



## 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 be aware 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 diagnostic or therapeutic procedures 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 provide clear and understandable information to patients.

Explaining procedures fully is very important to easing a patient's fears before and during a procedure. 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 anxious or angry.

MRTs must also be clear when explaining departmental policy in regard to certain procedures. 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 female patients 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 MRTs to explain procedures to patients. The Standards outline four basic principles:

- 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
- Give the patient or patient's substitute decision maker an opportunity to ask questions
- Provide the patient or the patient's substitute decision maker with answers to his or her questions within the scope of MRT responsibility
- 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

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### ***Radiation Protection***

Patients are naturally anxious when undergoing an x-ray, nuclear medicine or radiation therapy procedure, especially if repeat exposures or injections are required.

MRTs are responsible to follow the ALARA principle and to use only the minimum amount of radiation necessary during the course of the procedure. MRTs always use the lowest dosage possible for the particular procedure being performed. Under the professional misconduct regulation made under the *MRT Act*, carelessly, negligently or unskillfully using ionizing radiation is defined as an act of professional misconduct.

In addition, MRTs must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the *Healing Arts Radiation Protection Act* and its regulations and the *Nuclear Safety and Control Act*, its regulations and licences issued thereunder) have been met.

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**Physical or Verbal Abuse**

Complaints to the College of physical abuse are sometimes made after pediatric or geriatric procedures, 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 treating all patients with dignity and respect at all times.

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**Sexual Abuse**

Complaints of sexual abuse are reported to the CMRTO by patients or by another health professional who has reasonable grounds to believe that a 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. This process is outlined in another College publication (What you must know about... Sexual Abuse). MRTs must touch patients only in those areas needed to facilitate carrying out the procedure, and it must be explained clearly to patients when and why we need to touch them.

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**Authorized Acts**

The College has also received complaints with regard to the performance of authorized acts. MRTs are authorized to perform five authorized acts under the *Medical Radiation Technology Act*. These are:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
  - Beyond the opening of the urethra,
  - Beyond the labia majora,
  - Beyond the anal verge, or
  - Into an artificial opening of the body.

4. Performing a procedure on tissue below the dermis.

5. Applying a prescribed form of energy.

*Note - performing a procedure on tissue below the dermis includes such procedures as: inserting a needle or angiocath for administering substances by injection, taking blood samples from veins and tattooing for marking treatment areas for radiation therapy.*

Before performing authorized acts, it is critical that MRTs have the requisite knowledge, skill and judgment, ensure that the appropriate order from the authorizing physician (or, in the case of the application of electromagnetism for magnetic resonance imaging procedures, the order may also be from another authorized health professional) is in place, and that the situational factors are adequate to perform the procedure effectively and ethically.

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### **Confidentiality and Privacy**

The College's Standards of Practice requires MRTs to 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. MRTs must keep all information confidential except when necessary to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information.

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### **Standards of Practice**

The College's Standards of Practice set out minimum standards of professional practice and conduct for MRTs and assist MRTs in understanding the College's expectations with respect to the professional practice. The Standards of Practice are used by the College in determining whether members of the College have maintained appropriate standards of practice and conduct. MRTs are reminded that the College's Standards of Practice contain the essential information you need to provide safe, effective and ethical medical radiation technology services to your patients.