



M116: PATIENT CARE

Unit 1

Part 1

1

HEALTH CARE OR HEALTHCARE

- The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

medical-dictionary.thefreedictionary.com/Patient+care

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THE PATIENT

- Inpatient
- Outpatient



Chapter 11, pg 124

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RESPONSIBILITIES OF THE RADIOGRAPHER

- Perform radiographic examination
 - Technique
 - Position
- Perform patient care and assessment
 - Observation
 - Meeting needs
 - Communication
- Adhere to radiation protection guidelines
 - ALARA
 - Cardinal rules

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RESPONSIBILITIES OF THE RADIOGRAPHER

- Follow practice standard
 - Appendix A
 - Scope of practice (351-352)
- Educate patients
- Assist the Radiologist

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RADIOGRAPHER SCOPE OF PRACTICE

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PATIENT EDUCATION RADIOGRAPHY PRACTICE STANDARDS

- Clinical Performance - Standard 3
- Quality Performance – Standard 3

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Radiography Clinical Performance Standards

Standard Three – Education

The radiographer provides information about the procedure and related health issues according to protocol.

Rationale

Communication and education are necessary to establish a positive relationship.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiographer:

1. Provides an accurate explanation and instructions at an appropriate time and at a level the patient and their care providers can understand. Addresses questions and concerns regarding the procedure.
2. Refers questions about diagnosis, treatment or prognosis to a licensed practitioner.
3. Provides patient education.
4. Explains effects and potential side effects of medications.

Specific Criteria

The radiographer:

1. Provides pre-, peri- and post-procedure education.
2. Educates the patient about the risks and benefits of radiation.

R 10

Effective June 25, 2017

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Radiography Quality Performance Standards

Standard Three – Education

The radiographer informs the patient, public and other health care providers about procedures, equipment and facilities.

Rationale

Open communication promotes safe practices.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiographer:

1. Elicits confidence and cooperation from the patient, the public and other health care providers by providing timely communication and effective instruction.
2. Presents explanations and instructions at the learner's level of understanding.
3. Educates the patient, public and other health care providers about procedures and the associated biological effects.
4. Provides information to patients, health care providers, students and the public concerning the role and responsibilities of individuals in the profession.

Specific Criteria

None added.

Effective June 25, 2017

R 19

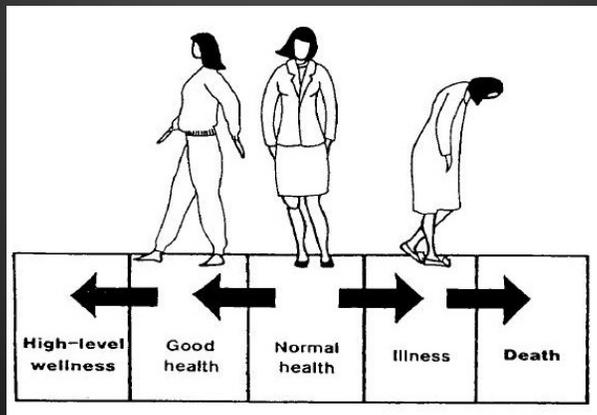
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Health & Illness Continuum

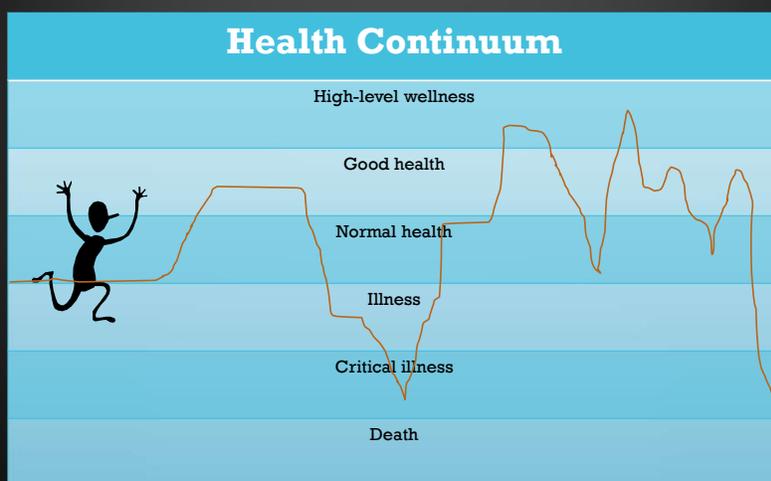
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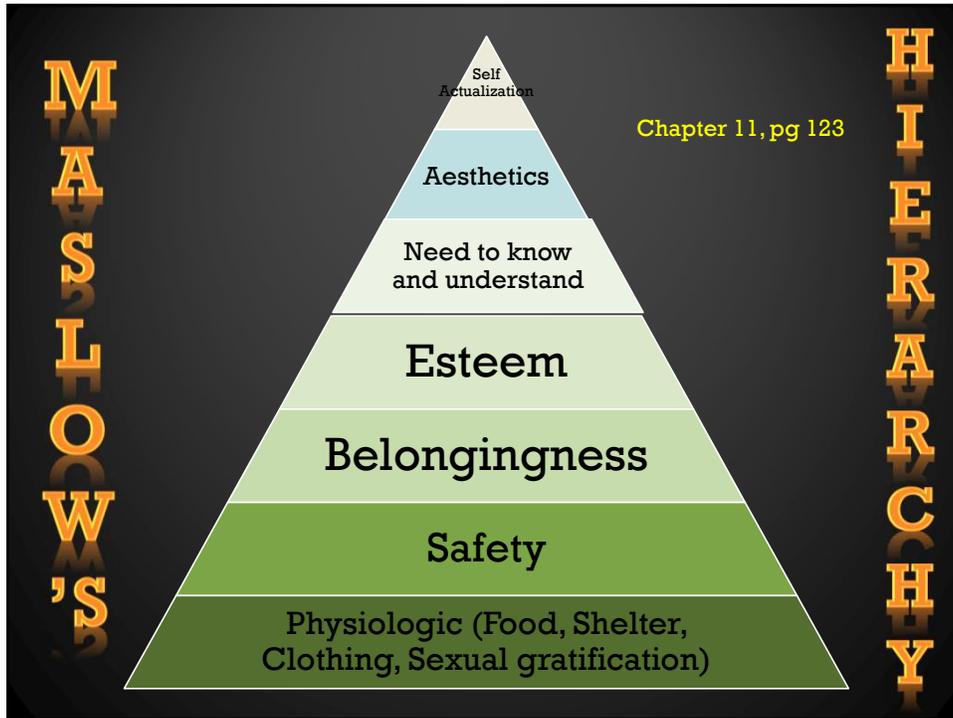
individual experiences various states of health and illness (ranging from extremely good health to death) that fluctuate throughout his life.

