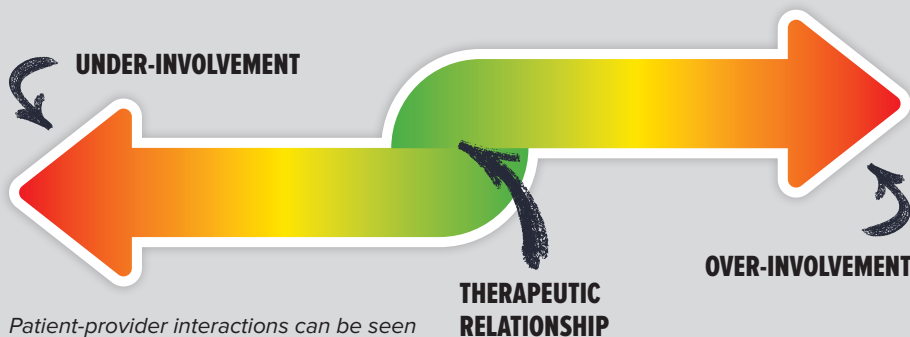


MORE THAN UNPROFESSIONAL?

A RESOURCE ON SEXUAL MISCONDUCT FOR STUDENTS OF PHYSICAL THERAPY

WHAT IS A THERAPEUTIC RELATIONSHIP?

A therapeutic relationship between a patient/client and a provider is built on trust, respect, sensitivity, duty, and power. A provider must constantly re-evaluate their professional boundaries, be aware of the power imbalance between a provider and patient/client, and repeatedly seek informed consent for procedures that involve touch.



Patient-provider interactions can be seen on a continuum of professional behavior. Healthcare providers can use this to check if their behavior is within the acceptable confines of a therapeutic relationship.



INFORMED CONSENT

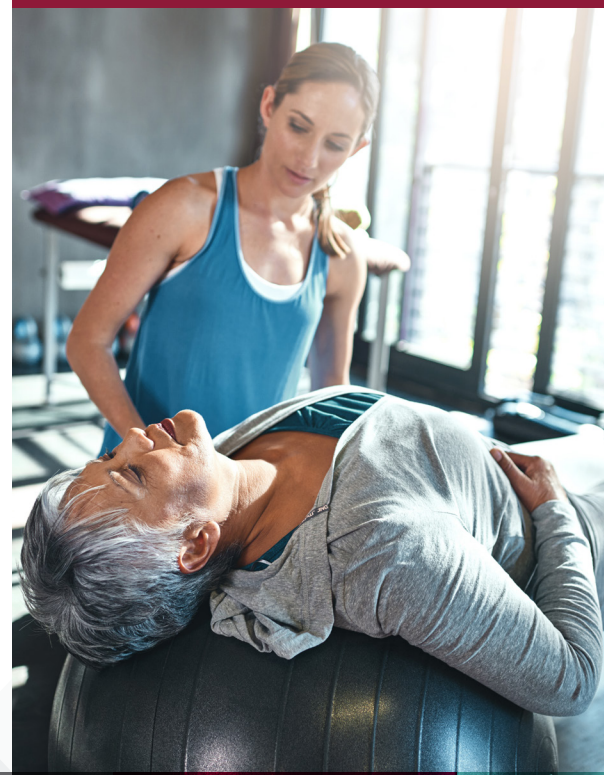
Informed consent is the process in which patients/clients are given important information regarding the possible risks, benefits, and alternatives regarding their plan of care. This allows the patient/client to decide if they want to be treated. Consent is an ongoing process, and as the patient's/client's plan of care evolves, so should patient/client consent be continually solicited.

WHAT IS A POWER DIFFERENTIAL?

In any relationship, whether it's casual or formal, short-term or long-term, there's always an underlying balance of power at play. This power dynamic can shift based on many factors, from external traits like height or age to internal ones like experience or education.

For example, in a healthcare setting, the title "Doctor of Physical Therapy" can immediately create a power imbalance. Patients/clients are often in a vulnerable spot due to their condition and rely heavily on the therapist's expertise.

