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Teacher–student relationships in medical education: Boundary considerations

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Abstract

Background: Despite recent attention to the area of student mistreatment, there has been less emphasis on the problem of excessive or inappropriate intimacy between teachers and students. Although a certain amount of closeness to faculty is important to the professional socialization of students, excessive or inappropriate closeness can be coercive because of the power differential between teacher and student. This can cause discomfort, discrimination, or psychological and academic harm to students, who often feel too intimidated to express concern.

Aims: We provide a framework that allows both faculty and students to discuss these issues more openly and to consider constructive strategies in their own settings.

Method: We collected examples of boundary issues that individuals had experienced or knew that others had experienced in teacher–student relationships.

Results: Examples of excessive intimacy include patterns of expressing favoritism for personal reasons, disclosure about personal or academic problems experienced by the teacher, and socializing with selected students, up to and including dating and consensual sexual involvement.

Conclusions: Personal and situational risk factors may make teachers or students more prone to cross healthy boundaries. Education about boundary issues, including discussion of case vignettes, may help build awareness and thus help foster more balanced teacher–student relationships.

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Introduction

Recent discussions have focused on three general aspects of teacher–student relationships in medical education. First, some authors have focused on the value of collegiality between teacher and student, especially as the student or resident takes on greater responsibilities (Rautio et al. 2005; Haidet & Stein 2006; Larkin & Mello 2010). Our role is not only as teacher and evaluator, but as mentor. Part of our role is to help in socializing our students into the profession they are gradually entering. In that sense, they are junior colleagues as well as students (Rautio et al. 2005; Haidet & Stein 2006; Larkin & Mello 2010).

A second area of emphasis has been the frequency of mistreatment of students by those in teaching roles. Mistreatment includes behaviors such as belittling a student in a group setting, discriminating on the basis of gender, race, or sexual orientation, sexual harassment, or asking students to run personal errands (Baldwin et al. 1991; Wear et al. 2007). These concerns have led to a formal articulation of principles guiding the teacher–student relationship issued by the Association of American Medical Colleges (AAMC 2001), and expectations by the Liaison Committee on Medical Education (LCME 2008) that every medical school should have a specific policy regarding the teacher–student relationship.

Practice points

- A balance between closeness and distance is necessary in all relationships.
- A certain level of collegial and social closeness between teachers and medical students helps acculturate students into the professional community.
- Excessive or inappropriate intimacy, whether sexual or nonsexual, can be coercive, abusive, discriminatory, and damaging to both student welfare and the teaching environment.
- Teachers should be good role models for boundary setting, especially as this will also have implications for physician–patient boundaries.
- Boundary issues should be openly discussed among faculty, residents, and students, and should include consideration of boundary dilemmas likely to be confronted in the educational setting.

A third area of emphasis has been excessive or inappropriate closeness between teacher and student. Despite the value of a certain level of collegiality noted above, excessive closeness may compromise the teacher's objectivity and fairness. Even appearances of favoritism can create the perception of discrimination in a team setting, thus affecting the educational environment in a broader sense. Patterns of

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excessive closeness may also reflect personal needs and difficulties in either teacher or student (Baldwin et al. 1992; Plaut 2008; 2010). Examples of such behaviors will be provided below.

Through consulting and networking with faculty and administrators, we collected examples of boundary issues that individuals had experienced or knew that others had experienced in teacher–student relationships. The stories often reflected inappropriate boundary crossings between faculty and students. Examples included patterns of favoring certain students for personal rather than academic or professional reasons, excessive personal disclosure, imposing personal values on students, involving students in faculty or administrative controversies, simultaneously serving as teacher and health provider to a student, and dating of students, at times including sexual involvement.

Such behaviors may have different effects on different students. While special attention may be valued by a student, it can also be embarrassing and uncomfortable. If students feel pressured to interact with a faculty member in a personal way, they may be reluctant to voice concern, for fear of affecting a future evaluation or not being supported by the institution (Gordon et al. 1992; Recupero et al. 2005). Even if students initiate a personal relationship, which they may sometimes do, this may compromise the ability of the faculty member to teach and evaluate the student in a fair and objective manner. Finally, a perception by some students that others are being consistently favored in a personal way raises questions of discrimination, and thus may constitute mistreatment. For example, a heterosexual faculty member may invite one or more male students or residents to go skiing with him, feeling that if he had invited his female trainees, eyebrows might be raised. What he may not realize, however, is that the women may then feel not only that they are being discriminated against as women, but also that the male trainees enjoy special access to their mentor, and have become "favorite children." Socializing with students or trainees can be an important aspect of the mentoring process. A group activity, such as a barbecue at the home of a faculty member, perhaps including partners and even children, might be a more inclusive way to achieve this objective (Plaut 2010).

