



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Communicating with patients

What you must know about...

The role of medical radiation technologists (MRTs) is to provide medical radiation technology services to patients, often during challenging and emotional times. Effective communication between MRTs and patients and their families¹ is essential to providing care that ensures safe, effective and ethical outcomes for patients.

The CMRTO Standards of Practice and Code of Ethics set out the expectations for MRTs regarding communicating with their patients and families. This publication provides further guidance to MRTs on establishing a professional and caring relationship with their patients.

Patient and family centred care

Patient and family centred care is health service delivery that is focused on the needs and wishes of patients and their families. Patient and family centred care is the norm in many countries, and the cornerstone practice of many health care institutions and teams of professionals. It means being sensitive to patients' concerns and comfort, and providing a way to actively involve patients and their families in decision-making about their care.ⁱ In Ontario, the *Excellent Care for All Act* requires every hospital to have a patient relations process that reflects the content of its patient declaration of values.ⁱⁱ

The Institute for Patient- and Family-Centered Careⁱⁱⁱ describes the following as the core concepts of patient and family centred care:

- **Respect and Dignity:** Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care

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¹ In this document, the term "family" includes relatives of the patient, person(s) accompanying the patient, and any other person the patient wishes to include in his or her care

- **Information Sharing:** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making²
- **Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose³
- **Collaboration:** Health care leaders collaborate with patients and families in policy and program development, implementation and evaluation; in health care facility design; and in professional education, as well as in the delivery of care

Patient and family centred care in medical radiation technology

It is sometimes challenging for MRTs to incorporate the core concepts of patient and family centred care when they provide medical radiation technology services to patients. The time required for diagnostic and therapeutic procedures is relatively short, which makes excellent communication skills essential. Radiation therapists may see their patients for a short time each day over an extended period, while treatment is administered. MRTs practising in diagnostic imaging often never see their patients again and it may take only 5 or 10 minutes to complete the examination.

MRTs routinely work with patients who are vulnerable and in need of extra care. Whether they are young or elderly, or have special needs, or are in pain, or have cancer or multiple injuries, patients and their families are often interacting with MRTs at a time when they are stressed and anxious. In busy imaging and radiation therapy departments it is easy for MRTs to focus on the complex equipment and patient throughput times, but this can mean that the patient and his or her family may perceive their care as less than optimal. In order to be perceived as providing quality care to any group of patients, MRTs should not focus solely on the task of performing the procedure or treatment, but place the individual patient at the centre of the process by caring for their emotional needs as well as providing physical care.^{iv}

² MRTs are reminded that information sharing with patients and families must be done in accordance with the CMRTO Standards of Practice and Code of Ethics and applicable legislation such as the *Personal Health Information Protection Act* and the *Health Care Consent Act*

³ MRTs are reminded that with respect to participation in a patient's care by family members, it is the patient or his or her substitute decision-maker that provides informed consent regarding his or her care, in accordance with the *Health Care Consent Act*

It is essential that MRTs treat all patients and their families with respect and dignity, provide information about the procedure or treatment that is useful to the patient and encourage the patient and/or family member to participate in the procedure or treatment as appropriate. It is often the small and simple collaborations that have the greatest positive impact for the patient: for example, ask the patient to explain the best method to transfer him or her to the table, or listen to the family member or person accompanying the patient when they explain the best method to help calm the patient for the diagnostic or therapeutic procedure and act on their advice.

Encouraging patients and their families to collaborate and participate in the diagnostic or therapeutic procedure, as appropriate, helps them retain autonomy and control, and improves co-operation for improved patient outcomes.

Remember, MRTs are experts in providing medical radiation technology services to patients, but the patient and his or her family are expert in the patient's needs.^v

Communicating with patients

Effective communication between health professionals and patients is vital. Considerable responsibility is placed on health professionals to communicate effectively by paying attention to the ways in which information is conveyed and words are selected when speaking to patients. MRTs must also be active and compassionate listeners and show sensitivity to their patients' concerns and needs. Awareness of cultural and physical barriers that may interfere with clear communication – and respect for these differences – help MRTs practise the profession in a responsive and responsible manner.

MRTs need to consider communication as an essential part of the assessment of a patient before, during and after a diagnostic or therapeutic procedure.⁴ Patient assessment starts with the initial contact with the patient when the MRT assesses items such as clinical information, signs and symptoms, and the ability of the patient to cooperate, understand and consent to the procedure. It is this assessment stage that reinforces the need for the MRT to have excellent communication skills.^{vi} For example, MRTs ask

⁴ The scope of practice statement for medical radiation technology is set out in the *Medical Radiation Technology Act*, as follows:

"The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures."

patients to confirm their personal information prior to commencing the procedure, MRTs inform patients of what to expect during the procedure, provide instructions on position and breathing requirements and, at the end of the procedure, inform them of the next steps and the expected time of the results or findings.

