

Professional article

TEACHING THE ELEPHANT TO DANCE

PRESENTATION OF RADIOGRAPHIC CASE STUDIES AS A REFLECTIVE TOOL

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ABSTRACT

Two case studies featuring Non Accidental Injury are presented and used as a reflective tool. This article encourages the radiographer to explore a variety of situations related to clinical practice in order to encourage reflection. A series of questions are presented in the article in order to guide the reader through the process.

INTRODUCTION

This article is in the form of several case studies and presents various situations which could occur within the clinical department. Its purpose is to promote debate, discussion and reflection. Two cases will be presented which include questions and are designed to promote discussion. They are set against a backdrop of reflective practice. In order to ensure anonymity the identifying features have been changed in the case studies.

Child protection is one of the highest priorities in Slovenians foreign policy as identified by the Government of the Republic of Slovenia (2005). To this end Slovenia holds an annual children's parliament where issues of abuse are discussed and there is also a Human Rights Ombudsman. A recent campaign established by the Ombudsman highlighted the rights of children to live free from abuse. Abuse may take a variety of forms including Non Accidental Injury. The radiographers role in imaging children with suspected Non Accidental Injury (N.A.I.) has been explored by authors such as Sudberry et al (1997), Hogg et al (1999), Davis and Reeves (2004), Davis and Rigney (2004) and Davis (2005), Davis and Reeves (2006). This is following claims that less than 20% of radiographers were aware of child protection issues in the UK (Sudberry et al 1997).

Although child protection may vary across Europe UNICEF (1989) Convention on the Rights of the Child state that the child has a right to family life and to grow up in a loving caring environment.

Slovenias Regional Consultation for UN Study (2005) referred to a variety of violence to children including child death and highlighted research from UNICEF's Innocenti Research Centre (IRC) study (2003) who analysed data from over 20 European member states which revealed that there were 3,500 child deaths each year. These were on children who were under 15 years old and died as a result of physical assault or neglect each year.

As health care professionals radiographers have a duty of care to all their patients whether they are adults or children. Irrespective of any moral or professional duty such examinations of children bring forensic implications. These implications are beyond the scope of this paper and will be discussed in a separate paper. Although various professional

radiographic professional bodies have published forensic guidelines; Society and College of Radiographers (2008), Society and College of Radiographers (2005), Child and the Law, Irish Institute of Radiography and Radiotherapy (2003) Forensic guidelines. The process of imaging children is not without pitfalls. It is here that reflective practice could assist the radiographer.

Reflection is a useful tool and Hall and Davis (1999) have highlighted its use in Radiography. Schon (1992) has written extensively on this topic arguing its value in professional practice in order to restore confidence and credibility within the professions including health care.

Jarvis (1992) refers to its value in terms of developing the practitioner and helping them move away from the mundane and take steps to enhance their practice. There are various reflective practice cycles which can be used as an aid to reflection, these include Johns (2004) and Gibbs (1998), which can enhance professional development. Yelder (2004) highlights the importance of developing as a professional in order to deliver a service built upon evidence based practice in order to enhance patient care as well as improve the effectiveness and knowledge base of the professional.

In the case studies offered in which all identifying features have been removed to protect patient anonymity, various situations are presented. The suspicion of non accidental injury, may well be an almost incidental finding for the radiographer when imaging children...

NON ACCIDENTAL INJURY CASE STUDIES

CASE 1

'Nika' a two year old child is referred to the imaging department from her medical practitioner for a chest x-ray with clinical indications of chest infection and weight loss. The radiographer is working on her own in a busy imaging department.

The radiographer calls out the child's name and 'Nika' is brought into the x-ray room accompanied by her Father. The radiographer explains the procedure to the parent and to 'Nika'

The radiographer prepares the room and places a cassette, markers and lead rubber on the x-ray table. Father begins to undress 'Nika'.

The radiographer turns her back to reach for a lead apron for Nika's Father. Upon turning back round the radiographer notices that Nika's Father has his hands around 'Nikas' throat and neck and is strangling her.

diagnostična radiološka tehnologija

The radiographer asked the parent what they were doing. Father replied "You told me to hold her like that" Nika has stopped breathing and needs to be resuscitated. On re-examination Nika is found to have bruising around her neck. The case is called to Court and the radiographer is called to Court. What is the radiographers position under Slovenian law?

Consider The Following.

The child 'Nika' is unable to give an account of the incident due to her age.

The radiographer is working on their own and so has no witness as to their actions. The only adult present in the room is the Father who gives a different version of the events in the x-ray room.

The radiographer once called to Court will be asked a series of questions including their familiarity with the local procedures and any child protection Guidelines. The radiographer needs to demonstrate that they have complied with the above when imaging this child.

The radiographer will be required to justify their projections and explain that there is no such recognised technique whereby a child is gripped and held by the throat.

Points To Help Reflection

1. If you were the radiographer in that situation. what would you do ?
2. What is your role in this situation?
3. Do you have a contribution to the chain of evidence? If so what is it ? If not why not?
4. What training have you received that would help you in such a situation?
5. What do you need as a radiographer to help you in such a situation?
6. The single most important thing that would make the biggest difference to children I see with Non Accidental Injury is.....

CASE 2

Jan a ten year old boy attends the x-ray department for a right femur examination, following a recent history of trauma/injury. He appears scared, apprehensive and withdrawn although insists on coming into the x-ray room on his own.

During the examination Jan tells the radiographer that his injuries were caused by Luka his Mum's new partner.

Jan shows the radiographer a large belt strap mark on the top of his left leg.

What should the radiographer do next?

Where does the radiographer stand legally and professionally?

What is the next step for the child and parent?

Consider The Following.

In this cases the radiographer is in possession of certain knowledge in the form of a verbal disclosure.

The radiographer should not ignore the situation as the consequences may be drastic for the child.

The child's injuries in the form of a belt strap are suspicious

and would benefit from investigation, also the following needs to be taken into account the location of the injury, the child's age, and development as well as any pathological condition such as Osteogenesis Imperfecta,. The radiographer's role is not to investigate this, and it is for other professionals such as social workers, or police amongst others to undertake such an inquiry. It is very important that the radiographer does not begin to question the child as this will begin the enquiry and potentially jeopardise any subsequent police investigation and damage the chain of evidence and potentially affect the chances of the case proceeding to Court.

CONCLUSION

So What Does The Radiographer Need To Do.

It is important that the radiographer is non judgemental. Although non accidental injuries in children are an emotive area, it must be remembered that the parent/ carer presenting with the child may not have caused the injuries.

The radiographer needs to listen to the child and make verbatim notes. The evidential chain and the Radiographers role is referred to Davis M and Reeves P (2004).

The child and parent should be asked to wait outside the x-ray room. The radiographer should discuss the situation with the referring doctor.

The parent and child may go back to the referring clinician who will discuss the situation further, or the child may be admitted to the ward awaiting potential further investigations such as a skeletal survey or another imaging modality (CT/MRI.US/RNI) this depends on the injuries and age of the child concerned.

In conclusion it is hoped that the case studies have provoked some useful reflection and discussion amongst radiographers.

Barker and Hodes (2004) refer to the vital contribution of all health care workers.

The radiographer has a valuable role in child protection and may be the first person to suspect a case of Non Accidental injury and they must ensure that their concerns are raised with the appropriate person/professionals involved.

The child's life may depend upon it!

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