It is crucial for professionals to be aware of their influence and how their position might impact their interactions. Every comment, gesture, or interaction can carry more weight than intended, so being mindful of this power dynamic is essential.



DEALING WITH INAPPROPRIATE COMMENTS FROM PATIENTS OR OTHERS

STEP 1: BEFORE THE ENCOUNTER

During orientation with the clinical instructor, discuss team values, how to handle inappropriate patient behaviors, and opportunities to practice response skills. Request to maintain an open dialogue about negative learning environments.

STEP 2: DURING THE ENCOUNTER

Prioritize patient care by ensuring stability before addressing inappropriate behavior, clarifying roles, and re-establishing respect. Practice these steps in no-risk situations:

1. Ensure the patient is clinically stable.
2. Name the inappropriate behavior gracefully.
3. Inform the patient the focus is on their health.
4. Share your perspective.
5. Educate the patient about team roles.
6. Temporarily remove learners if behavior continues.

STEP 3: AFTER THE ENCOUNTER

Debrief by discussing the incident's emotional impact, acknowledging successes, identifying areas for improvement, and planning future responses.

Source: Shankar, M., Albert, T., Yee, N., & Overland, M. (2019). Approaches for residents to address problematic patient behavior: Before, during, and after the clinical encounter. *Journal of Graduate Medical Education*, 11(4), 371-374.



WHAT NOT TO DO

- Engage in a sexual or romantic relationship with a patient/client, even if consensual.
- Make sexual jokes or comments (either by a provider or a patient/client).
- Discuss intimate or personal issues with a patient/client.
- Flirt with a patient/client.
- Keep secrets with a patient/client or for a patient/client.
- Discharge a patient/client in order to date them.
- Meet a patient/client outside of the care setting.
- Give out personal contact information to select patients/clients.



AREAS OF CONCERN

- Spending more time with a patient/client than a treatment requires.
- "Following/Liking/Friending" patients/clients on social media.
- Socializing or communicating with a patient/client outside of clinical hours.
- Communicating privately with a patient/client via phone or social media.



WHAT TO DO

- Be sensitive to the inherent power imbalance between a patient/client and a provider.
- Keep the relationship with the patient/client professional.
- Provide contact information through clinic/business contacts, not personal contacts.
- Review informed consent and the purpose of treatment and receive ongoing consent.
- Give the patient/client permission to ask questions at any time.
- Be aware of workplace policies regarding the use of chaperones, patient/client contact outside of the care setting, and gift giving.
- Acknowledge the professional duty to report sexual misconduct and boundary violations.
- Review state rules/statutes regarding sexual misconduct.
- Understand the prevalence of sexual abuse and the impacts past sexual trauma may have on the patients/clients you treat.
- Be vigilant about potential perceived boundary crossings and make corrections.



THE DANGERS OF SOCIAL MEDIA



POOR QUALITY OF INFORMATION

Health information from social media and online sources often lacks reliability due to anonymous or poorly identified authors, incomplete referencing, informal presentation, emphasis on anecdotal evidence over scientific rigor, unrestricted upload of content, and potential conflicts of interest that users may not recognize.



DAMAGE TO PROFESSIONAL IMAGE

Social media use by healthcare professionals carries risks and can lead to posting unprofessional content that can harm reputations, create privacy violations, and disclose negative comments about patients or employers. It's essential for professionals to manage privacy settings and maintain a professional online presence to mitigate these risks, especially since online activity can influence admissions and employment decisions.



LICENSING ISSUES

Unprofessional and unethical actions can lead to both legal and licensing issues from law enforcement and licensing boards. PTs and PTAs don't leave school believing they will have a sexual relationship with a patient, but every year PTs and PTAs are disciplined for this reason. Many times, this starts with social media communication.



VIOLATION OF THE PATIENT-PROVIDER BOUNDARY

Healthcare providers risk breaching patient-provider boundaries by engaging with patients on social media, even when the contact is patient-initiated. Providers are advised to maintain strict privacy settings on personal accounts, refrain from "friending" patients on platforms like Facebook, and use secure alternatives such as CaringBridge for professional patient communication during health events.



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