

PRECEPTOR-LEARNER BOUNDARIES: OPTIMIZING PROFESSIONAL, EDUCATIONAL AND PERSONAL RELATIONSHIPS

Summary

Maintaining appropriate boundaries is critical to the therapeutic relationship physicians have with patients. Although the physician-patient relationship is based on trust, the relationship is characterized by an imbalance of power in favor of the physician with the patient in a position of vulnerability. Therapeutic boundaries are important as they shape respective roles and expectations for both parties. Boundary transgressions vary from the subtle to the obvious and can be categorized as crossings or violations. Crossing are departures from usual practices that are not exploitive and can sometimes be helpful to the patient while violations are exploitive and always harmful to the patient. Serious violations, including sexual contact between physicians and patients, often develop after a series of boundary crossings.

In parallel, maintaining appropriate boundaries is important within the preceptor-learner relationship. Although a collegial like relationship between preceptors and learners is important for the professional identify formation of students and residents, inappropriate closeness can have a negative impact due to the power differential between preceptor and learner. Personal and situational factors may place preceptors and learners at risk for boundary transgressions.

Key principles when exploring preceptor-learner boundary issues include: recognizing factors that increase the risk for preceptors and learners to be involved in intimate relationships with each other; preventative strategies that incorporate self-care, resiliency, self-awareness, and support structures; and knowledge of medical school/university and provincial medical regulatory policies and guidelines. Key questions to ask when exploring grey zone examples of preceptor-learner boundaries include: What are the benefits or impact to the preceptor? What are the benefits or impact to the learner? What is educational goal of the example?

Embrace the importance of professional boundaries through open discussions with preceptors, residents, and students. Consult a colleague when faced with a possible concerning preceptor learner boundary crossing or violation.

Boundary Violation Impacts

Inherent power imbalance with physician-patient professional relationship

Inherent power imbalance with preceptor-learner professional relationship



Boundary violations jeopardize relationship and are a breach of a patient's trust

Boundary violations jeopardize relationship and are a breach of a learner's trust

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References:

Galletly C. Crossing professional boundaries in medicine: The slippery slope to patient sexual exploitation. MJA 2004;181(7):380-3).

Maintaining clear professional boundaries is an important aspect of patient care. The distinction between boundary crossings and boundary violations is important. Crossings are departures from usual practice that are not exploitive and sometimes helpful to the patient. Boundary violations are crossings that are harmful to the patient. Most cases of physician sexual exploitation represent the culmination of a series of boundary crossings.

Plaut SM, Baker D. Teacher-student relationships in medical education: Boundary considerations. Medical Teacher 2011;33(10):828-33.

Although a certain amount of closeness to faculty is important to the professional socialization of students, interns, and residents; inappropriate closeness may compromise the preceptor's objectivity and fairness. This can cause discomfort, discrimination, or psychological and academic harm to learners; who often feel too intimidated to express concern. Educational activities targeted at faculty and learners may help build awareness and foster appropriate preceptor-learner relationships.

Professional responsibilities in postgraduate medical education (Policy Statement #2-11). Toronto: College of Physicians and Surgeons of Ontario, 2011.

Professional responsibilities in undergraduate medical education (Policy Statement #1-12). Toronto: College of Physicians and Surgeons of Ontario, 2012.

Preceptor must be mindful of the power differential in their relationship with residents and students. They should not allow any personal relationships to interfere with the learner's educational, and evaluation. Any personal relationship, which pre-dates or develops during the training phase between preceptor and the trainee (eg. Family, dating, business, friendship, etc), must be declared to the appropriate member of faculty (department or division head or undergraduate/postgraduate program director). The appropriate faculty need to decide if alternative arrangements for supervision and evaluation of the trainee are merited.

Dekker H, Snoek SW, Schonrock-Adema J, Molen T, Cohen-Schotanus J. Medical students' and teachers' perceptions of sexual misconduct in the student-teacher relationship. Perspect Med Educ 2013;2:276-89.

It is important to develop awareness among students and teachers about appropriate boundaries. It is the teacher's task to help students to acculturate or socialize in the community of practice of the medical profession. The role of clinical teacher requires a certain level of collegial and social closeness. Since the student-teacher relationship is by definition one of unequal powers, finding the right balance between closeness and distance may be difficult. Teachers may be unaware that they are deviating from professional standards of conduct. Because of power inequality, students may find it hard to negotiate boundaries or defend themselves against boundary crossings. The issues may be complicated by the fact that what is acceptable is often not a clear-cut matter of right and wrong.

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