Knowledge and practice of radiation safety among health professionals in Trinidad

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Abstract

Objective: To determine the practices and knowledge of radiation safety measures among health care providers in tertiary institutions in Trinidad.

Design & Method: A cross-sectional survey of health care professionals within two public hospitals was conducted using a questionnaire distributed to individuals working in Cardiology, General Surgery, Internal medicine, Orthopaedics, Radiology and Urology who require the use of ionizing radiation machines. The questionnaire comprised of 30 questions divided into five subcategories including demographic data, usage of the ionizing radiation machines, basic knowledge, and attitude towards personal protective equipment as well as radiation exposure measurement. Questionnaire results were tabulated and analysed using Microsoft Excel and Stata vI I with comparative statistical analysis being done using the one-way analysis of variance test. **Results:** A total of 118 health care professionals participated in this study. The majority (85/118 (72%)) of individuals revealed that they had no formal training regarding safe practices when working with ionizing radiation despite the daily use of the fluoroscopy machines by at least 25% of participants. Individuals who had formal training in the use of ionizing radiation were found to score significantly higher than those without training (p < 0.0001). Participants' knowledge regarding the proper positioning of the C-arm image intensifier to reduce radiation exposure was low with 46% of individuals providing a correct response.

Conclusions: The level of knowledge among the individuals who participate in the operation of ionizing radiation equipment throughout the country is low. The benefit of training in the use of the C-arm image intensifier is highlighted by the revelation that the individuals who had formal training in the use of these machines performed better than those individuals without training. Annual recertification courses should be implemented such that individuals are kept abreast with current changes and reminded of commonly neglected safety practices.

Keywords

Radiation, safety, health care

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Introduction

Recenb, he e ha been a heigh ened a a ene ega ding he lack of kno, ledge of efe ing doc.o abo, adia ion do e inc, ed d, ing diagno.ic adiological oced, e.¹ The, e of imaging e, i men i at i.al a. of an ho i.al and gical ecial. In ecen ea , he, e of X- a and com g.ed.omog a h (CT) can ha con ing all inc ea ed a a mean of acc, a el diagno ing a ien ' condition.o ende he mo. a o ia.e. ea men at ailable.²⁴ A a e, l, a ien and ho i.al .aff a e e ea edl e o ed.o inc ea ing do e of ion; ing adia ion in com a i on.o et io, ea . In 2006, Ame ican t e e o ed.o mo e.han et en lime a m_s ch ioni ing adia ion f om medical oced_s e a ι_{a} a line ca e in line ea li 1980 .⁵

 Ω e .he a. 20 a , .he medical f a.e ni. in T inidad ha e e ienced at a .im d emen in .he adiological

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Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (http://www.creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (https://us.sagepub.com/en-us/nam/open-access-at-sage). facili ie a ailable fo diagno i, moni o ing, and. ea men of a ien. The a ailabili of X-av, CT and magnetic e onance imaging (MRI) can in og g blic and t a e ho i al ha inc ea ed con ide abl. Mode n o ho aedic and g ology hat e become inc ea ingly cha ac e i ed by o e at e ocedg e ha og inely ely on in ao e at e flg o o co > .6,7 The a ailabili and g age of flg o o co ic et ice hat e al o been inc ea ed in kee ingl ihl o ld ide. end . og a d flg o oco ic-a i.ed oced e. The o e a ion of he e machine hog ld be done by galified echnician tho in og e.ing a e adiog a he . Hog et e, dg e.o.he lack of gfficien adiog ahy .afft ihin he ho i.al, he e machine a e no al av o e a.ed by ecifically ained indt idg al . A a egl, .aff o e a.ing g ch eg i men may no be a o ia.ely killed o knog ledgeable ega ding a ien afe.

Thi $_{3}$ t $e > 1_{2}$ a de igned .o de e mine .he ac ice and knowledge of adia ion afe.> mea $_{3}$ e among heal h ca e d ide in a .e .ia > in .i $_{3}$.ion .o a ce .ain .he a ea of ho .coming in .hei knowledge a $_{1}$ ell a .hei at ailable e onal o.ec.t e e $_{3}$ i men., .o einfo ce .he need fo o e ed ca ion fo medical ofe ional in ima el> a ocia ed $_{1}$ i.h.he e fo m of adia ion, and .o omo.e.he afe and o e $_{3}$ age of .he e machine in an effo..o ed ce bo.h a ien. 'and o e a o ' adia ion e o $_{3}$ e.

