



Professional Boundaries & Sexual Misconduct

August 20, 2022

Audience Questions and Faculty Responses

1	Is there a problem if I take out my NPs or PAs to lunch as discuss work? I have gone with the male PA because that seems safe, but I do not want to appear to have favoritism. So I tried to invite each person one at a time (until the pandemic hit). What are the risks and ways to diminish this?	There are no boundary issues if you take your NP or PA to lunch to discuss work. The least risk situation is to take your team out collectively or you and 2 other team members. If you decide to take a NP or PA out alone then it would be advised to keep the focus on work and away from sharing of relationship or intimate personal details. If you have an attraction to an NP or PA that works with you, or they have expressed a personal interest in you, then going alone to eat with that individual is a high-risk situation.
2	I always use a chaperone for female patients, but how about my male patients for their genital and prostate exams? Do I need a chaperone?	The minimum and least risk standard for chaperoning is as follows: Conduct a physical examination of the breast and or genitalia with a chaperone. If the patient refuses the presence of a chaperone, a physician must document that refusal. A physician has a right to refuse to conduct the examination in cases where a patient has refused. Please note that the use of a chaperone is for the protection of the patient and the physician.
3	As follow-up to male-male exam questions, is a female staff member chaperone appropriate?	There is no gender requirement for the staff member who is a chaperone. If a patient feels uncomfortable with a particular gender, then it is the discretion of the physician on proceeding forward. Just ensure proper documentation, particularly if you proceed without a chaperone.
4	Want to clarify how to console a grieving or crying patient with holding hands, praying with	The forms of consolation of a grieving patient are at the discretion of the clinician. There is

	them or touching them on shoulder as expression of compassion?	a risk if a clinician is the one who initiates touching a patient particularly such as holding hands, rubbing on the body, or holding a patient. You must determine if you find yourself in a situation with a grieving patient what level of risk you are most comfortable. It should be noted kissing even on the forehead or hand as a form of consolation as well as rubbing the body of patient would be considered crossing a boundary.
5	As a female physician do I need a chaperone for female patient breast and pelvic exam ??	Same response as question #2.
6	As a male provider without any male nurses or assistants in our clinic, who am I supposed to use as a chaperone when performing a genital exam on a male patient?	Same response as questions #2 and #3. There is no gender requirement for a chaperone. If a patient feels uncomfortable with an opposite gender chaperone, they may decline and then you document and decide your comfort level in proceeding with an examination. You can refuse and refer out if you have concerns with the patient request for no chaperone (ie- particularly in situations where you feel the patient is provocative or made prior attempts at soliciting a personal or romantic relationship with you)
7	is it considered crossing boundaries by making casual comment about patients or staff : may be new hair style or dress ?? Thanks	Comments about a patient or staff appearance should be done with caution particularly when commenting on clothes or body habitus. An example of a hair style comment that would be considered a boundary crossing would be: "That hair style makes you look sexy or beautiful."
8	I am a male internist, do I need a chaperone if I'm doing a genital/rectal exam on a gay patient?	Same response as #2. A patient's sexual orientation is not the determining factor on when to use a chaperone.
9	What are your thoughts on commenting to social media posts by Piedmont? Do you feel that this would lead to multiple patients contacting you to try to establish an online relationship?	Commenting on social media posts to Piedmont are not boundary issues as long as the posts are professional. There is a risk in having your patients follow you on your personal social media. If you have patients following your personal social media, you cannot control what they share or post. In

		addition, if you allow patients on your personal social media, please be aware that they may gain access to personal details about your life.
10	Can a PA or medical student be considered a chaperone? Are there definitions for chaperones regarding education level or position relative to the physician?	A PA can be considered a chaperone. If you could use someone else besides a medical student as a chaperone that would be the most protection (and least risk) for you and the patient. Plus, it is an opportunity to train medical students on appropriate chaperoning standards. Again, you must decide what risk level you feel most comfortable in practicing. If you do conduct an examination with a medical student present, then be sure that you document who was present with you. Please note that a patient has a right to refuse the presence of the medical student and thus you must decide how you want to proceed in that situation. Refer to question #2 or # 3.
11	Does a sexual relationship with an employee that result in marriage, does that absolve them from blame? A sexual relationship with an employee that result in marriage, how is that viewed?	A sexual relationship with an employee is considered a dual relationship and there are many risks in such a dual relationship. It is considered a boundary violation if the sexual contact is unwanted OR you also are that employee's treatment provider. Some companies have policies regarding dating or relationships with staff. If you have additional questions on your company's policy, then refer to Piedmont's policy.
12	Does the chaperone need to be gender identical to the patient?	No. The chaperone does not need to be gender identical.
13	Can a patient send pictures to evaluate surgical site in genitalia or breast areas?	If a patient is sending pictures to evaluate a surgical site it should be securely sent. Any comments about that picture need to remain medical. A good rule of thumb on comments in such situations is you should be comfortable with any comments you say being included in a medical chart.
14	Male physician doing testicular exam on male patient: What was the new Georgia standard again and can the chaperone be female?	The minimum and least risk standard for chaperoning is as follows: Conduct a physical examination of the breast and or genitalia

