The College of Physiotherapists of Ontario presents Understanding and Maintaining Professional Boundaries: Chapter 1: What are Professional Boundaries?

This is the first of four chapters designed to heighten awareness and assist with physiotherapists’ understanding of professional boundaries. Each chapter is designed so that it can be completed by an individual or used in a group discussion format.

The entire module is structured in a building block approach; that is, each chapter builds on the knowledge gained from the previous chapters. Participants are encouraged to move through the module in sequence.
The purpose of this module is threefold:

• to heighten awareness of professional boundaries
• to differentiate between the personal and therapeutic relationship
• to provide tools to assist in applying these concepts to practice
Chapter 1 will begin with the opportunity to reflect on your professional boundary knowledge by undertaking two self-assessments.

Following your self-assessments, the chapter will:

• review and define professional boundaries;
• examine why boundaries exist;
• explore who or what determines boundaries;

and finally,

• address who is accountable for maintaining boundaries in the physiotherapist/patient relationship.
Take a moment to reflect and answer a few simple questions. The first set of self-assessment questions focuses on your knowledge of professional boundaries, while the second, focuses on professional behaviours that you may enter into from time to time. It is important to stress that the following questions are self-reflection exercises and as such, there are no right or wrong answers. The results will be known only to you.


You will be encouraged at the end of this module to repeat both self-assessments to see if there are any differences in your responses. In other words, after completing this module on professional boundaries, will your conduct with your patients be any different? Has your knowledge and understanding of professional boundaries changed in any way?

For your convenience, all of the questions are summarized in a question worksheet. You may wish to print two copies of these questions and answer them on paper as you complete the module to make it easier to review your answers at the end. Please click on the paper clip icon in the lower right hand corner of this slide to see the question list and then print the document.

Let’s begin.
As a reminder, these first four questions focus on your knowledge of professional boundaries. Again, please keep in mind that this is a reflective exercise and the results are for your eyes only.

Question one - Boundaries are important because they:

A. Help me be professional
B. Protect my patient
C. Put my patient’s needs first
D. All of the above

Note: There are no correct answers to these questions, however you may wish to record your responses for future reference.
Self Assessment – Knowledge Question 2

Boundaries exist to prevent me from:

A. Being compassionate and caring
B. Gaining personally from my patient
C. Having fun with my patient
D. Being myself

Question 2 - Boundaries exist to prevent you from:

A. Being compassionate and caring
B. Gaining personally from the patient
C. Having fun with your patient
D. Being yourself
Self Assessment – Knowledge Question 3

When faced with a boundary issue:

A. I follow my heart
B. I do what my patient wants
C. I seek consultation
D. I ignore it and hope it goes away

Question 3 - When faced with a boundary issue you:

A. Follow your heart
B. Do what your patient wants
C. Seek consultation
D. Ignore it and hope it goes away
Question 4 - The person responsible for keeping boundaries in place is:

A. My supervisor
B. My patient
C. Myself
D. Both B & C
Now that you have completed the first short quiz assessing your knowledge of professional boundaries, take a moment to assess your own professional behaviours. Reflect on your day-to-day practice and ask yourself if you enter into any of the following behaviours from time-to-time.

Although the answer may be “it depends” or “sometimes”, for the purposes of this self-assessment, please choose either yes or no. Again, there are no right or wrong answers and your response will be known only to you.

Let’s begin.

1. Do you share your personal information with your patients?
2. Do you do favours for certain patients, such as scheduling appointments outside regular hours or driving them home because you are going that way?

Yes or No?
Self Assessment – Behaviour Question 3

3. Do you become friends with your patients and see them outside of the therapy session?

Yes or No?
4. Do you ask your patients (who have particular expertise) for advice, such as financial, legal, technological or other advice?

Yes or No?
5. Do you enter into touch of a personal nature with your patients, such as a hug?

Yes or No?
6. Do you have patients as “friends” on Facebook or other social networking sites?

Yes or No?
7. If you run into a patient by chance, do you introduce them as your patient?

Yes or No?
Self Assessment – Behaviour Question 8

8. Do you extend the number of treatments because a patient insists that he or she needs more therapy and you don’t know how to say “no” without causing offence?