The example described above also illustrates that the problems of inappropriate closeness and mistreatment are not mutually exclusive. Some aspects of excessive or inappropriate intimacy may be considered mistreatment or harassment because of the coercive nature of these behaviors, or because they are conducted in a discriminatory fashion.

The issue of mistreatment has been more openly discussed and more formally addressed than has been the problem of excessive intimacy, at least in the US medical education community. Boundary issues are not as well understood, and there is much more variability in school and university policies regarding faculty–student boundaries (Owen & Zwar-Castro 2007). Drawing on the accounts we have heard, what has been described in the professional literature, and on our respective experiences as teachers, consultants, and medical school administrators, we hope to provide a framework that will allow both faculty and students to discuss these issues more openly and more authoritatively and to consider constructive strategies in their own settings.

The importance of boundaries in professional relationships

We may all have different reasons for having become teachers of medical students. Whatever these reasons, our clear professional obligation is to foster a teacher–student relationship that enhances the learning experience and professional development of our students. In doing so, we need to find an appropriate balance between caring, closeness, and availability on one hand, and distance and objectivity on the other.

Boundaries are important in all relationships, including committed partners in an intimate relationship. In her book, *Grown-Up Marriage*, Viorst (2003) encourages her readers to "figure out how intimate you can be without suffocation and how separate you can be without alienation." Relationships can become so enmeshed that each member of the couple loses his or her individuality and privacy. When we talk about the relationships of professionals to their patients, students, or employees, however, we are not talking about "peer" relationships. We are talking about people who are involved in a trust-based relationship with a person to whom they have a professional obligation (Peterson 1992).

A central and often misunderstood concept about boundaries has to do with the power that we have as helping professionals (Recupero et al. 2005; Committee on Ethics 2007; Plaut 2008). Our students depend on our knowledge, skill, and judgment. The power we have is power they give to us – it is not necessarily power that we assume on our own – and we are very likely to have coercive influences on our students far beyond our intentions or awareness. It is partly for this reason that students are not likely to object if they feel we have acted inappropriately in our relationships with them.

The ethical standards of the health professions are pretty clear about the need to maintain appropriate boundaries with patients, especially when it comes to sexual involvement. (Council on Ethical and Judicial Affairs 1991; APA 2002). Standards regarding teacher–student relationships are not that clear or consistent, however, for reasons that are quite understandable (Gordon et al. 1992; Plaut 1993). First, we are expected to relate more closely to our students than we are to our patients; part of our role is acculturating them into the profession, and for some of us in certain situations, that may mean socializing, discussing with them how we balance personal and professional lives, etc. It is normal to develop personal attractions to our students and they to us for any number of reasons. Yet, exploiting those feelings in either direction may not be healthy for a good teacher–student relationship. It is our responsibility to maintain a certain level of objectivity in both our teaching and evaluative functions. We also need to be seen as treating all students fairly and equitably. If this is not done, we are ultimately placing patients at risk, as maintaining objectivity in the evaluation of students is likely to be reflected in the competency that students will demonstrate as care providers.

Unfortunately, we are rarely taught in our own training about the risks involved in crossing certain boundaries in the

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trust-based relationships in which we are involved, and we may even innocently cross certain lines without realizing the consequences on the students we teach and on the environment in which they learn (Gordon et al. 1992; Recupero et al. 2005). The fact that students may not feel free to express any personal concern means that these issues are likely never to be discussed in any context. It is for these reasons that less attention has been given to issues of teacher–student boundaries than to the issue of mistreatment, which is typically much more blatant and obvious in a teaching environment. Even though such boundary crossings may be relatively infrequent, the emotional and academic toll on the student can be substantial (Gordon et al. 1992; Plaut 1993). Any resulting disciplinary proceedings and sanctions can be devastating to a faculty member as well (Plaut 2010).