Methodology

A c o - ec ional t e of heal h ca e of e ional t o king t i hin T inidad' got e nmen ho i al (San Fe nando Gene al Ho i al and Po of S ain Gene al Ho i al) t ho e e ect e field e t i e he t e of machine ha od ce ioni ing adia ion t a cond c ed.

Study population

All heal h ca eu o ke u hou e e occ, a ionally e o ed.o adia ionu e e incl, ded in .he ., dy. Thi ., dy incl, ded a ec. 3 m of indt id, al u ho a e e o ed.o ioni ing adiaion incl, ding ca diologi ., o .ho aedic and gene al 3 geon, adiologi ., adiog a he, and 3 ologi . .Ba ed on ho i.al .affing eco d, .hi incl, ded 540 indt id, al . Hou et e, only indt id, al u ho igned .he con en fo a -.ici a ionu e e incl, ded and a ked.o com le e.he 3 e .ionnai e. Indt id, al u hou e e 3 nu illing.ogt eu i.en con en and .ho eu hou e e.em o a ily a igned.o.he de a .men u e e cl, ded f om .he 3 t ey. A am le i e of 118 a .ician u a ade 3 a e fo .hi ..3 dy ba ed on a 95% confidence let el. The calc, la ed ma gin of e o ba ed on .he calc, la ed am le i e and a 3 ming a 95% confidence let elu a 8%.

Questionnaire

The $_3$ e ionnai e $_1$ a et i e ed andt alida ed b a commiee of fog e e $_1$ i h diffe en ed ca ional backg og nd in he field of medicine. The $_3$ $_3$ e d $_3$ e ionnai e $_1$ a d¢ elo ed ba ed on he e e ience of he a, ho a t ell a info ma ion ga he ed f om a li e a, e ea ch. Thet alidi.> of he , e ionnai et a a e ed ba ed on he con ent alidi.> inde and facet alidi.>. The con ent alidi.> inde t a de.e mined ba ed on he e e.' ¢ ie of each , e ion ega ding i el¢ ance, im lici.>, and cla i.>. To de.e mine he facet alidi.>, he , e ionnai et a ¢ ie ed b> 20 medical ., den and fo, e e. t ho a ed each , e ion in.e m of i cla i.>, and e andabili.>, and leng h of each , e ion. The facet alidi.> t a en , ed b> he ¢ i ion of ft e , e . ion .o im ¢ e .hei , and e .andabili.>. A ilo. ., d> t a cond, c.ed int hich he final; ed , e .ionnai et a admini .e ed .o 20 indt id, al . The in e nal con i .enc> eliabili.> t a calc, la ed , ing C onbach' al ha (α =0.83).

The anon mo₃ 30-i.em ₃ e ionnai e (S₃ lemen, al ma e ial), a di . ib, .ed .o all a .ici an af e .hei e ect e de a men al mee ing . The se ionnai e com i ed ft e , bca ego ie incl, ding demog a hic da a (6), , age of he ioni ing adia ion machine (3), ba ic kno, ledge (9), and a. i-.3 de . a. a d e onal o. ec. t e e 3 i men. (5) a L ell a adia ion e o_3 e mea $_3$ emen. (7). Indt id₃ al ι_2 e e gt en a 30-min e iodu, i hinu, hich o com le e and e, n he e ionnai e .o en ; e.ha. a .ici an. did no. ea ch fo .he co ec. an i e .o. he ; e. ion ela ed .o. hei kno ledge of adia ion afe. ac.ice . The 3 e .ionnai e 1 e e e 3 ned.o a de igna ed folde, i hichi a .hen collec. ed b a membe of .he e ea ch.eam af e all a .ici an. com le ed and 3 bmi-.ed .hei _se .ionnai e .o f, .he en s e anon mi. of .he ; e .ionnai e com le ed b .he e ec t e a .ici an . The Ca ibbean A ocia ion of O ho aedic S, geon Confe ence had a ho. e en a ion on ome in ao e a t e adia ion afe. i, and the efore, a lici and ι_i ho a ended ι_i e e e ec.ed.o e fo m be.e .han non-a.endee.