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ANOTHER WAY TO LOOK AT IT...



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MEETING PATIENT NEEDS FOR SAFETY: PATIENT IDENTIFICATION



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PATIENT BRACELETS

- General Information
 - All bracelets are applied to the dominant wrist
 - If a bracelet is removed, a new bracelet must be applied immediately
 - ***When applying a bracelet, the caregiver must identify the patient using two identifiers (name, DOB)***

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TWO IDENTIFIERS REQUIRED

2022 JCAHO NPSG.01.01.01

- Use at least two ways to identify patients
 - For example: use the patient's name *and* date of birth
- Ensures the patient gets the correct medicine and treatment

Other Acceptable Identifiers:
 An assigned identification number
 Telephone number
 Address
 Photograph
 Other person-specific identifiers

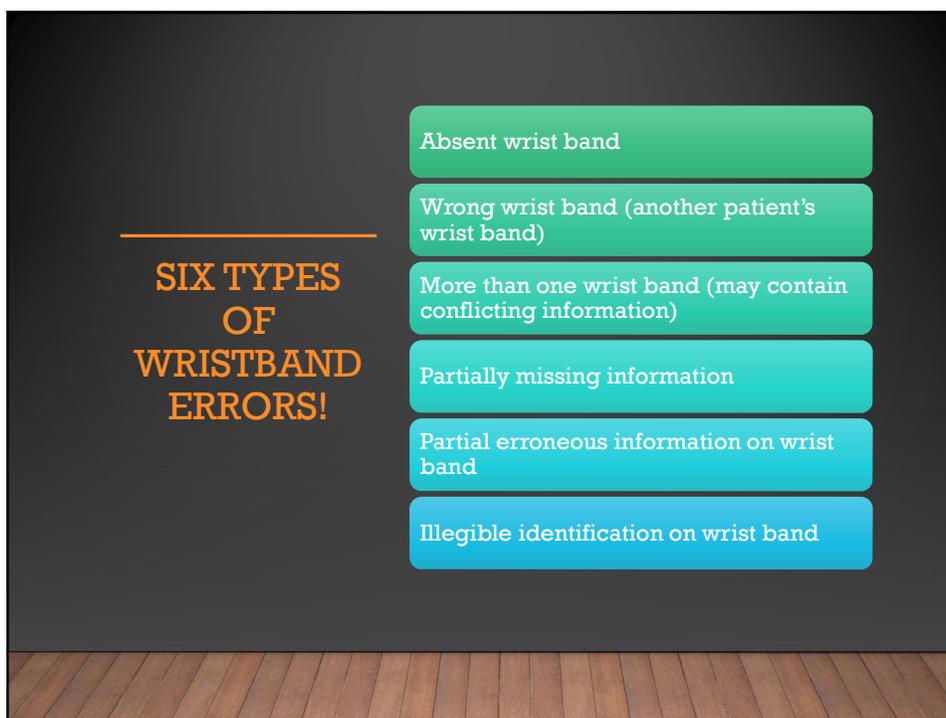
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RH PATIENT BRACELETS

- Patient Identification
 - White with a bar code
- Allergy
 - Red
- Fall Risk
 - Yellow
- Allow Natural Death (AND)
 - Purple
- Latex Allergy
 - Green
- Blood Bank
 - Orange
- Arm Restriction
 - Hot pink



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Standard of Ethics ARRT

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The radiologic technologist acts as an agent through observation and **communication** to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

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METHODS

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Chapter 11, pg 124-134

VERBAL (SPEECH AND GRAMMAR)

- Best if: Face to Face
- Vocabulary
- Clarity of voice
 - Volume and speed
- Organization of sentences
 - At appropriate level for the patient
- Humor
 - Relax and open up conversation

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BE CAREFUL WITH VERBAL COMMUNICATION...