Yes or No?
9. Would you discontinue service because you find something about the patient offensive, such as body odour?

Yes or No?
10. Do you extend the number of treatments because you like a patient and want to see him or her again?

Yes or No?
Now that you have completed your self-assessment, you may be thinking “What is a professional boundary?” Or, “Are my professional behaviours okay, not okay or maybe okay?”

While Chapters 2 and 3 will explore professional behaviours more fully, let’s begin by defining a professional boundary.

In essence, the professional boundary is made up of two parts:

• The first component - what it is

And

• The second component - how it is managed
Simply speaking, boundaries define and separate your role as a physiotherapist from other roles that you have in life; such as being a family member, a friend, a neighbour or a business partner.

Boundaries set a clear distinction between your personal relationships and your professional relationships.
Also important within your professional relationships, is how you manage the boundary. In other words, how you conduct yourself professionally or behave within the therapeutic relationship that you have with your patients.
The two components of a professional boundary – what it is and how it is managed - are intertwined.

A boundary can be defined as the limit that allows for a safe connection between you, the physiotherapist, and your patient. Safe connection is always based on your patient’s needs.

In other words, this safe connection (or the how the boundary is managed) means that you know the professional behaviours expected of you and you adhere to them. You know the “rules” that govern your physiotherapy practice and you follow them as well.

The distinction between personal and professional means that you ensure that your own personal views of what you feel may be right, good, fair, or just in a particular circumstance, are secondary to your professional obligations. In other words, your personal views should not seep into the physiotherapist–patient relationship. For your patient is at the core of this therapeutic relationship – always; and your patient’s needs – for your professional services - are the focal point or the centre of the work that you do.
It is important to note that a patient need is different than something that a patient may want. How do you determine your patient's needs?

Simplistically, you determine a patient's physiotherapeutic needs by applying your knowledge, skills and expertise to determine the issue. Then, you create a treatment plan, which you implement. In the course of your assessment, should a patient's needs fall outside your role, your professional expertise or outside the mandate of the practice setting, you then refer to another, more appropriate provider.

From time to time you may have a patient who has “wants” (as opposed to needs) and they may request that you do “more”; “more” than is permitted by your scope, your expertise, your employer, the law or the College standards. Or the “more” may not be realistic; as mentioned a moment ago; “more” may fall outside of your role.

These wants or expectations and how you manage them become part of the safe connection between you and your patient. This will be addressed further in Chapter 2, The Power Imbalance.
You may think you have a high level understanding of what a boundary is, but why are boundaries important?

One part of the answer to this question lies in the ethical principles that are the foundation of your professional practice. Boundaries exist to ensure that these basic ethical principles are upheld in the physiotherapist-patient relationship. As such, they form a link to ethical practice.

The e-learning module Understanding Ethics outlines some basic principles, the ethical values of physiotherapists in Ontario, and a decision making model to facilitate appropriate ethical decisions. Let's review some of the key ethical principles discussed in that module.
Paraphrasing the definitions of the key principles that were presented in the module, autonomy is your patient’s right to self-determination. You foster that right to self-determination by ensuring that your patient has all the information they need to give fully informed consent for example.

Beneficence requires that you will “do only good” in the work that you do. While non-malfeasance reinforces the same principle, it is in a slightly different way because it emphasizes that you will not cause harm.
The intent of justice is to maximize fairness for all current and potential patients. While veracity reflects the fundamental respect for the patients with whom you work, your fiduciary duty is the degree to which the service that you provide to your patient reflects what you promise, and is true to the articulated goals of your professional service. In other words, it’s the duty to put patient needs ahead of your own.

Needless to say, if asked, you would say that you strive to uphold these principles. Boundaries are there to ensure that you do.
What happens if the boundary is compromised in any way? Who is responsible for maintaining this boundary? These questions may arise, particularly as some patients may push the boundaries by requesting treatments that you may not feel are appropriate to their particular need.

Let’s begin by addressing what can happen if the boundary is either compromised or not maintained at all. Accountability for maintaining boundaries will be addressed at the end of this chapter.

Whether it occurs innocently, inadvertently or purposefully, failure to maintain this safe connection or boundary may result in harm to your patient. Harm is a relative term, meaning that harm can be real, potential or perceived. This concept will be explored further in Chapter 2 and again in Chapter 3.