Analysis and statistical methods

All com le ed 3 e ionnai e 1 e e anon mo, and da a 1 e e .o ed 3 ing Mic o of E cel 2010 and anal ed 3 ing S.a.at e ion 11 1 i h a t alse of < 0.05 a affo ded ignificance. We com a ed he e 3 l of he 3 e ionnai et ih indt id al '1 o k e e ience d a ion, aining in he 3 e of ioni ing adia ion machine, and occ a ion ing he one- 1 a anal i oft a iance (ANOVA).e. The d e all e fomance of he a ici an 1 a calc la ed b a igning a co e of 1.0 co ec. e on e and 0.0 inco ec. e on e .o.he 3 e ion n mbe ed 10 18, 20, 21, 26 28, and 30 1 i h a ma im machid able co e of 15. The o he 3 e ion e -.ained .o.he indt id al' 1 o k e e ience, job o i ion, and lace of em lo men a 1 ell a .hei 3 age of he machine and e onal o.ec.t e 3 i men.

Results

A.o.al of 118 indt id, al a.ici a.ed in.he, tevu i.h.he O.ho aedic and Radiology de a.men. acco, n.ing fo 25%

Table I. Distribution of participating health care professionals and their mean performance scores based on specialty (N = 118).

Specialty	No. of participants	Mean score (%)
Orthopaedics	29	51.0
Radiology	29	58.1
General surgery	22	42.3
Urology	12	45.2
Internal medicine	10	35.2
Cardiology	9	47.4
Other	7	39.8

Table 2. Summary of participating health care professionals overall score based on their job title (N = 118).

Job title	No. of participants	Mean score (%)		
Consultant	6	46.5		
Registrar	10	50.0		
House officer	66	44.6		
Radiographer	27	58.7		
Registered nurse	8	47.4		
Nursing assistant	I	36.8		

of e on e, e ec.t eb (Table 1). Table 2 , mma i e .he di. ib, ion of t e all e fo mance of indt id, al ba ed on .hei job.ile. ih adiog a he e fo ming .he highe.. Onl> 25 (21%) of 118 a.ici an. e o.ed hat ing t e 10>ea of e e ience in .hei e ec.t e field . One, a> ANOVA.e.ing ho. ed.ha .he d, a ion of o k e e ience did no. infl, ence .he t e all e fo mance of indt id, al (=0.13). The majo i> (85/118 (72%)) of indt id, al t ealed .ha .he> had no fo mal . aining ega ding afe ac.ice L_hent_o king Lih ioni ing adia ion de i.e.he dail> ; e of .he fl, o o co > machine b> a lea . 25% of a.ici an. (27/118). Rega ding indt id, al L_ho, nde L_en. . aining, L_e fo, nd .ha. 75% (25/33) of .he e indt id, al L_e e adiog a he .

Onl' 54% (64/118) of indt id, al e o.ed.ha.he ioni ing adia ion machine in hei de a.men ι e e only o e a.ed b' a salified .echnician. The e fo mance of he indt id, al ι ho snde ι en fo mal aining in he o e a ion of ioni ing adia ion ι a fosnd.o be .ai.icall' ignifican in com a i on o indt id, al ι i.hos. aining (<0.0001). The d e all e fo mance of indit id, al, ho d e, ι a ignifican l' infly enced b' hei occs a ion (=0.0045). We fosnd ha adiog a he co ed ignifican l' be.e in all ca ego ie ι hen coma ed.o.he o.he ofe ional (=0.001). The h ee indt id, al ι ho e o.ed a.ending he Ca ibbean A ocia ion of O.ho aedic S, geon Confe ence ι e e fosnd.o e fo m imila b o.he e of he o slaion.

