

## *The Randolph Bill Is Now Law*

President Reagan signed the Consumer-Patient Radiation Health and Safety Act of 1981 into law on August 15. Formerly known as the Randolph bill, this law will affect every nuclear medicine technologist in the United States, because it requires every state to provide for licensure of technologists who administer radiation to patients. The law also requires every state to get into the business of accrediting the schools that train technologists. The law further stipulates that the Secretary of Health and Human Services (Richard Schweiker) must, within one year, establish federal guidelines for the states to utilize.

The Society of Nuclear Medicine and the Technologist Section have conveyed to Secretary Schweiker our willingness to participate in the development of the federal guidelines. It is anticipated that Mr. Schweiker will utilize the expertise of those organizations that are representative of the disciplines that will be affected by the guidelines. Fortunately, the Society has a long history of involvement in both the certification and accreditation processes.

The Society and the Section have effectively prepared for the possibility of adoption of the Randolph bill over a period of several years. This preparation included the development of the position paper on licensure and model licensure bills, interaction with Senator Randolph's staff, and interaction with other organizations on the national level.

Currently, Task Force V of the Conference of Radiation Control Program Directors, Inc. is developing model minimum standards that

it hopes will be utilized on the federal as well as the state level. The Task Force solicited Society input during the drafting of its documents. Mike Cianci, then President of the Section, and Barbara Horton, Administrative Director of the NMTCB, met with Task Force V in Atlanta during its May 1981 assembly to present the Society's and the NMTCB's policies and philosophies. Subsequent to that meeting, drafts of Task Force V's documents were sent to the Society and NMTCB. An in-depth response was prepared as a joint effort between the Society and the NMTCB. The Task Force met again in late September 1981 to prepare its final documents. These documents and the model bills, the position paper, and other pertinent materials have been sent to the Technologist Section legislative network. If you want copies, contact the network representative in your state. A list of the names of the members of the legislative network was published in the March 1981 *JNMT*.

### *The Role of the States*

While the Society and the Section have and will continue to work at the federal level, there is much work to be done in every individual state. The Section's legislative network representatives have been asked to coordinate activities in their states and to disseminate all information received from the Government Relations Committee. At the direction of Section President John Reilley, the legislative network has also been asked to maintain liaison with the American College of Nuclear Physicians' state delegates, in order to

insure close cooperation between technologist and physician groups in each state. Because the needs of both the nuclear medicine community and the citizenry will vary from state to state, it is impossible for the national organization to carry out active participation on the state level. This work must be done by the nuclear medicine community in every state. Each group must determine what it wishes to accomplish and how to approach the problems. The Section will of course provide all the assistance that is possible.

### *One Possible Scenario*

It is hoped that through the communication systems now in place, a coordinated effort will be carried out that will insure reciprocity and mobility for all nuclear medicine technologists across the country. If every state will agree to recognize the voluntary accreditation and certification processes that are now in place and supported by the Society, this can be accomplished. Specifically the Joint Review Committee on Educational Programs in Nuclear Medicine Technology and the NMTCB processes may be used by a state, in lieu of every state developing its own accreditation and certification programs. This would eliminate unnecessary duplication and considerable expense to the state.

The Consumer-Patient Radiation Health and Safety Act of 1981 is reprinted in its entirety beginning on the next page. Please read and become familiar with its provisions in order to prepare for the activities that will occur in your state.—*Susan Weiss, CNMT, Chairman, Government Relations Committee.*

**Subtitle 1—Consumer—Patient  
Radiation Health and Safety Act  
of 1981**

**SHORT TITLE**

SEC. 975. This subtitle may be cited as the "Consumer—Patient Radiation Health and Safety Act of 1981".

**STATEMENT OF FINDINGS**

SEC. 976. The Congress finds that—

(1) it is in the interest of public health and safety to minimize unnecessary exposure to potentially hazardous radiation due to medical and dental radiologic procedures;

(2) it is in the interest of public health and safety to have a continuing supply of adequately educated persons and appropriate accreditation and certification programs administered by State governments;

(3) the protection of the public health and safety from unnecessary exposure to potentially hazardous radiation due to medical and dental radiologic procedures and the assurance of efficacious procedures are the responsibility of State and Federal governments;

(4) persons who administer radiologic procedures, including procedures at Federal facilities, should be required to demonstrate competence by reason of education, training, and experience; and

(5) the administration of radiologic procedures and the effect on individuals of such procedures have a substantial and direct effect upon United States interstate commerce.

