

Teaching trainees how to discern professional boundaries

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Psychiatrists often serve as risk-management consultants for our medical colleagues. As part of this role, psychiatrists working with trainees—including resident physicians, medical students, and physician assistant students—have an opportunity to emphasize the importance of professional boundaries.¹ Discussing appropriate professional boundaries and describing what might represent a violation of these boundaries is meaningful because a good understanding of these concepts promotes high-quality treatment and minimizes professional liability.²

Physical boundaries

Psychiatric patients might be agitated or display potentially dangerous behaviors; discussing the importance of body language and contact between physicians and their patients is, therefore, first and foremost, a matter of safety. Students who can recognize the signs and symptoms of agitation and maintain a safe distance between themselves and their patients are less likely to be injured.

Addressing romantic and sexual relationships between patients and their health care providers also is necessary. One study reported that 21% of medical students surveyed might not regard sexual contact with a patient as inappropriate.³ An adequate discussion of this topic is necessary to protect trainees and patients from a catastrophic misstep.

Emotional boundaries

Maintaining appropriate emotional boundaries is necessary in psychiatry. Given the prevalence of mental illness and substance abuse, many trainees have personal experience with psychiatric illness outside of their

training. Discussing issues of transference and countertransference with students will prepare them for intense emotional reactions they will experience while working in psychiatry. Students who feel comfortable recognizing their own countertransference feelings and discussing them in supervision with their attending psychiatrist will be more successful in addressing the complex interpersonal challenges that their patients face.

Personal and informational boundaries

Discussing personal and informational boundaries can protect trainees from uncomfortable experiences in their non-clinical lives. Although, in previous decades, we needed to discourage students only from sharing their home address and telephone number with patients, the Internet and social media have made it easier for patients to discover personal information about their treatment team. Addressing issues related to social networks and instructing students on how to appropriately address and decline requests for personal information can prevent unwanted boundary crossings.

Psychiatrists are well suited to discuss these issues with trainees. In doing so, we can help them become knowledgeable health care providers—no matter which medical discipline they specialize in.

References

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