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## New Blossoms

“Did you ever think you would see the day when a nuclear medicine technologist would lose her job and not be able to find another one?” she asked me. No, I had to admit I never thought that day would come. Not until recently. Many of us know a technologist who is unable to secure that first job in nuclear medicine, or the technologist who’s been handed a pink slip and is having difficulty finding another position.

In the 1970s Alvin Toffler wrote *Future Shock* and the title phrase came to mean “Hey’ I’m just not ready for this.” In his 1990s sequel, *Powershift*, Toffler states, “the years ahead will see a tsunami of business restructuring that will make the recent wave of corporate shake-ups look like a placid ripple” (1). We must become adept at what Joel Arthur Barker terms paradigm pliancy, the “purposeful seeking out of new ways of doing things. It is an active behavior in which you challenge your paradigms on a regular basis” (2). Barker also tells us that paradigm paralysis, the way we’ve always done things, is often fatal. There are usually many right answers or ways to go. To inspire those of us who may be struggling to find our futures, I would like to share with you my organization’s experience in downsizing our technologist staff.

It became clear more than a year ago that my entire medical center would restructure, including nuclear medicine. In summary, all the RIAs were transferred to the lab and imaging merged with radiology to form diagnostic imaging. One year ago we had a staff of nine technologists. Now four nuclear medicine technologists perform the imaging procedures in our institution.

One of our staff realized that to continue to have a career as a nuclear medicine technologist meant that she had to find another position. This process took several months and required moving to another state, however, she was successful. After a thirty plus-year career, another technologist decided to retire. Her presence, experience and ideas will be missed. A third technologist was transferred to the chemistry lab with the assays and is undergoing some retraining.

Three staff members, a technologist, the RSO and a secretary, were transferred to our industrial hygiene program. The technologist’s role is relatively easily expanded into the wider industrial hygiene area. These folks are responsible for safety programs within organizations, including such functions as fire and chemical safety, as well as radiation safety. We know the radiation safety part, and with some additional training we can become competitive in a wider career market, such as industrial hygiene. Over the years many technologists have become radiation safety officers (RSOs) or health physicists.

Another opportunity is evolving in the quality management arena. One of our nuclear medicine technologists was selected to become the quality manager for diagnostic imaging. Technologists who have become involved in quality

management include Marcia Boyd, a past president of the Technologist Section. It’s interesting that Barker predicts the “total quality process will be hailed in the twenty-first century as the most important paradigm shift to come out of the twentieth century” (2).

And there are even more opportunities available to nuclear medicine technologists. Physician assistants are in demand as primary care providers, especially in rural areas. Some physician assistant training programs give preference to experienced allied health professionals in recognition of their experience in health care.

Obtaining training in a second specialty, such as ultrasound or MRI, is perhaps a more traditional approach to obtaining multiple skills. There are many radiologic technologists who have obtained their nuclear medicine credentials and are multi-skilled. Another variation of this multi-

skilled approach is the cardiac technologist who performs nuclear medicine procedures and other cardiac-related procedures such as ECGs and echocardiography.

In this issue, Dave Jensen points out many good ideas for increasing communication with our patients, referring physicians and payers in *Communicating the Value of Nuclear Medicine in a Changing Health Care Environment*. Everyone in nuclear medicine—physicians, technologists, scientists and secretaries—has a role in building and maintaining their local practice of nuclear medicine. Our livelihoods depend upon it. The simple act of calling patients before their appointments, as documented twice in this journal (3,4), improves the quality of the service we provide to patients scheduled for nuclear medicine procedures.

In his poem *Shadows* (5), D.H. Lawrence wrote:

*and still, among it all, snatches of lovely oblivion, and  
snatches of renewal  
odd, wintry flowers upon the withered stem, yet new,  
strange flowers  
such as my life has not brought forth before, new  
blossoms of me* —————

I am convinced nuclear medicine will have new blossoms in the form of new radiopharmaceuticals and new procedures. The abstracts for the Annual Meeting, printed in this issue, provide evidence of this. Some of us will have new blossoms in the form of new careers, building upon the skills we developed in nuclear medicine.

### REFERENCES

1. Toffler A. *Powershift*. New York, NY: Bantam Books;1990: 175.
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3. Magoun S, Shih WJ, Stipp V, et al. Solving the problem of thallium-201-chloride myocardial SPECT imaging procedure cancellations. *J Nucl Med Technol* 1994;22:232-235.
4. Kuhn SA, Stuyvesant KE. Quality improvements through direct patient pretest communication. *J Nucl Med Technol* 1995;23:91-92.
5. Lawrence DH. *Shadows*. In: Larkin P, ed. *The Oxford book of twentieth-century English verse*. Oxford, England: Oxford University Press;1985:195.