

■ Health Care Reform and the Changing Role of the Nuclear Medicine Technologist

Despite President Clinton's efforts, his proposed health care reform plan is dead on arrival this year. Regardless of what mode health care reform takes, it is inevitable that the methods by which health care is delivered in this country will soon change with or without the President's plan.

Like all health care practitioners, the nuclear medicine technologist will need to make his or her own adjustments sooner rather than later. However, as with any dynamic aspect of a profession, preparedness is the key to success. The nuclear medicine technologist will have to adapt to his or her new surroundings. "The key for a technologist's survival in this realm of change is flexibility," said Jackie Bridges, CNMT, Manager of the Outpatient Center at Baptist East Hospital in Memphis, Tenn. "Old habits die hard but the success of our profession depends on how each one of us adjusts to what the future holds. Change is always scary, but it can also be fun."

Multi-Skilled Practitioners

The concept of multi-skilled allied health workers has been brought up often and while it is a popular notion, it has not been widely embraced. According to Martha Pickett, CNMT, Chairman of Nuclear Medicine Technology at the University of Arkansas for Medical Sciences and the College of Health Related Professions, most health care practitioners would claim to be multi-skilled because of the long list of skills required for a specialty. "In today's health care setting, however,

being multi-skilled generally refers to the performance of tasks outside one's usual realm of responsibility," she said.

Multi-skilled and multi-competent are generally considered interchangeable and both indicate that a profes-



President Clinton has maintained that health care reform is vital to the future of America, but what does it mean for the future of nuclear medicine technologists?

sional is performing duties outside his or her normal task responsibility. "It's implied that the practitioner is competent or skilled to perform those tasks, but an employer should not necessarily make that assumption," Pickett said. "The employer expects a certain level of competence or quality on the part of the practitioner when performing all tasks, either within or outside the usual field of practice."

Redesigning the Workplace

Interest in the multi-skilled worker is driven in part by redesigning the workplace or re-engineering within the hospital that seems to be going on all across the country. "The emphasis now is on patient-focused care," Pickett said.

"This means that there will be more tests and studies performed in a patient's room or on their floor which will be conducted by fewer personnel."

Fortunately, many nuclear medicine and radiology departments have not been affected by this decentralization because the imaging equipment used is too big to move from room to room and too expensive to put at different sites throughout the hospital, not to mention the myriad of restrictions for the use of radioactive material. "It appears that the effects of work redesign on nuclear medicine departments is secondary in nature in that all departments, regardless of whether they are being decentralized, are being asked to decrease their overall number of employees," Pickett said.

It is expected that many new jobs outside the clinical setting will be created as more outpatient, long-term care and home health care facilities open up. Standard departments in outpatient facilities and hospitals are also expected to realign themselves away from standard departments such as radiology, nursing, laboratory and nuclear medicine to what is referred to as a "service line," e.g., cardiology, oncology, neurology, etc. "Nuclear medicine technologists may work for someone other than a radiologist or nuclear medicine physician," Pickett said. "This may be more prevalent in outpatient facilities before we see it in the hospital setting."

The new skills a technologist may be expected to learn could possibly be those that would facilitate patient diagnosis in conjunction with a nuclear medicine study. "Patients often complain that when they come in for their nuclear medicine study, they must also go to several other sites around the hospital to complete their work-up," Pickett said.

ett said. "To facilitate the patient's diagnosis, it would be easier if patient assessment, blood work, etc., could be performed within the nuclear medicine department, ideally by a nuclear medicine technologist who also happens to be competent in one or more of the required procedures."

Multi-Credentials

A multi-credentialed professional holds credentials in more than one profession. For example, a nuclear medicine technologist with no background in radiography but who performs chest x-rays would be considered multi-skilled. If that same technologist had passed a credentialing exam in radiography, he or she would be considered multi-credentialed.

The implication is that a multi-credentialed employee has more thorough training than the multi-skilled employee in another specialty. An employer, however, may be more interested in the multi-skilled person because not only would they be less expensive, but the desired mix of skills is not expected to be broad and as well defined as those seen in the professions now in existence. The desired mix will vary from one community or hospital to the next depending on local needs and this has been emphasized often in health care reform documents.

