### KEY CONCEPTS AND GOOD PRACTICES

#### PATIENT SAFETY (1)

<table>
<thead>
<tr>
<th><strong>KEY CONCEPTS</strong></th>
<th><strong>GOOD PRACTICES</strong></th>
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<tbody>
<tr>
<td><strong>UNDERSTANDING HARM</strong></td>
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<tr>
<td>▶ Harm most often reflects the progression of a patient’s underlying disease or injury.</td>
<td>▶ Understand the patient safety terminology in your institution.</td>
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<tr>
<td>▶ Sometimes harm results from healthcare delivery.</td>
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<tr>
<td><strong>JUST CULTURE</strong></td>
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<tr>
<td>▶ Administrators, healthcare providers, and patients have a responsibility for patient safety.</td>
<td>▶ Keep the patient’s well-being foremost in your mind.</td>
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<tr>
<td>▶ A just culture of safety seeks ways to improve safety and protects patients, healthcare providers, and institutions.</td>
<td>▶ Be alert to threats to patient safety.</td>
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<tr>
<td>▶ A just culture of safety respects everyone’s observations and contributions.</td>
<td>▶ Be prepared to question policies, practices, and actions that may threaten patient safety.</td>
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<tr>
<td>▶ Be honest and transparent when an adverse event (accident in Québec) occurs.</td>
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<td><strong>SYSTEMS</strong></td>
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<td>▶ The system of care should support patient safety.</td>
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<td><strong>ACCOUNTABILITY</strong></td>
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<tr>
<td>▶ Healthcare professionals are accountable to patients, work institutions and/or provincial or territorial regulatory bodies.</td>
<td>▶ Maintain your knowledge and skills.</td>
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<td>▶ Comply with institutional and regulatory policies and practices.</td>
<td>▶ Practise to the standard of care and only if healthy to do so.</td>
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<td>▶ Continuously improving includes identification, analysis and improving processes to reduce the likelihood of adverse events (accidents in Québec).</td>
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<td><strong>LEGAL LIABILITY</strong></td>
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<td>▶ Patients who have suffered harm may seek compensation.</td>
<td>▶ Practise to the standard of care.</td>
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<tr>
<td>▶ Most medico-legal actions are based on a claim of negligence (professional civil liability in Québec).</td>
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### TEAMS (2)

#### KEY CONCEPTS

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<td>‣ The composition of the team will vary depending on the needs of the patient.</td>
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<td>‣ Healthcare professionals should understand the scopes of practice of those they work with.</td>
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<td>‣ The roles and responsibilities of team members should be defined and understood.</td>
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<td>‣ When tasks or decisions are delegated, both the delegate and delegator have specific responsibilities.</td>
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<td>‣ When tasks or decisions are delegated, both the delegate and delegator have specific responsibilities.</td>
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<td>‣ Each team member should appropriately document the care they provide.</td>
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<td>‣ Each team member should have adequate medico-legal liability protection.</td>
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#### GOOD PRACTICES

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## COMMUNICATION (3)

### KEY CONCEPTS

#### PATIENT-CENTRED COMMUNICATION
- Good doctor-patient communication is about:
  - fostering understanding
  - recognizing barriers and finding ways to resolve them in a professional manner
  - etiquette and mutual respect

#### PRIVACY AND CONFIDENTIALITY
- Maintaining a patient’s personal health information in confidence is an ethical and legal requirement.
- Confidentiality is central to the doctor-patient relationship because it encourages patients to be frank with their doctor.
- Breaches of confidentiality can be harmful to patients, physicians, and other health providers.
- Most breaches are unintentional.
- In specific circumstances you are required to divulge patient information. Know the legislation in your province or territory.
- Divulging patient information is permitted if there is an imminent, credible risk of serious bodily harm to a recognized individual or group of individuals.
- Social networking websites should be considered public spaces.

#### INFORMED CONSENT
- Patients have the right to decide on investigations and treatments (patient autonomy).
- Mentally capable patients have the right to refuse or withdraw consent for investigations and treatments.
- Consent must be voluntary and informed.
- Patients must have the capacity to give consent.
- The physician is required to provide information that the "reasonable" patient would want or need to make a decision.
- Elements of informed consent are:
  - diagnosis
  - proposed treatment
  - chances of success
  - risks (material and special)
  - alternative treatments
  - consequences of no treatment
  - answers to questions
- The consent discussion should be documented in the medical record.

