
Management—Continuing Education Series

Managing for Results in a Health Care Environment—Setting Goals and Achieving Results

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This article is the second in the “Managing for Results” series. It is intended to help nuclear medicine personnel improve their managerial effectiveness. A practical approach to getting results in an often imperfect world is presented herein. The authors discuss: (1) four basic notions about managing for results, (2) defining a realistic improvement plan or vision based on the values of the organization and its people, (3) setting short-term goals, (4) five steps for achieving results, and (5) capitalizing on short-term project successes for the long term. Once again a worksheet is included to direct your thinking about the key ideas addressed in the article. To get the most benefit from this series of continuing education articles, it is important to complete the worksheet. In addition, your responses will provide the authors with feedback about your reactions to the material presented and they will discuss materials gathered from your worksheets in their remaining articles. Those wishing to earn CEU (VOICE) credit for these management articles must return a completed worksheet for each article in the series.

The fundamental challenge of management is to achieve results. Clearly this is no picnic for those of us in health care. The media remind us everyday of the spiraling costs of health care, of problems in the quality and delivery of services, of the impacts of cost shifting. Health care managers, typically, have no difficulty pointing out the problems, obstacles, and constraints that exist at work. (Neither do employees or consultants for that matter.) Many can provide eloquent descriptions of how the health care workforce has changed, how complex legal requirements make for cumbersome policies and procedures, how budget constraints take their toll on performance and morale, and how relationships between departments can deteriorate in a downward spiral of frustration, mistrust, and mistakes. Several recently published studies from scholarly organizations reveal internal power struggles run amuck in the guise

of patient care or cost containment. No doubt about it: there are problems left, right, and center.

Yet a crucial irony remains strikingly clear: some of the most exciting management initiatives—and dramatic results—occur under adverse circumstances in places that are dripping with problems. Some examples:

One manager inherited a “long history of communications problems” with the group responsible for delivering patients to the nuclear medicine department. Within three weeks, a new approach was producing great results: on-schedule delivery, decreased overtime, faster turnaround time on test results, and less “hassle” for everyone involved.

Another hospital introduced a plan to meet a sizable increase in patient load, coupled with some new test procedures just as public transportation workers in the neighboring community went on strike. Absenteeism and overtime actually dropped while total work output levels increased—and were maintained after the strike ended—without any staff additions or major equipment changes.

Such examples highlight the essence of management—achieving solid results in the face of whatever problems and constraints exist in a situation. (And as the saying goes, “It’s always something.”) What is it that distinguishes effective management action from wheel-spinning? What approaches yield tangible results, instead of a vague feeling that “things are better” while actual progress remains always just ahead somewhere? What tactics produce real momentum in a group of people, instead of organizational sleepwalking?

Certainly there are plenty of “cookbooks” for management success available on the market, plenty of recipes for effectiveness—and lots of lunges launched and later abandoned. Clearly there is no single cookbook for success—otherwise we’d all have a copy, problems would be hard to find, and management would be a terribly dull occupation. Evidently our interests are better served by a different approach. Perhaps the real satis-

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factions of managing grow from developing our own cookbooks, experimenting with our own recipes and ingredients, and tailoring things to work in our own kitchens. Fortunately, this doesn't have to be a random trial-and-error process; there's much guidance to be taken from successes (and failures).

Managing for Results

It has been our considerable good fortune to watch some great chefs at work in fairly diverse kitchens—business, health care, government. The differences among them are remarkable and are clearly illustrated by examining backgrounds, personalities, styles, competencies, goals, resources, programs, approaches; these, in short, are as diverse as their work environments. Indeed it's remarkable how many different approaches can work and how really different effective managers can be from each other. There is simply no one best way to be.

