

ISRRT's View on Radiation Protection Culture in Medicine

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ISRRT
INTERNATIONAL
SOCIETY OF
RADIOGRAPHERS
& RADIOLOGICAL
TECHNOLOGISTS

2ND REGIONAL IRPA WHO IOMP
WORKSHOP ON RADIOLOGICAL
PROTECTION CULTURE IN MEDICINE



ISRRT

Represents **94** national Societies (countries)

More than **500.000** radiographers

We are on a mission:

To improve the delivery of healthcare to people around the world...promoting

- Quality Patient Care,
- Education and
- Research.

ISRRT

Support of our colleagues in Haiti



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ISRRT's relationships and commitment



ISRRT collaborates with

- WHO, IAEA

And supports the

- BONN call for Action (IAEA and WHO)
- Justification of the medical examinations (IAEA, HERCA),
- SMART Tracking Dose (IAEA)
- Clinical Audit in Radiology (QUADRILL-IAEA)

Primum Non Nocere

First Do No Harm



Hippocrates, around 400bC



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Primum Non Nocere

Accidents in Radiology

The New York Times August 1, 2010



Gary Tramontina for The New York Times, bottom

The New York Times

August 1, 2010



Courtesy of Michael Heuser

Mr. Heuser did have a stroke, from which he would recover. But other parts of his body inexplicably began to break

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Primum Non Nocere

Accidents in Radiotherapy



Malfunction of a linear accelerator at a hospital in France (2009).



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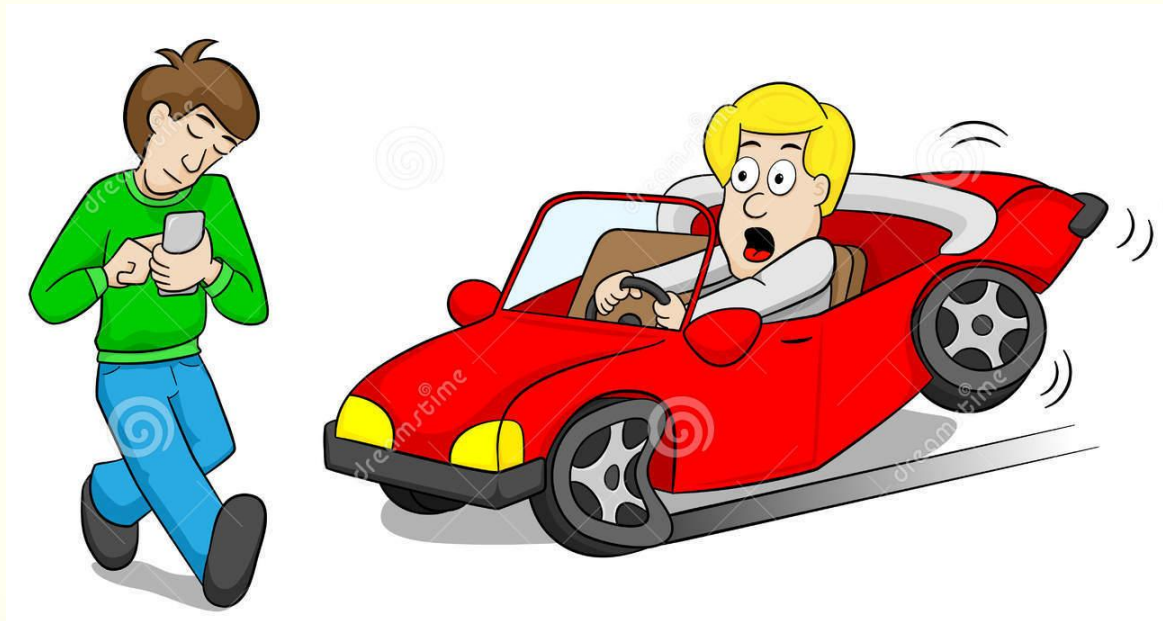
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When does an accident occur?



Culture- Safety Culture

Can be seen as a concept that describes the shared corporate values within an organization which influences the attitudes and behaviors of its members.