A e men of indt id, al 'kno, ledge ega ding he afe , e of ioni ing adia ion machine \mathfrak{e} ealed ha 36% $(43/118)_{\mathcal{L}}$ e e a a e ha a 6 f, he adia ion emi. ed f om .he image in en ifie a oache .he na, al backg o, nd adia ion let el.^{8,9} Onl> 23% (27/118) of a c c e e a a e of .he o i ion of .he image in en ifie .o allo, fo .he be. image , ali>. Onl> 46% (54/118) of a ici an co ec.l> iden ified .he be . o i ion of .he image in en ifie .o ed, ce adia ion e o a e. Table 3 ill, a e a a mma > of a ician. 'kno, ledge ega ding adia ion e o a e.

The e₃l of a .ici an. 'ba ic kno ledge on adia ion e o₃ e ho ed.ha only 13 (11%) of 118 indt id al kno he no mal let el of ann al backg o₃ nd adia ion e o₃ e. The elat e i k of det elo ing cance f om a CT abdomen in con a. i a a ecia ed by only 30% (35/118). A o ima ely 60% (71/118) of indt id al kno ha an MRI abdomen doe no. e o e a a ien .o any adia ion i h only 34% (39/118) a ecia ing .he do e of adia ion e o₃ e im a.ed by a ingle che. adiog a h. Of o₃ 118 a.ici an. 85(72%) e e a a e.ha a foe₃ i mo. ₃ ce .ible .o .he effec. of adia ion e o₃ e in .he fi . 6 eek of ge .a ion. A com a i on of e on e .o.hi ec-.ion bea een indt id al i ho had fo mal. aining and .ho e i ho₃.. aining i ill, a ed in Table 4.

Rega ding he at ailabili> of e onal o.ec.t e e ; i men, fo indt id; al (ho) ok clo el> (ih ion; ing adiaion machine, a o ima el> 80% (94/118) of a ici an, ag ee ha he e i a lack of at ailabili> of e ; i men, ac o he in .i, ion . Table 5 ; mma ; e he e on e ega ding he at ailabili> of ; ch e ; i men, (ihin o; ho i.al. De ie.he lack of at ailabili>, 80% (94/118) beliet ed ha ; il; ing a lead a on at ide ; fficien, o.ec. ion f om ion; ing adia ion (ih 95% (112/118) of a ici an, kno ing ho, o o e l> .o e he e a on . Onl> 60% (72/118) of a ici an, e o.ed al a> making; e of he at ailable lead a on (ih i a ici an, a. ib; ing i lack of; e of a lead a on.o i; nat ailabili> (ihin hei de a men. A h> oid hield a nate; ed b> 34% (40/118) of a ician, d; e.o.hei; nat ailabili>.

Do ime e badge $\iota_e e q_n ned b + 42\% (49/118)$, of ι_h hich onl> 60% (30/49), ed hem eg la b. The f e, enc> of ing a adia ion do ime e badge ι_a for nd. o be de enden on he de a .men, nde ι_h hich he a .ici an ι_a a em lo> ed (<0.001). Hq et e, onl> 13 (27%) of 49 indt id, al ι_h ho q ned a do ime > badge kne hq .o o i ion he badge co ec. b d, ing i, age ι_h in 70% (35/49) knq ing hq .o a o ia el> .o e .hei badge. Onl> 32% (38/118) knq .ha, nligh affec. he eading f om he do ime. > badge ι_h ih he majo i> (110/118 (93%)) being able .o a ecia e .he f, nc ion of .he do ime. > badge.

Discussion

The lack of knowledge and a a ene of medical of eional ega ding hei , nde .anding of ioni ing adia ion o .he , e of e , i men. int of ed in .he oce ha been \mathfrak{e} io₃ l> highligh ed b> n, me o₃ ..., die .^{10 15} The ima > aim of .hi ..., d> 1 a .o \mathfrak{e} al, a.e. he at ailabili.>,