**STATEMENT OF PURPOSE**

SEC. 977. It is the purpose of this subtitle to—

(1) provide for the establishment of minimum standards by the Federal Government for the accreditation of education pro-

grams for persons who administer radiologic procedures and for the certification of such persons; and

(2) insure that medical and dental radiologic procedures are consistent with rigorous safety precautions and standards.

**DEFINITIONS**

SEC. 978. Unless otherwise expressly provided, for purposes of this subtitle, the term—

(1) "radiation" means ionizing and nonionizing radiation in amounts beyond normal background levels from sources such as medical and dental radiologic procedures;

(2) "radiologic procedure" means any procedure or article intended for use in—

(A) the diagnosis of disease or other medical or dental conditions in humans (including diagnostic X-rays or nuclear medicine procedures); or

(B) the cure, mitigation, treatment, or prevention of disease in humans;

that achieves its intended purpose through the emission of radiation;

(3) "radiologic equipment" means any radiation electronic product which emits or detects radiation and which is used or intended for use to—

(A) diagnose disease or other medical or dental conditions (including diagnostic X-ray equipment); or

(B) cure, mitigate, treat, or prevent disease in humans; that achieves its intended purpose through the emission or detection of radiation;

(4) "practitioner" means any licensed doctor of medicine, osteopathy, dentistry, podiatry, or chiropractic, who prescribes radiologic procedures for other persons;

(5) "persons who administer radiologic procedures" means any person, other than a practitioner, who intentionally administers radiation to other per-

sons for medical purposes, and includes medical radiologic technologists (including dental hygienists and assistants), radiation therapy technologists, and nuclear medicine technologists;

(6) "Secretary" means the Secretary of Health and Human Services; and

(7) "State" means the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

**PROMULGATION OF STANDARDS**

SEC. 979. (a) Within twelve months after the date of enactment of this Act, the Secretary, in consultation with the Radiation Policy Council, the Administrator of Veterans' Affairs, the Administrator of the Environmental Protection Agency, appropriate agencies of the States, and appropriate professional organizations, shall by regulation promulgate minimum standards for the accreditation of educational programs to train individuals to perform radiologic procedures. Such standards shall distinguish between programs for the education of (1) medical radiologic technologists (including radiographers), (2) dental auxiliaries (including dental hygienists and assistants), (3) radiation therapy technologists, (4) nuclear medicine technologists, and (5) such other kinds of health auxiliaries who administer radiologic procedures as the Secretary determines appropriate. Such standards shall not be applicable to educational programs for practitioners.

(b) Within twelve months after the date of enactment of this Act, the Secretary, in consultation with the Radiation Policy Council, the Administrator of Veterans' Affairs, the Administrator of the Environmental Protection Agency, interested agencies of the States, and appropriate professional organizations, shall by regulation promulgate minimum

*continued on page 172*

## The Ninth Annual Winter Meeting

In a matter of weeks nuclear medicine technologists will gather in Baltimore, MD, to attend the Society of Nuclear Medicine-Technologist Section Ninth Annual Meeting. The Scientific and Teaching Sessions Committee takes this opportunity to extend a warm welcome to all those planning to attend.

As you know, the meeting will take place at the Hyatt Regency, a brand new hotel overlooking Baltimore's "inner harbor."

From a geographical standpoint, several reasons suggest that this meeting may be an especially successful one: Baltimore itself is easily accessible by plane, train, and even car to members living on the Eastern seaboard. A good number of our members live within a few hours' drive of the city and their attendance is reasonably assured. The "inner harbor" of which the Hyatt is a part, is filled with restaurants, museums, and stores, all nestled on the historic waterfront that in every way exemplifies the rebirth of this city. We think you'll find that Baltimore combines all the necessary convention facilities with an attractive social setting.

From an educational standpoint, the program has been carefully designed to meet the professional concerns facing technologists today. The combination of workshops and teaching sessions will interest every technologist and is guaranteed to increase and improve your skills and knowledge. Included in the program are three full-day workshops, seven half-day workshops, and six teaching sessions. The educational program begins with a plenary session on Thursday, January 21 at 1:00 p.m. From 1:30 p.m. on, the workshops (all carrying

CEU credits) proceed under the direction of expert faculty and moderators.

Here at a glance are the educational offerings for the meeting.