		with a chaperone. If the patient refuses the presence of a chaperone, a physician must document that refusal. A physician has a right to refuse to conduct the examination in cases where a patient has refused. Please note that the use of a chaperone is for the protection of the patient and the physician. There is no gender requirement for the staff member who is a chaperone. If a patient feels uncomfortable with a particular gender, then it is the discretion of the physician on proceeding forward. Just ensure proper documentation, particularly if you proceed without a chaperone.
15	How do I transition a patient behaving in a way that suggests soliciting an intimate relationship?	Just as you would transition any other patient by informing them that you will need to transition their care and include referral options and medication coverage for a defined period of time (ie 1 to 3 month and/or whatever is customary in your practice).
16	Your thoughts on exams with mixed data; example is 35 yo male physician doing clinical breast exams on female patients when some guidelines recommend for them and some show no benefit.	I have no opinion on the evidence of making clinical decisions on when and if a clinician should conduct breast examinations.
17	In hospital rounds there is no ability to have a chaperone. In obstetrics, we do sometimes with breastfeeding moms need to check the breasts, and we do visually check the perineum. What is suggested? Often patient partner present but not always.	Refer to response #2. For OBGYN providers, I would recommend referring to American College of Obstetrics and Gynecology (ACOG), this is your specialty recommended standard. They have released a recommendation (2020) on chaperoning which is quite similar to the response in #2. Another consideration when conducting a perineum examination is the possibility of using the nurse who is caring for that patient to be in the room with you. Please note if there is an obstetrical emergency and you need to conduct an examination then obviously use your clinical judgment and do not delay in providing clinical care.

18	So when a nurse comes in to check the perianal area post partum she/he should also have chaperone	If you are caring for a patient who is sexually provocative, disinhibited, or you have safety concerns then the use of a chaperone provides protection for you and the patient. In the current Rules and Regulations of the State of Georgia for nursing there is no reference to chaperone requirements. The Standards of Practice and Unprofessional Conduct: Rule 410-10-.01 Standards of Practice for Registered Professional Nurses can be viewed on the following link. https://rules.sos.ga.gov/gac/410-10
19	Does administration have duty to report a physician nurse sexual relationship within a department?	No the administration does not have a duty to report.
20	Internist listens to heart in female with bra and blouse on. Do they need a chaperone?	No the internist is not required to have a chaperone present in that instance. The recommendation (minimum standard) is using a chaperone during intimate physical examinations as discussed in #2. However, there are some clinicians who go beyond that and use a chaperone for all clinical encounters regardless of gender or whether a patient disrobes. That would be considered the highest standard with the least risk. A clinician must determine which method of chaperoning within that framework they feel most comfortable. If a clinician has had a history of complaints, then using the highest standard provides the optimal protection for both the clinician and the patient.
21	I have a staff member that dog sits. Is it ok for her to dog sit for my patients?	If that staff member is a registered nurse that dual role puts that nurse at risk of violating their unprofessional conduct code related to dual relationships. See link to question #18. For you as the provider, you must assess if you are comfortable with your staff having such a dual relationship with your patients. In addition, you would need to assess is there any legal risk to you if there is a negative outcome while your staff member is dog sitting in your patient's homes. I would seek consultation on that as I have no opinion on legal risk to you in such situations.

22	Can a staff member date a patient?	A staff member dating a patient is a high-risk situation especially if they met the patient while coming to your office. It is unethical to have a romantic relationship with a patient. For example, if that staff member is a nurse who is also providing care to that patient, they are crossing a boundary in that dual relationship. See link in #18 on unprofessional conduct code. If that staff member is a physician or PA and they are also providing treatment to that patient, then that would be considered a boundary violation. If you are referring to a multi-provider practice and that patient is being treated by another medical provider/staff member whom the patient is not dating, then that would not be considered a boundary violation.
23	So are you saying we have to hire someone for the office specifically as a "chaperone"	No, you do not have to hire someone to specifically chaperone. You may utilize your own staff such as a MA or nurse. If you are in the hospital, it is best to utilize a nurse working with the patient or whoever you conduct rounds with such as NP or PA. It is most helpful to document the name of the person who was present during the examination especially if you utilize multiple staff members.
24	Clarification: physician performed breast exams to detect breast cancer has debate about the possible benefit. The data supporting the exam is poor and some guidelines suggest them and some recommended against them. Is a physician opening themselves up to undue risk in doing a screening breast exam when the patient can then point to guidelines saying there is no benefit to do them?	I have no opinion on the clinical determination of when and if to conduct a breast examination. I would advise seeking consultation with colleagues in your field on the medical community standard of practice.