Because of this variation in desired skill mix, it will become more difficult in the future to standardize educational programs with a set curriculum. "It will be difficult to define the baseline skills within a profession," Pickett said. "This is not to imply that single-skilled professionals will not be needed, but it is expected that the total number of these professionals needed in the future will decline as the need for multi-skilled workers increases."

Many allied health professionals have reacted negatively to the concept of a multi-skilled practitioner largely because of connotations of having to abandon one's central practice in order to learn other disciplines. "The technologist will be forced to become

a jack-of-all-trades and master of none," Bridges said. "But the technologist must still be able to deliver high-quality care." However, it should also be considered that if a practitioner has several skills rather than just one specialty,

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he or she would be more marketable in the event of downsizing when duplicate services are eliminated. This would also allow individuals to tailor their skills to meet their community's or their employer's needs.

For example, a nuclear medicine technologist who may not be sufficiently utilized in a facility with a limited number of beds could do other tasks when there are no scans to be performed. In a situation where there are staff cutbacks, a single-disciplined technologist may be terminated while a technologist at a neighboring facility may be used, but a multi-disciplined practitioner would be more valuable to cost-conscious management.

However, just as nuclear medicine technologists should be flexible and allow for change, so should the educational programs that train technologists.

Education Reform

To prepare for the nuclear medicine technologist's changing role, the educational and training curricula will also need to change. In order to ensure that the technologist is prepared in the event of multi-competency becoming the standard, teaching programs will have to be drastically overhauled. "Competency is the key," Bridges said. "First we have to teach all allied health professionals in a unit and then break out

into a specialty later on in the educational process. Throughout the learning process, a checklist of competency should be maintained."

Even without the threat of national health care reform, the educational setting is presently undergoing many changes. The driving factors behind this change include the high cost of accreditation, lack of outcomes evaluation of educational programs and the inability to respond quickly to market demands for professional training.

High accreditation costs are currently being debated among colleges and professional programs. "Professional associations often don't see the benefit of unit accreditation, which I believe will occur in the long-run," Pickett said. "It would behoove the professions to become actively involved in the accrediting body that would be responsible for unit accreditation—which is usually the regional educational accrediting bodies—and provide some input into the process." Pickett added that the lack of outcomes of evaluation of educational programs is currently being addressed by most accrediting bodies.

The lack of quick response to market changes is complex owing to the varied rigid structures presently in place in the educational system which are not conducive to sudden change or quick response to sudden change. This is in part due to legal restrictions and the "collegial" atmosphere which receives input from many different sources in the decision-making process.

The slow response to change is often due to the prescriptive and somewhat restrictive curricula at colleges. The college-based programs have a set number of hours in the classroom, hours of credit, etc. "The traditional way of doing business has made it difficult for colleges to do what the market wants and has been cited by employers as being restrictive without the obvious benefit," Pickett said. "Colleges will need to look at nontraditional means of educating students and this will probably mean giving up—at least in part—

the idea that lecturing students is the only way of presenting information." Pickett noted an interesting phenomenon of students who demand more flexibility often tend to be fearful of educational settings not in the traditional lecture format.

Over the years, medical and technical specialties have developed excellent models for well educated practitioners with standards of practice, accredited programs and credentialing, among others. "Practitioners believe that these standards have provided better quality patient care," Pickett said. "In fact, when national certification exams of the professionally educated nuclear medicine technologist and the "on-the-job" trainee were compared, the educated technologist had significantly higher scores and a much higher passing rate."

Unfortunately, these standards are also expensive and these costs have ultimately been passed on to the consumer, thus increasing the cost of health care. The big question now posed to the health care community is how to maintain the quality of education and employee preparation while concurrently trying to reduce costs. "Professional societies that refuse to recognize this as a problem and do not begin to think of ways to address the issue will ultimately end up having solutions imposed on them, with or without their input," Pickett said.