Striking similarities are also commonly evident among effective managers. These similarities are not revealed via very specific descriptions of what effective managers do. Rather, they emerge in more generic, conceptual kinds of descriptions that are best sketched as basic notions about managing for results:

- (1) A set of purposes for the department, some goals to shoot for, and a vision for the desired kind of organization.
- (2) Some realistic strategies for making things happen, tactics focused squarely on results, and an implementation plan that is "other-directed," i.e., it involves and engages the people who do the work.
- (3) A whole pile of sustained, concentrated work, tempered by a flexible but disciplined balance for short- and long-run projects, for individuals and the department or organization as a whole.
- (4) A sensible allocation of resources—time, talents, money, etc.

These are hardly new revelations in and of themselves. Plenty of specific techniques exist for doing each of them: lots of planning and goal-setting models, people-managing techniques, work planning and review approaches, and decision-making technologies. The key is determining which ones will work in a given situation. And that's the crux of it—effectiveness is a matter of shaping and tailoring these techniques to a specific work environment and applying rather customized techniques to advance whatever purposes are relevant and worthy in a given context. For example, in some places a formal written statement of goals, purposes, and philosophy might be highly appropriate and useful. In other places such a document would really bring the skunk to the picnic; you might be tarred and feathered in record time. In these latter places, activities might be better focused and directed in a more informal fashion. It's a matter of

how these basic notions are applied to a given set of organizational problems and conditions.

In this regard, there's a great deal to be said for understanding how your organization works, how business is done, how income is generated, what assets and resources exist, what liabilities are operative. Like countries and regions within countries, organizations have different personalities, languages, and cultures. They all have a set of "rules" that operate to produce a certain stability and predictability. Some rules are readily discernable, perhaps as written policy and procedures. Not all rules are followed of course. Some rules are quite tricky—we discover them like soldiers discover land mines. Perhaps a few have outlived their usefulness but they're all important to know about. In the first article in this series (March 1982 *JNMT*) we asked you to think about the culture of your nuclear medicine department.

The reason for sizing up an organization (as graciously and respectfully as you can) is to identify those considerations crucial to shaping a realistic vision and viable strategy for making it happen.

Defining a Realistic Vision

All managers have some sense of what they want. Here are some different examples of visions quoted from people in a recent management workshop. They're brief statements, all of which contain some element of both "what" and "how."

- To be a progressive and efficient department, active in nuclear cardiology.
- Productive. Team- and profit-oriented.
- Patient-oriented and efficient.
- To manufacture high quality diagnostic information and develop a strong group—technically competent and cost-conscious.

All appear to be worthy kinds of visions, but without knowing something about the various work environments, it is impossible to judge whether these are realistic or pipe dreams.

Defining a realistic vision is basically an act of reason wed to values. No simple formula exists but some ideas can be useful.

In the above examples words such as "progressive," "team-oriented," "patient-oriented," and "develop a strong group . . ." express various kinds of values and beliefs about what kind of organizations the authors find desirable. Values underpin all visions of purpose. Our particular values cause us to perceive and judge certain kinds of purposes in certain ways (perhaps overlooking others), to develop expectations for ourselves and other people, "we should . . ." "they should . . ." and so on. If what we're really after is good solid results (clearly a value in itself) then the key questions become: What values best advance purposes? What kind of teamwork is required and why? What kinds of people-development programs will sustain progress against purposes? Why does it make sense to acquire new equip-

ment? What's in it for the user group? What benefits and liabilities exist in the eyes of those who will be underwriting the costs? All this analysis may appear tiresome, but it keeps values from running amuck.

It's important to keep an eye on the financial facts of life; the "what" and "how" must occur at a cost people will underwrite. Therefore it's very helpful to know precisely who is doing the underwriting and on what basis. This implies an understanding of how income is generated and who pays for what. It also implies an understanding of who the user group really is, what needs exist in the user group, and therefore what kinds of results are likely to be valued. (As Peter Drucker, noted management expert, has pointed out, there's no right way to do the wrong things). Placing a cost/benefit perspective on things helps cull out the important kinds of results to focus on, and it helps to keep visions and purposes in the realm of possibility. It certainly helps to suggest strategies for selling ideas and requesting additional resources later on.

