

Principles in radiography: case study



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The case study entails a female service user aged 25. Coming from the A&E department of which was raised for an Abdomen X-ray for an alleged bowel perforation. Received in the x-ray department on a trolley with only known relative, her brother. Signs of anxiety and pain, the service user is “ laconic” and the brother translates for her. Vomited in the department room. My aim is to address the psychological needs of the service user, such as factors influencing her state of mind, experience and interaction of different health professional.

Below are the factors that affect the service users’ experience:

Consent:

Consent is a vital aspect in contributing care and treatment. In rare instances, performing stringently in accord with permission will mean that several of the other policies being ignored and not met (Cqc. org. uk, 2019). Take into consideration as well as the “ Mental Health Act 1983 and Mental Capacity Act 2005”. The management of patients must only be provided with the consent of the pertinent person.

If the service user is aged 16 and/or over and is incapable to provide consent for the reason that they lack capacity to do so, the disclosed individual essentially act in agreement with the 2005 Act. But if Part 4 or 4A of the 1983 Act applies to a service user, the registered person must act in accordance with the provisions of that Act. As such, it would not affect the regulation to enact upon: Section 5 of the 2005 Act, and as given by section 6 of that Act (performs in correlation with care and treatment).

Communication:

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It is a blasé process, based on person centred care requires general practitioner and inter healthcare providers have the communication skills to cater to each individual needs and wishes (Qualitysafety. bmj. com, 2019). Skills that are gained and honed through experience, throughout ones professional career. Saying this we needed the patients consent. Consent is defined as to give affirmation, permission that is offered willingly or given away (e. g. marriage) (Vocabulary. com, 2019). For starters it is important to let patients know our name, one popular campaign is the “ hello my name is” which was envisioned by Dr Kate Granger, a medical doctor who had the experience of being a patient. It focuses on staff professionally introducing themselves to patients, it advocates the sense of confidence by the practitioner by providing due care and puts the patients at relaxed state (Health, 2019). Following the department protocols, a three-point check is done (name, date of birth and address) and additional verification done especially of the person is not able to verbalize. With this case, the brother is the main interpreter which bridge between the patient and the health professionals. Usually this method is not the normal procedure and exceptions to the rules cannot be ruled out, interpreters are perceived as utilitarian view to reinforce the health care settings. But in this situation creates an interpersonal and ethical dilemma that could compromise duty of care (Hsieh and Kramer, 2019). In connection an Emergency multilingual phrasebook was issued to every UK hospital, led by the British Red Cross and the Department of Health in 2004 (Webarchive. nationalarchives. gov. uk, 2019). Its intention to provide translation to commons terms and provide simplified phrased questions to patients. Although other issues can affect

communication, such as the state of the service user (pain, anxious, nervous, scared).

Dignity/ Beliefs:

It adds up to the patients' experience. Imagine yourself to reveal your intimate part to a complete stranger. Clothes asked to be taken away and to put on a gown which, if they're lucky, actually fit, have fastener to close it. Privacy, Religious Beliefs, Social and Ethical Beliefs falls under dignity. Getting permission before accessing people's possessions and documents (Legislation. gov. uk, 2019). But some rights, like the right to liberty and the right to private and family life, are limited, it means some restrictions are covered in certain circumstances (Citizensadvice. org. uk, 2019). Or by providing a private place (or just closing the door) for examination is one gesture for privacy. Choosing an interpreter with the consent of the patient is a good practice especially in this case study, which her brother in this case the best to interpret but taking in consideration when people have peculiar and voluptuous relationships, plus careful assessment of risk (Scie. org. uk, 2019). With the communication proper established, we have to take into account the ethical beliefs, religious beliefs. During the admission process typically, the patient is asked if they have any religious and cultural inclinations. But on the flip side we should not make rules based on the patient's responses about religious preferences. Most often patients adhere to their religion's beliefs, and minority of others have reformed their beliefs from those of their religion It is a good practice to ask patients about their religious preferences in a private area where family members aren't present,

if feasible. This will minimize the patient feeling influenced by opposing views of relatives (Nursingcenter. com, 2019).