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Can be seen as a concept that describes the share corporate values within an organization which influences the attitudes and behaviors of its members.

Safety culture is a part of the overall culture of the organization and is seen as affecting the attitudes and beliefs of members in terms of health and safety performance (Cooper, 2000).

Safety Culture as a component of the National Culture

it's a small part of the **organizational culture**, which is part of an industrial and ultimately a **national culture**.

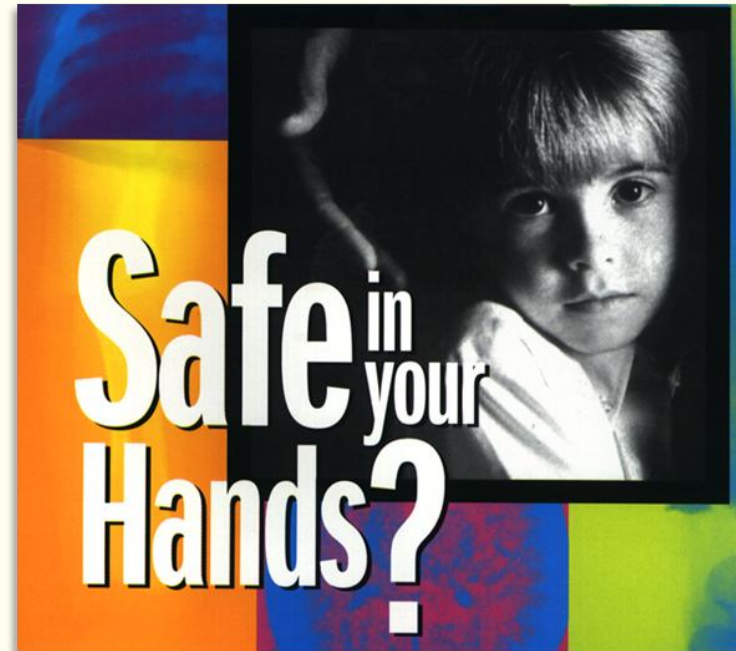
Meshkati, 1999 Ludborz 1995, cited in Guldenmund, 2000).



“Paper” Policy vs Carried out Policy

However good the safety management system of an organization is, the way it exists on paper does not necessarily reflect the way it is carried out in practice. It is the safety culture of the organization which will *"influence the deployment and effectiveness of the safety management resources, policies, practices and procedures"*

(Kennedy and Kirwan,11998).



Radiation Protection Safety Culture

The 4 “R”s in Radiation Safety Culture are

Regulators

Referrals

Radiographers

Radiologists



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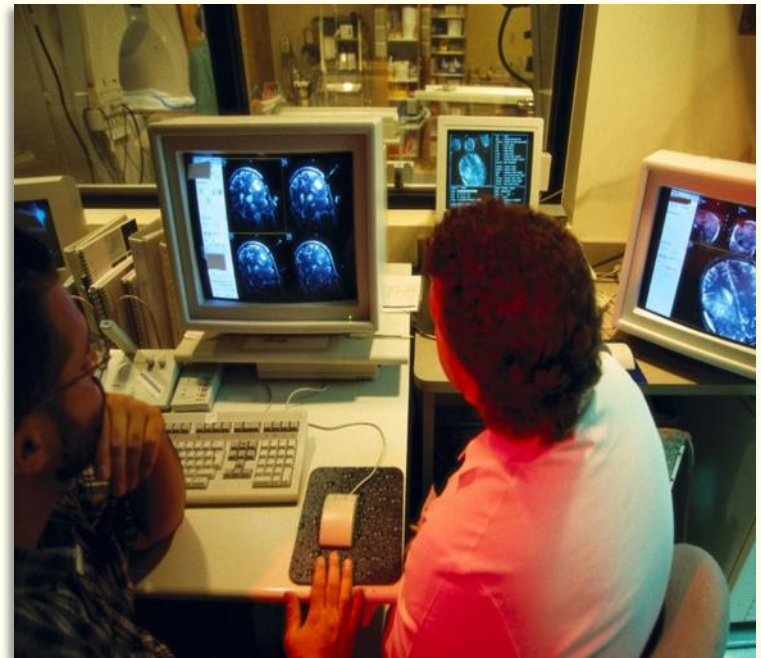


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Radiographers and Justification

Radiographers according to their experience ,
knowledge
professional skills and
behavior
can understand whether the
specific referral of the **specific
patient** can lead to **an answer** to
the patient's clinical problem.