Having said that, is it possible to define or put an actual face to harm? In other words, does harm have specific features? The answer is yes.

If you took a poll and asked friends, colleagues and patients what type of behaviours can cause harm within the practice of physiotherapy, you would probably find a high degree of commonality. However, in the world of boundaries, harm is comprised of very specific behaviours.
The first and over-arching feature of harm or behaviour that can cause harm is the point at which you let your own personal bias shape or enter into your professional relationship with your patient; and by doing so, you gain at your patient’s expense. Your personal bias can be your values, morals, cultural or religious beliefs. Or it can be what you feel to be right, good, fair or just in a particular circumstance or moment.

More than likely, the thought of gaining at your patient’s expense would never enter your mind. The reality is that very few professionals wake up in the morning and decide that they are going to harm their patients that day. Although predators do exist, if faced with a complaint, the majority of health care professionals would say that they believed they were doing good, and not causing harm. This addresses a key issue in professional boundaries; the distinction between the intent of your actions and the impact perceived or felt by the patient. This concept will be addressed further in the up-coming chapters.

Let’s take a look at how your own personal biases may enter into the professional relationship with your patient, even if honestly or inadvertently. In other words, what behaviours might you enter into that would or could result in you gaining personally at your patient’s expense and as a result, cause real, potential or perceived harm to your patient.

The Over-Arching Feature of Harm

- Letting your own personal bias shape your professional relationship with your patient

And by doing so,

- You gain personally at your patient’s expense.
- Bias can include values, morals, cultural or religious beliefs.
- Intent can be different from impact.
There is no rank order to these specific behaviours of harm. The first behaviour that will be explored is taking professional short cuts.

Take a moment to consider. Can you think of a time that your took a short cut, meaning you either skipped something that you should have done in a patient’s treatment or you simply shortened the length of the treatment time, for example?

Now think of what led to this behaviour. In other words, why did you do it? Now consider what harm could have befallen your patient as a result of that short cut and consider whose needs were coming first – yours or your patient's?

On occasion, either of these may occur – perhaps even with good reason, however it is the pattern of this behaviour that is more concerning. Even though a single or isolated professional shortcut could cause significant harm, generally boundary issues that become boundary violations exhibit a pattern of practice. Consider the following: you consistently shorten treatment times that occur just before lunch so that you can take a longer break. Therefore, patients scheduled just before lunch do not get their full treatment because you want more down time. You gain personally at their expense.
The second behaviour that may cause harm is treating your patient like an object.

Without a doubt, this is a very strong statement. Especially when you think of the guiding ethical principles reviewed a few moments ago. In particular when you consider the ethical principle of veracity; that is, respect for the patient with whom you work. How could you treat your patient like an object?

Consider the following scenario. You and a colleague are conducting a two person transfer. While you are doing this, you and your colleague are talking about the movie that you saw on the weekend. As well, you are thinking about the errands that you need to run when you finish work. Are you thinking that you just need to get this transfer done so that you can move on to the next “chore”. Are you talking to your patient at all?

Whether you are talking with your colleague or ignoring your patient altogether as you think of other things, consider the following questions. Are you treating your patient with respect? In other words, are they a person in that moment or an object to be moved? Are you fully attentive to the mechanics of the transfer itself? What is the potential for harm to your patient? And again, whose needs are coming first, yours or your patient's?
The third harmful behaviour is manipulating your patient or manipulating the situation. Again, this is a very strong, negative statement that is absolutely contrary to the fundamental core of your professional being.

Take a moment to reflect on the following scenario to see how this could occur. One of your patients is struggling to decide between two medical treatment options. They ask for your opinion and you give it. The patient decides to go with that option.

Now take a moment to reflect. Your patient trusts your judgment and trusts that you will do good and not cause harm. Your patient is asking you as the professional who has unique knowledge that he or she does not have. This is part of the professional power that you have in this particular physiotherapist/patient relationship. Now consider what would happen should the treatment not go well.

You may chose to offer an opinion because you believe truly that it is the better option. You may want simply to help a distressed patient. However, by suggesting one option over the other, you insert your personal bias into the therapeutic relationship and by doing so, you diminish your patient’s right to self-determination.