### Full-Day Workshops:

*Stress Management*—what is stress? How does it relate to you on and off the job?

*Cardiac Stress*—will examine the many techniques available for performing exercise radionuclide ventriculography.

*Educators*—will deal with instructional objectives and thinking at various cognitive levels.

### Half-Day Workshops:

*Management*—two different workshops will deal with communication and behavior.

*Quality Assurance*—will cover current techniques and trends.

*RIA*—basic theories and troubleshooting techniques will be presented.

*CPR*—three classes will be presented to allow many more technologists to participate.

*Instrumentation*—a discussion of a number of varied applications and collection parameters will be highlighted.

*Computers*—fundamental programming will be discussed as well as available hardware and software.

### Teaching/Discussion Sessions:

*Cardiac*—an overview of all phases of myocardial imaging and its uses as a diagnostic tool will be presented.

*Educators' Room*—a "drop-in" room where resource materials and representatives will be available.

*Clinical*—the uses, significance, and applications of a number of clinical studies will be discussed.

*Radionuclide Therapy*—will examine current practices and future possibilities.

*Writing/Speaking*—will awaken or reassure the literary genius.

*Randolph Bill*—what has happened and what will happen concerning technologists and government regulations will be discussed.

For those of you interested in the business and political workings of the Section, come early and attend the National Council meeting scheduled for Wednesday and Thursday, January 20–21. The Section's business meeting takes place on Thursday evening after the educational sessions conclude. All members are most welcome and indeed encouraged to attend, not only these two meetings but any and all committee meetings. Committee meetings begin on Tuesday, January 19.

In addition to all the educational sessions, there will be an innovative "Think/Drink" social at the end of each day. Speakers from the various sessions will be on hand to discuss their presentations and respond to your ideas and questions. Members of Technologist Section Committees will be present to answer questions and respond to your concerns. These discussions may prove to be especially exciting.

Reserve Friday night, January 22 between 8 and 12 for the annual technologists' reception. This year's affair comes to us courtesy of the commercial companies.

In order to make best use of your time at the meeting, Scientific and Teaching Sessions Committee Chairman Frances L. Neagley, CNMT, urges you to pre-register using the registration form contained in the program. If you are unable to pre-register, on-site registration will be available beginning on Wednesday, January 20 at 1:00 p.m. Arrive early, dress warmly, and we'll see you in Baltimore!

## **... Technologist News**

*continued from page 170*

standards for the certification of persons who administer radiologic procedures. Such standards shall distinguish between certification of (1) medical radiologic technologists (including radiographers), (2) dental auxiliaries (including dental hygienists and assistants), (3) radiation therapy technologists, (4) nuclear medicine technologists, and (5) such other kinds of health auxiliaries who administer radiologic procedures as the Secretary determines appropriate. Such standards shall include minimum certification criteria for individuals with regard to accredited education, practical experience, successful passage of required examinations, and such other criteria as the Secretary shall deem necessary for the adequate qualification of individuals to administer radiologic procedures. Such standards shall not apply to practitioners.

### **MODEL STATUTE**

SEC. 980. In order to encourage the administration of accreditation and certification programs by the States, the Secretary shall prepare and transmit to the States a model statute for radiologic procedure safety. Such model statute shall provide that—

(1) it shall be unlawful in a State for individuals to perform radiologic procedures unless such individuals are certified by the State to perform such procedures; and

(2) any educational requirements for certification of individuals to perform radiologic procedures shall be limited to educational programs accredited by the State.

### **COMPLIANCE**

SEC. 981. (a) The Secretary shall take all actions consistent with law to effectuate the purposes of this subtitle.

(b) A State may utilize an accreditation or certification program administered by a private entity if—

(1) such State delegates the ad-

ministration of the State accreditation or certification program to such private entity;

(2) such program is approved by the State; and

(3) such program is consistent with the minimum Federal standards promulgated under this subtitle for such program.

(c) Absent compliance by the States with the provisions of this subtitle within three years after the date of enactment of this Act, the Secretary shall report to the Congress recommendations for legislative changes considered necessary to assure the States' compliance with this subtitle.

(d) The Secretary shall be responsible for continued monitoring of compliance by the States with the applicable provisions of this subtitle and shall report to the Senate and the House of Representatives by January 1, 1982, and January 1 of each succeeding year the status of the States' compliance with the purposes of this subtitle.

