

# Psychosocial concepts in radiography



**ASSIGN  
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“ Promising too much can be as cruel as caring too little” (Kelley, 2005, p. 69). The aim of this assignment is to describe and discuss the psychosocial aspects of patient/client care as applied to radiography, and the skills required to deal with a range of issues in work environment and explore medico legal aspects of radiographer’s scope of practice while relating to the given scenario.

Oxford English Dictionary(2013) defines psychosocial as “ relating to the interrelation of social factors and individual thought and behaviour” and medico legal “ refers to that which is related to medicine and the law. It refers to that which pertains to the legal aspects involved in the practice of medicine. It covers the prerogatives and responsibilities that a medical professional is bound by as well as the rights of the patient” (AJ, 2013).

Upon arriving to the department it is paramount the radiographer justifies the x-ray request form on clinical grounds, and must adhere to the minimum requirements set by IR(ME)R which requires 3 forms of ID, the request form to be signed, information to identify the patient and clinical information to justify exposure. (DoH, 2000). once patient has been located, the radiographer is greeted by angry relatives who are complaining their mother had nothing to drink for 24 hours and has soiled herself, with this in consideration it is vital the radiographer introduces themselves and confirms the patients details for example, patients name, DOB and Address and hospital number if checking wristband as patient has limited ability to communicate. Infection control will be required as the patient has defecated herself, a quick check for infections such as clostridium difficile; if infections are present it should be present on the x-ray request or patient notes.

The first impression a patient forms from the way practitioner portray themselves by greeting the patient and explaining the procedure in the first few minutes. If a negative impression is formed during this encounter, it will be difficult to erase and the subsequent practitioner and patient interaction will be affected (Ramlaul and Vosper, 2013). When dealing with the patient/relatives the radiographer must be assertive, confident compassionate, and empathetic to the patient's situation (Scriven and Orme, 2001), and must use clinical reasoning which refers to thinking and processes associated with the clinical practice of health care providers (Higgs, Jones, Loftus and Christensen, 2008)

Reassure the family that you have just arrived and here to resolve the matter, explain there could be a valid reason regarding the water, but you will look into it. Give reasons why there might be a shortage of nurses due to “ fast interaction period of emergency departments which may be similar times to medical imaging” (Ramlaul and Vosper, 2013, p. 13). This might be why the radiographer was not able to locate the nurses. Communication between healthcare professionals and patients is paramount to improve quality of care for patients, and eliminate any possibility for mistakes (O'Daniel and Rosenstein 2008). This scenario has clearly demonstrated the lack of Inter-professional communication and collaboration and how detrimental it is to patient care.

The psychosocial aspects of any individual can be affected by a small initial stimulus which can start a chain of events that have enormous outcomes; this is known as the butterfly effect (Burton, 2013). Little do we realise a smile can be enough to put someone at ease, and that can be the difference

between a positive experience and a negative one. We have to understand the social/environmental aspect of an individual also plays a huge role in the way they think, talk, and behave (Niven, 2000).

The radiographer must take into consideration the psychological state of the patient, which may help understand the different feelings the patient might be experiencing such as, anxiety, shame, angry, distressed, shocked, and unwell. It is important the radiographer focus on their thoughts and feelings to better treat them.

Compassionate care must be 1<sup>st</sup> priority for all health professionals; this constitutes the six C's, Care, compassion, competence, communication, courage, commitment. This guide helps health professionals to make sure their care meets the standards patients rightly expect and deserve (Cummings and Bennett, 2012). This should apply to all health professionals.

With regards to Francis report UK The Mid Staffordshire NHS Foundation Trust Public Inquiry, (2010) which was carried out from January 2005 to March 2009 for the hundreds of appalling failings of compassionate care were left in excrement in soiled bed clothes for lengthy periods and many other failings. Referring back to the scenario it is seen the patient is in a similar situation and as a witness; the radiographer must report this, failure to do so is against the law.