### GOOD PRACTICES

#### PATIENT-CENTRED COMMUNICATION
- Be polite.
- Use language suited to the particular patient.
- Be alert to non-verbal signs of uncertainty.
- Confirm your patient’s comprehension.
- Be prepared to get help with translation.
- Be ready to adapt to cultural differences.
- Consider alternative communication styles when necessary.

#### PRIVACY AND CONFIDENTIALITY
- Protect patient confidentiality.
- Do not inappropriately access a patient’s medical record.
- Consider who is in the circle of care for your patient before releasing information.
- Obtain consent before divulging patient information outside the circle of care.
- Follow the law in your jurisdiction for mandatory reporting.

#### INFORMED CONSENT
- Discuss the proposed investigation or treatment with the mentally capable patient, including the chances of success.
- Explain the material and special risks in understandable terms, including the consequences of non treatment.
- Listen to the patient’s concerns and answer any questions.
- Assess the patient’s apparent understanding to make a decision.
- Respect the patient’s decision.
- Consider relevant legislation regarding minors or mentally incapable patients.
## COMMUNICATION (3) continued

### KEY CONCEPTS

#### INFORMED DISCHARGE
- Patients need to know:
  - symptoms and signs alerting them to seek further medical care
  - advice tailored to their specific clinical situation
  - they are welcome (made to feel comfortable) to return for re-evaluation
- When providing discharge instructions:
  - inform the patient who is the most responsible health professional for follow-up care
  - alert those health professionals who are responsible for follow-up care
  - consider the safety of the mentally incapable patient and provide appropriate advice to those who will be with the patient
  - document the discharge instructions provided in the medical record
  - handouts support the informed discharge discussion but do not replace the personal interaction
  - make efforts to provide patients who leave AMA with informed discharge advice and, if possible, obtain a signed AMA form

#### TEAM COMMUNICATION
- Well-functioning teams deliver superior care.
- Good teams have a "shared mental model."
- Good teams communicate "often enough."
- Team communications should be respectful.
- The medical record should provide sufficient information for other team members to care for the patient.

### GOOD PRACTICES

#### INFORMED DISCHARGE
- Educate patients to recognize the symptoms and signs that should alert them to seek further medical care. Tailor the advice to the patient’s specific clinical situation.
- Encourage patients to feel comfortable and welcome to return for re-evaluation.
- Involve substitute decision-makers if the patient is not mentally capable at the time of discharge.
- Support your informed discharge discussion with patient care handouts if available.
- Inform the responsible healthcare professionals concerning follow-up care.
- Document your discussion and advice in the medical record.

#### TEAM COMMUNICATION
- Develop your skill of active listening.
- As a team leader or member, communicate respectfully, clearly and provide sufficient information in a timely way to help in patient care.
- Notify the appropriate healthcare provider about a patient’s condition, including any changes in that condition.
- Speak up early if you have patient safety concerns.
- Review the clinical notes from nurses and other healthcare professionals.
- Consider using structured communication tools for team communications such as readbacks, SBAR, a surgical safety checklist, or others.
- Consider the patient’s or family’s concerns; address or discuss these concerns with a supervising resident or staff physician. Discuss the concerns with the patient, or with the patient’s permission, the family. Respond appropriately.
  - Convey the degree of urgency of an order, use standard abbreviations, and keep your writing legible.
  - Document your care carefully.

#### HANDOVERS
- Handovers are high-risk points in patient care.
- Mnemonics may help structure information.
- A readback can confirm to-do items, medication orders, lab results and equipment settings.
- Handovers can provide a fresh perspective on diagnoses and treatments.
- Transfers of care should be documented.
- Inform patients or their families of the transfer of care, and, when appropriate, communicate the nature of further investigations, treatments, and follow-up plans.