Questions	Cardiology (N=9) No. (%)	General surgery (N=22) No. (%)	Internal medicine (N=10) No. (%)	Orthopaedics (N=29) No. (%)	Radiology (N=29) No. (%)	Urology (N=12) No. (%)	Other (N=7) No. (%)
What is the normal background radiation exposure per year?	2 (22.2)	3 (13.6)	0 (0)	2 (7)	6 (20.7)	0 (0)	0 (0)
How much radiation does one chest x-ray impart?	4 (44.4)	7 (31.8)	2 (20)	4 (13.8)	17 (58.6)	3 (25)	2 (28.6)
What is the relative risk of causing a cancer from doing a CT scan of the abdomen with contrast?	3 (33.3)	7 (31.8)	I (I0)	10 (34.5)	10 (34.5)	2 (16.7)	2 (28.6)
How much more radiation is an MRI abdomen versus CT scan abdomen with contrast?	2 (22.2)	12 (54.5)	4 (40)	18 (62.1)	24 (82.8)	9 (75)	2 (28.6)
At what period of gestation is the threat of radiation to the foetus greatest?	4 (44.4)	20 (90.9)	7 (70)	20 (69)	22 (75.9)	10 (83.3)	6 (85.7)
Is radiation exposure decreased significantly by wooden objects, for example, doors?	3 (33.3)	17 (77.3)	7 (70)	20 (69)	22 (75.9)	(9 .7)	6 (85.7)

Table 3. Summary of correct responses from participating health care professionals regarding radiation exposure based on their specialty (N = 118).

CT: computed tomography; MRI: magnetic resonance imaging.

Table 4. Comparison of health care professionals correct responses regarding radiation machine usage based on formal training (N = 118).

Questions	With formal training (N = 33) No. (%)	Without formal training (N = 85) No. (%)
At what distance does radiation exposure from image intensifier approach natural background radiation?	20 (60.6)	23 (27.1)
Which position of the image intensifier gives the best image quality?	16 (48.5)	38 (44.7)
Which position of the tube reduces exposure to surgeon when doing fluoroscopy x-rays?	11 (33.3)	16 (18.8)

Table 5. Summary of health care professionals responses regarding equipment availability in their institution (N=118).

Question	No. of positive responses (%)
Is there sufficient protective equipment for use with such machinery?	25 (21.2)
Do you think a lead apron provides sufficient protection during surgical or	
interventional cardiology procedures?	

ac.ice, and knowledge of adia.ion afe. meas e of heal.h ca e work who we e occost a ionally e o ed.o adia.ion. On et als a ion, the et e all co e of a lici an. demon. a ed a oo let el of a a ene ega ding. The common afe. ac.ice lo ed, ce e o selo machine o e a-lo, nea by laff, and a ien.

In o₃ o e a ing oom, he e machine a e f e 3 en l³ o e a ed b³ .aff₁ ho lack .aining in adia ion e 3 i men. 3 age and afe³. Thi i 3 b e 3 en .o.he lack of adiog ahe em lo³ ed .o mee. he dail³ demand of all et ice .ha. el³ on adiological e e.i e 1 i.hin.he ho i.al. I. 1 a ala ming.ha.he ba ic kno ledge ega ding adia.ion e o, e and afe machine, age, a in fficien among a.ici an , i.h mo. indt id, al no. being able.o a ecia e fac. ega ding .he o e o i.ioning of .he image in en ifie and afe di .ance .o .and f om .he ioni ing adia ion machine . Re ea ch et al, a ing adia ion afe.> ed, ca ion among t a c, la , ge > e iden ha demon-. a ed .ha e iden , ho hat e been . ained in .he, e of .he e machine kne, mo e ba ic adia ion afe.> info ma-.ion .han .ho e, ho lacked . aining .¹⁴ Simila l>, e fo, nd .ha .ho e, ho hat e had fo mal . aining ega ding .he, e of ioni ing adia ion machine had a g ea e a a ene com a ed, i h.ho e, ho hat e had no . aining.

The e hat e been diffe en. ecommenda ion in he lie a .; e.o c; do n adia ion e o; e. X-a ca.e can be ed; ced b minimi; ing he n; mbe of magnified t ia ; ; ing digi al-onl cine ac; i i ion, kee ing he image in enifie a clo e.o.he a ien a o ible; ing lo e f aming a e and ; l ed fl; o o co , and minimi; ing bo.h fl; o oco ic and cine .ime.¹⁶ Indi id; al L i hin o; in .i; ion L ho commonl o e a e he e machine L e e; i ingly ; na a e of he e im le mea; e.