Excessive or inappropriate intimacy

When medical schools or their parent universities have policies about teacher–student boundaries, they are typically restricted to sexual boundaries which, when crossed, typically cause the greatest harm to the teaching relationship and to the student. It is generally understood that consent by the student to such a relationship is not a valid justification for the behavior of a faculty member (Gordon et al. 1992; Plaut 1995; Wertheimer 2003). In rare instances, a student may actually provoke such a relationship. A female psychiatric resident was once reported to have said in a class about professional–client boundaries, "If I want to screw a teacher to get a better grade, I should have a right to do so." This account underscores the importance of the faculty member maintaining appropriate standards of closeness to students. (Of course, it also raises questions about the student's level of professionalism.)

Dual relationships

The ethics of at least one profession, psychology, specifically prohibits sexual relations between teachers and students (APA 2002). Some schools also have policies prohibiting certain dual professional relationships; for example, serving as a health care provider for a current student. Such a conflicting relationship may make all kinds of personal and clinical information available to the provider that he or she has no business knowing in a teaching capacity, and which has the potential to affect the teacher's educational and evaluative role, not to mention the comfort level of the student, especially where psychiatric or gynecological issues are concerned.

Boundary crossings exist on a broad spectrum and should be addressed on a contextual basis, given some general guidelines (Recupero et al. 2005). For example, other kinds of "dual relationships" may involve hiring a student to perform a personal service, such as housework or babysitting. While seemingly an opportunity for "financial aid," such relationships have the potential for problems, should the student's performance in the domestic setting be called into question for any reason, not to mention the possible perception of favoritism among other students.

Awkward boundary crossings may also involve inappropriate disclosure to students, whether of a professional or personal nature. A teacher may discuss controversial administrative or faculty issues with a student, for example. This has the potential to politicize the student while also making the student somewhat uncomfortable with the sensitive knowledge he or she has been privileged to hear. Teachers may also disclose personal problems to students, and these can also be problematic, especially when they involve relationship issues. It is generally best that students not be considered friends or confidants when a teaching role is also being performed.

Such boundary crossings may not be seen as problematic in isolated situations. However, patterns of behavior of this nature may raise questions as to why a given student is consistently selected for such opportunities, or why a faculty member consistently seeks personal relationships with students.

Responsibilities of students

If we are to consider students as junior colleagues, some level of professionalism needs to be expected of them as well as from teachers (Committee on Ethics 2007). The student's attempt to enhance her grade by offering sexual favors, mentioned earlier, certainly raises questions about her own integrity. In a more subtle sense, students may sometimes dress in a provocative fashion, or invite a faculty member to be their friend on a social networking website. At times, such overtures may need to be addressed by a faculty member or administrator in terms of their professional implications. Of primary importance is that teachers serve as good role models for students by setting and maintaining boundaries that will enhance the integrity of the teacher–student relationship.

It is important to say a word here about the role of residents in this process. Residents are not only under the most pressure, but carry a dual role of both teacher and student. Studies of mistreatment find that residents are often the perpetrators of both student mistreatment and sexual boundary violations with students (Baldwin et al. 1991). Addressing the roles and challenges of residency education is beyond the scope and intent of this article. However, it is acknowledged that residents may be said to represent the most tenuous link in the chain of medical education. More attention needs to be given to their role as teachers as well as their well-being, and they should be involved in professionalism education to the greatest extent possible.

Fostering wholesome teacher–student relationships

There are a number of things we can do to minimize excessive or inappropriate intimacy with students, while promoting healthy, constructive educational relationships.

Make the importance of professional boundaries an open issue in your own thinking, in your relationships with colleagues, and in your teaching (Gordon et al. 1992; Bridges 1995; Robinson & Stewart 1996; Heru 2003; Rautio et al. 2005; Graufberg et al. 2008; Plaut 2008; Larkin & Mello 2010).

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Professional–client boundaries should be a part of any school's professionalism curriculum. Such teaching should include group discussion of actual case examples, so that students and faculty can struggle together with the issues that need to be considered when setting and maintaining boundaries. We also need to model good boundaries for our students; students should not be expected to live with a double standard of professional behavior (AAMC 2001; Plaut 2008).