- Have face-to-face discussions if possible.
- Avoid interruptions and distractions.
- Use a structured communication tool, including readbacks.
- Transfer key information such as the patient’s diagnosis, test results, and treatment plan.
- Ask for further clarification as needed.
- Clarify roles and responsibilities for further care.
### COMMUNICATION (3) continued

#### KEY CONCEPTS

**CONSULTATIONS AND REFERRALS**
- All relevant information should be available to both physicians.
- The reason for the consultation should be clear to both the referring and the consulting physician.
- Expectations should be clear to both physicians.
- Responsibility for further care should be explicitly stated.

#### GOOD PRACTICES

**CONSULTATIONS AND REFERRALS**
- Always document requests for consultation and their outcome.
- State expectations in the request and in the report.
- Understand the reason for the consultation.
- Collect and share all relevant information with the other physicians.

**DOCUMENTATION**
- Medical records are legal documents.
- Medical records are used to show the thought process leading to a diagnosis and plan of care.
- Medical records are a means to communicate with other caregivers, whether concurrent or subsequent.
- Patients have the right to see the content of their medical record, subject to certain exceptions.

**DOCUMENTATION**
- Take care to document every patient encounter whether the encounter is in person or by telecommunication.
- Record the interaction as soon as reasonably possible.
- Include all relevant information.
- Indicate your reasoning and intentions.
- Write legibly.
- Use only accepted abbreviations.
- State the facts using clear and simple language.
- Consider what a patient will think when reading your notes.
- When making corrections, be sure to date them and indicate the reason for the correction.
- Never erase an original entry.
- Don’t alter a medical record after receiving a complaint, threat of a legal action, or a legal action.
### MANAGING RISK (4)

#### KEY CONCEPTS

**THE DIAGNOSTIC PROCESS**
- Arriving at a diagnosis is a complex process involving several steps.
- A differential diagnosis enables appropriate testing to rule out possibilities and confirm a diagnosis.

**DIAGNOSTIC TIPS**
- Arriving at a diagnosis is a complex process involving several steps.
- A differential diagnosis enables appropriate testing to rule out possibilities and confirm a diagnosis.
- Failure to follow up investigations and patients leads to delays in diagnosis or misdiagnosis.
- The patient’s home medications when writing orders at admission, transfer, and discharge should be considered.

**REDUCING RISK IN SURGERY**
- Attention to surgical risks in pre-operative, intra-operative, and post-operative care is important.
- Use of surgical safety checklists improve team communication and may help to decrease the risk of adverse events related to surgery.

**MEDICATION RISKS**
- Medication orders and prescriptions should be legible.
- The patient’s home medications when writing orders at admission, transfer, and discharge should be considered.
- Prescribing opioids and anticoagulants requires particular care.
- Children and elderly patients are particularly at risk of medication adverse events (accidents in Québec).
- Medication dosage for children is usually based on weight, age, and clinical condition.
- Interactions of medications with other drugs, natural health, and food products represent risk.

**ADDITIONAL TIPS**
- Patient dissatisfaction can stem from an impression that a physician is too busy or simply does not care.

#### GOOD PRACTICES

**THE DIAGNOSTIC PROCESS**
- Develop a differential diagnosis.
- Consider the worst case diagnosis.
- Reconsider the diagnosis when symptoms or signs persist.
- Follow up on investigations and patients.
- Document the rationale for your diagnosis and treatment.

**DIAGNOSTIC TIPS**
- Develop a differential diagnosis.
- Consider the worst case diagnosis.
- Reconsider the diagnosis when symptoms or signs persist.
- Follow up on investigations and patients.
- Document the rationale for your diagnosis and treatment.

**REDUCING RISK IN SURGERY**
- Determine whether there are appropriate indications for surgery.
- Conduct and document an informed consent discussion before performing investigations and treatment.
- Confirm the correct patient, operation, level, and side that is being operated on.
- Protect vital structures when operating.
- Use a customized surgical safety checklist.

**MEDICATION RISKS**
- Follow proper prescribing practices to help decrease the possibility of medication adverse events (accidents in Québec).
- Pay particular attention when prescribing for the elderly and pediatric patients.