The at e age adia ion e o, e im a ed b a ingle CT can of he abdomen and et i i a o ima el 1000 ime mo e han ha im a ed f om a ingle che $-a^{13}$ The a, ho u e e di hea ened ha he de a men. ha mo. fe, en.l, e, e. hi inte iga ion modali, in efe ence .o al e na t e modali ie u e e al o .he ame de a .men. thoe e onneltee, na a e of hi fac. O, in e nal medicine .affi, a one of .he lo, e. co ing , b e. i, i h a i ing lack of a ecia ion fo .he adia ion im a .ed b int e iga ion .ha a e og inel g ed in .hei ac ice g ch a che. adiog a h and abdominal CT can. The a e men. of Noi, a, gene al acii ione 'kno, ledge conce ning adia ion do e fo a ien. , nde going common adiological int e .iga ion and he a ocia ed i k of he e do e fo nd a imila o come.¹³ The majo i \rightarrow of gene al acii ione i e e no. a a e of he adia ion ha a d a ocia.ed 1, i.h diagno.ic imaging oced, e .ha. .he commonly, e in hei ac.ice.¹³ Indt id, al need o av clo e a.en.ion.o.he adia.ion e o; e im a.ed b> .hei efe ed int e iga ion modali.) and con ide he i kt e benefi, a.io.o.he a.ien, ince ome.ime .he ame a.holog> can be et ealed b> ano he modali.> .ha im a le o et en no adia.ion.o.he a.ien..

Zho₃ e. al.¹⁵ et al₃ a.ed .he a a ene of medical .₃den and in en ega ding .he adia ion e o ₃ e a ocia.edu i.h common diagno .ic int e .iga ion and fo₃ nd .ha 31.6% of a .ici an. co ec.l> e o .ed .he do e ecet ed b> a ien d₃ ing a .anda d che . - a> and 25.5% did no. kno. .ha ioni ing adia ion i no. 3 ed d₃ ing MRI. An a e men of .he kno. ledge ega ding adiological e amina ion adia ion do e among Lalian adiog a he fo₃ nd .ha 5% of .hei .3 died o 3 la ion beliet ed .ha MRI can of .he et i e o e .he a ien .o adia ion.¹⁷ O₃ e 3 l. hat e demon . a.ed .ha o₃ heal.hca e ofe ional a e e sall, sna, a e of ba ic adia ion fac. L hen com a ed L i h os in e na ional cos n.e. a . . Rega ding indt ids al L ho hat e, nde gone fo mal. aining in he, e of ioni ing adia ion machine, os os la ion ho, ed a ignifican diffe ence ega ding he lat el of knowledge o e ed by he e indt ids al com a ed.o.ho et ho hat e no. had any aining. Acco ding o in e na ional da a, i L a fos nd ha. aining ega ding adia ion o ec ion did no. affec indit ids al 'knowledge lat el.¹⁸

In acco dance (ih he Cen e fo Di ea e Con ol and P et en ion' g iding inci le of adia ion afe., he he e mo. od, c.t. e. a egie fo lo e ing adia ion e o, e.o o e a o a e ime, di ance, and hielding. The, e of fl, o o co > onl> (hen nece a > ha a linea effec. on dec ea ing adia ion e o, e.¹⁹ Indt id, al (ho o e a e he e machine ho, ld be a, a e ha do, bling he di ance f om he a ien (ill ed, ce hei e o, eb) a fac.o of fo, ¹⁹ O₃ e ea ch ho, ed ha a o ima el> (o-hi d) of o, a .ici an (e e, na, a e of he a) o ia e afe di ance f om he e machine ha a e e, i ed .o ignifican l> ed, ce an indit i d, al' amo, n of adia ion e o, e.

The let el of kno, ledge ega ding.he, e of e onal o-.ec.t e e , i men , a a i fac. o , i h a o ima.el 80% a ecia ing .he need fo , ch e , i men. The F ench A ocia ion fo U olog Re iden in .hei o ec.t e ., do fo, nd.ha 90% of .hei a .ici an e o .ed a lack of collec-.t e o.ec.t e e , i men in .hei o e a ing oom .²⁰ O₃ ., do ielded a imila e , l , ih .he majo i of o, a .ician (80%) e o .ing a lack of a ailabili of o.ec.t e e , i men , ch a lead a on and .h oid hield . Thi mav be a. ib, ed .o an inc ea ed , age of fl, o o co > .ha ha no. been ma.ched b oc, emen of , fficien afe. > and o.ec.t e e , i men.