Radiographers should uphold National Health Service constitution and values which are based on comprehensive service available to all race, gender, disability, age, sexual orientation, religion or belief and adhere the core value of NHS, respect and dignity, commitment to quality of care,

compassion, communication, improving lives, and working together for patients (DoH, 2013).

Communication comes in many forms, verbal, non-verbal (sign language, facial expression and other forms of body language) it can be difficult at times to assess patients, this may be due to many barriers such as gender, age, language and disability, each barrier differ from patient to patient, with regards to the scenario the frail old lady is in a venerable state and unable to communicate regardless the radiographer must communicate with her as she may understand other means of communication which may include simple muscle movements such as blinking or squeezing a hand. Due to the lack of time usually available to radiographers, the task of identifying and treating symptoms may become the only goal for the practitioner, who then denies the patient the opportunity to explain their illness (Edelmann, 2000).

Radiographers must provide holistic care for the patient, while assessing patients and their clinical requirements to determine appropriate radiographic technique, and to perform a wide range of radiographic examinations on patients to produce high quality images while observing and maintaining contact with patients during their waiting, examination and post-examination stay in the hospital, And complying with Data Protection Act, IRMER, IRR, ALARP, Health and Safety at work, and many more (Agcas, 2012). Radiographers must keep within their scope of practice based on competency, education, extent of experience and knowledge while practising in a safe and competent manner (SoR, 2008).

And adhere to legislations set for radiographers, scope of practice, local rules, policies and procedures and HCPC standards of proficiency, is responsible and accountable for the patient undergoing x-ray (and other imaging modalities).

What is scope of practice for a radiographer? HCPC (2012) defines the scope of practice is the area/areas in which the radiographer has knowledge, skills and experience to practice lawfully, safely and effectively in a way that meets the HCPC standards and does not pose a danger to the public or to yourself. However if a practitioner wanted to move outside their scope of practice can do so providing they are capable of working lawfully, safely and effectively.

Relating back to the scenario it may need to be considered whether taking a portable abdominal x-ray is in the local rules, policies, and procedures, must weigh the risks/benefit, consider their personal experience and is it enough to carry out the x-ray in a safe, effective and lawful manor. As health professionals one must understand their own capacity and limitations and act accordingly.

Taking consent from the patient can be verbal, written or implied. Every adult has the right to determine what is done to their body (UIC, 2004).

Taking an x-ray without obtaining valid consent can be detrimental which leaves the practitioner open to lawsuits and questions their fitness to practice. As we know the patient is not able to communicate, hence the radiographer might adopt different means on consent for example implied. Patient might be asked to blink twice if it's okay to go ahead and blink once

if not vice versa. Pertaining to moving and handling patient the radiographer should make use of the mandatory manual handling training provided by the trust/university. The radiographer must not in under any circumstance cannot pat-slide by themselves and must have a minimum of 3 trained personals.

This scenario is a classic example of negligence, where no nurses are present to attend to the patient, torts law comes into play in this scenario, where unintentional negligence of the patient where the duty of care is at breach. If the radiographer carried out the x-ray after the patient had been cleaned by the radiographer and/or nurse, the radiographer must inform patient about the x-ray being taken and once consented markers must be used in the primary beams instead of post processing to avoid confusions, and most importantly, the x-ray can be used in court if required, furthermore upon taking the x-ray a holders form need to be filled in if holder was required and must wear lead coats. A risk assessment must be carried out to determine if it is possible to carry out the x-ray and apply ALARA (as low as reasonably achievable) as mobile x-rays tend to used higher exposures this is achieved by many ways such as increasing the FDD.

This scenario can most certainly make everyone feel agitated, stressed, scared and terrified, and nervous. However as professionals one must show confidence in the face of adversity and demonstrate good communication skills and follow the HCPC standards of conduct, the scope of practice, upholding the NHS constitution along with compassionate care guide, will ultimately enable the health practitioner to be more confident and well equipped in practice.

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In conclusion one can argue it requires inter-professional team effort to give the best experience to any patient, which is true, but it requires the efforts of each individual put together collectively to formulate productivity and efficiency for the best interests of the patients.

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