Various components of entry level and ongoing education have been pinpointed as contributing to the high cost of health care. These components are accreditation of educational programs, credentialing exams, licensure and continuing education. Licensure has been cited as a cost factor in other aspects of health care because it "artificially" limits professionals who do certain tasks. Artificial limits refer to many of the components in a licensure bill which are, according to Pickett, "politically motivated, smack of turf protection and have no medical basis." As an example, Pickett cites that many nursing boards have tried to limit who should perform intra-

venous injections. These limits only include nurses, even though there are many professionals throughout the hospital who are quite adept at performing such a procedure and have been trained professionally to do so.

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Continuing Education

Continuing education is expected to remain in demand by the public, but the cost will have to be contained more effectively. In this instance, continuing education programs could take a very active role and begin to look at their mission to not only educate entry level professionals, but also the more advanced professional. Educational programs must be more cost-efficient or the institutions will take on the responsibility. Some larger health care corporations are taking the responsibility now, and these models should be closely evaluated by educational programs.

One area that seems to threaten many professionals is the incendiary prospect of continued competency. Like continuing education, continued competency is likely to be demanded by the public and will need to be dealt with sooner or later. Presently, there are few models available to determine if a professional is maintaining their competency level, but the programs that are in use tend to include continuing education, recertification, advanced practice certification and performance of a specific number of procedures within a designated time frame.

Changing the Curriculum

Currently, the professional curriculum includes many more classroom

hours than typical undergraduate or graduate majors in liberal education programs. This rigorous academic approach coupled with the voluminous amount of information that must be retained has proven extremely stressful for the student. If a student will need more skills in the future as trends seem to indicate, under the present system the only method to accomplish this would be more hours in school. Not only would this cause a financial burden on the student, but it would also prompt a radical increase in the amount of time preparing for clinical practice. Therefore, it must be considered that this increase in expense and time might cause a shortage of nuclear medicine technologists.

Another dilemma regarding curriculum changes is that presently, the profession dictates what the students should learn. The curriculum should be tailored to what the employer wants the students to do, not what professionals think students need to do.

In order for the curriculum to successfully undergo this overhaul, employers need to let educators know exactly what they expect out of their nuclear medicine technologists. "In regard to nuclear medicine technologists, what we see most frequently is the need to be adept in more than one imaging modality," Pickett said. "Some employers want the extra credentials and some don't. This has advantages in that technologists can cross-train into other specialties and practice without all the accompanying credentials." Aside from wanting multi-skilled technologists, employers want their employees to be more broadly educated in health care, i.e., they want employees to be more familiar with the health care system as a whole. This broad, liberal education will include extra awareness of out-patient, community and preventative medicine and will make it easier for the employee to anticipate and accept changes in the field and ultimately result in a more valuable, flexible employee.

In the past, including this type of

education has proven to be very difficult. Prior to starting the professional component of the program, students see great value in learning about ethics, community health, management, health care systems, etc. However, once they begin the technical component, the students become very focused and if a direct application to the work at hand is not immediately obvious, they discount the value of the extra information, contending that they have enough to learn as it is.

Learning Through Teamwork

Nuclear medicine technologists should acquire a more in-depth understanding of their fellow professionals. This would involve developing a professional trust and respect which would serve as the basis of referral and referral. Rather than focusing on the profession itself, the practitioner will need to concentrate on the patient as the focal point of health care.

The challenge is for educational institutions to restructure the ways in which students are educated in order to provide them an opportunity to collaborate with one another to learn about various professions. For example, occupational therapists, physical therapists, physician assistants, nuclear medicine technologists and other students could take foundation courses such as anatomy, physiology and biochemistry together, thus ensuring that they all have a similar, basic understanding of the required fundamental knowledge.

Once a student has developed a professional identity, they could then return to interdisciplinary education. This education should consist of actual patient care simulations or clinical experience which would help foster the importance of multiprofessional involvement. This would also allow students to experience teamwork before they begin their professional careers.

Expanding the educational base for nuclear medicine technologists would mollify employers who complain that they spend too much time and money

on orientation and additional education that they feel should be covered by the educational institutions. A potential partnership between employers, professionals and educators would alleviate this problem by allowing future practitioners the opportunity to experience the work environment firsthand.

Not only will students have to make adjustments, but educators and practitioners will also have major changes in store for them. Because there will be a need for expanded educational programs, there will also be a need for increased programs to train clinicians as educators.