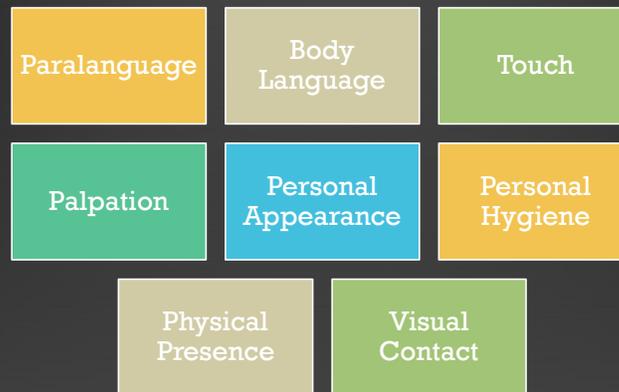
- Perception from cultural and individual differences
- Don't patronize or demean
- Humor
 - Cultural slurs
 - Referencing to age, sex, diseases, and the abilities of health professionals
 - Could close off communication



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<https://www.bing.com/videos/search?q=eddie+murphy+movie+clip+ordering+espresso&view=detail&mid=875FD973AF6C2A933C07875FD973AF6C2A933C07&FORM=VDRVRV>

NONVERBAL

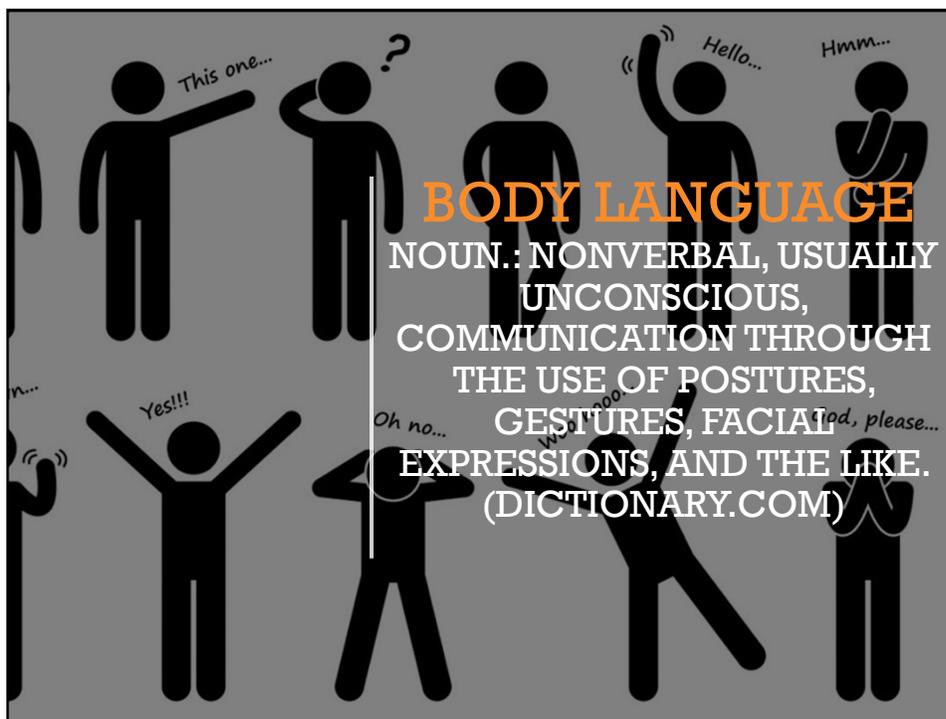


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PARALANGUAGE (MUSIC OF LANGUAGE)

- Pitch, stress, tone, pauses, speech rate, volume, accent, and quality of your voice
- Mind works faster than the voice
 - Thinking of a response when someone who is talking pauses is common

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- Positive nonverbal cues:
 - Increase the Quantity and Quality of communication
 - Improves history
- Ways to use positive nonverbal:
 - Eye contact
 - Smiling
 - Responding candidly
 - Using friendly tone of voice



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- Can sometimes lead to **IMPROVED** communication

- Looking puzzled – patient needs to elaborate more



- What not to do:

- Stand away
- Fold arms across chest
- Looking away
- Rolling of eyes



Negative nonverbal cues:

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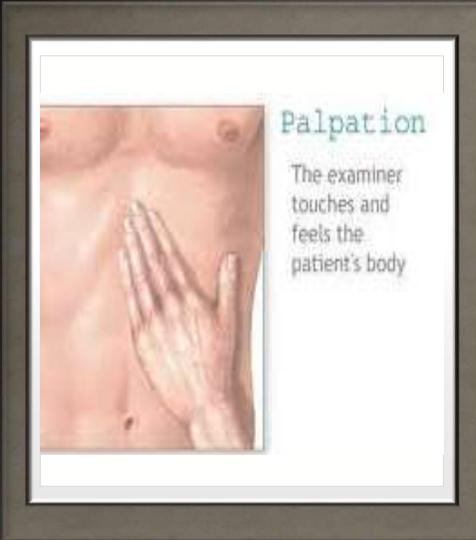
TOUCH- 3 TYPES

1. Emotional Support
2. Emphasis
3. Palpation

It conveys to patients that the Technologist is trying to understand, be empathetic and care about them as people



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Palpation
The examiner touches and feels the patient's body

- Palpation
 - Application of light pressure with the fingers to the body
 - “Gentle fingertips”
 - Locate landmarks and to determine exact pain

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PROFESSIONAL APPEARANCE

- Professional dress helps the patient feel comfortable and confident in the Technologist's abilities
- **Following dress codes does not produce a better Technologist though**



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PERSONAL HYGIENE (AS IMPORTANT AS PROFESSIONAL APPEARANCE)



Personal grooming sends a powerful message!