Know the laws, ethical standards, and local policies and practices related to professional boundaries

Even though our lives as citizens may be grounded in a right to free association, we all surrender certain personal rights in exchange for the privilege of serving a professional role. We are engaged, as some have put it, in a kind of "servant leadership" (Larkin & Mello 2010). Our principal obligation as teachers is to our students, and we should not have our personal needs met at their expense. Where relevant policies do not exist in our own institutions, we can support the establishment of reasonable policies and guidelines, using those from other schools as guideposts (Owen & Zwar-Castro 2007). Such policies need to be apparent to and enforced with volunteer faculty in the community as well as with paid faculty and residents in the home setting. With or without formal policies, one guiding principal might be, "Don't do anything as a teacher that might compromise your ability to evaluate the student objectively."

Enter and always remain in the professional world with the mindset that patients, students, and supervisees are not to be seen as sexually intimate partners any more than one's own child would be seen as an intimate partner (Peterson 1992).

Whether or not our own institutions have policies proscribing sexual involvement with students, there is abundant evidence that such relationships are highly likely to be harmful to the student, perhaps on a long-term basis (Plaut 1993). There is also a frequent tendency to "blame the victim" in such situations, and it is often the student rather than the faculty offender who leaves the institution in frustration and disgrace.

Know the personal and situational risk factors for both professionals and clients that can facilitate boundary crossings.

There are certain characteristics of both teachers and students that may make them more vulnerable to become involved in personal relationships with each other, such as problems in their own relationships or families, feelings of isolation from colleagues, or depression (Gordon et al. 1992; Plaut 1993). If students should share such problems with us, our job is to counsel as best we can, provide reasonable academic accommodation if warranted, and refer as necessary, but not to provide consistently for their emotional needs. There may sometimes be a tendency for some of us to be excessively available to an emotionally needy student. However, as is the case for parents, our primarily role as teachers is to help our students get to the point that they do not need us any longer, whether academically or emotionally (Plaut 2010). Our primary role is to foster their confidence as competent professionals, rather than to foster or even exploit their dependency on us.

Nurture your own personal life and relationships.

There are also situational factors that can pose risks for excessive involvement. The hospitals and clinics and clinical teams in which we work can form a kind of "closed system." Stresses may be high, students and their faculty teachers/providers often share intense experiences, and these often cannot be shared with those at home (Gordon et al. 1992; Committee on Ethics 2007). Yet, we all ultimately need to get our personal nurturance from outside these closed systems (White 1997; Brancu & Page 2008). Modeling a healthy balance between personal and professional lives and commitment can be an important part of our mentoring role.

Be aware of your own inner experience. Be aware of how you perceive others in the professional environment and consider the possible consequences of boundary crossings that you may be considering.

To what extent might we see a given student as a potential intimate partner, rather than as a junior professional? We need to be honest with ourselves about those perceptions and to monitor our behavior especially, carefully where such dilemmas may occur.

If we are considering crossing a boundary at any level with a student, it is helpful to engage in what has been called "progressive boundary analysis." (Plaut 2010). What might be the possible consequences of crossing this boundary in this way – for me, for the student, for the teaching environment? How might I handle it? We are likely to find that just taking a moment to do that honestly will help us feel more comfortable about our decision, whichever way it goes.

Consult a colleague when ethical dilemmas arise; don't remain isolated.

At some level, we all face boundary challenges every day of our professional lives – attractions to others, questions about disclosing some personal information or problem we are facing, whether professional or personal, needing a personal favor in a pinch, or engaging a student in a nonprofessional interest similar to ours, such as golf, tennis, or music. If we experience strong feelings about these attractions or tendencies, or doubts about how to handle them, especially if there is a consistent pattern of personal attraction, it is critical that we not remain isolated and discuss these feelings with one or more colleagues from whom we might get some wise counsel and grounding. Whether with regard to scientific, clinical, or ethical issues, peer review and consultation should always be a cornerstone of our professional existence.

Teaching strategies

Academic institutions need to have policies regarding teacher–student boundaries, and these should be taught to both students and residents. Such policies must also be made apparent to and enforced in both full-time and volunteer faculty (LCME 2008; Larkin & Mello 2010). However, simply making people aware that these policies exist may not help

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either faculty or students to address the boundary challenges that we face every day. There are times when we may innocently cross a boundary without even realizing the possible consequences on other people or on the teaching environment, simply because we have not thought about the possible consequences of our actions.