(e) Notwithstanding any other provision of this section, in the case of a State which has, prior to the effective date of standards and guidelines promulgated pursuant to this subtitle, established standards for the accreditation of educational programs and certification of radiologic technologists, such State shall be deemed to be in compliance with the conditions of this section unless the Secretary determines, after notice and hearing, that such State standards do not meet minimum standards prescribed by the Secretary or are inconsistent with the purposes of this subtitle.

### **FEDERAL RADIATION GUIDELINES**

SEC. 982. The Secretary shall, in conjunction with the Radiation Policy Council, the Administrator of Veterans' Affairs, the Administrator of the Environmental Protection Agency, appropriate agencies of the States, and appropriate professional organizations, promulgate Federal radiation guidelines with respect to radiologic procedures. Such guidelines shall—

(1) determine the level of radiation exposure due to radiologic procedures which is unnecessary and specify the techniques, procedures, and methods to minimize such unnecessary exposure;

(2) provide for the elimination of the need for retakes of diagnostic radiologic procedures;

(3) provide for the elimination of unproductive screening programs;

(4) provide for optimum diagnostic information with minimum radiologic exposure; and

(5) include the therapeutic application of radiation to individuals in the treatment of disease, including nuclear medicine applications.

### **APPLICABILITY TO FEDERAL AGENCIES**

SEC. 983. (a) Except as provided in subsection (b), each department, agency, and instrumentality of the executive branch of the Federal Government shall comply with standards promulgated pursuant to this subtitle.

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**“It shall be unlawful in a State for individuals to perform radiologic procedures unless . . . certified by the State.”**

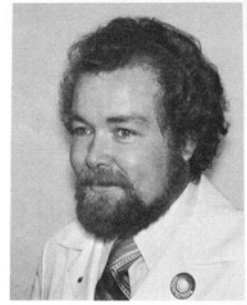
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(b)(1) The Administrator of Veterans' Affairs, through the Chief Medical Director of the Veterans' Administration, shall, to the maximum extent feasible consistent with the responsibilities of such Administrator and chief Medical Director under subtitle 38, United States Code, prescribe regulations making the standards promulgated pursuant to this subtitle applicable to the provision of radiologic procedures in facilities over which the Administrator has jurisdiction. In prescribing and implementing regulations pursuant to this subsection, the Admini-

*continued on page 180*

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## Message from the President

The communication network is working, the leadership is hearing more from you, the members, and we have already begun to work on new ideas and projects to increase your benefits and to permit members of the Technologist Section to remain state-of-the-art practitioners of nuclear medicine technology.

For example, the Task Force on Continued Competency has developed a mechanism to determine whether continued competency programs are truly needed. The Task Force plans to retest individuals who were granted recognition of previous certification by the NMTCB to see if they have maintained their entry-level competence. This will have no bearing on the current status of certification, as all information will be confidential. A tentative budget has been submitted by the Task Force to the Technologist Section's Finance Committee and the National Council for approval. If it is approved, the Task Force on Continued Competency will begin contacting individuals and will also be seeking volunteers to take the 1982 NMTCB examination. The Task Force will need 200-300 volunteers to take the examination. I urge anyone who is asked to volunteer to agree to assist the Task Force in their endeavors. With passage of the Randolph bill and further ramifications of this law pending, it will be necessary to answer once and for all the concerns relevant to continued competency.

An important vehicle for hearing from you is through our needs

assessment questionnaire, which appeared in the September issue. If you have not taken the time to respond, please do so now. Make copies of the questionnaire and distribute it to all the technologists in your department so that they may fill it out and return it to the National Office. We need input from *all* technologists in order to better grasp your needs. A complete report on the findings of the survey will be available for the Annual Meeting in June 1982 and will also appear in the *JNMT*.

### *Our January Meeting*

Baltimore, Maryland, the "inner harbor" seaport city, has been selected by the Society of Nuclear Medicine to host 1982 Ninth Annual Technologist Section Winter Meeting. Dates have been set (January 21-23, 1982) and special arrangements have been made with the Hyatt Regency Baltimore Hotel to house members and guests at substantially reduced room rates. With a truly fine educational program in the offing, the Ninth Annual Winter Meeting promises to be exceptional. In addition to the scientific program, there will be a panel discussion on the Consumer-Patient Radiation Health and Safety Act of 1981, signed into law this past August. As I am sure you all know, the Act requires the Secretary of Health and Human Services to promulgate standards for accreditation of nuclear medicine technologists. This session at the Winter Meeting will examine the effects this law will have on nuclear medicine technologists currently in the field. The panel

discussion will be important to every technologist and I encourage you to attend.

