

Telehealth in Nursing: Maintaining Professional Boundaries

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Catherine V. Caldicott, MD, FACP
Medical Director, PBI Education



About your presenter

About PBI Education



What is telehealth?

A collection of means or networks for enhancing health care, public health, and health education delivery and support using telecommunications technologies

Center for Connected Health Policy
<https://www.cchpca.org/what-is-telehealth/>



Nursing care via telehealth

Telehealth is here to stay—for good reasons

- Improved access
- Timely interventions
- Flexible
- Less costly
- Public health safety
- Meets increased mental healthcare needs attributed to the pandemic



Boundaries in nursing care

- Maintaining patient privacy, confidentiality
- Appropriate communication
- Refraining from personal disclosure
- Time management
- Avoidance of personal relationships w/ patients, families
- Professional appearance, demeanor
- Physical contact only for medical necessity
- Primacy of patient welfare and needs

Boundaries in nursing via telehealth

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- Primacy of patient welfare and needs
- **Appropriate use of technology**
- **Etiquette skills, "websites" manner**

Cases

NP in psychiatry

- Mr. A is a psychiatric NP
- Early career
- Has seen pt for 3 months
- Pt begins dressing in increasingly provocative, scanty clothing for sessions

Nurse midwife

- Ms. E is a mid-career nurse midwife
- Spouse contracted COVID; entire family became ill
- Spouse died
- Financial trouble
- Took only two weeks off work
- Some pts reported Ms. E appeared unkempt, wearing a bathrobe

APRN in primary care

- Mr. B is an APRN with a primary care practice
- Following Ms. C x ~ 5 years for health maintenance, headaches, osteoarthritis, and intermittent chest pain
- Cardiac and GI w/u negative
- Follow-up telehealth appointment: he can see her; she cannot see him
- He suggests the chest pain might be pleuritic that would worsen when she takes deep breaths
- Asks her to remove her shirt and loosen her bra, then take slow, deep breaths

NP in mental health

- Ms. D is an NP in mental health
- Recently divorced
- Pt is a divorced woman struggling w/ abusive ex-spouse, angry teenage son
- Ms. D intrigued by books on the pt's bookshelf
- Texts pt after-hours about common reading interests
- Follows pt on IG; friend request on FB
- Messages become increasingly personal

Nurse case manager

- Mr. I is a nurse case manager following an elderly woman w/ complex care needs
- Pt's adult daughter lost her job
- Daughter assists her mother w/ technology
- Mr. I assists the daughter in finding new job leads
- Daughter gets a job through one of Mr. I's contacts
- One evening, while drinking, he texted a sexually explicit photo of himself to the daughter.

NP in rural primary care

- Ms. R is an NP who provides telehealth in a rural area
- Her patient happens to be a nurse herself
- Ms. R believes the nurse/pt may be impaired because of disorganized thoughts and unkempt appearance
- Ms. R believes she sees drug paraphernalia around the nurse/pt
- Ms. R does not say anything about this to the nurse/pt and is unsure what to do

Professional Boundaries

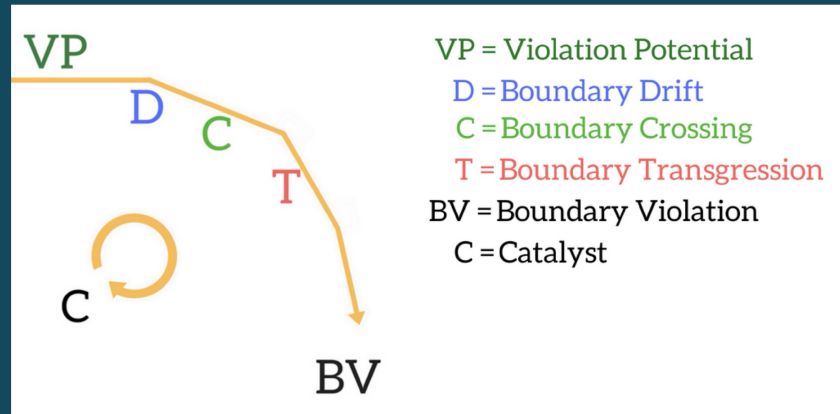
Boundaries in in-person care

- Formal office setting reinforces power imbalance between nurse and pt
- Nurse models professional conduct and language w/ coworkers, staff, other pts
- Physical objects may separate nurse and pt
- Privacy, confidentiality