Patients may associate poor hygiene with poor professional behavior (neglected and disheveled)



Decrease communication due to the patient's desire of not being in close contact with the Technologist

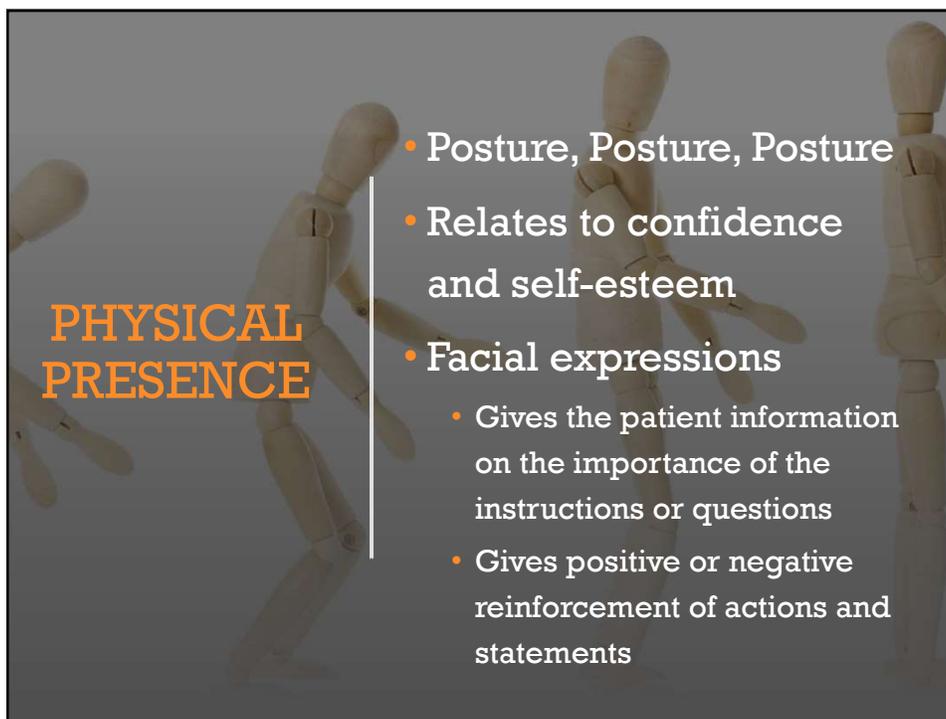
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- Nails – manageable length, no acrylics
- Hair – well groomed, no wild colors
- Body Odor- suggest you are unclean
- Perfumes/Cologne - should be avoided
 - Patients allergic to smells or nauseated



Reading Hospital nail policy: refer to environmental safety assignment

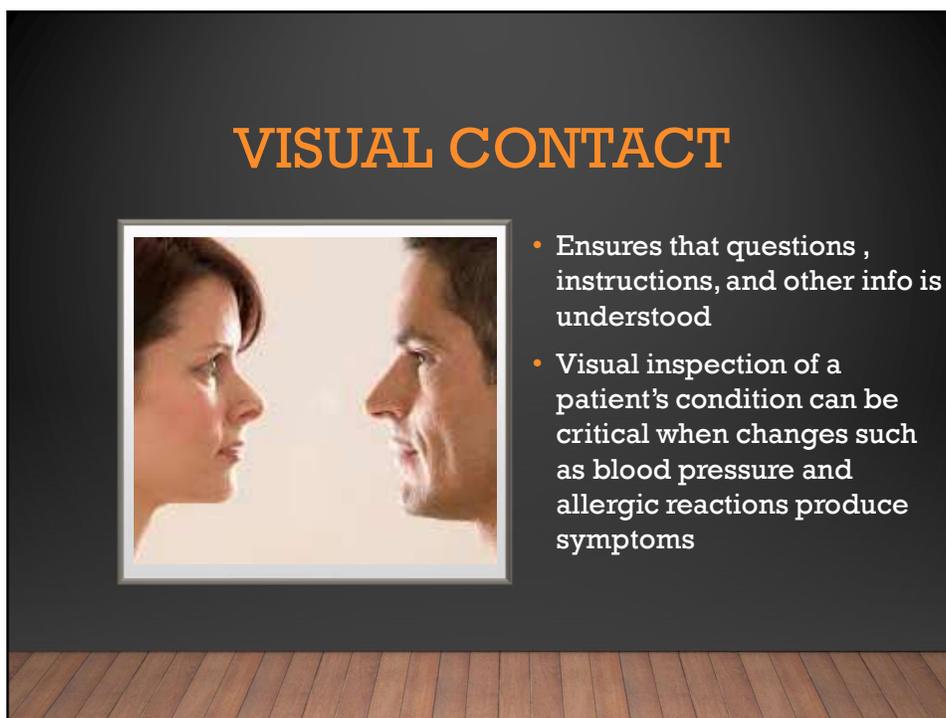
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PHYSICAL PRESENCE