It is a necessary part of MRTs' practice to touch their patients to ensure that the patient is in the correct position for the diagnostic or therapeutic procedure. It is essential that MRTs explain to patients, before they touch them, when and where the MRT will touch them and why and ensure they have the patient's consent to proceed.⁵ Patients expect practitioners to provide them with information about what is about to happen. This makes patients feel more in control and supports their autonomy in an otherwise difficult and potentially frightening experience.^{vii}

The patient's perspective

MRTs always need to be aware of patient vulnerability and anxiety. For diagnostic and therapeutic procedures, patients are often required to remove their clothing, enter dimly lit and noisy rooms that contain large and complex equipment, receive injections or undergo uncomfortable or embarrassing procedures, and may be required to hold still in painful or awkward positions for lengthy periods of time. While MRTs accept that technology is at the centre of their practice, for patients the environment and the experience can be very depersonalizing.^{viii}

Patients are also concerned about the outcome of the procedure – will this procedure show my cancer has returned? How severe is my child's head injury? Will this treatment cure my cancer? Has my grandmother fractured her hip? Do I need to have open-heart surgery?

Patients attribute the perception of 'quality' to examinations where they perceive the practitioner as interested in them and when the practitioner projects a warm and caring demeanor.^{ix} MRTs are uniquely able to make the procedure as comfortable as possible for their patients and help alleviate their anxiety.

⁵ See the CMRTO Standards of Practice

Elements of effective communication

There are three aspects to communication: sender, message and receiver. MRTs are in the role of sender when they inform patients about the procedure and what they are going to do. The information that MRTs share with patients is the message, and the patient is the receiver. But when MRTs check with the patient to confirm the patient understands the procedure, or the patient consents to the procedure, MRTs are in the role of receiver. Effective communication involves a sharing of information with each person moving between the role of sender and receiver.

Non-verbal communication is also very important. MRTs need to be aware that there are many ways of sharing – more than just the verbal transmission of what you want to say. Many factors contribute to the patient’s ability to receive and understand what we are saying, including body language, tone of voice, pace of speech, use of gestures and other non-verbal behaviour. Patients often listen more to ‘how something is said’ rather than ‘what is said’. Patients may pick-up on a negative tone of voice and suffer anxiety or misapprehension. When interacting with patients, MRTs need to use eye contact appropriately, exhibit a caring attitude and use body language that communicates openness. They need to keep in mind that effective communication includes not only the message delivered but also the way in which that message is received and understood.

There is often an assumption that, during a procedure or treatment, the MRT and the patient interacted with a full understanding of each other.^x However, this is not always the case. Faulty communication is a common reason for safety errors. The CMRTO receives more complaints about communication issues than about technical issues.^{xi} For these reasons, the CMRTO has developed the Communication Guidelines set out in this publication to assist MRTs in communicating with their patients.

Expectations for Professional Practice - CMRTO Standards of Practice

The CMRTO Standards of Practice have been developed by the CMRTO to describe the expectations for professional practice of MRTs. The Standards of Practice describe what each MRT is accountable and responsible for in practice, and reflect the knowledge, skills and judgement that MRTs need in order to perform the services and procedures that fall within the scope of practice of the profession. Every diagnostic and therapeutic procedure performed by an MRT involves a patient.

The CMRTO Standards of Practice includes Practice Standard 5 - Relationship with Patients, which states that MRTs have patient care as their main concern. The Practice Standard sets out the following expectations for MRTs:

MRTs must maintain clear and professional boundaries in relationships with patients and treat all patients with dignity and respect. MRTs must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. MRTs must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

Under the CMRTO Standards of Practice, MRTs are expected to be competent, accountable and collaborative.

The summary chart at the end of this publication lists the practice indicators relating to communicating with patients from the CMRTO Standards of Practice.

***Expectations for
Responsible Conduct -
CMRTO Code of Ethics***

The CMRTO Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of MRTs. It has as its foremost goal the welfare and protection of patients and the public.

The Code of Ethics is intended to help MRTs choose the right, fair, good and just action. Each MRT is personally responsible for behaving according to the ethical principles set down in the Code. The Code of Ethics is to be used in conjunction with the CMRTO Standards of Practice. Together, these documents provide a model for ensuring safe, effective and ethical professional performance to ensure safe, effective and ethical outcomes for patients.

