

# Prevent Harm to Your Patients and Protect Your License: How to Avoid Boundary Problems In the Practice of Physical Therapy

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## The Extra Mile Conference



About your speaker



## **Learning Objectives**

- Explain the harms that occur to patients when professional boundaries are crossed
- Identify aspects of a PT's personal and professional life that elevate risk of boundary crossings and violations
- Create a plan to safeguard your practice, license, reputation of the PT profession, and your patients

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If only I had known this earlier!



You can avoid...

- The trauma of having a complaint filed
- The trauma of being investigated
- Losing your job
- Harming patients
- Harming the reputation of your profession

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#### Olivia

- Mid-career PT
- Liked to develop rapport w/ pts
- Filled long silences w/ chit-chat
- One comment leads to another
- Pt files complaint

What harms were caused?



#### Larry

- Late career PT
- Conversing w/ new front desk staff, learns address
- "I live up on the hill above you. I'll bet I could see you with my scope."
- New staff quits.
- Files complaint, fearful Larry is threatening them with his rifle

What harms were caused?

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#### **Amy**

- Early-career PT
- Friend seeks advice about occasional hip and pelvic pain
- Amy sees friend in clinic, finds nothing wrong

What harms were caused to the patient?



#### **Tanya**

- Mid-career PT
- Being an ethical PT means going above and beyond
- Checks in after-hours to see how a new pt is doing
- Pt texts, asks for after-hours appointments
- Pt makes inappropriate overture to Tanya. Care terminated.

What harms were caused?

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#### Roadmap

- The Four Laws
  - o A "Formula"
  - The slippery slope
  - Hot and cold states
- Practical tips and safeguards

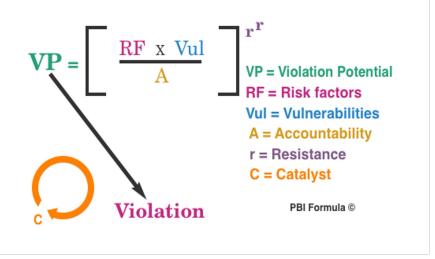


#### The First Law

Every physical therapist or physical therapy assistant has the potential to commit a professional violation, and that potential is dynamic and changes over time.

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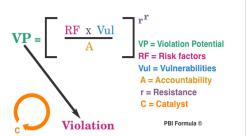






#### **Risk Factors**

- The physical therapy profession
- Solo practice
- Small communityDual relationships
- Long periods of silence
- Isolation

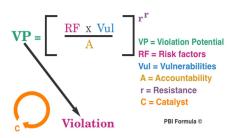


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#### **Vulnerabilities**

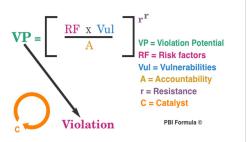
- Personal issues
- Health issues
- Personality features
- Naïveté
- Arrogance
- Trauma history
- Patient's vulnerabilities





#### **Accountability**

- Monitoring
- Supervision, consultation
- Medical or mental health care
- Therapy
- Keeping up w/ changes
- Policies, procedures, protocols
- Guidelines

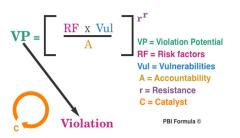


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#### Resistance

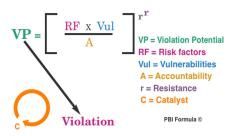
- Defense mechanisms
- Other-blaming
- Wishful thinking
- Ignoring legal and regulatory context
- Lacking personal insight
- Not fully acknowledging your role/power





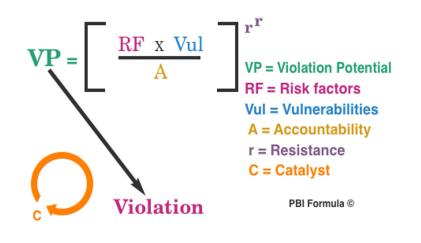
#### **Catalysts**

- Emotional triggers
- Medical illness or psychiatric episode
- Temptations
- Transitions
- Crises
- Losses
- Traumas



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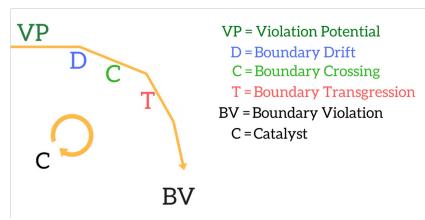
#### The Second Law

Perception is 9/10ths of the law. If it looks bad, it is bad.

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#### **The Slippery Slope**





#### **Dual Relationships**

- Clinician-patient is one role-related relationship
- Other role-related relationships
  - o Social
  - o Romantic
  - o Financial
  - o Employment
  - o Friend
  - o Family

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#### **Therapist - Patient Relationship**

- Lack of reciprocity
- Power differential
- Contractual
- Clear beginnings and endings
- Clear task orientation
- Fiduciary relationship



#### **Dual Relationships**

- AVOID THEM!!
- You might need to choose between relationships = setting boundaries

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#### **Dual Relationships**

From the LA PT Practice Act and Rules:

Sexual misconduct between a licensee and a former patient after termination of the therapist—patient relationship may also constitute unprofessional conduct if the sexual misconduct is a result of the exploitation of trust, knowledge, influence or emotions derived from the professional relationship



#### **The Third Law**

Protect yourself at all times.

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**Hot State/Cold State** 

Dan Ariely, PhD. Predictably Irrational



#### **Hot State/Cold State**

- In a "cold" state, smart, rational people answer questions in one way, believing they understand themselves, their preferences, and what actions they are capable of.
- In a "hot" state, these same people answer the same questions very differently, showing that they underestimated their reactions and could not predict the degree to which emotions would change them.

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#### **Hot State/Cold State**

- Hot state moments require cold state thinking.
- This is how you protect yourself from being hijacked by your own emotions.



#### The Fourth Law

The Board is always right.

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**How Do You Protect Yourself and Your License?** 



# How Do You Protect Your Patients, Yourself, and Your License?

#### Develop a plan for yourself

- What are your risk factors?
- What are your vulnerabilities?
- Where do you lack accountability?
- Do you demonstrate resistance?
- Can you identify and prepare for catalysts?

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## How Do You Protect Your Patients, Yourself, and Your License?

#### Some examples:

- Have official ways that patients can contact you during and after hours
- Do not treat family, friends, coworkers
- Do not date patients or former patients
- Only see patients when there are others in the office
- Use a chaperone
- "When we are working, there might be long periods of silence."



# How Do You Protect Your Patients, Yourself, and Your License?

#### Some examples:

- Be personable without being personal
- Don't discuss your personal experiences with the patient's condition
- Use the 8" rule
- Use "name it to tame it"

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# How Do You Protect Your Patients, Yourself, and Your License?

# If a particularly vulnerable patient causes you to loosen boundaries

- Shore up your professional boundaries
- Transfer their care



#### **Summary**

- Four Laws
  - Risk factors, vulnerabilities, accountability measures, resistance, catalysts
- Slippery slope
- Dual relationships
- Hot and cold states
- Practical ways to protect your patients, yourselves, your license

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## Thank you!

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