Hazardous Affairs: Preventing Sexual Boundary Violations in Medicine

2-hr Workshop

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Introductions

- Facilitator
- Participants
Introduction

7 Questions:
(scale of 1-5: 1=none/not comfortable to 5=a lot/very comfortable)

1. Rank your general knowledge of sexual misconduct definitions.
2. Rank your knowledge of the consequences of crossing sexual boundaries in medicine.
3. Previous education in maintaining professional boundaries?
Introduction

4. How much of the AMA Code of Ethic Sections related to sexual conduct and maintaining proper boundaries in medicine have you read?

5. How comfortable do you feel dealing with someone who may be crossing your sexual boundary or harassing you?

6. Is it acceptable for a junior ER attending to date a resident in the program? (Yes or No)

7. How would you know if you are at risk for crossing a sexual boundary?
Pre-Test Assessment

• Complete the pretest assessment
• Select your first option for each item
• Time: 15 minutes
• Answers will be discussed and provided throughout discussion and/or at the end of the session
Goals

The goals of the *Hazardous Affairs Learning Module* are to provide participants with a general knowledge of the definitions, rules and guidelines around professional boundaries and sexual misconduct in the medical profession and to make physicians aware of their own vulnerabilities so they understand how to prevent crossing sexual boundaries.
Objectives

By the end of the session, participants will be able to:

1. List and define levels of sexual misconduct and sexual harassment.
2. Identify risky behaviors for crossing sexual boundaries based on issues of self-wellness and office practices.
3. Identify three preventive measures to avoid sexual misconduct.
4. Approach patients or others who cross their boundary and/or who try to harass them in role play scenarios.
5. Complete a BVI and an individual action plan.
Agenda

1. Introduction & definitions
2. Hazardous Affairs DVD
3. Small group activities: questions and discussion
4. Role plays
5. Action plans
6. Evaluation and Q&A
7. Summary
Ground Rules

• Confidentiality – all comments will remain confidential
• Respect each other’s opinions and comments
• Safe to ask questions and share stories
• Facilitator will keep on track
• Format is interactive – please participate as you feel comfortable
Risk for Boundary Violations

• Quickly answer the 25 items on the BVI
• Do individually
• Score BVI
• Place score on Individual Action Plan

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>N/0</th>
<th>R/1</th>
<th>S/2</th>
<th>O/3</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have told patients personal things about myself in order to impress them.</td>
<td></td>
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<td></td>
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<tr>
<td>I have accepted social invitations from particular patients outside of scheduled clinic visits.</td>
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<tr>
<td>I have used language other than clinical language to discuss my patient’s physical appearance or behaviors I may consider seductive.</td>
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Review of Definitions

• “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.”

Review of Definitions

• “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.”

Review of Definitions

- **The Power Differential**: Any situation with an obvious hierarchy of power results in a *power differential*. Hierarchy or a *power differential* makes a sexual relationship with a patient unethical and wrong in any situation.
  - (e.g.: doctor-patient; nurse-student; doctor-nurse; doctor-trainee, doctor-technician; or teacher-learner)
Review of Definitions

• **Level 1: Sexual Impropriety** – behaviors, gestures or expressions that are seductive, reflecting a lack of respect for the patient’s privacy.

• **Level 2: Sexual Violation** – Any conduct that is sexual or may be interpreted as sexual. (E.g.: Kissing romantically, masturbation, touching or sexual intercourse) This is a serious offence and may result in criminal charges. Physician-patient sex, whether initiated by the physician or the patient, is a sexual violation.
Review of Definitions

• **Sexual Harassment**: includes 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.

• **Hostile Work Environment**: results when harassment is frequent or severe so that it is *hostile or offensive to any individual(s)*; or when it results in an adverse employment decision.
Small Group Discussions & DVD

• Break into groups of 4-5
• Watch DVD, pausing to discuss questions after each part
• Groups discuss & complete worksheets
• Discuss social media at the end (no DVD)
• 45 minutes
• Click the link below to watch the Hazardous Affairs DVD
  or
• Insert the DVD and switch into Windows Media Player or other compatible program to watch the Hazardous Affairs DVD
• Watch part 1, 2 & 3 – then stop for discussion
Small Group Discussion

Sexual Harassment:

1. What behaviors did the doctor portray that resulted in the accusation of sexual harassment?
2. How did his behavior create a hostile work environment?
3. What action would you take if you were his superior?

(Return to DVD part 4)
Small Group Discussion

Doctor-Patient Relationship:

1. What type of misconduct occurred?
2. How did Dr James set himself up for this sexual boundary crossing?

(Return to DVD part 5)
Small Group Discussion

Teacher-Student Relationships:

1. Identify 5 slippery slope behaviors.
2. How does the power differential come into play in this scenario?

(No return to DVD – advance slide)
Social Media Discussion – (No DVD scenario)

1. What forms of social media are you currently using in your work or personal relationships?

Read the scenario from the workbook – discuss the options to take. – page 28

1. What ways will you protect yourself and your patients while using social media?
Role Plays

- Pairs
- Facilitator provides instructions
- Complete two role plays
- Each person practices once
- Group discussion (5m)
Question 1

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
Question 2

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
Question 3

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
Question 4

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
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
Question 6

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
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?
Question 7 (cont.)

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
Question 8

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 straightforward 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?
Question 8 (cont.)

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.
Pre-Test Review

- Pre-test review
- Facilitator lists answers
- Participants self-correct remaining items on test
Action Plans

- Complete your action plan.
- Save and review after 6-12 months.
- Reassess if personal and office changes have been made.

Individual Action Plan

- 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 so I may better care for others.
- BMI score:
- From the BMI assessment, list 1-3 areas you will work to improve upon.

Which changes might you implement to improve your own wellbeing?
- Sleep more
- Exercise more
- Engage more with my family
- Pick up a hobby
- Enhance my spiritual life
- Avoid substance use for relaxation
- Improve my diet
- Take vacations
- Delegate more often
- Control my work hours
- Seek counseling if stressed, burned out, or depressed
- Other:

What changes will you make to enhance your office policy as it relates to preventing sexual misconduct and sexual harassment?
- Display ASA Code of Ethics
- Display ABOG sexual harassment rules
- Display general office policy (see appendix)
- Offer training for my office
- Support a culture of professional behaviors
- Avoid the slippery slope
- Establish rules for chargetones
- Avoid late appointments and special favors
- Address professional violations head-on
- Report unprofessional behaviors including sexual misconduct to the appropriate officers
- Other:

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

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

- Please complete the evaluation form prior to leaving the room.
- Additional comments on course materials can be sent via cph@vanderbilt.edu
Resources

1. Hippocratic Oath
2. American Medical Association (AMA) Code of Ethics
3. American College of Physicians Ethic Manual
4. Medical Professionalism in the New Millennium: A Physician Charter
5. Federation of State Medical Boards (FSMB)
Summary

• We want you to practice smart!
• Remember these definitions, rules and ways to keep yourself off the slippery slope.
• Review your action plan annually.
• Take steps to make your office/practice environment one that is both professional and safe.