Ethical Principle 2 relates to MRTs' responsibility to patients and sets out how MRTs act in the best interests of their patients. The summary chart at the end of this publication lists the ethical

indicators from the Code of Ethics related to expectations for MRTs to act in the best interests of their patients.

Communication Guidelines

These guidelines are designed to assist MRTs in applying the CMRTO Standards of Practice and Code of Ethics and to provide additional guidance to MRTs regarding communicating with patients and their families.⁶ Following the guidelines below will help MRTs achieve safe, effective and ethical outcomes for patients when they communicate with patients and their families and when they perform diagnostic and therapeutic procedures.

1. Greet your patient and their family or accompanying person in a welcoming manner and with eye contact and a positive attitude.
2. Introduce yourself to your patient, tell them your profession and what procedure you are going to do. Introduce anyone else who may be present for the procedure and explain his or her role. Ask your patient whether they object to any non-essential person being present.
3. Ask your patient how they wish to be addressed (Mr. Smith, Robert or Bob). If in doubt, use the patient's formal name. Don't use colloquial expressions such as 'dear' or 'sweetie'.
4. Clarify the role of any family member or accompanying person present (substitute decision maker? interpreter? personal support?). Wherever possible, ask your patient first if they would like the person to be involved and support the person in assisting your patient as appropriate to the situation.
5. Encourage your patient and any family member or accompanying person to participate in the procedure, where appropriate (e.g. helping to change, transferring to the table, providing support).
6. Show a respectful and caring attitude towards your patient by listening to and respecting his or her perspectives and choices.
7. Be aware of your own body language, tone of voice and non-verbal behaviour to ensure effective communication.

⁶It should be noted that these guidelines are not themselves standards of practice. The CMRTO Standards of Practice prevail over these guidelines. However, the guidelines may still be used by the CMRTO to assist in determining whether appropriate standards of practice and professional conduct have been maintained by an MRT in a particular case. These guidelines supersede and replace the CMRTO's "Communication and Touching Principles" published in "What you must know about....sexual abuse", updated October 2005

8. Maintain a professional and friendly relationship with your patient and his or her family. Don't be overfamiliar, dismissive or condescending.
9. Speak directly to your patient, using eye contact and being at the same physical level, if possible. Remember, patients who are non-responsive or who appear not to be aware of their surroundings can often still hear.
10. Provide your patient with timely, complete and accurate information about the procedure, such as what to expect and how long you expect the procedure to take. Use language and terminology that your patient can understand. Check to make sure that your patient understands.
11. Respond professionally and respectfully to any questions or concerns your patient may have.
12. Actively listen to your patient in order to be aware of his or her concerns and anxieties, and respond appropriately throughout the procedure. Observe your patient for changes in facial expressions and body language. Check to make sure that your patient is still comfortable and whether your patient has any questions. Remember, not all patients verbalize their concerns when they are anxious or upset.
13. Reserve judgement, and never make assumptions.
14. Maintain your patient's dignity and keep your patient as comfortable as possible throughout the procedure.
15. If possible, give your patient positive directions (e.g. "keep still please" rather than "don't move"). Provide positive feedback and encouragement throughout the procedure.
16. Support your patient's autonomy by respecting his or her decision to change his or her mind, pause or terminate the procedure at any time.
17. At the end of the procedure, thank your patient, confirm the next steps, and ask if there is anything else you can do.

Barriers to effective communication

There are a number of factors that create difficulties when MRTs communicate with patients. These include:

MRTs' attitudes:

- Negative stereotyping of patients and a lack of understanding of their unique needs or situation, or the nature of any disability
- Making assumptions about or judging people, their family or their abilities
- Being under pressure and in a hurry to explain, not taking time to listen to or fully communicate with their patients
- Focusing on the procedure or the equipment rather than the patient
- Having an overfamiliar or condescending attitude to patients
- Taking personal or professional offence to comments or questions raised by the patient or their family or accompanying person

Organizational factors:

- Lack of knowledge, or availability of resources to assist communication, such as interpreters and written information
- Rigid appointment times
- Focus on throughput rather than patient care
- Lack of communication among the members of the health care team
- Unavailable or confusing policies

Environmental factors:

- Noise from the equipment in imaging and radiation therapy departments making it difficult to hear
- Lack of private space for discussions with patients
- MRTs standing behind screens at a distance from the patient that can affect their ability to hear
- Low levels of lighting in imaging and radiation therapy rooms making it difficult to see people's faces, facial expressions and lips

- Wearing face masks during some procedures can make it difficult to see people’s faces, facial expressions and lips^{xii}

Considering all these factors it is not surprising that MRTs may recall occasions when they could have been more effective in their communication with patients and their families. Communication is a complex and dynamic process. Given all the unique situations, range of patients and their needs, and complexity of imaging and radiation therapy departments, it is not surprising if sometimes communication attempts fall short of their goals. However, in light of a responsibility to provide patient and family-centred care, it is a continual and on-going process for MRTs to develop and improve their communication with patients.