Boundary issues in telehealth

- No formal office setting where nurse models professional conduct w/ others
- Nurse and pt are in each other's lap(top)s and faces
- No separation by physical objects
- Setting is limited to what both can see in a small frame
- Power imbalance of professional relationship more difficult to maintain
- Distracting intrusions from children, pets

The Slippery Slope continuum of severity



Low-level complaints may be harbingers

- “My nurse is unpredictable”: feedback (email, text) provided during non-business hours leads to client expectations
- “My nurse yelled at me”: loss of temper at pt’s rapid-fire calls/emails/texts; excessive punctuation or emojis
- “My appointments don’t feel private”: pt’s interpretation of nurse’s changing backdrop, session location, or background noise from children/pets

Low-level complaints may be harbingers

- “My nurse uses my money to go on fancy vacations”: holding sessions while the nurse is on vacation draws attention to differences in SES
- “My friend told me to complain about how my nurse is treating me”: emails or texts can be taken out of context, edited, misused

Boundary issues elevated in telehealth

- Privacy, confidentiality
 - The most private space for a pt may be their bedroom
- More complicated with couples or families
- Increased potential for missing body language
- Flexibility may make early/late/extended appointments more likely
 - Perception of convenience
 - Hours may not be regulated by an employment setting
- Emailing and texting at off-hours

Boundary issues unique to telehealth

- Nurses, patients, families may not have clear expectations for what professional boundaries look like in telehealth
 - Attire
 - Setting/background
- Nurses may need more self-care (e.g., lack important transition time, processing time)
- “Voyeuristic” intimacy when inside another’s home
 - Invasive
 - Threatening

Boundary issues unique to telehealth

- Isolation—risky for both nurse and patient
- Temptations to get too loose, casual, and chat
- Flexibility—more frequent and casual interactions

Boundary issues unique to telehealth

- Mistaken assumption that geographical distance protects against crossings and violations
 - Can lead to dropping your guard
 - Can lead to an increased sense of intimacy
 - Can lead to compensating by oversharing/self-disclosure

Maintaining professional boundaries in telehealth

- Background
- Attire
- Normal working hours
- Normal professional email / phone. *No emojis!*
- No over-sharing
- Polite cut-offs to personal questions

What were they thinking?



Cold vs. hot state

Predictably Irrational

Dan Ariely, PhD, PhD, Psychology and Behavioral Economics, Duke University



Cold vs. hot 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.*

Not all boundary violators are created equal

- Age: young/naïve, mid-life crisis, older/complacent, out of touch
- Physical or mental illness, addiction(s)
- Remorseful vs. resistant/defensive
- A one-off vs. a pattern or grooming
- History of previous complaints or discipline

Approaches for investigators

- The investigation is not much different from any other investigation of a boundary violation
- Suspect a history of trauma in licensee, pt, or both
 - At least 70% of adults have a trauma history
 - Strong correlation w/ boundary problems



Approaches for investigators

- Suspect that this is not the first time
- Interview / meeting / conversation approach, not interrogation
- Invite a written narrative of what happened



Approaches for investigators

- Things to look for
 - Patterns
 - Multiple examples of boundary crossings
 - Grooming
 - Escalation of severity over time
 - Licensed in multiple states?

Practical communication approaches

Conversations with unhappy people

- Prepare yourself: your expectations, feelings
- “Name it to tame it”
- Do you have prior experience with them?
- Practice out loud

Practical communication approaches

Create a safe space

- Location
- Time of day / office traffic
- Private, confidential
- Professional appearance, background
- Stay calm



Practical communication approaches

- Ignoring the heat in the room does not lower the temperature
- People in the throes of intense emotion are unable to process information



Practical communication approaches

Frame the conversation

- Get right to the point
- Tone of voice, language, tempo to match the content
- Simply convey information
- Assure consistent application of procedure

Reframing questions

Avoid

- "Why did you...?"
- "Why didn't you...?"

Instead, try

- "When (specific event happened), what were your feelings and thoughts?"
- "Are you able to say more about what happened when...?"