### *Something New*

A new addition to the meeting format this year will be the "Think and Drink" Roundtable Discussion Groups. These discussion groups will be held every afternoon from 5:00 to 6:00 p.m. Each table will be chaired by either a faculty member of a teaching session or a Section committee chairman. Your attendance at these "Think and Drink" sessions is important. In addition to being able to gather informally with the faculty of the session you just attended, you will also be able to talk to the committee chairmen of all our key committees: Membership, Continuing Education, Executive, Government Relations, Socio-Economic Affairs, and others. In this way, you can have direct input into what projects the Section is developing and working on. You can present your ideas and concerns directly to the committees and learn what the Section is doing for you.

Our National Council meeting will be held on Wednesday, January 20, 1982. It is an open meeting and all are invited to attend. Please provide your National Council Delegate now with any information you would like to have discussed at this meeting. They are your representatives and they are working so that your voice can be heard.

I am looking forward to a very exciting meeting in Baltimore and to meeting with you there.

## Search for a New JNMT Editor Is Underway

Next month, the *Journal of Nuclear Medicine Technology* begins its tenth year!

In its first nine years, the *JNMT* has grown steadily and has achieved a significant measure of respect for its dual functions—the voice of the Technologist Section of the Society of Nuclear Medicine and the journal dedicated to conveying solid, practical information to nuclear medicine technologists and others about the practice of nuclear medicine technology.

At this point in time, the Publications Committee of the Technologist Section seeks a new Editor for the Journal. The current Editor, Patricia M. Weigand, CNMT, is now in the fifth year of her six-year editorship and Technologist Section Bylaws limit the Editor to no more than two, three-year terms.

Would you like to apply for this unique opportunity? Every member of the Technologist Section is eligible to apply. And to give you some idea of the Editor's responsibilities, Ms. Weigand and the two previous Editors, L. David Wells, CNMT, and Glenn Isserstedt, CNMT, provide some insights based on their experiences.

All emphasize that more than anything else, the Editor's job requires dedication and commitment. The time involved is estimated at 15 hours per week, although this varies according to the stage of the publishing schedule. The duties include orchestrating the review process of scientific manuscripts, keeping up with all aspects of nuclear medicine and related fields, and serving as a spokesman for the Journal to nuclear medicine technologists and as a spokesman for the profession to other fields of medicine and

to other medical and scientific publishers.

Perhaps even more important is the Editor's role in assuring that a steady and ever increasing number of manuscripts comes in for possible publication. As Glenn Isserstedt notes, technologists do not live with the "publish or perish" dictum yet they do have a wealth of pragmatic and theoretic information to offer the nuclear medicine community. It is in this capacity—encouraging technologists to write—that the editor can play such a vital part in guaranteeing the continued success of the Journal.

Additionally, the Editor works closely with the SNM/Technologist Section National Office, in particular the editorial and advertising departments. Be assured that the transition period between the incoming and outgoing Editors allows for a complete acclimation to the job, as well.

Details for applying for this position can be found on page 187 of this issue. If you're interested in a unique opportunity that has proved to be a broadening and enriching experience in the past, apply today!

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## Report from the Academic Affairs Committee

The Academic Affairs Committee represents nuclear medicine technologists working in formal teaching programs. These educators include clinical instructors, education coordinators, didactic instructors, and program directors. By answering surveys and attending forums you have directed us towards needs that you would like us to address. These needs include providing information on the JRCNMT, the NMTCB, curriculum design, recruitment methods, and clinical evaluation.

To meet some of these needs the Committee has directed the writing of two books: *Nuclear Medicine Technology Curriculum Guide* and *Clinical Evaluation Methods Guide*.

We expect these long-awaited books to be published this fiscal year. Look for announcements in the *JNMT* and at the Midwinter and Annual meetings.

Questions and concerns voiced at the Educator's Forum held at the Las Vegas meeting have led to an article in this issue on recruitment practices. (See the "Commentary" by Marcia R. Boyd, CNMT.) We will be investigating the area of recruitment more completely during 1982.

