CATEGORY: Standards of Practice

SECTION: Standards of Practice

SUBJECT: Patient Relations

STATUS:

APPROVED: **DATE APPROVED:**

Informed Consent

Standard

The member will provide the patient with the necessary information and obtain a valid informed consent prior to the start of any procedure and /or treatment in accordance with the *Healthcare Consent Act, 1996*.

A. Therapeutic Communications:

Standard

The member shall take reasonable steps to ensure patient comprehension of assessment findings, diagnoses, treatment plan and prognoses.

Criteria

1) The member will provide complete, accurate information concerning the patient's assessment/diagnosis, treatment and prognosis, in terms the patient can be reasonably expected to understand.
2) The College recognizes that consent is implied when the patient attends for the purpose of assessment for treatment, and that the nature of any treatment plan must be disclosed to the patient following such assessment prior to the implementation of the treatment plan.
3) It is recommended that in a situation warranting biomechanical assessment, the nature of the procedure should be disclosed to the patient prior to commencement of physical examination beyond the foot.

4) In cases where the member is unable to communicate in a language which the patient can understand, every effort should be made to arrange for an interpreter at the next and subsequent visits.

Registrants use a wide range of effective communication strategies and interpersonal skills to establish, maintain, re-establish and terminate the registrant-patient relationship.

Registrants meet the standard by:

1. Introducing themselves to the patient by name and designation.
2. Addressing the patient by the name and/or title and/or gender identity the patient prefers
3. Giving the patient time to explain themselves, listening to the patient with the intent to understand and without diminishing the patient's feelings or immediately giving advice.
4. Being aware of their verbal and non-verbal communication style and how patients might perceive it.
5. Modifying communication style, as necessary, to meet the patient's needs (for example, to accommodate language, literacy level, development stage or cognitive status). If a registrant is unable to communicate in a language the patient understands, every effort should be made to arrange for an interpreter at the next and subsequent visits.
6. Providing information to promote patient choice and enable the patient to make informed decisions.
7. Refraining from self-disclosure unless it meets a specific, identified therapeutic patient need, rather than a registrant's need.
8. Reflecting on interactions with a patient and investing time and effort to continually improve communication skills.
9. Taking reasonable steps to ensure patients understand assessment findings, diagnoses (where authorized within the scope of practice), treatment plan and prognoses.
10. Providing complete, accurate information about the patient's assessment/diagnosis (where authorized within the scope of practice), treatment and prognosis, in terms the patient can be reasonably expected to understand.

B. Confidentiality:

~~STANDARD:~~

~~The member shall~~Registrants will ensure that patient confidentiality is maintained at all times.

Registrants meet the standard by:

1) Not discussing ~~A~~any personal ~~confidences~~ information ~~not relating~~unrelated to the management of the patient ~~should not be discussed~~ with others.
2) Making sure ~~Case~~ case discussion, consultation, examination and treatment is confidential and ~~and should be~~ private~~conducted discreetly~~.
3) ~~Those i~~Obtaining consent for individuals, including students, not directly involved in ~~the~~ patient care ~~must seek permission~~ to be present during assessment or treatment.
4) ~~When~~ Only communicating relevant information when seeking advice or assistance from a colleague~~, only relevant information should be communicated~~.
5) ~~The~~ Ensuring that patient records ~~is regarded as~~ are confidential and ~~should be~~

secured appropriately when not in use ~~**(see RECORDS)**~~**.**

6) ~~A member will n~~Not allowing any person, except as authorized by law, to examine a patient health record, or give any information, copy or thing from the patient health record ~~**(see Records regulation)**~~**.**

7) ~~The~~ Maintaining private assessment and treatment area~~s should provide a confidential atmosphere~~. The treatment room should be separated from the waiting and reception area by a closable door, and suitable partitioning should be available in the area to provide privacy for removing clothing.

8) Conducting ~~T~~telephone conversations ~~regarding~~ about patients ~~should be carried out~~ in privacy.

9) Only ~~Discussion~~ discussing~~of~~ patient details ~~should be limited to professional dealings ie.~~ in a professional setting with other health care providers.

C. Professional Conduct and Accountability~~:~~

~~**STANDARD 1:**~~

~~**The member shall**~~**Registrants must meet the ethical and legal requirements of professional practice.**

Registrants meet the standard by:

1.1) ~~The member shall~~ ~~function~~ Practising in accordance with the *Regulated Health Profession Act, 1991*, *Chiropody Act, 1991*, the regulations, and the College's standards of practice, guidelines and policies ~~of the College of Chiropodists of Ontario~~.

1.2) ~~The member is~~Being accountable for ~~his or her~~their own actions.

1.3) ~~The member shall~~ ~~practise~~ Practising within their scope of practice, education and experience ~~and in accordance with the requirements outlined in the~~ ~~**COMPETENCE**~~ ~~standard~~.

