PHYSICIAN-LEARNER BOUNDARIES

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INTRODUCTION

Unlike the frequent discussion of physician-*patient* boundaries, maintaining appropriate physician-*learner* boundaries is less commonly reviewed in family medicine training.[1,2] Both violations and crossings erode trust and respect between teacher and learner, adversely affect the learning environment, and result in distressing consequences for the educator and learner.[4] Literature on nonsexual boundary violations is scant and fragmented.[2] Boundary **violations** are significant, often exploitative, departures from professional norms. **Crossings** are milder, often unintentional, deviations.[3] Institutional policies addressing boundary violations may be nonexistent or subject to a lack of awareness.[4] Practical strategies should be implemented to address boundary issue concerns transparently.[4]

CATEGORIES OF BOUNDARY VIOLATIONS[1,2,5]

1) **Physical:** Includes sexual contact, inappropriate physical contact or proximity, and interactions conducted in isolation.
2) **Digital/communication:** Encompasses contact through unauthorized channels, inappropriate social media and texting interactions, and oversharing personal content.
3) **Emotional/relationship:** Incorporates socializing or comingling; consumption of alcohol; monetary payment for services such as child or pet sitting; dispensing compliments; acting as a parent, friend, or therapist; and inappropriate emotional attachment or favoritism.

CONSEQUENCES OF BOUNDARY VIOLATIONS[1,2]

1) Discomfort for or harm to students or residents
2) Damage to the physician-learner relationship
3) Teacher stress and burnout
4) Restrictions from teaching
5) Loss of credentialing
6) Loss of compensation
7) Damage to professional reputation
8) Suspension, dismissal, or legal action

SPECIAL SITUATIONS[4]

1) Power differential between teacher and students
2) Expectation to relate closely to learners
3) Development of more collegial relationships over time
4) Possibility of dual relationships (such as hiring or acting as their provider)

PRACTICAL STRATEGIES TO ADDRESS BOUNDARIES[3,4]

1) **Self-awareness:** Clinicians should regularly reflect on their learner interactions, considering learner perspectives and perceptions by others. Focusing on learner comfort is key. Physician educators are encouraged to seek supervision and guidance, employ personal emotional intelligence to understand their own vulnerabilities, and avoid dual relationships with learners.
2) **Communication:** Physician educators should always maintain transparent, professional communication with the assumption that any correspondence could potentially be shared or scrutinized.
3) **Continuous learning:** Physician teachers should seek boundary training. Discussions of physician-learner boundary vignettes increase teachers' confidence in addressing this issue. Institutional policies that include specific guidelines are encouraged.

CONCLUSIONS

- Organizing boundary violations into categories helps support understanding.
- Raising awareness promotes a safer, more positive learning environment for students.

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