Another question referred to us regards increasing the testing frequency of the NMTCB certifying exam. As you know the NMTCB offers one certifying exam a year, in September. The Academic Affairs Committee supports a second exam date and has asked the NMTCB to investigate its feasibility. If your school supports a second yearly certifying exam, express your support by writing the NMTCB, PO Box 1034, Stone Mountain, GA 30086. Indicate the best time of year and the number of your students who would take the exam.

At this year's Midwinter meeting an educator's room, "The Classroom," will be open for you to come and talk with representatives from the JRC and the NMTCB. Nuclear medicine technologists from certificate, baccalaureate, associate, and community college programs will be there for informal discussions. We hope to have a person there who can answer questions on student financial aid and federal grants for schools as well. Textbooks, CAHEA-accredited program lists, and SNM educational materials will be available for your perusal. All technologists and students are welcome to attend. If you have any ideas, comments, or suggestions for the Committee, I welcome your calling me at (402)559-7224 or 559-5280 or addressing correspondence to me at: Nuclear Medicine, University of Nebraska Medical Center, 42nd and Dewey Ave., Omaha, NE 68105. —*Maria Nagel, CNMT, Chairman, Academic Affairs Committee*

*continued from page 172*

strator shall consult with the Secretary in order to achieve the maximum possible coordination of the regulations, standards, and guidelines, and the implementation thereof, which the Secretary and the Administrator prescribe under this subtitle.

(2) Not later than 180 days after standards are promulgated by the Secretary pursuant to this subtitle, the Administrator of Veterans' Affairs shall submit to the appropriate committees of Congress a full report with respect to the regulations (including guidelines, policies, and procedures thereunder) prescribed pursuant to paragraph (1) of this subsection. Such report shall include—

(A) an explanation of any inconsistency between standards made applicable by such regulations and the standards promulgated by the Secretary pursuant to this subtitle;

(B) an account of the extent, substance, and results of consultations with the Secretary respecting the prescription and implementation of regulations by the Administrator; and

(C) such recommendations for legislation and administrative action as the Administrator determines are necessary and desirable.

(3) The Administrator of Veterans' Affairs shall publish the report required by paragraph (2) in the Federal Register.

Have you taken continuing education courses approved by organizations other than SNM? If you have, you may be eligible to receive credit for such courses, provided they meet VOICE guidelines.

To transfer CEU credit to your VOICE transcript, write to the VOICE Coordinator at the Society of Nuclear Medicine and request the "application for transfer of CEU credit" form. Upon receipt, simply complete the necessary questions and return it to the VOICE Coordinator. If your course meets the proper requirements, credit will be applied to your transcript. Remember: this pertains only to those courses not approved by SNM.

On Sept. 12, 1981, 848 candidates took the fourth annual Nuclear Medicine Technology Certification Board (NMTCB) examination at 39 test sites. This represents a 23% increase in candidates compared to the first exam given in 1978, which had 652 candidates and 24 test sites. The number of test sites will be increased to 45 for the 1983 exam; this will represent an 87% increase in the number of test sites compared to 1978.

The examination assessed competence in the areas of nuclear instrumentation, radiation protection, imaging procedures, non-imaging procedures, dose calibration, and radiopharmacy. There were a total of 225 items on the exam; 200 of these were scorable and 25 were pre-test questions. The cut-off score was 127.

The NMTCB met with our Advisory Council in Burlington, VT, on October 16-18 to review the examination results. We also work with the American College Testing (ACT), which provides professional exam consultation during exam development, administers the exam, and also provides all psychometric evaluation services.

With the addition of the successful candidates from the 1981 exam, the total number of technologists certified by the NMTCB is now approximately 6,600.

We have now entered another examination cycle. Our current highest priority is to develop next year's examination, which will be given on Saturday, Sept. 18, 1982. Deadline for applications for this exam is June 2, 1982. Please make note of these dates to eliminate any last minute confusion.

We will meet next in the spring in Chicago, IL, to finalize the 1982 exam. Our task analysis validation study has been completed and as the validated data is incorporated

into the exam, it will be published.

The NMTCB Directors are elected for a term of three years by the National Council of the Technologist Section of the Society of Nuclear Medicine. The Directors whose terms end as of Dec. 31, 1981, are Lou Izzo, CNMT, John Reilley, CNMT, Shiela Rosenfeld, CNMT, and Susan Schlegel, CNMT. Names of candidates to fill these vacancies were submitted to the NMTCB Chairman by the National Council of the Technologist Section. The NMTCB prepared a nominees' ballot of two plus the number of positions to be filled from the names submitted. The National Council will vote for four nominees by mail ballot and all ballots will be returned to the Technologist Section President, who will tabulate the votes. The nominees receiving the largest number of votes will be elected NMTCB Directors for the 1982-84 term, which starts Jan. 1, 1982.