1.4) ~~A member shall~~N ~~n~~ot provid~~e~~ing treatment which they know, or should have known, would be harmful or which is inappropriate to meet the needs of the patient ~~**(see ASSESSMENT AND MANAGEMENT)**~~**.**

1.5) ~~A member shall n~~Not continu~~e to~~ing treat~~ment of~~ a patient where ~~such~~ a need is no longer indicated or treatment has ceased to be effective ~~**(see ASSESSMENT AND MANAGEMENT)**~~**.**

1.6) ~~The member shall i~~Informing the College when a physical or mental condition~~/disease~~ or disorder has affected, or is likely to affect, ~~his or her~~their ability to practise safely or competently.

1.7) ~~The member shall recognize that, while he or she has the right respecting choice of patients he or she shall a~~Acting in a manner consistent with the *Human Rights Code*.

1.8) ~~A member shall n~~Not passing judgement on the qualification or procedures ~~rendered~~ performed by a fellow ~~member~~ registrant unless it is~~except as may be~~ required in the interest of the patient's foot health.

Not charging fees that are excessive in relation to the service or devices charged for.
Not selling a professional account to a third party.

2.3) Not charging fees for services not performed.

D. Maintaining Boundaries

~~**STANDARD 2:**~~

~~**The member shall** **Registrants** **not seek special benefit or advantage from relations with a patient.** **are responsible for establishing and maintaining professional boundaries in all aspects of the practitioner-patient relationship for the protection of the patient.**~~

Registrants meet the standard by:

1. ~~2.1)~~ setting and maintaining the appropriate boundaries in the relationship and helping patients understand when their requests are beyond the limits of the therapeutic relationship.
2. Recognising that additional safeuards and/or steps may be required by the registrant for for maintaining professionalism and boundaries in certain practice settings (for example, when care is provided in the patient's home).
3. Explaining the nature of the procedure to the patient prior to starting a physical examination beyond the foot, in a situation warranting biomechanical assessment.
4. Ensuring that they do not interfere with the patient's personal relationships.
5. Abstaining from disclosing personal information, unless it meets the patient's therapeutic need.
6. Ensuring that co-existing relationships do not undermine the judgement and objectivity of the therapeutic practitioner-patient relationship (for example, a registrant providing care to the parent or child of a close friend)

~~The member shall not charge fees that are excessive in relation to the service or devices charged for.~~

2.2) ~~The member shall not sell a professional account to a third party.~~

~~2.3) The member shall not charge fees for services not performed.~~

7. 2.4) ~~The member shall not use~~Never using, or attempting to use, information received from or to a patient, to directly or indirectly acquire advantage or material benefits.
8. Not engaging in financial transactions unrelated to the provision of care and services with the patient or the patient's family/significant other.

9. 2.5) ~~The member shall not~~Never persuading~~e~~ or influencing~~e~~ a patient to make gifts or contributions to ~~him or her~~the registrant, or to institutions, organizations or charities in which ~~he or she has~~they have a direct interest.
10. 2.6) ~~The member shall not~~ Not accepting a gift of more than token value from a patient.
11. Consulting with colleagues and/or a manager in a situation in which it is unclear whether behaviour may cross a boundary of the therapeutic

relationship, especially in circumstances that include self-disclosure or giving a gift to or accepting a gift from a patient.

12. Documenting in the patient's record any instances where the registrant has concerns that a boundary may have been crossed, either because of their own actions or the patient's.

2.7) ~~The member shall not have sexual relations with a patient **(see SEXUAL ETHICS).**~~

2.8) ~~The member shall not request to date a patient.~~Abstaining from socializing with a patient.

2.9) ~~The member shall n~~Not receiv~~e~~ing ~~or confer~~ offering a rebate or other benefit ~~by reason of~~in exchane for a referral or transfer of a patient from or to another ~~person~~practitioner.

Not engaging in any situation where the registrant should reasonably have known the patient would be at risk.

~~Reference: **Professional Misconduct** and proposed **Advertising** regulations under the RHPA.~~

E. ~~Sexual Ethics:~~Protecting Patients from Abuse

~~**Standard**~~

~~**The member**~~**Registrants** ~~**shall not protect patients commit sexual**~~ **from harm by ensuring that abuse** ~~**of a patient**~~**is prevented, or stopped and reported.**

Registrants meet the standard by:

1) Recognising they are in a position of trust, power and responsibility to all patients and that they are responsible for ensuring that patients are protected from the abuse of power during and after the provision of professional services.

2) Intervening and reporting inapropriate incidents of verbal and non-verbal behaviour that demonstrates disrepect for the patient.

3) Intervening and reporting behaviour towards a patient that may be perceived by the patient and/or others to be violent, threatening or intended to inflict harm.

4) Intervening and reporting a health care provider's behaviour or remarks towards a patient that may be perceived to be romantic, sexually suggestive, exploitative and/or sexually abusive.

5) Not entering into a friendship or a romantic, sexual or other personal relationship with a patient.

a.

6) 1 ~~* The member shall~~ not havinge sexual intercourse or other forms of physical sexual relations with a patient.