**ADDITIONAL TIPS**
- Maintain a professional demeanor.
- Take the time to appropriately address any patient concerns or complaints.
### HUMAN FACTORS (5)

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<td><strong>DEFINING HUMAN FACTORS</strong></td>
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| › The physical, mental, and emotional state of a provider can affect quality of care. | › Structure your workplace to maximize safety.  
  › Be aware of your surroundings and the current situation. |
| **CHALLENGE TO DIAGNOSING** | **CHALLENGE TO DIAGNOSING** |
| › Atypical presentations of diseases are common. | › Take an adequate and appropriate history.  
  › Review the notes of nursing staff and other healthcare providers.  
  › Consider the vital signs.  
  › Determine a differential diagnosis. |
| **COGNITIVE BIASES** | **COGNITIVE BIASES** |
| › Cognitive biases may adversely influence problem solving and decision making. | › Take an adequate and appropriate history.  
  › Review the notes of nursing staff and other healthcare providers.  
  › Consider the vital signs.  
  › Determine a differential diagnosis.  
  › When assuming a patient’s care, reformulate the differential diagnosis. |
| **SITUATIONAL AWARENESS** | **SITUATIONAL AWARENESS** |
| › Situational awareness involves perceiving what is going on around you, understanding the information, and thinking ahead. | › Be aware of your surroundings and the current situation.  
  › Consciously practice situational awareness.  
  › Improve self-awareness and mindfulness. |
| **EQUIPMENT AND TECHNOLOGY** | **EQUIPMENT AND TECHNOLOGY** |
| › Causes of equipment failure include design, maintenance, mishandling and inappropriate use. | › Check equipment prior to use.  
  › If concerned, take equipment offline. |
| **OTHER WORKPLACE FACTORS** | **OTHER WORKPLACE FACTORS** |
| › Care is sometimes provided in less-than-ideal surroundings. | › Structure your workplace to maximize safety. |
| **HUMAN FACTORS ENGINEERING** | **HUMAN FACTORS ENGINEERING** |
| › Human factors engineering improves tools, machines, systems, tasks, jobs, and environments. | › Be familiar with the technology you are using. |
### ADVERSE EVENTS (6)

#### KEY CONCEPTS

**ERRORS AND MATTERS OF JUDGMENT**
- Avoid jumping to the conclusion that a poor clinical outcome is the result of an error.
- An error is different than an exercise of judgment.
- Beware the biases of hindsight, learned intuition, self-blame, and others.

**DISCLOSURE**
- If you are aware of an adverse event (accident in Québec) affecting one of your patients:
  - seek help as appropriate to manage the clinical situation
  - alert your supervising physician of the adverse event
  - provide emotional support to the patient
  - determine if you can attend the disclosure meeting to learn from the experience
  - apologize for your part in the adverse event if appropriate
  - document the adverse event and the discussion

**QUALITY IMPROVEMENT**
- Adverse events (accidents in Québec) will happen to your patients.
- Harm to patients may result from the underlying medical condition, from the inherent risks of investigations and treatments, system failures, provider performance issues, or a combination of these.
- Systems thinking — focusing on improving the processes of care — can prevent many adverse events.
- Many approaches exist to determine the system reasons for adverse events and near misses, including patient safety incident analysis.
- The best doctors make mistakes.
- Doctors are accountable to conduct themselves professionally, maintain their knowledge and skills, comply with sound policy, and practice only if they are healthy to do so.

**MANAGING STRESS**
- Stress is inherent in medicine.
- Stress occurs following an adverse event (accident in Québec), complaint or legal action.
- Bad outcomes aren’t necessarily reflective of bad care.
- Statements of claim are not impartial or objective.
- You are not alone.
- Avail yourself of the emotional support of colleagues, friends, and family.
- Do not avoid what needs to be done.
- It is possible to recover from the distress of a bad outcome.
- A resilient physician learns by experience, seeks personal help as appropriate, bounces back, and grows.

#### GOOD PRACTICES

**ERRORS AND MATTERS OF JUDGMENT**
- Good physicians learn from mistakes.

**DISCLOSURE**
- Effective communication by the healthcare team with a harmed patient can restore trust and improve patient outcomes in the future.
- Disclose to the patient if harm resulted from healthcare delivery.
- Disclose the information in a sincere, caring manner.
- Be aware of the clinical, emotional, and information needs of the patient.
- Do not abandon the patient.

