Maintaining Proper Boundaries

A CME Course to Help Physicians Who Become Sexually Involved with Patients or Staff

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Learning objectives
- After participating in this session, you should be able to:
  - describe the nature and scope of the problem of physician sexual boundary violations;
  - outline the components of the CPH CME activity designed to help physicians resolve sexual boundary problems;
  - summarize the outcomes and evaluation results of the CPH CME activity;
  - discuss learning principles that support the design of the CPH CME activity.

Expected Outcome
- Participants will understand how to develop a CME course that helps physicians deal with sexual boundary violations.

Why this course?
- Growing recognition that physician sexual boundary violation is a problem that needed to be addressed.
- Increasing number of disciplinary complaints related to sexual boundary violations.
- Estimate: 3 to 10 per cent of physicians struggle with sexual boundary issues.

A CME Course: Maintaining Proper Boundaries
- Started in July 1999
- A three day intensive CME course limited to 11 participants
- More than 300 participants
- A mid-level response to boundary violations
- An educational course - not treatment.
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- Participant Demographics (N=329)
  - Age Range - 31 to 77, Average - 49
  - Sex - Male 97%, Female 3%
  - States - 41 and Canada

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- Participants by Specialty (N=313)
  - Family/Internal Medicine - 40%
  - Psychiatry - 11%
  - Surgery - 10%
  - OB/GYN - 7%
  - Cardiology - 3%
  - Others - 29%

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- Practice Type N = 312
  - 45%
  - 39%
  - 15%
  - 1%

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- Referral Source N = 270
  - 28%
  - 30%
  - 11%
  - 4%
  - 2%
  - Others

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- Reasons for referral
  - Unethical conduct
  - Affair with patient
  - Affair with office nurse/staff
  - Additional training after treatment for sexual addiction or A/D addiction
  - Seductive patient & naive physician

What are sexual boundary violations?

- Sexual Improprieties
- Sexual Violations
Sexual Impropriety

- Sexual impropriety may comprise behavior, gestures, or expressions that are seductive, suggestive, or sexually demeaning to a patient.


Examples of Sexual Impropriety

- Disrobing or draping practices that reflect lack of respect for the patient's privacy.
- Examination or touching of genitals without the use of gloves.
- Inappropriate comments about or to the patient, including, making sexual comments about the patient's body or underclothing.


Sexual Violations

- Physician - patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual.


Examples of Sexual Violations

- Sexual intercourse
- Kissing in a romantic or sexual manner
- Touching breasts, genitals, or any sexualized body part for any other purpose than appropriate examination or treatment, or where the patient has refused or withdrawn consent.


Slippery Slope

- Late appointments
- Personal gifts
- Social engagements
- Special favors
- Flirting, jokes etc.
- Grooming behavior
- Casual workplace

Why do Sexual Boundary Violations Happen? - Risk Factors

- Internal factors
  - Family of origin patterns
  - Personality traits: borderline, narcissistic
  - History of family addictions
  - Untreated mood disorders
  - Burnout

- External factors
  - Unaware of power differential
  - Naive about the seductive patient
  - Unclear staff boundaries ("MASH" mentality)
  - Inadequate training
  - Ignorance of rules
  - Can't say no
Who is Responsible for Sexual Boundary Violations?

- The physician is always considered responsible for a sexual boundary violation.
- A patient cannot give informed, mutual, or meaningful consent because of the power imbalance between physicians and patients.
- Employees and hospital staff also cannot truly consent because of the power imbalance.

Impact of Violations of Sexual Boundaries

- A boundary violation represents a breakdown of the relationship that has ethical, criminal, and psychological implications for the.
  - Physician
  - loss of license/professional sanction
  - Victim
  - betrayal of trust in healing relationships
  - Physician's Family
  - depression
divorce

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- **Learning objectives:** After participating in this CME activity, you should be able to:
  - Define sexual boundary violations.
  - Identify the risk factors that lead to sexual boundary violations and list your own risk factors
  - Describe and discuss the "slippery slope" that leads to sexual boundary violations.
  - Explain the healing process that will help you avoid the "slippery slope" and prevent future sexual boundary violations.
  - Discuss healthy sexuality and define appropriate boundaries with your patients, staff, and colleagues.

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- **Day One - morning**
  - Introduction and Welcome
  - Session 1 Group Exercise: Why am I here and Goals
  - Session 2 Lecture: physician training and personality traits

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- **Day One - afternoon**
  - Session 3 Lecture: sexual boundary violations in medical practice
  - Session 4 Lecture: shame, guilt and behavior; family systems/genogram; self-assessment tools
  - Evaluation
  - HOMEWORK (2 hours)

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- **Day Two - morning**
  - Session 5 Lecture: office practice
  - Session 6 Lecture: healing process
  - Session 7 Lecture: forgiveness exercise
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- Day Two – afternoon
  - Session 8 Group exercise: discuss genograms
  - Session 9 Assessment results and homework assignment
  - Evaluation
  - HOMEWORK (2 hours)

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- Day Three – morning
  - Session 10 Lecture: addiction
  - Session 11 Group exercise: assessment data/intent to change
- Day Three – afternoon
  - Session 12 Lecture on 12 Step Recovery
  - Session 13 Evaluation

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- Evaluation data (1 = poor; 5 = excellent)
  - Presenters: 4.59 (range 3.91 to 5.00)
  - Usefulness: 4.56 (range 3.80 to 5.00)
- Evaluation comments
  - Very informative – especially the concept of power differential.
  - Understanding how shame and defense against shame has motivated my behavior.

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- Evaluation comments, continued
  - Learning about my family dynamics and dysfunctionality.
  - Interpreting real life scenarios and learning from them.
  - Reflecting on questions and having to speak the answer out loud.
  - Insights from other people
  - Specific plans to change.

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- Outcomes – intent to change
  - Change: I plan to make a positive comment to each of my employees and co-workers everyday.
  - Plan/Timetable: I will start Monday morning and be accountable to my partner who will ask me on a regular basis how I’m doing.
  - Barriers To Success: This is a new skill for me and will take practice. I tend to comment on what is not going well. Coworkers expect me to be negative and may not respond quickly to positive comments.

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- Outcomes – what happens to physicians who attend:
  - Some develop a better understanding of sexual boundaries and are able to maintain them.
  - Some recognize they need additional help and pursue treatment on their own.
  - Some are identified as having serious psychological problems and are referred for treatment.
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- Outcomes – how does a physician re-enter the practice world?
  - Personal changes
    - Stopped trusting colleagues/friends
    - Stopped socializing with patients/staff
    - Started therapy
  - Practice changes
    - Started using a chaperone
    - Stopped flirting
    - Communicated the purpose of examinations

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- Learning principles
  - Teachable moment
  - Outcomes-based
  - Authentic
  - Participatory

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- Questions and Discussion
- Closing comments