Introduction

Cancer is where cells are growing abnormally and in an uncontrolled manner. Hence, healthcare providers help improve support services that assist cancer patients in the treatment process. Effective communication between cancer patient, their family and practitioners contribute to developing health care and quality of life for patients (National Cancer Institute, 2015). Patient satisfaction plays a significant role in healthcare and achieve the highest standard of care and depend mostly on effective communication (Washington el ai.,2015). Every day must be a meaningful relationship between medical radiation practitioners and patients. Yet, what happened to Michelle, who cured of cancer was different, which was her stressful time increased time by time due to the poor of communication that faced. This reflective journal will examine the importance of communication between Michelle and practitioners.

Furthermore, this journal highlights how reflective practice can help medical radiation practitioners in their workplace.

**Discussion on reflective practice and its importance to you as a medical radiations student.**

Reflective practices are essential skills to be used and learnt to a medical student. It is a powerful technique can enhance practitioners' clinical knowledge in continuously way as they faced a lot of anxiety factors accompany with the patients that will undergo a cancer diagnosis, including the spiritual, social, mental, physical, and finances situation burdens. Moreover, other factors could affect therapy's responses and approaches which is involving a patient's age, society, education and family history (Washington el ai.,2015). Reflective practice learning enhanced critical thinking and creativity communication which are enabling medical professionals to take this responsibility

In 1983, Schon had developed the concepts of reflection and stated that there are two reflection types. Including reflection in action and reflection on action (Hamilton & Druva, 2010). Reflection in action which occurs in a situation or workplace, including observational analysis, touching or feeling to solve issues which improve the self-awareness and faiths of the specialists. And the reflection on the action which occurs after a situation has finished by reviewing and analyzing the experiences to become aware of and acquire new knowledge, future habits (Olteanu, 2017).

In assumption, reflective writing is essential to improve continuously in future professional life. I believe that it can develop skills that needed to deal with the multifaceted problem and increase the ability to recognize the circumstances according to the person’s standpoint. Consensually, they provide them with a deep understanding of the diseases to guarantee that all patient is cared and helped. I believe that reflective practice can serve more medical students as it has increased self-awareness, knowledge, precision and confidence. These are valuable qualifications which should help each specialist gain to develop to make our patients, ourselves and other team members in the best environment.

**Discussion on the characteristics of the health professional, within relevant scope of practice, governance and practice frameworks.**

Clinical governance is a shared duty for ensuring the most prominent possible care for all patients ("Clinical governance for nurses and midwives | Australian Commission on Safety and Quality in Health Care", 2017). Each practitioner within the Victorian healthcare must have a basic knowledge of governance, quality and safety to do their duties. Furthermore, health facilities are well-equipped to provide quality and safety systems and meet regulatory requirements ("CCC framework", 2016). The allied health credentials, competence and capacity framework offers guidance in developing the structures and processes required to create an efficient workplace for allied health managers and clinicians by the adequate selection, employee recruitment and training, professional standards maintenance and practice surveillance ("Allied health research", 2016). In Australia, there is several organizations, practices and standards for all physicians of radiation. The Australian Health Practitioner Regulation Agency (AHPRA) works with the National Boards for Applying the National Scheme of Accreditation and Registration, as in force in the States and Territories, under the national laws of medical practitioners ("Medical Radiation Practice Board of Australia - Code of conduct", 2016). AHPRA and National Boards play a significant role in protecting the public. As well, they continuously work on codes and principles and has developed by national boards according to Nation Law. This code help registered healthcare professionals to provide usefully and ethically sound improved health services. They also stated that practitioners have the responsibility to ensure first- care for patients or clients and to practice safely and efficiently. For proper care, it is essential to maintain high levels of professional skill and conduct. In 2017 Australian Commission on Safety and Quality in Health Care with the government of Australia, nations and territories, clinical professionals and private departments have advanced of the National Safety and Quality Health Standards (NSQHS). Consequently, to guard against harm and develop the quality of delivery of healthcare ("The NSQHS Standards | Australian Commission on Safety and Quality in Health Care", 2017).

**Reflections on Michelle’s cancer journey and how this will impact you as a medical radiations professional**

**Description:**

In my "Introduction to Medical Radiations" online lecture on the 24th of March 2020. Michelle O'Sullivan joined us to discuss her cancer journey. Michelle is 55-year-old women, who treated of Triple positive cancer.

Breast cancer is the most common cancer in Australia's women, and it considers as the second type that causes death after lung cancer ("Breast cancer", 2019). Women over the age of 50 have a higher percentage of developing breast cancer. If breast cancer is detected early, the chance of women treated successfully is much higher, and cancer does not return after treatment for most women ("Breast cancer", 2019). Thus, Breast Screen Australia encourages all women between 50 to 74 years to have a free mammogram every two years. There is free access to Breast Screen Australia for 75 years women or over who do not have breast symptoms for a mammogram or other scan. Furthermore, more than 500 free screening locations currently located across Australia, including mobile screening sites in rural and remote areas (Cancer Council, 2019).

On her 50th birthday, she asked to do free mammogram through Breast-Screen Victoria. After two weeks of her free mammogram result, they had required a biopsy which had discovered two small tumours within her breast, and it was not metastatic.