**QUALITY IMPROVEMENT**
- Keep up to date.
- After an unexpected clinical outcome, consider whether the outcome should be reported to determine the reasons for what happened.
- Don’t prejudge events.
- Be prepared to acknowledge and deal with error.
- Contribute to quality improvement by taking part in system reviews of adverse events (accidents in Québec).
- Advocate for improvements in the systems and processes of care.
- Know the clinical care policies in your workplace.
- Make continuous improvements in your care for patients.
- Don’t use system failures as a way of absolving yourself of appropriate responsibility.

**MANAGING STRESS**
- Make practice improvements following adverse events (accidents in Québec).
- Seek and accept support when needed.
- Derive a constructive lesson from medico-legal problems.
### KEY CONCEPTS

#### PROFESSIONALISM IN PRACTICE
- Colleges expect a high standard of conduct from physicians which extends beyond the clinical setting.
- Medical trainees emulate the behaviour they observe from faculty.

#### BEING HONEST
- Attributes of professional behaviour include honesty, integrity, responsibility, competence, respect, compassion, empathy and altruism.

#### CULTURAL SAFETY
- Achieving the ability to accept others’ points of view and to adapt your attitude without judgment requires continual conscious effort.
- A patient’s lack of adherence to treatment plans may have roots in cultural diversity.
- A physician cannot refuse to assess someone on the basis of a conscientious objection.
- When physicians treat people equally they ignore differences. When physicians treat people equitably, they recognize and respect differences.
- Physicians are not obligated to provide absolute accommodation in all situations, but rather to reasonably accommodate cultural diversity.

#### BEHAVIOUR
- Attributes of professional behaviour include honesty, integrity, responsibility, competence, respect, compassion, empathy and altruism.
- Disruptive behaviour can interfere with team and patient communication, team morale, and may adversely affect patient care and satisfaction.

#### DEALING WITH CONFLICT
- Conflict is normal, understandable, and inevitable.
- Poorly handled conflict can be destructive.
- Conflict arises from differences or perceived differences in individual needs, interests, or values.
- There are different styles of handling conflict. The choice of style depends on the participants, topic, timeline, and desired outcome.

### GOOD PRACTICES

#### PROFESSIONALISM IN PRACTICE
- Maintain your professionalism even outside the clinical setting.
- Practise with integrity, honesty, respect, compassion and altruism.
- Respect and be honest with patients, peers, supervisors and members of the healthcare team.

#### BEING HONEST
- Practise with integrity, honesty, respect, compassion and altruism.

#### CULTURAL SAFETY
- Treat every patient encounter as potentially cross-cultural.
- Ask patients to explain how their values, beliefs or religious or spiritual practices influence their preferences for the proposed medical treatment.
- Fully disclose information in a truthful manner, being diligent yet respectful of cultural diversity.
- Do not select or exclude patients for reasons other than your clinical competence or expertise.
- Do not avoid dealing with a healthcare issue because of your own cultural beliefs.

#### BEHAVIOUR
- Report to the appropriate authority any unprofessional conduct by colleagues. Students should seek assistance from their supervisor, mentor, program director, undergraduate dean, or medical trainee health and wellness program director.
- Advocate in a professional manner for improvements in patient care.

#### DEALING WITH CONFLICT
- Address the conflict early.
- Respect the people, address the problem.
- Be self-aware: Consider if you are contributing to continued conflict.
- Clear expectations and clear communication can help prevent destructive conflict.
- Ensure both sides in a conflict are given equal opportunity to present their case.
### RESPECTING BOUNDARIES
- Respect for both patients and healthcare team members enhances the quality of care.
- Most serious boundary violations are preceded by boundary crossings.
- Harm to patients can also be the result of the physician being under-involved in patient care.

### GOOD PRACTICES
- Be aware of when you are crossing a therapeutic boundary.
- Do not engage in romantic or sexual relationships with patients.
- Adequately explain intimate examinations, have a chaperone, and appropriately drape the patient.
- Avoid dual professional and social relationships with patients.
- Limit how much personal information about yourself you disclose to patients.
- Avoid treating your family members, friends or business associates if possible.
- Consider the impact on the integrity of the doctor-patient relationship when patients offer gifts.