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Radiographers and Optimization



The majority of the imaging examinations with ionizing radiation are performed by the radiographers.



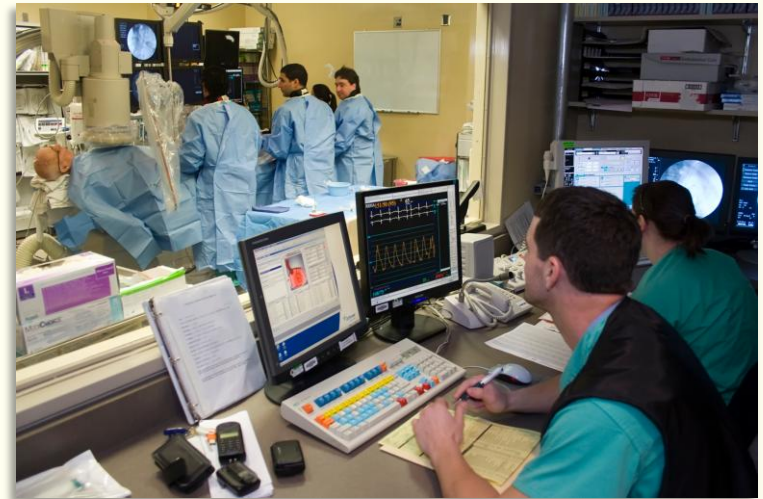
Radiographers and DRL's

Radiographers should compare doses given by them with the National or International standards for the same examination and to adjust their practice with what is evidence well supported into the literature.



Radiographers, Staff and public Safety

Radiographers ensure the radiation protection, including dose limits, to all radiologic staff- including supportive staff- careers and public.



ISRRT is strongly committed

To influence radiographers

- For providing the best practices to patients and their families,
- By acting as interface between the physicians and available technology to produce the best possible imaging or treatment result for their patients

ISRRT is an ambassador

of the Radiation Protection
Safety Culture,
through the Radiographers

- to patients,
- to physicians and
- to health professionals,
world widely.



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How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS To Patients/ Clients

- **Hold professional patient/client relationships confidential.
Communicate with patients/clients/ relatives in a respectful manner**

How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS To Patients/ Clients

- Provide patients/clients/relatives with the information necessary, including radiation dose, making informed decisions about their examinations and treatments as well as encouraging their full participation in treatment decisions and goals



How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS To Patients/ Clients

- **Respect patients'/clients' privacy, self-governance and autonomy.**

ISRRT 2016 research award and Philips DoseWise Competition

based on the following topic:-

'Optimisation of medical exposure based on the Bonn Call for Action - Action 2 Enhance the implementation of the principle of optimization of protection and safety'
also there is a DOSEWISE annual award in cooperation with Philips

PLENARY SESSION IV

ISRRT' point of view



5 Key issues for establishing and maintaining RPCM	Comments
1. RTs are acting as patient's advocates to the RP.	<ul style="list-style-type: none"> • ISRRT's "Code Of Ethics"
2. RTs are implementing the Optimization Principle for each individual patient.	<ul style="list-style-type: none"> • Partnership with WHO, IAEA, HERCA.
3. RTs should compare doses given with the national/international standards for the same examination and adjust them using evidence based support.	<ul style="list-style-type: none"> • Partnership with WHO, IAEA, HERCA, Bonn Call for Action
4. Rts are acting as the Interface between physicians and the available technology to produce the best possible result either for imaging or treatment.	<ul style="list-style-type: none"> • ISRRT's "Code OF Ethics"
5. ISRRT promotes RPSC actively by announcing research awards and by making partnership for awards to that subject with the industry.	<ul style="list-style-type: none"> • <i>ISRRT's £5000 award</i> • <i>Phillips DOSEWISE award</i>

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Thank You



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