

cuss the role of nuclear medicine in treating AIDS patients. A tremendous amount of data has been collected and published during the last 10 years concerning the unique role of gallium-67 imaging in the various pulmonary infections and neoplastic processes associated with AIDS patients. The role of indium-111 WBC scanning in specifically detecting occult abdominal abscesses and confirming bone infections (osteomyelitis) has been discussed in nuclear medicine literature for the past seven or eight years.

For the above reason, I cannot strongly recommend this text for the nuclear medicine physician.

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**DTC Radiation Safety
Videos, Vol 1—
Environmental Services;
Vol 2—Security.**

Audrey V. Wegst, PhD and Jon J. Erickson, PhD, producers.
Kansas City, MO: Diagnostic
Technology Consultants, 1991,
\$295.00 per volume.

These two videos are part of a series of nine such videos dealing with radiation safety issues for a wide spectrum of hospital personnel including housekeeping staff, nurses, cardiac catheterization laboratory technologists, pregnant workers, and hospital administrators. They are produced by a team of highly qualified and well respected medical physics consultants in conjunction with a film production studio.

Both the tapes reviewed contained similar material, but were directed toward different target audiences; in one case, housekeeping personnel, and, in the other, security guards. Each answers the question "What is ionizing radiation?" and then proceeds to explain the concept of ALARA by demonstrating various warning signs and the radiation protection precautions provided by time, distance, and shielding. This is done without recourse to technical jargon or the mention of units of radiation exposure and

recommended dose limits.

The videos are well produced and convey their message succinctly, although I do have some minor criticisms. In the housekeeping video, a supervisor takes us on a tour of the hospital and indicates where extra caution needs to be exercised. In the course of this tour, there is a demonstration of the use of a G-M monitor which appears to indicate that a radiation warning placard has some radioactive contamination. Immediately thereafter the supervisor picks up this card to demonstrate the international radiation warning symbol. Is this card contaminated or not? It would have been wiser to demonstrate the G-M monitor over a properly labeled source of activity in a lead pot.

In the security video, we accompany a security guard during his tour of duty and, in the process, are introduced several times to a bass fisherman masquerading as a member of the hospital housekeeping staff—or is it the other way around? The part is grossly overplayed to the point of farce and is quite out of character with the more serious nature of the security guard.

Time, distance, and shielding are ably demonstrated in the housekeeping video with the aid of a candle as a source of light. In contrast to this, the security video leaves one wondering if this is a radiation safety lesson or an anti-smoking campaign, when cigarettes are used to convey the same time, distance, and shielding concepts. Although this demonstration is intended to inject some humor, I believe that a smoker might well be turned off by this segment, to the point of ignoring the real message concerning radiation protection.

The housekeeping tape lasts 25 minutes and the security tape is 30 minutes long. Each tape is divided into convenient sections with breakpoints to review the material just presented. In addition to the tape, the purchaser is provided with a comprehensive package including a teaching guide, a multiple choice test set with a quick answer key, and a more extensive set of answers explaining each of the

answers, including those that are incorrect. In order to meet regulatory requirements, there are sign-up sheets for personnel who view the tapes and certificates of participation, as well as reference material, such as names of resource personnel and a bibliography.

Education is a major function of any radiation safety officer (RSO) and the task becomes a chore when it has to be repeated frequently for the orientation of new personnel. These tapes could be used in a self-teaching mode, in which case the test provides a good yardstick of the viewer's comprehension. This would be useful when trying to address shift workers. However, I recommend that the tapes be used in a discussion forum with a knowledgeable person present to help clarify various points. The literacy level required by these tapes is probably close to Grades 11 or 12 and this may be deemed too high for some audiences. Even though the tapes are 30 minutes or less, they may be too long to hold the attention span of some audiences and, in this context, the breakpoints could conveniently be used to initiate discussion and aid comprehension.

Overall, I found the tapes to be professionally produced, to contain the basic information necessary (it is acknowledged that some agreement states may impose stiffer requirements), and to present the information in a lucid manner for the target audience, without resorting to technical terminology, although each kit does contain a glossary of terms. These tapes will be a valuable adjunct to the training provided by RSOs, and I look forward to seeing the other tapes in this series, as they become available. If the remaining programs are of the same high caliber, they will fill a significant gap in the knowledge of hospital personnel and may help those nuclear medicine technologists who find themselves constantly responding to questions pertaining to the risks of radiation exposure.

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