# Hazardous Affairs:
## Preventing Sexual Boundary Violations in Medicine

### Knowledge Test & Answers

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<th>Q#</th>
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<td>1.</td>
<td>Dr. Y is an orthopedic surgeon who is dating a patient. The relationship seems to be going well. A nurse finds out about it and because Dr. Y did not give the nurse a promotion last year, the nurse reports Dr. Y to the state board of medical examiners. The action of the board will most likely be which from the options provided below.</td>
<td>D</td>
<td>In most situations, dating a patient will be viewed as wrong. Even if the relationship is mutual and doing well. The power differential makes dating a patient wrong because the patient cannot give appropriate informed consent. The physician will be held accountable. (page 13)</td>
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<td>2.</td>
<td>Dr. K divorced within the past year. Dr. K is a little down and is depressed. The nurses and some friends are encouraging Dr. K to start getting out and having more fun. One patient offers to take Dr. K to dinner and a movie. How should Dr. K handle this situation?</td>
<td>F</td>
<td>Dr K should NOT accept this invitation and should restate the general policy that doctors cannot date patients. Dr K is vulnerable and doesn’t know the intentions of the patient asking. This could be a set up. (page 24)</td>
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<td>3.</td>
<td>How many types of sexual misconduct currently exist under the definition of the Federation of State Medical Boards?</td>
<td>A</td>
<td>Correct answer is 2: Sexual impropriety and sexual violations. (page 15)</td>
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<td>4.</td>
<td>When sexual boundary misconduct occurs that involves a physician making gestures that are seductive or sexually suggestive, this behavior would be defined as which of the following below?</td>
<td>B</td>
<td>This is an example of sexual impropriety. Impropriety is usually gestures, behaviors or expressions that are seductive, reflecting lack of respect for the patient’s privacy. Contrasting impropriety with violations – violations most often include physical contact or a behavior resulting from pressure to perform sexual acts for favors. (page 15)</td>
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<td>5.</td>
<td>Ms K has been a patient for about two years and you have seen her four times. She is very pleasant and always hugs you when she is ready to leave. While sitting on the exam table, she reaches across to straighten your tie and smiles while she states, “If you weren’t my doctor I would ask you on a date.” This is an example of what type of behavior?</td>
<td>C</td>
<td>Grooming is a slippery slope behavior. It is when patients or other attempt to adjust your clothing, hair, jewelry, etc. (page 21)</td>
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6. As a junior faculty member in general psychiatry, you just relocated to a new town and are building your patient panel. Today you are seeing patient P for follow up and medication refills for depression. Toward the end of the encounter patient P comments, “I know what you are going through. I recently relocated myself. How about I take you out and show you the town?” Which of the following statements are true?

F None of these options are true. Doctors, especially psychiatrists, are not supposed to engage in relationships with patients. There are other individuals who can show you the town. Patients can give you information and advice about your new town but allowing them to “take you out and show you the town” is not acceptable and puts you at risk of being investigated by your medical board. (page 11)

7. Dr. F is a resident in general surgery. Dr. F recently started dating a post-doctoral fellow in the biochemistry department at the same academic institution. The relationship turns serious and advances into a sexual relationship. Over the weekend, the fellow falls while playing tennis and has a large swollen left knee. Dr. F thinks it is not broken and instructs the fellow to apply ice and elevate it. Dr. F calls in a few days of hydrocodone/acetaminophen until the fellow can see his/her PCP. Which of the following statements are true?

D is the correct answer. Once you prescribe medications to your partner you entered the doctor-patient relationship. Thus you are now having a sexual relationship with your patient. While giving a small amount may be seen as reasonable if you were covering this patient over the weekend, the key point is you prescribed a controlled substance for a patient with whom you are engaged in a sexual relationship. (page 11)

8. Which of the following is an example of the “power differential?”

E All of the above are examples of the power differential. In each example there is an obvious hierarchy. (page 13)

9. Which of the following statements is most correct regarding cases referred to the state board of medical examiners for sexual misconduct?

A In every situation, the physician will always be held responsible for crossing a sexual boundary and committing an act of sexual impropriety or violation. (page 12)

10. The Federation of State Medical Boards defines kissing a patient in a romantic or sexual manner as:

A Sexual violations usually involve a form of physical contact. Kissing, intercourse, touching of sexualized body parts, encouraging masturbation or exchanging medical care, drugs, etc for sexual favors is a sexual violation. (page 15)

11. Subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient's informed consent or in the event such informed consent has been withdrawn is an example of:

C This question is appropriate for anyone in an academic teaching facility where medical students are involved. The correct answer is C – sexual impropriety. The patient must give informed consent for medical students to witness or perform sensitive genitourinary exams. (page 15)

12. Examination or touching of genital mucosal areas without the use of gloves is an example of:

B Performing a genital exam without the use of gloves is considered a sexual impropriety.
13. Surgical operating room banter between the surgical team members, including repeated off-color jokes, flirting, and inappropriate touch is an example of which of the following? **C**

   The answer is C. In this item, clearly joking around and flirting is certainly risky unprofessional behavior. But if touch is involved – boundaries are being crossed. When individual team members feel unsafe or that their rights have been infringed upon due to repeated acts this becomes a “hostile or offensive work environment” and is sexual harassment. (page 16)

14. A physician is laughing with his/her staff and commenting about “dumb blonds.” A blond patient overhears their joking. The patient files a complaint. Select the category below that this complaint would fall under. **C**

   This is sexual harassment. This is a very important point – even if the comment was targeted at another individual, meaning the recipient was not the intended target, it is still considered harassment if that person was offended. Thus keeping unprofessional specific comments to oneself is the best course of action or limit conversations to the intended party only. (page 16)

15. A patient you have not seen in over two years invites you to a social function and you feel some attraction to this person. Which of the following statements is/are true? **A**

   A is the correct option. You must formally discharge a patient; meaning written documentation. However, the power differential or the knowledge, emotions or influence you posses over this individual may be considered unethical as it still gives you power over that individual. In psychiatry – the once a patient always a patient may hold true as well. (page 11)

16. A patient emails you a message to your home email describing a new symptom that has been going on for three days and seems to be getting worse. It is Friday morning and you will be in clinic all day. You see the email on Saturday morning while you are checking your home emails and think this is straight forward but the patient may need antibiotics. You, however, are not on call for the group this weekend. Which is the next best course of action? **E**

   The best option for this scenario is call to check on the patient, develop a plan and then educate the patient on the proper ways to contact their providers as well as reinforcing the general rules against using personal emails. (page 30.)