- Posture, Posture, Posture
- Relates to confidence and self-esteem
- Facial expressions
 - Gives the patient information on the importance of the instructions or questions
 - Gives positive or negative reinforcement of actions and statements

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VISUAL CONTACT



- Ensures that questions , instructions, and other info is understood
- Visual inspection of a patient's condition can be critical when changes such as blood pressure and allergic reactions produce symptoms

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FACTORS INFLUENCING COMMUNICATION

- **Challenges:**
 - Medical population is as diverse as the general population
 - As time passes it will grow to be more diverse
 - Understanding of each patient's needs is necessary
 - Combine common sense, empathy, and classroom knowledge

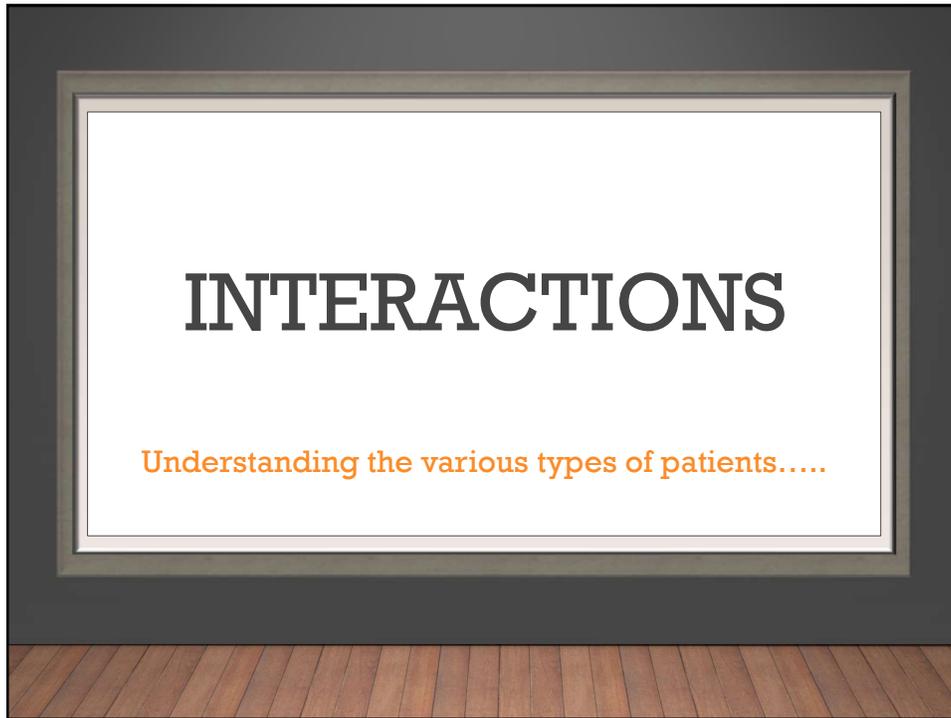
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PATIENT INTERACTIONS

(THINGS TO REMEMBER WHEN INTERACTING)

- Eye Contact
- Volume and Speed of Speech
- Effective Listening
- Feedback
- Cultural Sensitivity

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SENSORY IMPAIRMENT

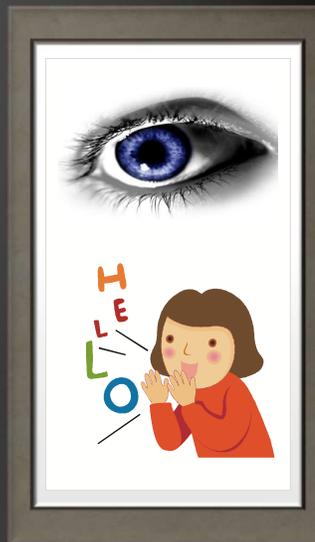
- Deafness
- Blindness
- Visual impairment
- Hearing impairment

An illustration of a human eye with a blue iris and a human ear, both rendered in a realistic style. The eye is positioned above the ear. The illustration is set within a white rectangular frame with a dark grey border, mounted on a dark grey wall above a wooden floor.

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1. VISUALLY IMPAIRED

- Gain patient's confidence
- Give clear instructions prior to exam
- Inform patient throughout exam
- Reassurance - Gentle touch
- Common mistake: Technologist speak loudly to the patient



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2. SPEECH- AND HEARING-IMPAIRED

- If person can read – use writing
- Pantomime
 - The art or technique of conveying emotions, actions, feelings, etc., by gestures without speech.
- Demonstration
 - Make patient re-demonstrate so you know they understand
- Deaf service provided at facilities
 - Provide sign language expert



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3. IMPAIRED MENTAL FUNCTION

- Technologist should have thorough knowledge of equipment and immobilization techniques
- Interaction skills
- Strong, reassuring tone of voice
- Preparation for the patient through conversation



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4. ALTERED STATES OF CONSCIOUSNESS