Unconventional Students and Teaching Methods

Educational programs will need to specifically address the needs of non-traditional students. These are students who are older, have a home, a family and a job. These students have become more prevalent in nuclear medicine technologist programs over the past few years to the point where they are more the norm than the exception. Many educational programs only offer coursework during the day, thus locking out a very valuable group of employees. This is an unfortunate occurrence as these students are often more goal-oriented, have more life experiences and tend to do better in school. These more mature, nontraditional students are also highly sought after by program directors.

Another nontraditional aspect of the educational process is distance learning. This modality is still in its infancy and as the "information highway" gets revved up, it is inevitable that more learning in all fields will be done this way. "Using distance learning and the information highway will reduce costs and have the possibility to reach more people," Pickett said. "This will play an important role in entry level learning, as well as continuing education."

When President Clinton established health care reform as a priority in his state of the union address on January 24, 1994, he assured Americans that he

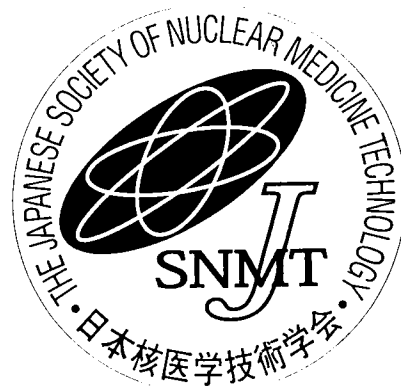
would veto any proposal which did not provide universal coverage. Although health care reform may be uncomfortable for many technologists, there will also be challenges and opportunities that could possibly contribute to the growth and progress of the nuclear medicine technologist profession.

"Health care reform should be viewed as a new beginning," Bridges said. "If we are all flexible and embrace the opportunity to change, only then will the nuclear medicine technologist survive."

Mark A. Newman
Executive Editor, *JNMT*

■ JNMT Editor Meets With Japanese Society of Nuclear Medicine Technology

Sue Weiss, CNMT, Editor of the *Journal of Nuclear Medicine Technology*, was invited to speak at the 14th Annual Meeting of the Japanese Society of Nuclear Medicine Technology on July 22 and 23 at the Nihon University School of Medicine in Tokyo.



Weiss spoke to the largely male membership about the Technologist Section, as well as changes to the field which may be affected by health care reform in the United States. "The JSNMT is a very well organized society," she said. "And I was very honored to be invited to speak to them about trends that affect us all."

Weiss says the JSNMT has its own journal comparable to *JNMT* and future plans to share information between the

two journals were discussed with the JSNMT leadership. "I think it will certainly give a great amount of credibility to both journals if we share knowledge which both memberships could benefit from," she said.

This meeting was an important achievement for the Technologist Section, according to Weiss. "I think that both societies will profit from closer communication," she said. "This is something I've wanted to do for a long time but it was perplexing due to communication difficulties. This is certainly an ideal way to emphasize the importance of nuclear medicine technology on an international scale."