By offering a personal opinion, you may have innocently manipulated your patient into doing what you would have done for yourself. The gain to you could be as simple as feeling good about easing your patient’s stress.
Purposeful Manipulation

- Your actions truly are in the patient's best interests e.g. individuals with dementia or other cognitive limitations.

Caution:

- Be careful to not lose fundamental respect for the person and begin by treating them as an object.

You may think there are times where you may manipulate the situation or the patient purposefully and that these actions are in the patient’s best interests. Therefore you are keeping their needs primary. This comment is raised frequently by health care professionals who work with patients who have dementia or patients who have cognitive limitations for other reasons.

For example, you work with an elderly or confused patient post total hip replacement. The patient will not get out of bed, so you tell her that the Doctor wants her to get up and go for a walk. While this may not exactly be the case, the consequences of not getting up will compromise her ability to recover and so this “good” outweighs the discomfort of the manipulation.

While this purposeful manipulation may occur dependent upon context, the caution is to ensure that you do not lose the fundamental respect for the person themself and begin treating them more as an object to be “moved”.
And lastly, the final feature of harm is deceiving or cheating your patient. Again, this is a very harsh behaviour, however as illustrated by the preceding scenario, behaviours can be entered into quite innocently.

For example, you explain a new treatment option to your patient who then consents. Two weeks later, your patient says angrily that she did an internet search and discovered that you did not outline all of the potential consequences. You recall that you were behind schedule that day and were trying to make up a bit of time. The consequences that your patient researched, you considered to be unlikely to occur and in fairness to the other patients waiting. You decided to skip over them.

Needless to say, you did not omit the information with the express purpose of causing harm to your patient. You weighed the number of patients waiting with what you believed to be unlikely events. In this example, your professional judgment rested within the ethical principle of justice.

However, your patient has a right to self-determination. This is the basis of the ethical principle autonomy. In other words, your patient has the right to be informed of all the benefits and consequences of any treatment options. This is the foundation a fully informed consent while up-holding the principle of veracity –fundamental respect for the individual and the decisions that he or she may make.

So by taking a short cut and not explaining all the consequences, you inadvertently deceived and cheated your patient of her right to weigh all the information that she needed to give you fully informed consent. Your gain was as simple as making up time.
A further note on personal bias before leaving this discussion on the features of harm.

While a key feature of harm is not letting your personal bias “leak” into the therapeutic relationship, you are human and it is not always possible to be completely neutral.

It is also possible that you could communicate your bias with your non-verbal communication as well as with the words that you use. Whether it is with the words that you use or your body language, this communication may occur without you being aware that you are sending a message to your patient. Therefore, you need to be alert to any cues that your patients may send indicating that they are not feeling comfortable so you can enter into a constructive discussion with them.

An essential part of understanding and maintaining boundaries is to be aware of your own biases.
The preceding discussion illustrates how innocently harm can occur when you let your own personal biases enter into professional behaviours with your patients. You may wonder, “If my own values, morals, cultural or religious background should not be the dominant factor in my professional relationship with my patients, who or what determines the appropriate boundaries and therefore, my expected professional behaviours?”.

In part, the answer can be found in federal and provincial laws, statutes and Acts. The College will also have standards for professional practice and your employer will have policies and procedures, all of which can help guide your actions.

Let’s look at each in turn.
The first cluster are federal and provincial laws, statutes and Acts. Keeping in mind that this is not an exhaustive list, each of these Acts begin to define how you are to behave in the physiotherapist/patient relationship at the high level.

Consider the Ontario Human Rights Code that addresses discrimination and harassment. Consider the Criminal Code that addresses theft and physical assault. Consider the Health Care Consent Act that addresses fully informed consent and the Substitute Decisions Act that outlines who can give consent should your patient not be able to do so. Consider the Personal Health Information Protection Act that safeguards patients’ health information. And consider the Occupational Health and Safety Act that defines physical safety in the work place.
As a registered physiotherapist, the College articulates what is appropriate and inappropriate in your relationship with your patients. It does so through its Professional Misconduct Regulation and the Essential Competency Profile, as well as through documents such as the Code of Ethics, Standards for Professional Practice, and Standards for Continuing Competence to name a few.

