have reflected on your current behaviors and risk factors as well as ways to prevent starting down the *slippery slope*.
- ❑ The DVD provided examples of sexual misconduct for you to reflect on and consider your own behaviors and office practices.
- ❑ In your practice activities, you identified ways to confront harassers and prepare yourself to respond to a sexual remark, gesture, or advance.
- ❑ We hope you will also think about your practice and select ways to maintain a professional environment.
- ❑ All you need to do now is complete your individual action plan then proceed to the post-test assessment.
- ❑ Please don't forget to complete an evaluation form to provide us with feedback on how this module helped you and how we can improve this learning experience.

***We want you to practice smart!***

***Thank you for participating.***



Hazardous Affairs®

## Appendix

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## Resources and Web Pages

- **Center for Professional Health** – Provides educational materials and courses to educate physicians and scientists about professional health and conduct. The center also provides CME courses for physicians in need of training regarding sexual boundary violations, proper prescribing, and distressed behaviors. <http://www.mc.vanderbilt.edu/cph> – Last accessed January 8, 2010.
- **American Medical Association (AMA) Code of Ethics** – You may find the full web document or purchase the book on the AMA web site at: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.shtml> - Last accessed September 21, 2010.
- **American College of Physicians (ACP) Code of Ethics** - Find ethics cases, the ethics manual, the ethics charter and more information on professionalism on the ACP ethics page. [http://www.acponline.org/running\\_practice/ethics/](http://www.acponline.org/running_practice/ethics/) Last accessed September 20, 2010.
- **Hippocratic Oath** – This version found on the National Library of Medicine of the National Institute of Health web page and was translated by Michael North, 2002. [http://www.nlm.nih.gov/hmd/greek/greek\\_oath.html](http://www.nlm.nih.gov/hmd/greek/greek_oath.html) Last accessed September 21, 2010.
- **The Federation of State Physician Health Programs, Inc. (FSPHP)** - This is a non-profit organization with the purpose of providing education for physicians collaborating with state physician health programs, and serving as advocates for physicians. <http://www.fsphp.org/> - Last accessed September 21, 2010.
- **Federation of State Medical Boards (FSMB)** – From their web page: “*The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the 70 medical boards of the United States and its territories. The FSMB’s mission is to continuously improve the quality, safety, and integrity of health care through developing and promoting high standards for physician licensure and practice.*” - <http://www.fsmb.org/> - Last accessed September 20, 2010  
[http://www.fsmb.org/grpol\\_policydocs.html](http://www.fsmb.org/grpol_policydocs.html) Click on 2006 and see PDF titled: “*Addressing Sexual Boundaries: Guidelines for State Medical Boards.*”  
[http://www.fsmb.org/pdf/GRPOL\\_Sexual%20Boundaries.pdf](http://www.fsmb.org/pdf/GRPOL_Sexual%20Boundaries.pdf)
- **US Equal Employment Opportunity Commission (EEOC)** – Find the guidance workbook that provides information on sexual harassment at: <http://www.eeoc.gov/laws/> - Last accessed September 20, 2010

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**W. Anderson Spickard, Jr., M.D.** – A mentor, friend, and colleague who long ago recognized that every physician is a human being first. He has helped spread the message and intervened on those in trouble. He helped to define those areas where physicians stumble with professionalism. His efforts led to the development of these and other learning materials to help provide students, trainees, and practicing physicians with the knowledge and ability to prevent making poor choices that lead to professional misconduct.

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## Individual Action Plan (IAP)

Date: \_\_\_\_\_

- I pledge to use this information in my practice of medicine in the care of myself and of my patients.
- I pledge to care for myself first so I may better care for others.
- BVI score: \_\_\_\_\_
- From the BVI assessment, list 1-2 areas you will work to improve upon.

Which if any changes might you implement to improve your own wellbeing?

(Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Sleep regular hours                | <input type="checkbox"/> Improve my diet                                      |
| <input type="checkbox"/> Exercise more                      | <input type="checkbox"/> Take vacations                                       |
| <input type="checkbox"/> Engage more with my family         | <input type="checkbox"/> Delegate more often                                  |
| <input type="checkbox"/> Pick up a hobby                    | <input type="checkbox"/> Control my work hours                                |
| <input type="checkbox"/> Enhance my spiritual life          | <input type="checkbox"/> Seek counseling if stressed, burned out or depressed |
| <input type="checkbox"/> Avoid substance use for relaxation | <input type="checkbox"/> Other: _____   |

What changes will you make to enhance your office policy as it relates to preventing sexual misconduct and sexual harassment?

- |   |   |
|---|---|
| <input type="checkbox"/> Display AMA Code of Ethics                   | <input type="checkbox"/> Avoid late appointments and special favors   |
| <input type="checkbox"/> Display EEOC sexual harassment rules         | <input type="checkbox"/> Address professional violations head-on  |
| <input type="checkbox"/> Display general office policy (see appendix) | <input type="checkbox"/> Report unprofessional behaviors including sexual misconduct to the appropriate officials |
| <input type="checkbox"/> Offer training for my staff                  | <input type="checkbox"/> Other: (fill in)   |
| <input type="checkbox"/> Support a culture of professional behaviors  |   |
| <input type="checkbox"/> Avoid the <i>slippery slope</i>              |   |
| <input type="checkbox"/> Establish rules for chaperones               |   |

List three (3) key things you learned that you do not want to forget.