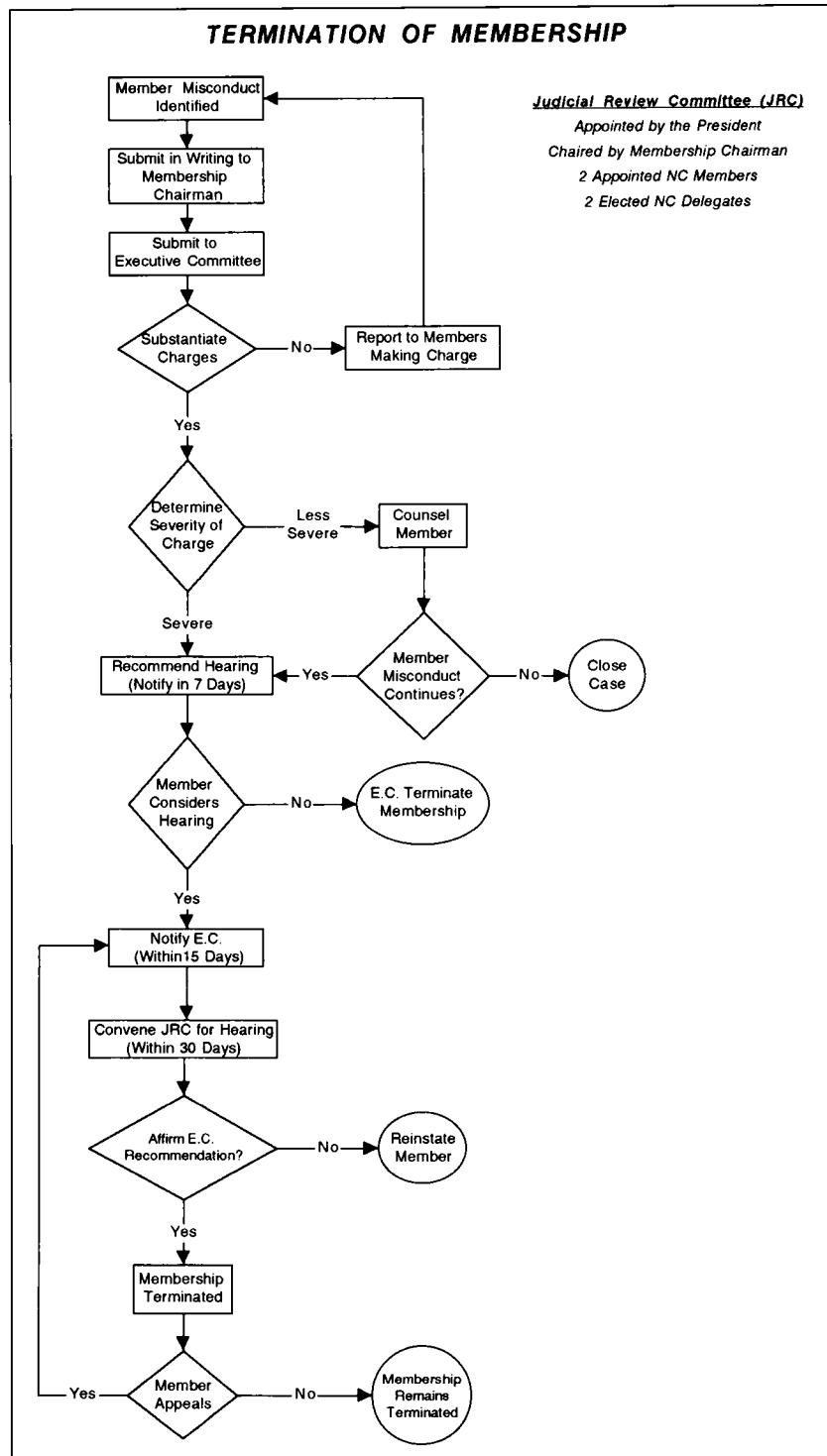
Weiss added that Mr. Yukimitsu Sato, RTBS, Chairman of the JSNMT Executive Committee, Keisuke Kanoa, RTBS, President of the JSNMT, as well as the entire JSNMT membership send their regards and best wishes to the Technologist Section membership.

■ Technologist Section Adopts New Disciplinary Action Policy

The procedure in which a member of the Technologist Section may be discharged was approved at the National Council Meeting at the Annual Meeting in June.

Although the dismissal procedure was only recently approved, the Technologist Section's Code of Ethics has been around since the early 1980s, according to Marcia Boyd, CNMT, Chairman of the Ethics Committee. "This process was developed at the request of the National Council Committee," Boyd said. "This process coincides with the conflict of interest statement which delineates between what a member should or shouldn't do." The conflict of interest statement is aimed primarily at those members who do work for pharmaceutical or instrumentation companies.

A member, regardless of their category of membership, may be dropped due to any conduct which could injure the Society, adversely affect the Society's reputation or acts in a manner that contradicts the rules established



Step-by-step procedure illustrating how a member may be discharged from the Society of Nuclear Medicine's Technologist Section.

by the Code of Ethics or Bylaws.

Right to a Hearing

The formal procedure is initiated with the initial charge of a member's uneth-

ical behavior. That charge is presented to the Membership Committee over the signature of two members in good standing. The chairman of the Membership Committee then turns the charges over

to the Executive Committee which conducts an investigation. If the charges are found to have merit, the member in question will be cautioned regarding a modification in behavior or possible termination of membership. Before any formal action is taken by the Executive Committee, however, the member is notified regarding the nature of the charges which gives the member an opportunity to present evidence in his own behalf at a hearing.