- Determine their state of consciousness and coherency
 - Unable to respond
 - Makes incoherent statements
 - Respond coherently but uncooperatively
- Work quickly and efficiently while communicating
 - Even if no response from the patient
- Visual indications

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n. a local or regional dialect expression
([HTTP://WWW.MERRIAM-WEBSTER.COM/Dictionary/Colloquialism](http://www.merriam-webster.com/dictionary/colloquialism))

PA Dutch

- **KELTER-** disarranged
- **Chust a minute, now**
- **Rootsh (or ruch) – move over**
- **Doplic – clumsy**
- **Nix nootz-** misbehaving
- **Fressing – binging on sweets, snacking**

7. Colloquialism/Slang

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- **General**
 - Sprinkles – jimmies
 - Soda – Pop – Coke
 - Grocery store – Food Store



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8. MEDICAL TERMINOLOGY

PATIENTS DO NOT UNDERSTAND LATERAL POSITION OR SUPINE POSITION
USE CIVILIAN TERMS FOR BETTER COMMUNICATION

Health Literacy:

- The ability to read, understand, and act on health care information to make effective health care decisions and follow instructions for treatment.
- Lack of literacy leads to lack of clear communication



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10. COGNITIVE IMPAIRMENT

When a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life – CDC.gov

- Establish and maintain eye contact to hold patient's attention
- Communicate in a quiet environment
- Keep communication simple and concrete
- Use pictures or drawings
- Be patient and give the patient time to respond

Fundamentals of Nursing The Art and Science of Nursing Care

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SO HOW CAN YOU IMPROVE COMMUNICATION ON YOUR PART...

- Slow down
- Use plain, nonmedical language
- Show or draw pictures
- Limit the amount of information and repeat the information
- Use the teach back or show me technique
- Create a shame-free environment

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COMMUNICATION WITH OTHERS

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COMMUNICATION WITH FAMILIES

- Families will critique everything a Technologist does
 - Appearance to tone of voice to smile (or lack of)
- You must provide attention to them too
- Think about how the family and friends feel
 - Same needs function for family and friends as for patient and Technologist
 - Abnormal or rude behavior may be a result of anxiety, concern, or stress

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- You may be asked for interpretations of the images
 - Any statements in response to this type of question may be construed as diagnosing
 - Best response: findings are available to the referring physician and that he or she can provide information



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COMMUNICATION WITH OTHER HEALTH CARE PROFESSIONALS

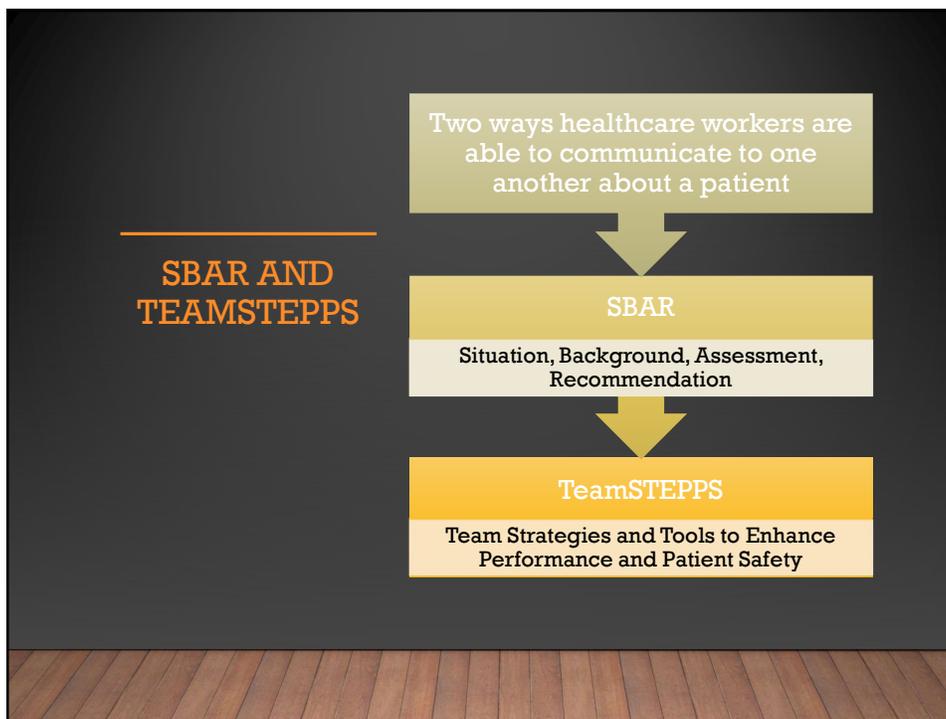
- Need effective communication
 - If not, can lead to medical errors and inadvertent patient harm
- The JC in America has reported that the primary root cause of over 70% of sentinel events was communication failure.
- We need to act as a team instead as an individual

http://www.health.vic.gov.au/qualitycouncil/downloads/communication_paper_120710.pdf

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- The JC reports that investing to improve communication within the healthcare setting can lead to:
 - Improved safety
 - Improved quality of care and patient outcomes
 - Decreased length of patient stay
 - Improved patient and family satisfaction
 - Enhanced staff morale and job satisfaction

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Please refer to **Communication Grid on Edvance**