At the October Board meeting we discussed the need for more information to be sent to our certificants and we identified our annual directory as the best means of communicating this information. Because of increasing costs in printing and additional services, we had to approve a \$1.00 increase in the annual registration fee, effective in January 1982. We also elected our 1982 officers at the October meeting. They are Jack Kozar, III, CNMT—Chairman, George Alexander, CNMT—Secretary, and Susan Weiss, CNMT—Treasurer. Mel Freundlich, MD, was elected Chairman of the Advisory Council.

As this year comes to an end I would like to thank all my fellow technologists for your support of the NMTCB. Everyone should be proud of our Board; it is truly devoted to "certification by nuclear medicine technologists for nuclear medicine technologists."

**Management Article  
—with CEU credit—  
Debuts in March**

Since 1977, E.R. Squibb & Sons, Inc. has presented a management seminar geared specifically for nuclear medicine personnel. Their program has been conducted at various national meetings and at local sites several times each year.

In 1982, the course will take place in San Francisco on May 19–21 and in Kansas City, KS, on Sept. 13–15.

The program directors are William S. Dunnington and Michael J. Hierl, highly qualified management specialists. Subject matter will include development of interpersonal skills, management by objectives, managing for results, and individual evaluation. For further information on the course, contact Squibb Technical Customer Service (609)921-4100 or your local Squibb representative.

Additionally, Mr. Dunnington and Mr. Hierl have agreed to write a four-article management series for the *JNMT* beginning with the March 1982 issue. The first article will outline a framework for management thinking and action, focused on pro-

ducing and improving results. The second article will discuss managing for results in a health care environment, while the next article will examine time management. The fourth and last in the series will provide a framework for managing improvement programs: setting a process in motion, building on successes, and making changes stick.

Further, in an effort to provide you with continuing education opportunities in your home or office, CEU credits will be offered in conjunction with this series of management articles. Details will accompany the inaugural article in the March issue.

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## **Medical Translations**

Jerome J. Cunningham, MD, is Professor of Radiology (Ultrasound) at the Medical College of Georgia in Augusta and also something of a lexicographer. He writes that, "Often, personnel from other clinical departments come by our ultrasound laboratory to check on clinical data for the patients they are examining. We wanted them to understand the subtle aspects of ultrasound reports so we created the 'Ultrasound-English' Dictionary. Our friends from the nuclear medicine department seem to get the biggest kick out of this. We thought that the readers of the *Journal of Nuclear Medicine Technology* might also enjoy it."

Herewith, the Ultrasound-English Dictionary:

### **ULTRASOUND**

Our equipment is not really suitable for this type of scanning.  
The etiology is not totally clear.  
Interpretation is hampered by the lack of clinical information.  
There was equipment failure during the examination and the study must be considered incomplete at this point in time.  
There was a lot of bowel gas, which tended to obscure the anatomy somewhat.  
I'm sure we would get a better study if the patient were given a laxative and fasted overnight.  
The patient's body habitus made the examination less than optimal.  
The findings are not completely classic for \_\_\_\_\_'s disease.  
The findings are compatible with but not diagnostic for \_\_\_\_\_'s disease.  
A good many patients with these ultrasound findings have \_\_\_\_\_'s disease.  
The findings need to be correlated with clinical data.  
The request did not state when the last menstrual period was.  
The patient's radiographs were not available for review prior to the sonogram.

### **ENGLISH**

*I don't know how to do the exam you want.*  
*We don't have a clue as to what's wrong.*  
*We don't have a clue as to what's wrong.*  
*We don't have a clue as to what's wrong.*  
*We don't have a clue as to what's wrong.*  
*I want to go home early today.*  
*She was demented and 200 pounds overweight.*  
*I want to have an "out" in case my diagnosis is wrong.*  
*I want to have an "out" in case my diagnosis is wrong.*  
*I want to have an "out" in case my diagnosis is wrong.*  
*I was too lazy to read the chart.*  
*We were too lazy to ask the patient when her last period was.*  
*The x-rays weren't lying in my lap and I was too lazy to look for them.*