Identifying Short-Term Goals

Eventually, what's required is a blueprint for action, an implementation plan. This blueprinting step is made much easier if the vision accurately captures the essential purpose of the department . . . the more succinctly, the better. "To manufacture high quality diagnostic information" is an excellent illustration of this. It's a reasonable answer to the question "why do we do test procedures?" It suggests that the best interests of the user group are being considered and that they have a stake in getting good diagnostic information. It suggests boundaries for areas of responsibility. Most importantly, it captures what this manager envisions as the central purpose for everything in his charter.

It's very easy to see how life at work can then become better focused and much simpler. Certain kinds of ambiguities and anxieties may begin to disappear. Managing can then become very much directed at taking the essential purpose to heart, communicating it clearly and consistently, and embodying it in everything: job, goals, systems, work methods, programs, projects, measures, controls, etc. Basic activities (setting priorities, allocating resources, scheduling people and work, doing performance appraisals) are supplied focus and direction. The overall effect on results has to be positive. In summary, a clear vision of purpose tempered by financial realities is worth its weight in gold.

Implementing the vision usually occurs in steps, and the key is to take the first step, no matter how modest, towards concrete success. In any situation, no matter how many problems exist, no matter how many constraints beyond our control are impeding progress, it is almost always possible to identify one or two specific measurable short-term goals for which the ingredients for success are in place or could be readily marshalled.

This approach requires the manager of an operation

to achieve a tangible result (rather than merely announcing what's getting in the way and what others have to do for him). Secondly, it means that people must ask different kinds of questions to get started. Not, "What is standing in the way," but rather, "What are some things that we can accomplish in the next little while?" Not, "What additional training do our people need (or what additional people must we have) before we get started," but rather, "How can we engage our people more effectively in accomplishing better results." Not, "What do we have to do in order to enable us to accomplish better results here," but rather, "How can we accomplish some results right away?" This approach does not allow for months of studying problems, moving to new facilities, purchasing the latest and most sophisticated equipment, or hiring a new staff. It calls for a focused effort using what's available *now*.

Nothing is quite so effective in generating momentum in a group of people as a shared success. A tremendous amount can be learned from a concrete example, from thinking and talking with people about what happened, what they did, and how to keep it going. Being new in a job almost always legitimizes a fresh approach and often presents unique opportunities not available later on. Tenure in a position means that some success models probably already exist. (What's an accomplishment you're proud to have achieved?) Nevertheless, regardless of how long you've been in the job, the key is choosing what to begin with and where to place your chips.

One way to identify some possibilities is to list the types of results most directly linked to your department's basic purpose. Then look through whatever performance information is available to determine which numerical measures best index the level of achievement in these areas. Procedures accomplished per unit time by test type, perhaps. Cost per test. Procedures most often repeated. Total charges for services less total costs to operate your department all divided by some unit of time. Many hospitals either have or are developing productivity indexes. Pick whatever is available that best measures the result(s) you're looking for. Then list the specific department activities that most directly influence these measures. Identify two or three activities that have a profound and frequent impact—both positive and negative. This will reveal two or three activities to focus attention and energy on, with available numerical measures, linked directly to some desired type of results.

Sometimes people find that making sense of the available performance information is no small feat. Performance information becomes useful when it accurately confirms the level of achievement, and does so in a way that advertises (if not directs) the next step. It may help to display it graphically, perhaps as a bar chart or trend line over time. A valuable conclusion may be that new performance information or a different presentation format is necessary.