To assist you, the College offers practice advice in the application of these professional obligations to your day-to-day practice. As well, the College provides e-learning opportunities such as the E-Learning Module on Consent which is designed to help you understand the complexities of the Health Care Consent Act and the Substitute Decisions Act as they apply to your day-to-day practice.
And of course, you may have an employer. They too have expectations of your professional behaviours that further define your professional boundaries in the workplace. These expectations may be found in your organization’s code of ethics, your job description and organizational policies and procedures.

It is possible that periodically, your organization’s practices or policies may place you in conflict with your College obligations. Should this occur, you have an ethical dilemma. The College has a variety of resources to assist in resolving ethical dilemmas and making appropriate ethical choices. Constructive communication and dialogue with your organization will also go a long way to solving the dilemma. It is important to note that should there be a conflict between your professional obligations and your employer’s expectations, your first responsibility is to your patient.
Who is Accountable?

- As a physiotherapist, you are responsible for conducting yourself ethically in all practice situations.
  - Maintain boundaries
  - Demonstrate respect

Your patient has rights and you have professional obligations, so who is accountable for maintaining boundaries?

As a physiotherapist, you are responsible for conducting yourself ethically in all practice situations.

To practice ethically, your professional behaviour must stay within the defined and articulated professional parameters or boundaries and you must demonstrate respect for all your patients regardless of culture, gender or age.
Regardless of who is pushing the boundary, you or your patient, the onus is always on you as the professional. You are solely responsible for maintaining that boundary or safe connection in the therapeutic relationship that you have with your patient.

In the world of boundaries, it always comes back to the individual professional should there be a complaint about behaviour. In others words, you will be asked to explain why you did what you did. In part, a test of reasonableness will be applied; meaning would a physiotherapist with similar knowledge, skills and expertise faced with the same issue do the same thing?

But you will also want to understand your professional strengths and weaknesses and know what is expected of you professionally, to assist you in making decisions about maintaining that boundary or safe connection. This in turn supports you in keeping your patient's needs first and can assist you should you be asked to explain why you did what you did.

When in doubt about the most appropriate action to take – consultation is recommended.

Consult the rules that apply and consult with the people involved.

The consultation process should include individuals who are objective and will ask the right types of questions to guide you - and not just those who will tell you what you want to hear. While these probing questions might make you feel uncomfortable, this may mean that by seeking consultation, you are doing the right thing.
To summarize, it is important to keep the following in mind;

• A professional boundary is made up of two components – what it is and how it is managed. The “what” defines and separates your personal relationships from your professional relationships. “How it is managed” relates to your appropriate professional behaviours or conduct within the therapeutic relationship. Boundaries form the link to ethical practice.

• When boundaries are weakened or compromised, harm to the patient can result. Harm is made up of specific behaviours with the over-arching feature of harm in that you let your own personal bias shape the therapeutic relationship so that you gain at your patient’s expense.

• Appropriate professional behaviour or conduct is determined by the law, your college and by your employer. Knowing what is expected of you as a physiotherapist will help you to maintain the professional boundary.

• As a professional you are solely accountable for maintaining the professional boundary.

• When in doubt, consultation (of the rules and the right people) is strongly encouraged.
Select References and Resources

College of Physiotherapists of Ontario:

- Professional Misconduct Regulation
- Essential Competency Profile
- Code of Ethics and E-Learning Module
- Standards for Professional Practice
- Standards for Continuing Competence

Congratulations on completing Chapter 1 of the Understanding and Maintaining Professional Boundaries E-Learning Module.

Professional Misconduct Regulation

Essential Competency Profile

Code of Ethics and E-Learning Module

Standards for Professional Practice

Standards for Continuing Competence

A complete list of references and resources is available on request by contacting the College.

The College of Physiotherapists of Ontario would like to extend our most sincere thanks and gratitude to Claudia Newman, MSW, RSW for the development of the content for this module.
We are very interested in hearing your feedback on this chapter of the Professional Boundaries E-Learning Module.

Please visit http://www.surveymonkey.com/s.aspx?sm=QOKINmb7v7bHOWps5m2xQg_3d_3d to complete a short survey.

Thank you.