Practical communication approaches

Frame the conversation

- For mental health concerns, focus on licensee wellness:

“Whenever it is unclear what factors might be contributing to a complaint/professional conduct of concern, the board refers licensees to a mental health professional. We do this in every case such as yours. The results of the mental health evaluation will guide the board regarding any additional supports that may be beneficial for you.”



Practical communication approaches

Frame the conversation

- For situations where there may be an abusive (ex-)partner or arrest
 - Address the underlying problem first
 - Legal counseling
 - Contact law enforcement, if applicable
 - Refer for trauma-informed mental health support

“Whenever legal issues or serious problems with (ex-)intimate partners might be contributing to a complaint/professional conduct of concern, the board addresses the underlying problem first to ensure a licensee’s safety and well-being. We do this in every case such as yours. The results of the legal/law enforcement/mental health referrals will guide the board regarding next steps.”



Practical communication approaches

- *Every* licensed health professional has the potential to commit a violation.
- Perception matters

Practical communication approaches

Show respect without condoning

- Don't interrupt them
 - The 8" rule
 - WAIT = Why am I talking?

Practical communication approaches

- “I can see you are surprised / upset / frustrated / confused. Help me understand why you feel this way.”
- Trying to calm someone without really listening comes across as condescending and disrespectful

Practical communication approaches

- When your frustration intensifies, your ability to listen and process what you are hearing decreases.
- You might feel a trigger or vicarious trauma that affects your ability to stay in the moment
- Strong emotions are transferable. Be aware of whether you are absorbing the licensee’s agitation and telegraphing it—or telegraphing your own agitation onto the licensee.

Practical communication approaches

Remember

- The licensee has taken a big hit to a part of their identity
- They may feel aggrieved
- Despite their professional accomplishments, they may feel embarrassed, angry, defensive, shameful



Practical communication approaches

If the licensee gets angry

- Respond calmly
- Stay safe. Leave the room if needed.
- Ask them if they wish to take a break
- Establish boundaries: "You are entitled to your feelings, but these interviews can only be conducted when everyone feels calm."



Practical communication approaches

Try some compassion for them

- This may be all they need
- They may simply want to be heard
- Could be disarming, increase cooperation and remediation potential
- Could be difficult for you if their conduct is egregious or triggering



Practical communication approaches

Subsequent communication

- Avoid mailing letters on Fridays or before major holidays
- Avoid sending email messages before you will be out of the office for any extended period
- Consider phone-only communication



Practical Communication Approaches

If someone talks about suicide, do not ignore it.

- “So, you have had thoughts of suicide?”
- “Can you tell me more about how you came to have those thoughts?”
- “Have you told anyone else about this?”
- “Is there anyone you can talk to about this?”
- “I would like you to get adequate support, so I need to convey what you have told me to XYZ. Don’t worry—we will respect your privacy, but we are concerned about your continued well-being.”

Do not do your own risk assessment.

Self-Care

Self-care

If the waters become choppy, calm them by

- Identifying what *you* are feeling
- Using the snow globe technique
- Avoiding an authoritarian approach

Self-care

If the conversation escalates, have an exit strategy

- “Uncomfortableness scale”
- Mini time-out
- Go up the chain of command
- Memorize brief scripts

Self-care

If the conversation is ended

- Documentation
 - What transpired
 - Verbatim language
 - Actions committed to
 - Follow-up communication to licensee w/ next steps
- Debrief
 - What worked well, what didn't, for future reference
 - Process w/ colleagues



Self-care

Try some compassion for yourself

- *Not* self-pity, complacency, sleep / diet / exercise
- A healthy way of relating to yourself when faced with difficulties, distress
- Recognition of our common humanity + mindfulness + self-kindness

Kristin Neff, <https://self-compassion.org>



Impactful board processes

- Respond to yellow (caution) or red (warning) flags
- **Timely--order remediation to begin right away**
 - Virtual learning environment facilitates swift remedial intervention
- Avoid simple slaps on the wrist (e.g., fine, online coursework)
- Combine remedial education w/ other terms/conditions
- Nurse Assistance Programs



What can you do tomorrow?

- Reframe your investigations as conversations
- Prepare for these conversations
- Remember body language, facial expressions, tone of voice
- Consult the IACP interviewing guide as a model
- Show respect and empathy w/o condoning
- Try some compassion for the licensee AND yourself



Thank you

Catherine Caldicott

catherine@pbieducation.com

904-612-3773