Occasionally people realize that while they know which department activities have the most direct impact on measured results, they aren't precisely clear on how this happens and in what specific ways. It may help to track the activity from beginning to end in the exact sequence it happens. Talking with employees about what specifically happens when things go smoothly can be most revealing—especially so in the case of employees who are very accomplished and expert in their activities. Ask about how they learned to do it. Ask what in particular tells them when it's going well and when it's not. Ask them to identify pinch points and how they troubleshoot problems. In addition to acquiring some useful information, you may find good reason and a timely opportunity to offer a well-deserved compliment.

Achieving Results

Ultimately, it is necessary to target some form of action for results. Since early success is essential, the choice should meet five criteria:

- (1) It must be timely and urgent. (It is hard to arouse energy for issues that are not important to higher management and to the people who must make it happen.)
- (2) It should be possible to achieve success in a relatively short time. Thus, if the overall goal will require months or years, the first project should aim at a subgoal or increment attainable in a matter of weeks.
- (3) The changes required for success should play into the readiness of the people involved. Instead of trying to overcome resistance to what people are not ready to do, find out what they are ready to do. In every situation there are some things that even the least motivated people or the least cooperative union would be willing to do to make an operation run better. What could be done, in the next few weeks, to make work measurably simpler, faster, easier, safer, or less aggravating?
- (4) Define the goal or subgoal so that it can be achieved with the authority and resources currently available.
- (5) And finally, the goal must be defined in terms of bottom-line results—not how many people have been trained or how much information the new system provides, but in terms of volume of procedures completed, faster turnaround time, fewer repeats, diagnostic results directly relevant to therapeutic decisions, and more reasonable cost per test.

Where will all this new productiveness come from?

Barriers to Action

The potential is right there in your organization, being paid for every day—in the capital investments that are not being fully utilized, in the cost of human energy that is being wasted, in the cost of misapplied resources,

in the oversupply of inventories, and in the dozens of other investments and expenses that are not being fully exploited. It comes from the fact that relatively few individuals are in jobs that demand (or even permit) full engagement of their energies; it lies in all the work being done that really isn't needed; it lies in the time and effort expended by people in responding to their own personal anxieties, fears, and ambitions in ways that fail to advance the organization's aims; and it lies in the efforts that cancel each other out, between individuals and between units and functions. People understand this all too well. Just try asking others to complete the following phrase: "This place is run as if its main objective were to: _____."

The responses are unfailingly revealing of discrepancies between the present situation and your vision of purpose. If most managers are sitting on this mine of opportunity, why don't they do more to capture it and put it to work?

First, except for crisis situations and some infrequent experimentation, there has been relatively little experience in securing achievement through squeezing greater returns from the hidden resources. Very few managers have had the opportunity to develop faith and confidence that they can really do it. Thus, many would never insist on such results by their subordinates.

Second, when managers do try to make demands for results, subordinates sometimes respond with rationalizations why it can't be done.

For example:

"Yes, we probably could improve output if the union would let us, but our hands are tied on method changes."

"If purchasing could get the vendors to provide the level of quality that we need, we could improve our output and reduce our costs."

"If people could get the right patients to us on schedule, with the right workups, I'd take it from there."

"If doctors would listen long enough to get a better understanding of our capabilities, you'd see our effectiveness go through the roof."

Thus are managers made more familiar with the *barriers* to productivity improvement than with the potentials to accomplish it. Because of the dynamics just described, the only productivity improvements that most managers experience or even read about are those that involve component programs—that is, the discrete inputs of technology or resources designed to solve problems, mechanize work, speed up or strengthen information processing and decision making, and so forth. They all attempt, usually through the intervention of experts (other than those running the operation to be improved) and the augmenting of resources, to fix up elements and components that are assumed to affect productivity. They all have in common the tacit acceptance, as a starting point, that responsible managers are already doing everything that can be done with the resources, people, systems, and organizational structure in place.