Communication- Patient Interactions and Differences with Age/Generation

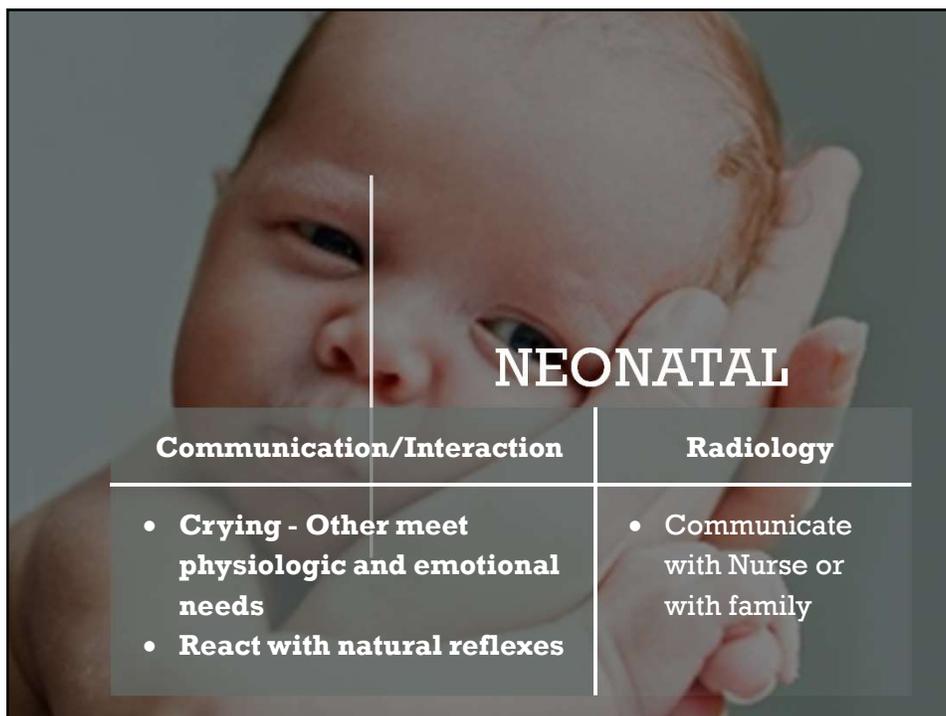
Accurate and timely communication = high quality patient care

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PEDIATRIC

- To stand tall in pediatrics, you have to get down on your knees.” Dr. Armand Brodeur
- Bend down to the child's eye level
- Use language they can understand
- Allow the child to have a security item
- Interact with the parents
- Never leave a child unattended

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NEONATAL

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Crying - Other meet physiologic and emotional needs • React with natural reflexes 	<ul style="list-style-type: none"> • Communicate with Nurse or with family

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BIRTH YEAR TO 1 (INFANTS)

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Facial expressions • Body movements • Other nonverbal behaviors • Vocalizations 	<ul style="list-style-type: none"> • Hold in comfortable, familiar position • Wrap child in a tight blanket • Use steady, soothing voice • Allow parent to be in the room when possible



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1 TO 3 YEARS (TODDLERS)

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Limited vocabulary; 2-3 word sentences • Thinking is basically related to tangible events • Cannot take the view point of another <ul style="list-style-type: none"> ◦ “See, it doesn’t hurt Mommy” • Will have a strong sense of separation anxiety without parents • High level of curiosity • Short span of attention 	<ul style="list-style-type: none"> • Use terms they know by asking the parent • To “urinate =“go pee pee”, “go potty” • Allow parent to be in the room when possible • Use steady, soothing voice • Get down to their eye level • Provide stickers or a chicken balloon • Keep things moving, no long breaks

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Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Not yet able to reason logically or understand cause and effect <ul style="list-style-type: none"> • Telling a 4 year old boy that he needs a procedure to see if he is sick is meaningless • Can verbally communicate how they feel <ul style="list-style-type: none"> • Sick , tummy hurts, arm hurts, etc • Involved with self-image <ul style="list-style-type: none"> • Form opinions they are sick because they were bad • Must see or hear something to understand • Must be actively involved to maintain short attention spans • Crying, kicking and squirming are still natural reactions to stress • Frequently ask , “Why” 	<ul style="list-style-type: none"> • Communicate at their level <ul style="list-style-type: none"> • Ask them their favorite TV show or movie and if you don’t know if ask them more about it • Use terms such as – “hold still like a statue”, “freeze, don’t move”, “hold your breath like you going under water”, “blow out the candles” etc • Motivate child with a reward – “You’ll get a sticker when you are done”, “I’ll show you your bones if you hold still” • Respect their modesty by keeping them covered with a sheet 

3 TO 5 YEARS (PRESCHOOLER)

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Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Begin to think logically and to analyze situations • Can reflect and develop deeper understandings • Develop a special fear of bodily injury, disease, separation from loved ones, death, and punishment 	<ul style="list-style-type: none"> • Help them understand the need for the exam to accomplish diagnosis • Respect their modesty by keeping them covered with a sheet • Communicate at their level • Ask them what their favorite thing in school is • See what TV show or movies they are into