MRTs contribute to quality patient care through respectful, caring and effective communication

The CMRTO Standards of Practice, Code of Ethics and Communication Guidelines provide an effective framework for MRTs to provide respectful, caring and effective communication with patients and their families. MRTs must perform their duties responsibly and in a manner that reflects the profession’s commitment to respect the personal dignity of every individual who entrusts himself or herself to the care of MRTs.

Acknowledgements

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Summary chart: MRT practice expectations and guidelines regarding patient communication



This summary chart contains the CMRTO Standards of Practice and Code of Ethics which set out the expectations for MRTs' practice regarding communicating with patients and their families, and the CMRTO Communication Guidelines for MRTs on establishing a professional and caring relationship with their patients. The practice indicators from the Standards of Practice relating to communicating with patients have been listed in order of the procedure or treatment, for ease of use.

CMRTO Standards of Practice: Practice indicators related to expectations for MRTs communicating with their patients	CMRTO Code of Ethics: Ethical indicators related to expectations for MRTs' to act in the best interests of their patients	CMRTO Communication Guidelines: Guidelines for MRTs on establishing a professional and caring relationship with their patients
<p>MRTs must:</p> <p>4e. verify the patient's identify for all diagnostic or therapeutic procedures</p> <p>5a. provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary</p> <p>5b. give the patient or patient's substitute decision maker an opportunity to ask questions</p> <p>5c. provide the patient or patient's substitute decision maker with answers to his or her questions within the scope of MRT responsibility</p> <p>5d. refer questions of the patient or patient's substitute decision maker that are outside the scope of MRT responsibility to an appropriate health professional for answers</p> <p>3h. ensure that patient consent has been obtained</p> <p>5e. carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker</p>	<p>2. MRTs act in the best interests of their patients by:</p> <p>a. upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service;</p> <p>b. respecting the dignity, privacy and autonomy of their patients;</p> <p>c. maintaining clear and appropriate professional boundaries in the MRT – patient relationship;</p> <p>d. treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or type of illness;⁷</p> <p>e. providing individualized, comprehensive and safe treatment during examinations or therapy sessions, taking into account the patient's particular physical and emotional needs, values and cultural background; and</p>	<p>1. Greet your patient and their family or accompanying person in a welcoming manner and with eye contact and a positive attitude.</p> <p>2. Introduce yourself to your patient, tell them your profession and what procedure you are going to do. Introduce anyone else who may be present for the procedure and explain his or her role. Ask your patient whether they object to any non-essential person being present.</p> <p>3. Ask your patient how they wish to be addressed (Mr. Smith, Robert or Bob). If in doubt, use the patient's formal name. Don't use colloquial expressions such as 'dear' or 'sweetie'.</p> <p>4. Clarify the role of any family member or accompanying person present (substitute decision maker? interpreter? personal support?). Wherever possible, ask your patient first if they would like the person to be involved and support them in assisting your patient as appropriate to the situation.</p>

⁷ In September 2014, CMRTO updated section 2d of the Code of Ethics to be consistent with changes in the Ontario Human Rights Code by adding "gender identity" and "gender expression", and by removing "same sex partnership status"

