

Graduate Medical Education Policy	Professionalism Boundaries
Facility/Sponsor	CMC/GMEC
Policy Origin Date	2007
Revision Date	May 2023

PURPOSE

This policy outlines expected standards of behavior for resident and faculty physicians, podiatrists, and dentists (residents and faculty) relating to sexual and romantic relationships and proper professional boundaries that are required to be maintained with patients, former patients and patient families.

SCOPE

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

DEFINITIONS

Resident refers to all interns, residents, and fellows participating in a Carilion Medical Center accredited post-graduate medical education program.

Faculty: refers to any individuals who have received a formal assignment to teach residents.

Medical student refers to any person enrolled in an accredited medical school who participates in clinical learning experience leading to the achievement of a Medical Doctor (MD) or Doctor of Osteopathy (DO) degree.

PROCEDURE

1. Standards of Behavior
 - a. Romantic Relationship or Sexual Contact
 - i. It is unacceptable for a resident or faculty physician to have a romantic relationship or sexual contact with a patient while the physician-patient or medical relationship between the physician and the patient exists. It is unacceptable for a resident or faculty physician to have a romantic relationship or sexual contact with a former patient for at least two (2) years after the termination of the physician-patient relationship.
 - ii. There may be special circumstances, such as a medical emergency, when a physician needs to provide medical care to a patient with whom the physician has had or is having a sexual or romantic relationship. The treatment relationship in such circumstances should end as soon as it is medically safe. If such circumstances occur, the Program Director, the Designated Institutional Official, the Administrative Director of Medical Education, or the Director of Osteopathic Medical Education must be informed of the situation by the involved physician as soon as possible. Program Directors must promptly notify the Designated Institutional Official, the Director of Osteopathic Medical Education, or the Administrative Director of Medical Education of any such disclosures.
2. Maintaining Professional Boundaries
 - a. Physicians are expected to maintain proper professional boundaries with patients, former patients and patients' immediate families when the potential for misuse or

exploitation of a physician-patient relationship exists. Examples of conduct the physician should avoid include, but are not limited to:

- i. Excessive/inappropriate time spent with a patient or patient's family that is non-diagnostic and non-therapeutic.
 - ii. First name or "pet name" familiarity unless the physician/patient interaction and quality of care is positively affected by its usage. Such familiarity has the potential for being misconstrued as socially provocative or flirtatious.
 - iii. Behavior or language that indicates an interest in developing a dating, social or romantic relationship with a patient, patient's family member or a former patient.
 - iv. Dating of a patient, a patient's family member or a former patient.
 - v. Behavior or language directed to a patient, former patient or a patient's family that is of a sexual nature.
 - vi. Acceptance of any personal gift from a patient, a former patient or a patient's family that is more than a small token of thanks for the professional care provided.
- b. There are many other interactions that may call into question the professional behavior of physicians. Physicians are expected to be sensitive to their role as health care professionals and to maintain proper professional boundaries. Physicians are expected to serve as role models for the entire health care team.
3. Corrective Action
- a. A faculty member or resident who fails to comply with this policy is subject to remedial or disciplinary action, including, but not limited to, termination of employment. A medical student who fails to comply with this policy is subject to corrective or disciplinary action up to and including removal of the student from the educational rotation. Such removal will be reported to the student's academic institution.
4. See also GME Fraternization policy.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	March 11, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Donald Kees, MD	GMEC	January 21, 2014
Donald Kees, MD	GMEC	July 18, 2017
Arthur Ollendorff, MD	GMEC	May 16, 2023