Furthermore, Michelle had been undergoing through all medical radiation streams, including radiation therapy, nuclear medicine and medical imaging. Hence, she had experienced multiple scans as a bone scan, ultrasound and x-rays, within treatments as chemotherapy, surgery and radiation therapy. As a result, there were some adverse side effects of her types of therapy as burn under her breast from the radiation, loss of hair, fatigue and nail's changes. In the meantime, when she was retelling her story, it was apparent that she underwent to several emotional and psychological effects because of poor communication, information and empathy of practitioners to her and her family as well.

**Feeling:**

I was disappointed when I heard Michelle' s story and saw the professionalism and empathy skills forgotten of medical practitioners. During her treatment period, she and her family were anxious due to poor communication, information and knowledge.

I realized that medical specialists have unaware of Michelle and how this disease would affect and change her life and her emotional statues. When she said that" I am not your workplace or your laptop". What I cannot make sense regarding how they became professional, and they did not act as qualified. They did not know even how to make conversation with their patient, what I can recognize from Michelle's words that they did not treat her as human-being as person to person and did not explain to her and her family what was going on the treatment process. Also, she had got more worried when the radiation therapist and oncologist were deciding her treatment plan without talking and explaining to her what's up.

I cannot understand how a professional treat somebody as unprofessional as Michelle treatment, and they focused on their devices and computers. From Michelle's words I recognized, when I will be a medical practitioner in future, I will treat patients as I would to me if I am in their shoes or someone I loved. The sickness or loss of a loved one is a very emotionally and anxiously period. When I heard Michelle story, I remembered that I lost two members of my family when I was 17 years because they had leukemia cancer in the same year. I saw clearly how the sadness and worried stayed to each one of my family during their disease and death. I have been wondering of medical radiation members of how they have treated Michelle with left her and her family worried. Also, they were uncooperative with her emotional situation, and they have focused on how to treat her disease with lack of communication and empathy.

**Evaluation:**

There are some challenges and lessons in Michelle’s story.

Practitioners have a responsibility for making a patient as their priority in protecting the health of patient and society in professionally and effectively ways (MRPBA. 2014). The MRPBA code of conduct at 1.2 argues that effective communication supports all aspects of good practice. And, practitioners have been ethical, reliable, professionalism, truthfulness, and understanding (MRPBA. 2014). Furthermore, what I have understood from Michelle’s story that the practitioners were ignored to this code by ignored her and her family and left them with no communication and empathy. I think that all radiation departments within massive pieces of equipment, it looks sacred somehow as well the treatment process quite complicated and painful. As with happened with Michelle when she was under the machine, she had kept asking herself a lot about how the machine big was and what if break on me.

I believe that patients need someone who provides them with full of knowledge, productive communication and shows them some empathy during a stressful time.

Yet, she mentioned that some of the practitioners who were dealing effectively and built a good relationship with her. The MRPBA code of conduct at 3.1 argues that Respect, trust and good communication relationships allow practitioners to cooperate with patients (MRPBA. 2014). That apparent few practitioners aware and follow the 3.1 conduct code, by taking some time to communicate, and responded to her questions. She felt comfortable when she has been dealing with nuclear medicine team to do the bone scan as they made effective communication and explained the treatment procedure. She said few as well of radiation oncologists make sure their hand warm when they touched her every single day.

Some professional practitioners have professional characteristics with knowledge and awareness as standards for safe, and high-quality, ethical care.

**Analysis:**

Healthcare practice and delivery depend on practical and successful communication fundamentally (Vermeir et al., 2015). The Medical Radiation Practice Board of Australia (National Board) state that under domain two: medical radiation practitioners have to use adequate, precise and efficient communication to the patients and their families (Medical Radiation Practice Board, 2013). I think it is not easy to deal with cancer, treatment, and side effects. Yet, what apparent from Michelle’s story that she has handled with practitioners who unaware of effective communication and explanation throughout her taught journey. They had forgotten that dealt with the human who needs someone to decrease anxiety and give some hope in these worrying times. As well as, they may concentrate on how they could provide the best treatment. Michelle went to radiation therapy section around six weeks as expected get from them a higher quality of care and attention, but what happens is different. Then, as a result, she got poor communication and information that affected her and her partner and increased the level of their worrying day after day.

Conclusion:

Reflected Michelle story, enable me to what should I do in my future career, which I understand how effective communication between healthcare members and patients is essential on patient emotional statues. I can see clearly how Michelle and her family were affected by poor communication and less awareness. Eventually, Gibbs Reflective Cycle encourage practitioners to gain a better understanding and knowledge of themselves in environmental work.

Plan

If I encountered a similar situation in future, I would prefer to give each patient his own in healthcare which is receive a safe and good quality. I will be an active listener and build an empowering relationship with my patients by a specific time to each one as an individual to explain the system of procedure. Each day I will make sure how my patients feeling and make it as my priority as I will deliver the treatment. Reflective practice has a significant role in medical radiation practitioners by enabling them to provide better health care and gain more knowledge. It also encouraged me to improve my clinical skills and my experience continues in the work environment.

Conclusion:

Reflective practice is a critical element of emotional intelligence through increasing self-awareness and developing a proper understanding of others. Also, it will enable us to develop critical thinking in the future workplace.

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