Write your preferred statement/phrase to help reinforce maintaining appropriate boundaries in your office.

## Hazardous Affairs<sup>©</sup> – Course Evaluation Form

Mail completed form to: CPH, 1107 Oxford House, Nashville, TN 37232-4300 or fax to: 1-615-936-0676  
 On-line version available at: <https://www.surveymonkey.com/s/HazardousAffairsCourseEvaluationForm>  
 Thank you for your feedback!

**A. Overall Course Assessment/Comments:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. This was a very useful course.	SD	D	A	SA
2. This should be taught to all practicing physicians.	SD	D	A	SA

**Comments on how to improve the learning module:**

**B. Course Objectives:** Please select your response on how well this course prepared you on the following course objectives.

	Not Prepared			Fully Prepared	
	1	2	3	4	5
1. List the two levels of sexual misconduct.	1	2	3	4	5
2. Define sexual harassment.	1	2	3	4	5
3. Compare and contrast examples of the two levels of sexual misconduct as defined by the Federation of State Medical Boards (FSMB).	1	2	3	4	5
4. Identify three main risky behaviors for sexual misconduct based on various issues like self-wellness, stress, social behaviors, and medical cultures.	1	2	3	4	5
5. Identify five behaviors on the slippery slope.	1	2	3	4	5
6. Identify three preventive measures to avoid sexual misconduct.	1	2	3	4	5
7. Practice simple phrases to help define professional boundaries with patients.	1	2	3	4	5
8. Describe professional obligations for reporting sexual misconduct.	1	2	3	4	5
9. Develop an individual action plan to set proper boundaries in your office environment.	1	2	3	4	5

**C. Self-Assessment:** Self-rank your knowledge/behaviors prior to and after completing this course.

I self-rank my knowledge or abilities as...	Before					After				
	Novice	Expert			Novice	Expert				
1. My knowledge of the importance of maintaining sexual boundaries.	1	2	3	4	5	1	2	3	4	5
2. My knowledge of the definitions of sexual misconduct.	1	2	3	4	5	1	2	3	4	5
3. My understanding of the consequences of crossing sexual boundaries.	1	2	3	4	5	1	2	3	4	5
4. My ability to recognize sexual misconduct behaviors in my work environment.	1	2	3	4	5	1	2	3	4	5
5. My professional obligations to reporting sexual misconduct.	1	2	3	4	5	1	2	3	4	5

- D. **Intent to Change Behaviors:** Please select the option that most fits with your intent to change behaviors. SD = strongly disagree; D = disagree; A = agree; SA = strongly agree; NA=Not applicable

As a result of participating in this course, I plan to make the following behavior changes...	Strongly Disagree	Disagree	Agree	Strongly Agree	NA Already Doing
1. Post the AMA code of ethics in my office.	SD	D	A	SA	NA
2. Discuss with office personnel how we can all contribute to an appropriate professional office environment.	SD	D	A	SA	NA
3. Have a strategy for addressing seductive patients, learners, staff, and colleagues.	SD	D	A	SA	NA
4. Have a strategy for addressing individuals who may harass me.	SD	D	A	SA	NA
5. Allow patients privacy while dressing/undressing.	SD	D	A	SA	NA
6. Have a chaperone for all genital exams for both male and female patients (pelvic, breast, GU).	SD	D	A	SA	NA
7. Avoid excessive self-disclosure.	SD	D	A	SA	NA
8. Avoid discussions related to sexual habits/behaviors of patients, colleagues, staff, etc. that is not appropriate.	SD	D	A	SA	NA
9. Avoid personal, financial, or business deals with patients and work employees.	SD	D	A	SA	NA
10. Report unprofessional sexual comments/behaviors to my superiors.	SD	D	A	SA	NA
11. Improve my personal self-care. (stress management, exercise, sleep, etc.)	SD	D	A	SA	NA
12. Increase my effort in teaching others about this topic.	SD	D	A	SA	NA

- E. **Workbook & Video:** Please rate the content and formatting of the *Hazardous Affairs*® DVD, learning workbook, and other course materials. Thank You!

SD = strongly disagree; D = disagree; A = agree; SA = strongly agree; NA=Not applicable

	NA	DVD				Workbook			
1. Content was valuable.	NA	SD	D	A	SA	SD	D	A	SA
2. Examples were helpful.	NA	SD	D	A	SA	SD	D	A	SA
3. Reflection activities were helpful.	NA	SD	D	A	SA	SD	D	A	SA
4. Knowledge items were helpful.	NA	SD	D	A	SA	SD	D	A	SA
5. DVD was visually appealing.	NA	SD	D	A	SA	SD	D	A	SA
6. Workbook was easy to use.	NA	SD	D	A	SA	SD	D	A	SA

- F. **Feedback on Learning Materials:** Please provide feedback regarding the DVD, workbook and other materials.