



**CMRTO**

Regulator of medical radiation and  
imaging technologists in Ontario

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# *Prevention of Sexual Abuse of Patients*

*Introductory Instructor's Guide  
for Educational Programs in  
Medical Radiation Technology*

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# *Introduction*

## *About the Guide*

This Guide is designed for individuals whose job responsibilities include teaching sexual abuse prevention in educational programs in medical radiation technology in both didactic and clinical settings.

## *Purpose of the Guide*

The purpose of this Guide is to assist instructors in educational programs in the understanding and prevention of sexual abuse of patients by health care professionals. It has been developed to address the *Regulated Health Professions Act (RHPA)* and will affect all medical radiation technologists (MRTs).

“*Sexual abuse of patients*”, as defined currently in the health professions code, means:

- Sexual intercourse or other forms of physical sexual relations between the member and the patient;
- Touching, of a sexual nature, of the patient by the member;
- Behaviour or remarks of a sexual nature by the member towards the patient.

“*Sexual nature*” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

## *Objectives of the Guide*

This Guide should assist instructors in delivering a sexual abuse prevention program, by imparting an understanding of the relevant principles and guidelines relating to the Standards of Practice (“Standards”). Sexual abuse prevention programs should comprise the components identified below, each of which is described more fully in the modules on the following pages:

- Zero Tolerance (defined below)
- The Language of Zero Tolerance
- Medical Encounters that Support the Standards

## *Suggested Methods Of Instruction*

- Lecture and Group Discussion
- Practical Exercises
- Practising with Video Recorder
- Coaching from Preceptor, Mentor and Peers

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# *MODULE 1*

## *The Basics Of Zero Tolerance*

### *Learning Objectives*

At the end of this module, the student should be able to:

- Describe the philosophy and principles of Zero Tolerance;
- Define sexual abuse, including the wide range of related verbal and physical behaviours.

### *Background*

The College of Medical Radiation Technologists of Ontario (“CMRTO”) is committed to a philosophy of Zero Tolerance of sexual abuse of patients, as defined below, and is developing supportive policies, procedures, practices and educational programs.

### *Philosophy Of Zero Tolerance*

- No act of sexual abuse (as defined by the RHPA) is ever acceptable and sexual abuse must never be tolerated.
- The concept of Zero Tolerance recognizes the seriousness and extent of injury it causes the victim and others related to the victim.
- Zero Tolerance does not preclude professional, supportive behaviours that may include physical contact that is nurturing or helpful, and therefore acceptable, to the patient.
- The value of the broad definitions of sexual abuse and Zero Tolerance is that they capture a diversity of individual and cultural viewpoints.

### *Principles For MRTs*

Students should be encouraged to:

- Value education and seek opportunities to learn about attitudes and behaviours that are appropriate within other cultures so that sexual abuse cannot occur out of ignorance;
- Support sexual abuse victims so that they can express their pain and needs;
- Contribute to the victim’s healing process by acknowledging the seriousness of the incident;
- Accept that nothing that causes others discomfort of a sexual nature will be tolerated;
- Recognize that words can be as demeaning as actions to sexual abuse victims;
- Understand that the above principles underlie all professional tasks undertaken by MRTs.

The RHPA defines the penalties for a member who has been found guilty of professional misconduct by sexually abusing a patient. The panel of the Discipline Committee shall do the following:

- Reprimand the member.
- Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following:
  - sexual intercourse;
  - 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.

The foregoing penalties are in addition to the other penalties which a panel of the Discipline Committee may order, which include:

- Requiring the member to pay a fine of not more than \$35,000 to the Minister of Finance;
- Requiring the member to pay all or part of the College's legal costs and expenses, the College's costs and expenses incurred in investigating the matter and the College's costs and expenses incurred in conducting the hearing;
- Requiring the member to reimburse the College for funding provided for the patient under the program for therapy and counselling for patients.

Further, an application for reinstatement by a person whose certificate of registration was revoked for sexual abuse of a patient shall not be made earlier than five years after the revocation.

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## *MODULE 2*

### *The Language Of Zero Tolerance*

#### *Learning Objectives*

At the end of this module, the student should be able to:

- Describe the principles that underlie good communication with the patient;
- Demonstrate an understanding of how the communication guidelines support the Standards.