Cultural, social & ethical issues:

‘ Culture’ – termed as to be ambiguously hypothesized and mistakenly used in medical training and practice (Vocabulary. com, 2019). Cultural notions are frequently explained and taught as being inter-linked with race or as a catch-all, monumental expression to explain individuals who appear substantially similar and are assumed to have the same beliefs, values, and behaviours. We tend to stereotype people in a wrong manner (Rejina Kamrul, 2019). As a professional “ carer” of people with different ailment within the department or hospital setting, you may sometimes encounter situations in which it is hard to decide what would be the right thing to do. It is for the most part arduous to make such judgements when each probable alternative seems to be moral for some people but not for others. This comes down to every individuals morals, In addition, medical professional carers embrace very different ideas about what is (ethically) right or wrong (sometimes may even assert that they know better) and on what basis a undeniable approach would and/or would not be ethically correct. Such disputes are further convoluted when acting ethically in the context of interprofessional care is incompatible with respecting recognized professional and institutional practices or formal guidelines for care (Alzheimer-europe. org, 2019).

Inter-professional Collaboration:

Interprofessional Collaboration can be defined as collaborations among two or more associates of different professional disciplines (e. g. midwife,

radiographer, nurse etc.) (Journals. sagepub. com, 2019). Moreover, diverse branches in health care can have different “ philosophies” and distinctive “ problem-solving styles”. Aimed at the benefits of service users and health care professionals, they have to cooperate on the team-based structure. Each health care team adhere to certain rules of operation, certain ways of proceedings to accomplish its task. These could be seen from traditional or informal group standards of behaviour to formal written procedural manuals (Reel and Hutchings, 2007). The main objective is to convey a clearer meaning of health care professional’s skill, knowledge based-skill and know-how to improve the quality of care and as well as the quantifiable outcomes related to service users’ well-being, complications and issues. The foremost issue of interprofessional collaboration is whether interprofessional care is benefiting the service users, their families, health care professionals and the health system. “ Interprofessional collaboration comes into practice to ensure that health care professionals can complete a care task or combination of tasks that they could not achieve effectively on their own” (Reeves et al, 2010). As medical professionals dedicate their time and efforts to provide the best possible care to patients and families to improve the quality of life, to alleviate health issues and improve the health conditions. Both from the viewpoint of their interest as health service providers and through the standpoint of hospitals as place of acquiring experience, learning, effective teamwork and first-rate health service delivery are needed. This shows that service users are profiting from contemporary modes of working by the interprofessional team through collaboration.

Conclusion:

In this case study, the lady patient, who communicates little English and a suspected perforation of the abdomen should be treated immediately. We need to address the special circumstances that she needs. Special measurements for communication with possible use of an interpreter, assessment of her pain control, her consent if she would like to be treated by a female practitioner, taking into account her religious as well as her cultural background. We describe what we consider to be principles of ‘ patient-centred cultural competence’ duly to the busy inter-professional people in the care of vulnerable patients, regardless of their race, nationality, religion, socio-economic status, education, or other background. Especially in the x-ray department, where interaction with patient and practitioner are limited, so called fast paced. Changing a hospital culture is not easy, but evidence is accumulating that this process needs to be started. Policy makers need to understand the complex factors that influence this situation and to address those that hinder interprofessional–patient communication process, using the “ hello my name is” campaign. The role of a medical practitioner, its duty is to treat our “ patients as we would want others to treat us” during periods of susceptibility and distress. We need not memorize social customs, prevailing beliefs, or rules of engagement in order to take excellent care of people from all religions, ethnic groups, countries, and races. The main goal is to achieve patient-centred care built on respect, sensitivity, equanimity, conglomerate, honesty, wisdom, curiosity, and tolerance. In the end of the day, service users really care about is being tended about. In this case is the 24-year old female welfare.

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