The case vignettes below are from among those that we have collected. They reflect real examples of potentially problematic aspects of teacher–student relationships. Open discussion of these and other vignettes in a group setting, ideally including faculty, residents, and students, may help us all to address boundary challenges in a more measured, mature fashion. It is helpful to use vignettes that are relevant to the audience being addressed; such vignettes are more likely to have a meaningful impact if participants can readily identify with the scenarios presented. Vignettes may be somewhat different if the audience is, for example, physicians versus mental health professionals versus university faculty. At times, roles may be combined as with physicians who also teach students and residents, and vignettes can be prepared accordingly (Plaut 2008).

With highly specialized audiences, such as physicians in a single specialty, instructors in community clinics or substance abuse treatment programs, it is often helpful to ask people who work in the program for suggested scenarios well in advance of the presentation. These are then recast for presentation. Vignettes are typically written to provide the greatest latitude of "what ifs" in discussion. Therefore, it is often helpful if they are as neutral as possible with regard to such descriptors as gender, age, and specialty, and as open ended as possible.

When speaking to a large group, in which immediate discussion of vignettes may be limited, a single vignette may be discussed from the podium, illustrating some of the "what ifs" relevant to that situation. A page or two of vignettes could be provided for later consideration and discussion. In smaller groups, participants may be invited to select specific vignettes from a list or may even provide their own scenarios for discussion. These discussions can also be used to illustrate the technique of progressive boundary analysis discussed earlier.

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Sample vignette

A faculty member shares a hotel room with a student at a conference that the student could not otherwise afford to attend.

Considerations:

(1) Is this practice ever appropriate? Why or why not?
(2) Do relative age, gender, sexual orientation, or relationship status of each person make any difference as to whether you consider this practice to be appropriate or not?
(3) How might others back home (e.g., other students, faculty colleagues, department chair, dean) or at the conference view this practice? Does that matter?
(4) Are there other ways the student could have attended the conference at a reduced cost while avoiding any dilemmas that might arise by sharing a room with one of his or her teachers?

Vignettes about teacher–student relationships in the medical education environment

Camping: A physician who is teaching a student on a clinical rotation invites the student to go on a weekend camping trip with him and his family.

Cologne: A medical student tells her attending physician how good his cologne smells.

Conference: A faculty member shares a hotel room with a student at a conference that the student could not otherwise afford to attend.

Date: A third-year medical student on an inpatient rotation is asked out by the chief resident.

Dinner: Around the middle of a rotation, an attending physician asks a medical student to join the physician and the physician's family for dinner at his home. As they sit down, the physician asks the student to "give thanks."

Disclosure: An attending physician tells one of his female fellows about the hormonal shifts of his wife in the first trimester of pregnancy, saying that she is not behaving normally or rationally.

Dog-sitting: A clerkship faculty member asks a student to baby sit her dogs for the weekend while she is away at a conference.

Facebook: A student invites a faculty member to be a friend on her Facebook page.

Golfing: A clerkship director invites a couple of male med students on his current rotation to play golf with him on the weekend.

Insistent: A male faculty member comes in after dinner to work in his office. A female student calls with questions about material that was covered in class earlier in the week. When the faculty member mentions that he is in his office working, the student says, "Great! I'll come right up."

Late session: It is 5 o'clock and the office staff has just left for the day. The male faculty member asks his female student to stay to review patient records with him. After a short time, it becomes apparent to the student that chart review was not what he had in mind.

Ride: A faculty member consistently gives a student a ride to a distant clinic where their weekly joint preceptorship occurs.

Therapist: A student has just finished her psychiatry rotation. On the rotation, the student has diagnosed herself as having ADHD, and social anxiety. She highly respects her attending psychiatrist and wants him to be her therapist.

Conclusion

Critical to any teacher–student relationship is finding a balance between the closeness that is necessary to provide good mentoring, and the necessary distance that allows the teacher to perform his or her function in an objective manner while not coercing the student into engaging in relationships that may be either academically or psychologically harmful. Teaching

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institutions need to provide guidance to faculty, residents, and students about the often subtle boundary challenges that we may face during the course of professional training. Having policies in our schools, along with our good role modeling and explicit teaching and discussion, will help provide our students with a healthy, safe, professional environment in which to learn and grow.

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