<p>5f. treat the patient with dignity and respect and in accordance with the Code of Ethics of the College</p> <p>3s. and 4q assess the patient's condition before, during and after the course of treatment or procedure</p> <p>4s. ensure that there are no contraindicators present that could harm the patient or would exclude the patient from having the examination⁸</p> <p>4f. ascertain whether any female patient, age 10-55, might be pregnant, and make necessary explanations, referrals or implement essential restrictions</p> <p>4i. assess the patient's physical and emotional limitations and ensure that the patient will not be expected to perform any task or movement that would cause physical harm</p> <p>5g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the MRT's assessment of the patient's physical, medical and/or emotional status and needs</p> <p>4h. prior to administering a substance orally, by injection or inhalation, or into the body through an orifice, ascertain whether there are any contraindications to administering the substance to the patient and make necessary explanations, or referrals or implement necessary restrictions</p> <p>5h. instruct the patient to remove only the clothing and items that will interfere with the diagnostic or therapeutic procedures</p> <p>5i. provide the patient with a gown or sheet to cover areas where clothing was removed</p>	<p>f. preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.</p>	<p>5. Encourage your patient and any family member or accompanying person to participate in the procedure, where appropriate (e.g. helping to change, transferring to the table, providing support).</p> <p>6. Show a respectful and caring attitude towards your patient by listening to and respecting his or her perspectives and choices.</p> <p>7. Be aware of your own body language, tone of voice and non-verbal behaviour to ensure effective communication.</p> <p>8. Maintain a professional and friendly relationship with your patient and their family. Don't be overfamiliar, dismissive or condescending.</p> <p>9. Speak directly to your patient, using eye contact and being at the same physical level, if possible. Remember, patients who are non-responsive or who appear not to be aware of their surroundings can often still hear.</p> <p>10. Provide your patient with timely, complete and accurate information about the procedure, such as what to expect and how long you expect the procedure to take. Use language and terminology that your patient can understand. Check to make sure that your patient understands.</p> <p>11. Respond professionally and respectfully any questions or concerns your patient may have.</p>
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⁸ Indicator 4s is applicable to MRTs in the speciality of magnetic resonance

<p>5j. explain to the patient when and where the MRT might touch him/her and why</p> <p>5k. touch the patient in only those areas needed to facilitate carrying out the procedure</p> <p>3k. position the patient as required for the diagnostic or therapeutic procedure</p> <p>3n. instruct the patient on breathing and movement procedures</p> <p>3t. respond to any change in the patient's condition during or after the procedure or course of treatment</p> <p>4r. where appropriate, remove markers and accessory equipment/devices before the patient is released</p> <p>3u. complete the procedure, advise the patient of any post-procedural care, and transfer the care of, or release, the patient</p> <p>7i. record and inform patient and/or members of the health care team of any follow-up care required</p> <p>5l. keep all patient information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information</p> <p>5m. comply with any applicable privacy legislation such as the <i>Personal Health Information Protection Act</i></p> <p>5n. comply with all relevant legislation such as the <i>Health Care Consent Act</i></p> <p>5o. comply with the <i>Regulated Health Professions Act</i> pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program.</p>	<p>12. Actively listen to your patient in order to be aware of his or her concerns and anxieties, and respond appropriately throughout the procedure. Observe your patient for changes in facial expressions and body language. Check to make sure that your patient is still comfortable and whether your patient has any questions. Remember, not all patients verbalize their concerns when they are anxious or upset.</p> <p>13. Reserve judgement, and never make assumptions.</p> <p>14. Maintain your patient's dignity and keep your patient as comfortable as possible throughout the procedure.</p> <p>15. If possible, give your patient positive directions (e.g. "keep still please" rather than "don't move"). Provide positive feedback and encouragement throughout the procedure.</p> <p>16. Support your patient's autonomy by respecting his or her decision to change his or her mind, pause or terminate the procedure at any time.</p> <p>17. At the end of the procedure, thank your patient, confirm the next steps, and ask if there is anything else you can do.</p>
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- i Health Quality Ontario, Person and Family Centred Care – Positive Patient Experience, updated on April 18, 2013, p. 2
- ii *Excellent Care for All Act, 2010*, section 6
- iii Institute for Patient- and Family-Centered Care, www.ipfcc.org/faq.html. Accessed on August 11, 2014
- iv Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 12.
- v Quote from Ms. Andrea Fordham, Patient and Family Advocate
- vi Pauline J. Reeves, "Communication with specific patient groups". Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 7.
- vii Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 12.
- viii Pauline J. Reeves, "Communication with specific patient groups". Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 8.
- ix Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 12.
- x Suzanne M. Henwood, Leonie Munro, "Principles of communication" Eds. Aarthi Ramlaul, Martin Vosper, M., *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 3.
- xi See the Inquiries, Complaints and Reports Committee's Report in the CMRTO Annual Report for 2013, 2012 and 2011. Available on the CMRTO website at www.cmрто.org
- xii Hilary Bungay, "Communication with patients with disabilities and additional needs". In Aarthi Ramlaul, Vosper, M. (Eds.), *Patient Centred Care in Medical Imaging and Radiotherapy*, (Toronto: Elsevier, 2013), p. 15



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