Con in, o, medical ed, ca ion i, h ega d .o adia ion o.ec.ion ac.ice i nece a o ceae a a ene among .he indt id, al t ho a e occ, a ionallo e o ed .o ioni ing adia ion ince i i beliet ed .ha a a ene i .he fi . .e befo e ado .ion, com liance, and adhe ence .o a na ional eg, la i o f ama o k.²² A. e en., og amme ega ding afe adia ion ac ice fo heal h ca e ofeional a e, na ailable in T inidad and hat e.o be inde enden lo o, ced bo indt id, al f om in e na ional in .i.g. ion . The a, ho . onglo ecommend .ha con ingo, medical ed, ca ion og amme be de igned and dat elo ed fo heal h ca e ofe ional t hot o k in field .ha e g i e .he g e of g ch machine . In 2015, S a mach 6

e. al.²³ , gge.ed.ha. medical e onnel ho, ld, nde go e iodic. aining ega ding adiological o.ec.ion ega dle of.hei o i.ion and leng.h of et ice. Acco ding.o .he e, l. of.he , do, indt id, al t, ho had et io, . aining co ed ignifican lo be.e. .han.ho et i.ho, . ano . aining (<0.0001). The need fo ece.ifica ion and .he inc ea ed acce ibili.o. o, da e ega ding afe ac.ice fo indt id, al t, ho hat e been et io, lo . ained i al o im e a.t e.

The ., d> doe hat e a fa limit a ion . The am le did no. incl, de indt id, al ι ho a e . aining in .he, age of .he e machine a ι ell a medical ., den ι ho ι ill be e o ed .o ioni ing adia ion d, ing .hei . aining. The s e .ionnai e, ed m, li le choice o .ion, ι hich lend i elf.o.he i k of 'l, ck> g, e e ' and .he efo e an e oneo, ka ing of e, l. The lack of kno ledge demon-. a ed among indt id, al in each ca ego > ι a onlet al, a ed again . an indt id, al' . aining in .he, e of .he e machine . Ho, et e, f₃ .he et al, a ion i e, i ed. o de. emine ι , he.he o.he fac. o can be a. ib, .ed. o .he oo e fo mance of indt id, al .

Conclusion

Ba ed on he d e all oo e fo mance of o, o, la ion, , e hat e concl, ded ha fo mal. aining in he, e of ioniing adia ion e, i men i im o.an. o he afe. of bo.h .aff and he a ien. Pe onal o.ec.t e e, i men ho, ld al o be made mo e eadil. a ailable o o, heal h ofeional , ho, e he e machine . I i im e a t e ha o e a-.o emembe he inci le of 'A Lo. A Rea onabl. Achiet able', hen, ing he e machine in o de .o ed, ce .he adia ion e o, e.o bo.h he a ien and he .affi, i hin .he oom. Ann, al ece.ifica ion co, e a e im e a t e o .ha indt id, al , o, ld be ke . ab ea ., ih c, en change and eminded of commonl. neglec.ed afe. ac.ice .

Declaration of conflicting interests

The a_3 .ho () decla ed no o.en.ial conflic. of in e e.t. i.h e ec. .o.he e ea ch, a_3 .ho hi , and/o $_3$ blica ion of .hi a .icle.

Ethical approval

E hical a d al fo .hi .; d ι_a ob ained f om No.h We. Regional Heal h A; ho i > E hic Commi.ee and he So; h We. Regional Heal h A; ho i > E hic Commi.ee. Ho d e, an a d al n mbe ι_a no. a igned b > he commi.ee.

Funding

The a_{3} .ho () ecet ed no financial $_{3}$ o. fo .he e ea ch, a_{3} .ho - hi , and/o $_{3}$ blica ion of .hi a .icle.

Informed consent

W i...en info med con en ι_{a} obtained f om all $_{3}$ bject before the $_{\cdot 3}$ d \cdot .

Supplemental material

S₃ lemen al ma e ial fo .hi a .icle i at ailable online.

ORCID iD

Amanda Pa .a 🕩 h. ://o cid.o g/0000-0003-0822-8301

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