

The CHP Corner, October 2019

For CHPs, aspiring CHPs, and anyone else on the bell curve



The American Academy of Health Physics

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EDITOR'S CORNER: RISK COMMUNICATION VERSUS FACING OUR OWN MORTALITY

Dan Sowers, CHP Corner Editor

As CHPs, we hold at our fingertips many of the answers to questions about radiation: its origination from various sources, propagation and interaction through different mediums, and effects on equipment and people. With all this technical information, why is it so challenging to get a message of safety through to a concerned person? The endpoint we are relentlessly forced to confront is cancer, fatal or otherwise. Radiation scares people. Cancer scares people. Death scares people. As risk communicators we are already facing a stack of odds (in the form of emotion) not in our favor. The solution? While there is no one-size-fits-all approach, genuinely listening to a concern and communicating an empathetic message of, “I understand why you’re afraid/mad/sad” [instead of, “You shouldn’t be afraid because my science says (xyz)”] starts you off on the right foot. Then using a mirror or reflecting approach can continue the conversation.

I just finished the book *The Science of Fear* by D. Gardner, which explores in detail why people conceive illogical actions based on a perceived threat or fear, exacerbated in most cases by persistent media coverage. He explains how an irrational fear of terrorism is harbored in the same way as an irrational fear of nuclear power or radiation. Besides Gardner’s work, D. Kahneman’s *Thinking, Fast and Slow* (cited heavily by Gardner) and C. Voss’ *Never Split the Difference* both dive into how the brain works and how to best communicate a message. All three are excellent reads and better equip the risk communicator with the tools for success. The take-away is our brain has evolved two modes of processing our environment: Kahneman’s *Fast* mode, which is commonly referred to as “gut” or intuition; and the *Slow* mode, which involves conscious thought and deliberate decision making.

As radiation protection professionals, we use *Slow* thinking when considering and communicating risks associated with nuclear power or radiation. Death, cancer, and radiation instill in most folks a response from their “gut,” or *Fast* thinking of their brain. The significant reduction and increased treatment effectiveness in many diseases including smallpox, diphtheria, pneumonia, and others, which just decades ago were leading causes of death for both adults and children, have given statistical ground to now cancer becoming a leading cause of death. Put another way: Cancer’s gaining statistical relevance as a cause of death is not due to a vast gross increase in the prevalence of cancer; it is due in large part to a vast decrease in other now largely preventable causes of death. To excerpt from Gardner: “It is possible that today cancerphobia (that is, the fear of cancer) causes more suffering than cancer itself (p 221).” Fact: eventually we are all going to die. Facing our own mortality is exceedingly difficult and this is a root of why risk communication regarding radiation, and by extension, cancer, continues to be challenging.

Empathy from the *Slow* thinker (in this case, the risk communicator) is key to getting through to the “gut” response of the *Fast* thinker (the concerned person). Confronting a *Fast* thinking, “gut” response with solely a technical, *Slow* thinking diatribe of science is a mixture of water and oil (or worse, lithium) destined to leave the concerned person in the doldrums of fear.

Ray Johnson’s HPS.org column [Can We Talk](#) also provides excellent insight into being effective listeners and communicators. I look forward to his upcoming posts as useful tools we can all add to that which we keep at our fingertips.

Anyone read any good books lately or care to share a communication success story or tactic? Contact me on LinkedIn at [Dan Sowers, CHP](#) or email at dsowers430@gmail.com.

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ABHP EXAM APPLICATION REMINDER

Amy Wride-Graney, Program Director

Hey Jake and Jared, stop procrastinating! Applications to take either Part I or Part II of the ABHP examination must be fully completed by the January 15th deadline. Please note that this does include all parts of the application, including references and the written report. All parts of the application process are completed online (including payment), and it is the candidate's responsibility to make sure that the application is fully submitted. Please push this message to those ready to sit for either part of the exam in July!

ONLINE SUBMISSION OF CONTINUING EDUCATION CREDITS

Curtis Kwasniewski, Continuing Education Cmtte Chair

As part of the ongoing maintenance requirements of the Certified Health Physicist certification, each CHP is required to complete 80 credit hours of continuing education (80 CECs). To assist you in documenting your progress toward and completion of this requirement, the AAHP has created an online submission form for CEC Credit Requests. This is now our preferred method of submitting CECs for CHP renewals.

To submit CEC requests online, simply visit the form at: www.aahp-abhp.org/cec-request.

Note that CEC requests can be submitted at any time, avoiding the traditional "documentation rush" at the end of your certification cycle. We strongly encourage you to submit your requests "as you go" so there's no need to search your records later to recall details.

Full instructions on how to use the CEC Request form can be found on the AAHP web site at:

www.aahp-abhp.org/cec-submission-instructions.

The full ABHP continuing education policy can be found on the AAHP web site at:

www.aahp-abhp.org/ce-policy.

A lot of thought and effort has gone into this new feature of the AAHP web site. We hope you find it useful and effective. If you experience difficulties with submission, please contact the AAHP Director at director@aahp-abhp.org. Direct any other questions to cec@aahp-abhp.org.