



What you must know about...

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Complaints

Every year, the College receives complaints from the public about the behaviour of some MRTs in examination and treatment settings. Sometimes these complaints can be serious enough to warrant action by the College's Discipline Committee. MRTs must realize that some of their actions can concern or confuse patients. Yet many of these problems can be avoided by simply explaining to patients what is happening and why. This publication looks at some of the more common complaints received by the College about MRTs.

Communication

Patients become concerned if questions about an examination or treatment are ignored or answers aren't given clearly or are given in an off-handed, dismissive manner. In fact, patients should be encouraged to ask questions about the procedure they are undergoing. Our profession's Standards of Practice require MRTs to explain procedures and their purpose fully and plainly to patients.

Explaining procedures fully is very important to easing a patient's fears before and during an examination. Some patients may be afraid to ask questions during the procedure, so they may telephone before or after the procedure. These calls must still be handled with care and sensitivity so that the patient does not feel frightened and angry.

MRTs must also be clear when explaining departmental policy in regard to types of x-rays. For example, if the policy in the Imaging Department is that lead shielding is not applied to the gonadal area for a routine chest x-ray on adults over the age of 55, it is important that you are able to articulate the basis of the policy to the patient.

Our Standards of Practice outline clearly the need for you to explain procedures to patients. The Standards outline three basic principles:

- Give the patient an opportunity to ask questions
- Provide the patient with answers to his or her questions
- Ensure patient's questions outside the MRT's responsibility are referred to the appropriate health care professional as defined by department policy/procedures
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Radiation Protection

Patients are naturally anxious when undergoing an x-ray procedure, especially if repeat exposures or injections are required. Patients need to be assured that a procedure has been done correctly with respect to:

- Number of exposures
- The x-ray beam
- Lead protection
- The type and dose of radiopharmaceutical used
- The length of time of the exposure
- The correct area being exposed to radiation

As an MRT, you are responsible for determining the exact dosage of radiation to which the patient will be exposed. Careful calculation is essential, or you could face allegations of professional misconduct for hazardous use of radiation. You should abide by the ALARA principle, and always use the lowest dosage possible for the particular procedure you are performing.

Physical or Verbal Abuse

Complaints to the College of physical abuse are sometimes made after pediatric or geriatric x-ray examinations, where restraint has been required. Many of the procedures we perform are uncomfortable for patients. While it is our responsibility as MRTs to obtain the best possible images or to provide an accurate radiation treatment, it is essential that we are also sensitive to a patient's discomfort and aware of a patient's rights. For example, not only is a patient entitled to be advised of all aspects of a procedure, but he or she can also refuse to have the examination or treatment.

Verbal abuse complaints often occur after a breakdown in communication between a patient and the MRT. It is true that because of sickness or age, our patients may not always be easy to work with; but as professionals we can't let this distract us from acting with empathy and in a professional manner at all times.

Sexual Abuse

Complaints of sexual abuse are reported to the CMRTO by patients or by a member of the College who, with reasonable grounds, believes another member is sexually abusing a patient. The College has adopted a policy of zero tolerance in cases such as these, and all complaints are investigated thoroughly. The complaints process is outlined in another College publication (What you must know about... Sexual Abuse). MRTs must touch patients only in those areas needed for positioning and injecting, and it must be explained clearly to patients when and why we need to touch them.

Authorized Acts

The College has received several complaints with regards to the performance of authorized acts. As an MRT, you are authorized to perform four of the 13 controlled acts as listed in the Regulated Health Professions Act:

- Taking blood samples from veins
- Administering substances by injection or inhalation
- Administering contrast media through or into the rectum or an artificial opening into the body
- Tattooing

Before performing authorized acts, it is critical that MRTs have the requisite knowledge, skill and judgment, that the proper documentation from the authorizing physician has been prepared, and that the situational factors are adequate to perform the procedure safely and effectively.