A member has a right to a hearing in the event that the Executive Committee recommends membership termination. The member is contacted in writing by the secretary within seven days and may then request a hearing in order to seek reconsideration which must be made to the secretary in writing within 15 days of receiving the notice of the Executive Committee's recommendation.

The Executive Committee will arrange a hearing within 30 days after receiving the members request and will also prepare a written statement detailing the member's alleged activity. The prepared statement should contain verifiable and factual information and is sent by registered mail to the charged member.

Once a hearing is requested, the Judicial Review Committee (JRC) convenes. The JRC is appointed by the president at the beginning of their term and consists of two appointed members from the National Council, two National Council delegates and is chaired by the president-elect. Other than the chairman, no members of the JRC should have taken part regarding the matter at hand. The secretary sets a time for the hearing after consulting with the JRC and notifies the requesting party.

The hearing does not have to adhere to technical rules relating to evidence or witnesses. Relevant evidence will be admitted, however, if it is necessary to prove the member's charges regardless of any common law or statutory rule which might make the inclusion of such evidence improper.

The JRC reports to the Executive

Committee within 30 days after the hearing with its recommendations. This report could suggest affirmation or modification of the Executive Committee's original recommendations. This report is binding for the charged member and the Executive Committee.

Right to Appeal

Should the decision of the JRC not be to the member's liking, the member may appeal it and request a second hearing. An appeal request must be made to the secretary within 15 days of receiving the JRC's decision. Within 30 days of receiving the request, the Executive Committee arranges the second hearing and the secretary will determine the time and location of the hearing and notify the requesting party. The JRC will make a second report 30 days after the second hearing and make its recommendations to the Executive Committee at which time the case will be considered closed.

Any and all information relating to the termination procedure will be considered privileged communication. Each Society member waives all rights of personal redress against the complainants, the JRC, the Executive Committee or any of its members for any action taken under this disciplinary procedure.

Boyd stresses that she hopes that these actions will not have to be taken by the Technologist Section leadership. "Most professional societies have similar procedures for disciplining its members," she said. "As in all aspects of health care professions, it's better to be proactive than reactive."

■ Technologist Section Announces 25th Anniversary Member Recruitment Campaign

The SNMTS recently announced plans for an extensive membership recruitment campaign in conjunction with its 25th anniversary celebration next year.

Lynn Fulk, CNMT, Membership Chairperson of the Technologist Section, said the campaign begins January

1, 1995 and features many incentives and prizes for members and chapters. "This recruitment drive will be our largest effort yet in encouraging our current members to recruit fellow technologists or students," explained Fulk. "We are particularly thrilled to be able to provide our members with some very attractive incentives for participating in the 25th anniversary campaign."

Each SNMTS member, who recruits two or more Technologist Section members, will receive one entry in the drawing per each member recruited. The random drawing is for more than 25 prizes and members can increase their chances of winning by recruiting more members.

Prizes to be awarded to members in the random drawing include:

Grand Prize: Airfare to SNM Annual Meeting, limousine service upon arrival at airport, hotel accommodations, and complimentary meeting registration; Second Prize: Airfare to SNM Annual Meeting, hotel accommodations and complimentary meeting registration; Third Prize: Complimentary meeting registration and dinner for two at a local restaurant. Other prizes include five complimentary meeting registrations, two Minneapolis gift baskets and 20 SNM publications and audio-visual materials.

SNMTS chapters are eligible for cash incentives by participating in the campaign. Each chapter will be provided with new member goals. Chapters that reach or exceed their goals will be eligible for \$200 in cash prizes which will be prorated for chapters that do not meet targeted goals.

To be entered in the drawing, each member must indicate his or her name and membership number on the new member's application form under "Name of SNM Member Who Suggested That You Join." All new members recruited before May 6, 1995 will qualify for credit in the campaign. SNMTS members may request membership applications by writing to the SNM Membership Services Department, 1850 Samuel Morse Drive, Reston, VA 22090-5316, or calling (703) 708-9000.