5 TO 10 YEARS (SCHOOL AGED)

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- Age 10-25 years
- Not a well-defined age group
- Begins earlier for girls than it does for boys
- Body awareness, and modesty becomes especially important
 - Avoid embarrassments
 - Ask unnecessary personnel to leave the room
- Same-sex peer groups have a dominant role

ADOLESCENCE

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MIDDLE ADOLESCENTS

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Bridging gap between peer group influence and early sexual relationships • 1st real independence – often appreciate being treated as adults in conversation, preferences, and consultation about procedures 	<ul style="list-style-type: none"> • Respect their modesty by keeping them covered with a sheet • Speak to them as an adult, avoid childish terms • Does not need a parent to stay in room during procedure, unless they want to have parent stay



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LATE ADOLESCENT

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Focusing on mature relationships with both sexes • May be financially independent • Easily relate to adult conversation • Should be treated as an adult, although limited experiences 	<ul style="list-style-type: none"> • How do you wish to be communicated with??? • Respect their modesty by keeping them covered with a sheet



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YOUNG ADULTS (25-45 YEARS)

Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Entering new roles of responsibility at home and in their work • Often experience problem in handling their multitude of new roles <ul style="list-style-type: none"> ○ May neglect one area while the concentrate on another • Conversation and interaction should be on the same level as for other adults 	<ul style="list-style-type: none"> • How do you wish to be communicated with??? • Respect their modesty by keeping them covered with a sheet

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MIDDLE-AGED ADULTS (45-65 YEARS)



Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Found their place in life • Relatively comfortable with their roles and success (or lack of it) • Considerable stress if poor health or threat of poor health <ul style="list-style-type: none"> ○ Keeping a job and providing for a family, may outweigh personal health concerns ○ May delay seeking diagnosis or treatment 	<ul style="list-style-type: none"> • Respect their modesty by keeping them covered with a sheet

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GERIATRICS

Cardinal rule when dealing with geriatric patients:

Patience & Respect

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Table 11-1 (pg142)	Gerontologic Aging Categories	
Category	Chronologic	Functional
Young-old	Age 65-74 yr	Healthy and active
Old-old	Age 75-84 yr	Transitional
Oldest-old	Age 85 yr and older	Frail and infirmed

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Communication/Interaction	Radiology
<ul style="list-style-type: none"> • Some changes are normal for all older adults (primary aging): <ul style="list-style-type: none"> ○ Skin becomes more thin and fragile ○ Mild loss of visual acuity ○ Mild hearing loss, especially in the higher frequency range ○ Senses of touch, taste and smell may decrease ○ Lung capacity may diminish ○ Limited bladder capacity in both women and men ○ Reduction of bone mass, muscle strength and cartilage ○ Posture and gait changes • Always treat older patients with respect and dignity • Treat them the way you would want someone to treat your grandparent! 	<ul style="list-style-type: none"> • Never rush an older patient! • Offer assistance if it appears needed • Use a soft pad on the table • Place a wedge sponge under the knees when appropriate • Reassure they will not fall if you see they are hesitant

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GENERATION DIFFERENCES

- **Baby boomers: 1946-1964**
 - Made up 40% of 1964's population
- **Generation X: 1965-1980**
- **Generation Y (Millennial): 1981-1999**
- **Generation Z (New Silent Generation): 2000 on**

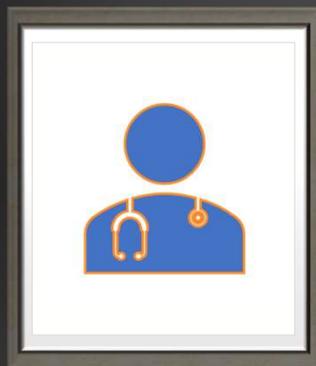
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Workplace Characteristic	Veterans (1922-1945)	Baby Boomers (1946-1964)	Generation X (1965-1980)	Generation Y (1981-2000)
Work Ethic	Respect authority, Hard work, Age = seniority, Company first	Workaholics, desire quality, question authority	Eliminate the task, Self-reliant Want structure and direction, Skeptical	What's next, Multitasking, Tenacity, Entrepreneurial
Work is...	An obligation	An exciting adventure	A difficult challenge, A contract	A means to an end
Leadership Style	Directive, Command and control	Quality	Everyone is the same, Challenge others, Ask why	Remains to be seen
Communication	Formal Memo	In person	Direct, Immediate	Email, Voice mail
Rewards & Feedback	No news is good news Satisfaction in a job well done	Money, Title Recognition Give me something to put on the wall	Sorry to interrupt, but how am I doing? Freedom is the best reward	Whenever I want it, at the push of a button Meaningful work
Motivated By	Being respected	Being valued and needed	Freedom and removal of rules	Working with other bright people
Work/Life Balance	Keep them separate	No balance "Live to work"	Balance "Work to live"	Balance – it's 5pm – I've got another gig
Technology is...	Hoover dam	The microwave	What you can hold in your hand: PDA, cell	Ethereal - intangible

<http://www.arthur-maxwell.com/articles/2011/Workplace-characteristics.png>

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COMMUNICATION WITH PATIENTS WHO ARE OBESE



- Communicate without offending
- Dignity of patient must be kept in mind
- Never reference the patient's weight, unless needed for procedure
- Clearly explain the procedure to gain patient confidence and trust