2 ~~* The member shall~~ not carrying out touching~~,~~ of a sexual nature of a patient ~~that includes, but is not limited to:~~

~~- genital to genital, genital to anal, oral to genital, or oral to anal contact,~~
~~- masturbation of the member by, or in the presence of, the patient,~~
~~- masturbation of the patient by the member,~~
~~- encouragement of the patient by the member to masturbate in the presence of the member,~~

7) ~~- oral to breast contact~~

8) 3 ~~* The member shall~~ not exhibiting behaviour, or utteringing remarks of a sexual nature to a patient. Sexual ~~B~~behaviour and remarks include, but are not limited to:

- disrobing or draping practices that reflect a lack of respect for the patient's privacy.
- deliberately watching a patient dress or undress.
- sexual comments about a patient's underclothing.
- criticism of the patient's sexual orientation.
- discussion of the patient's sexual performance.
- conversations regarding the sexual preferences or fantasies of the ~~member~~ registrant or patient.
- kissing of a sexual nature

9) Not engaging in a personal friendship, romantic relationship or sexual relationship with a former patient or the former patient's significant other or relative for at least one year following the termination of the therapeutic relationship.

10) In a situation where a registrant has formed a non-professional relationship with a former patient, the registrant assumes full responsibility for demonstrating that the former patient has not been exploited, coerced or manipulated, either intentionally or unintentionally, in the context of that relationship.

11) Being cautious about entering into a personal relationship (friendship, romantic or sexual) with a former patient or the patient's significant other if the clinical relationship recreated a vulnerabilty or dependency on the part of the patient such that the power imbalance in the registrant-patient relationship continues to affect the patient's objectivity.

12) Not engaging in behaviour towards a patient that may be perceived by the patient and/or others to be violent, threatening or intending to inflict physical harm.

13) Not engaging in behaviour with a patient or making remarks that may be reasonably perceived by others to be romantic, sexually suggestive, exploitative and/or sexually abusive.

14) Not exhibiting physical, verbal or non-verbal behaviour toward a patient that demonstrates disrepect for the patient and/or are perceived by the patient and/or others as abusive.

15) Not engaging in activities that could result in the monetary, personal or other material benefit, gain or profit for the registrant (other than for professional services), the registrant's family and/or the registrant's friends, or result in a

monetary or personal loss for the patient.

16) Not accepting the position of power of attorney for personal care or property for anyone who is or has been a patient, with the exception of patients who are direct family members of the registrant.

4)

* The member has a legal obligation to abide by the mandatory reporting requirements outlined in the *Regulated Health Professions Act*.

* See **Regulated Health Professions Act**.

References

Code of Ethics

Chiropody Act, 1991

Assessment and Management

Competence

Records

Fee, Billing and Accounts Guideline

Health Care Consent Act, 1996, S.O. 1996, c 2. https://www.ontario.ca/laws/statute/96h02

Human Rights Code, RSO 1990, c H.19. https://www.ontario.ca/lawsstatute/90h19?search=human+rights+code

Personal Health Information Protection Act, 2004, SO 2004, c 3. https://www.ontario.ca/laws/statute/04p03?search=personal+health+information+privacy+act

Regulated Health Professions Act, 1991, SO 1991, c 18. https://www.ontario.ca/laws/statute/91r18?search=regulated+health+professions+act

Appendix A: Abuse

Abuse can take many forms, including verbal, emotional, physical, neglect, sexual and financial. Examples are listed below.

Verbal and emotional abuse includes, but is not limited to:

- sarcasm;
- retaliation of revenge;

- intimidation, including threatening gestures/actions;
- teasting or taunting;
- insensitivity to the patient's preferences;
- swearing;
- cultural or racial slurs; and
- an inappropriate tone of voices, such as one expressing inpatience.

Physical abuse includes, but is not limited to:

- hitting;
- pushing;
- slapping;
- shaking;
- using force; and
- handling a patient in a rough manner.

Neglect includes, but is not limited to:

- denying care;
- ignoring;
- witholding communication.

Sexual abuse includes, but is not limited to, consensual and non-consensual:

- sexually demeaning, seductive, suggestive, exploitative, derogatory or humiliating behaviour, comments or language towards a patient;
- touching of a sexual nature or touching that may be perceived by the patient or others to be sexual;
- sexual intercourse or other forms of sexual contact with a patient; and
- non-physical sexual activity such as viewing pornographic websites with a patient.

An individual is a **patient** for the purposes of sexual abuse when there is an interaction between the individual and the registrants, and:

- the registrant has issued billings or received payment in connection with a health care service provided, or
- the registrant has contributed to the individual's record or file, or
- the individual has consented to receive a health care service recommended by the registrant, or
- the registrant prescribed a drug to the individual.

An individual is considered to be a patient while receiving care and for a period of one year following the end of the professional relationship.

Financial abuse includes, but is not limited to:

- borrowing money or property from a patient;

- soliciting gifts from a patient;
- withholding finances through trickery or theft;
- using infuece, presure or coercion to obtain a patient's money or property;
- having financial trusteeship, power of attorney or guardianship;
- abusing a patient's bank accounts and credit cards; and
- assisting with the financial affairs of a patient.