#### *Background*

It is important for students of medical radiation technology programs to recognize that patients are often under stress when they come for a procedure, and that this fact can impede the communication process. They must learn also that means of communications are not restricted to the words we use, but also how we use them and other body language.

#### *Principles Of Communication For MRTs*

Students of educational programs in medical radiation technology must be taught:

- To talk to patients before touching
- To treat each patient as an individual
- Never to make assumptions
- To reserve judgement
- To speak directly to the patient
- To maintain confidentiality
- To create a safe environment

#### *Guidelines For Talking To Patients*

##### *Words*

This module emphasizes that remarks of a sexual nature constitute the most common form of sexual abuse of patients. Students must learn to avoid jargon and to speak in words that the patient can understand. Therefore, great attention must be paid to the ways in which information is conveyed and words selected when speaking to patients by:

- Employing the correct vocabulary for body parts;
- Using judiciously medical terminology to demonstrate respect for the patient;
- Being particularly sensitive to words which could cause misunderstandings;
- Knowing when to call an interpreter.

For patients with language or conceptual difficulties, anatomical charts and diagrams may enhance the communication process.

Because how we say what we say is as important as the choice of vocabulary, MRTs also need to understand that they must:

- Use tact and consideration in explaining procedures to patients to avoid causing anxiety;
- Not talk about themselves or their problems to patients because this would be unprofessional and might undermine the confidence of the patient;
- Be honest and straightforward in their manner to demonstrate respect and concern for the patient;
- Legitimize patient's fear and embarrassment which are natural emotions when submitting to medical procedures;
- Reassure patient to demonstrate respect and empathy;
- Provide the patient with an opportunity to ask questions;
- Provide the patient with answers within the scope of a MRT's responsibility;
- Talk directly to patients when working with interpreters or members of patients' support networks. Be mindful that an interpreter may not accurately translate what the MRT or the patient has said.

### ***Benefits***

The benefits associated with these principles of communication include:

- Confidence in the MRT as a professional;
- Relaxed and cooperative patients who will make the MRT's role easier;
- Patients who are unlikely to be angry or abusive;
- A greater understanding of patient's own reactions to procedures;
- An informed patient will be able to make informed decisions.

### ***Ways of Producing Words***

Even more important than the words themselves is the way they are said. Tone of voice, the speed of speaking, pitch, pacing and inflection can all make a difference to how words are perceived. MRTs must strive, particularly when speaking with the hearing-impaired, for:

- A pleasing tone of voice that shows respect, not condescension or other negative attitudes;
- Moderate pitch and volume, avoiding a pitch that is so low that is hard to hear, or one that is too loud and may be offensive;
- Moderate rate of speech to give patients ample time to understand and not feel rushed;
- Pacing and inflection that will not distract the patient.

### ***Benefits***

Students must recognize that the benefits of paying attention to how they speak will include patients who listen and hear and, that being attentive, will help to ensure successful outcomes.

### ***Body Language***

Body language, the non-verbal component of language, will convey as much or more to patients as words and the manner in which they are stated. Patients may distrust the message if body language contradicts what is being said. Students must be taught the importance of:

- Maintaining appropriate eye contact, depending upon the cultural environment;
- Adopting an appropriate facial expression to convey concern and proficiency;
- Being careful in their use of physical gestures;
- Respecting patient's personal sense of space;
- Appropriate positioning so that patient can easily see the MRT

### ***Benefits***

Careful use of body language can greatly enhance communication, leading to better understanding and trust, but students must realize that even well-intentioned gestures can easily be misunderstood and leave patients feeling insulted or confused. Patients who are comfortable are more likely to ask and answer the questions needed to enhance the procedure.

### ***Guidelines For Listening To Patients***

Since the goal of communication is mutual understanding, listening is just as important as speaking. Students need to learn to communicate with their entire being, to listen and carefully observe patients, and be aware of cultural differences. By learning to listen effectively, they can also learn to modify their speech to match the needs of the patient.

Students must be encouraged to:

- Observe patient's non-verbal communication signals;
- Verify understanding of the intended message by rephrasing the message if necessary, or asking for clarification.

### ***Benefits***

The benefits of listening and observing are greatly enriched communication and patients who are dignified partners in their care.



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## *MODULE 3*

# *Medical Encounters That Support The Standards Of Practice*

### *Learning Objectives*

At the end of this module, the student should be able to:

- Describe the principles that underlie appropriate touching behaviour;
- Recognize conflicting concepts of privacy;
- State the reasons why talk and touch cannot be separated.

### *Background*

Medical procedures are often in conflict with patient's concepts of privacy. For example, medical radiation procedures require an intimate, touching relationship between the technologist and the patient. For this reason, it is important that sexual abuse prevention programs teach students how to convey a professionalism that will leave the patient in no doubt that this is a *medical encounter*. The principles and techniques contained in this module reflect the Standards and should help the MRT in preventing the patient's potential perception of sexual abuse.

This module on teaching techniques for touching professionally focuses on related communication skills, consent and privacy.

### *Principles Of Communication Relating To Touching*

In all of the necessary medical physical encounters, the student must learn to:

- Obtain the patient's consent *before* touching;
- Acknowledge that patients have the right to change their minds about consenting to procedures;
- Avoid causing unnecessary hurt to the patient by inappropriate touching;
- Show respect by maintaining the patient's dignity;
- Respect, as much as possible, the patient's personal sense of space;
- Use firm and gentle pressure when touching patient to give reassurance and produce a relaxed response;
- Avoid hesitant movements by being deliberate and efficient;
- Understand when to use gloves for reasons relating to quality assurance and, in the case of touching sexual areas, to decrease intimacy that might be interpreted as sexual;

- *Touch only when necessary.*

### ***Consent to Touch***

Students must recognize that the patient controls consent and that:

- Consent may be withdrawn at any time during the procedure;
- Agreement, acquired verbally or non-verbally, is required before the patient may be touched;
- The patient is entitled to know why, where and when they are to be touched;
- Special situations must be identified, and possible options anticipated;
- Patient concerns *cannot* ever be ignored and should be dealt with first.

### ***Benefits***

By learning about patient's rights, students will prepare themselves for maintaining the required Standards that will protect them and their patients.

### ***Privacy***

Although privacy is widely revered, each culture has its own norm. Students must become increasingly sensitive to cultural diversity as target populations in health care units become more diverse. Reference has already been made to the frequent conflict between common medical radiation practices and patients' concepts of privacy. Patients may be expected to change out of their own street clothes into institutional gowns, robes and drapes that often leave them vulnerable and exposed, a state that can foster fear and a heightened perception of sexual abuse.

Sexual abuse prevention programs cannot deal with the entire spectrum of cultural groups and thus students can only be taught to:

- Be sensitive to the evolving cultural diversity within their work environment;
- Obtain more feedback from changing cultural groups that will help avoid perceptions of sexual abuse;
- Seek ways of identifying the expressed needs of diverse cultural groups, specifically with respect to consent, privacy, communication and touch;
- Make as comfortable as possible patients who must necessarily be partly or completely unclothed;
- Give patients clear instructions about how to wear the institutional gown or robe;
- Allow patients independence, enough time and privacy while disrobing;
- Touch only those areas needed to facilitate removal of clothing when providing assistance to disrobe;
- Use sheets appropriately to cover and position the patient;

- Inform the patient about who is involved in the procedure and why;
- Request the patient's permission for students to observe;
- Obtain consent for recording of the procedure for any purpose other than diagnosis or treatment.

### *Benefits*

If the patient is given a sense of independence and is respected as an individual, cooperation is much more likely.

### *Communication Skills Specifically Relating to Touching*

To avoid perceptions of sexual abuse, students must learn to make touching an acceptable medical encounter by:

- Providing reassurance and explanations throughout procedures;
- Involving patients in some aspects of procedures, such as moving themselves in response to clear instructions;
- Encouraging patients to identify affected areas, or landmarks when possible;
- Constantly checking for level of understanding and consent.

### *Benefits*

Procedures requiring touching of patients are very vulnerable to misinterpretation. Ensuring that patients understand at all times what is being done, and why, will greatly reduce the risk of offence. Deft, careful touching of patients will reduce also the likelihood of avoidable pain and will encourage the patient to relax and cooperate in ways that will save time and produce better results.