The Stakeholder Concept

There's a lot to be said for getting the most out of what's already available. In this regard, perhaps the most striking similarity among effective managers (and what really sets them apart from others) is the way they engage and involve other people. It's a form of other-directedness that's geared to results because it involves being influenced by the people who have a direct stake in what work is accomplished and how. A list of such stakeholders is certain to include the boss, as well as subordinates and employees in the department. Doesn't it also include people in the user group, people who rely on your services or output to perform their functions effectively? And surely the supplier groups you depend on (for patients, materials, information, maintenance, cleaning, etc.) have a stake in how you use their services and what kinds of demands are made by your department on theirs. These stakeholders exist in a network connected by how the work flows. A change in how a supplier group operates tends to ripple through the network. A change in how a user group operates exerts a kind of back pressure in its feeder groups. Other-directedness involves taking an interest in and gaining an understanding of the consequences and implications to others of whatever strategy is implemented. These are the people that make you or break you in terms of achieving results. If handled with respect, these people are the solutions to problems.

An outstanding illustration of the stakeholder concept was embedded in a recent article in the *New England Journal of Medicine*. To quote some key passages:

"The inability of radiology to develop a coherent delivery system is the principal cause of the low morale that is evident among clinicians and radiologists in spite of the extraordinary technical developments that are becoming more available to modern x-ray departments. Radiology is clearly not the only specialty functioning without a rational delivery system, but it is one of the most expensive, and its inefficiency touches nearly every patient . . .

Diagnostic data of previously unimaginable, virtually anatomic precision are now widely available. Yet the satisfaction that might be expected among clinicians and radiologists as a result of the increasingly elegant information made possible by computed tomography, ultrasound, nuclear medicine, and digital subtraction techniques is nowhere apparent.

Radiology has virtually no control over the ordering and sequencing of the examinations it performs, and has traditionally and inexplicably been indifferent to the final product of its effort—the radiology report. All these points lend urgency to the notion that radiology must take the lead in fashioning the imaging workup as well as performing and interpreting it. It seems fair to say that if radiologists spent 1 per cent of the energy that they now spend in evaluation and acquisition of new equipment, in studying how to fashion a truly satisfactory delivery system for radiology, much of the present malaise would disappear and dollars beyond counting

would be saved. In addition, the inhumanity of redundant examinations and much of the exasperation currently experienced by clinicians, patients, nursing staff, and radiologists would be diminished.

Greater willingness of radiology departments to integrate and synthesize imaging data and update the imaging workup as it evolves seems necessary, as does the creation of better systems for incorporating imaging results into the medical record. The specifics of these solutions can easily be tailored to local patterns of practice.

This task of aligning departmental behavior with clinical realities will require much give and take with clinical-services departments. All the same, a medical specialty that stands astride nearly all meaningful diagnostic effort in modern clinical medicine and that consumes a high percentage of the health-care dollar should be expected to develop a delivery system that is as sophisticated as the hardware it uses." (1).

Viewing the network as a type of delivery system has a number of advantages. First, it offers a framework for understanding how events and problems are connected in the network. This helps us to visualize those improvement possibilities around which people might rally. It also helps conceptualize problems in the context of "what" rather than "who."

Second, viewing people in the network as stakeholders in the system's effectiveness tends to legitimize their perspective on the situation as completely relevant to improvement strategies and actions. Overhauling an entire system is a task of considerable scope, best accomplished in a sequence of steps. Talking with people in the network about such possibilities is an obvious first step. It's very useful to find out and clearly understand what they're doing; what results they're shooting for; what they view as important to accomplishing the work; what happens when things go well from their point of view; what they need from you, when, and why—and what happens when you don't deliver. Rather than expecting them to automatically jump on your bandwagon, much can be gained if you acquire a working knowledge of their jobs. Sometimes we discover that other people feel the same pinches we do, and strongly enough to abandon what isn't working and experiment with something else. Other times, we discover they experience different kinds of pressures. In either case, something useful has been learned.

Remember that these kinds of conversations have purposes. One is discovering what people perceive as timely and urgent. The other is finding out what they are ready to do about it. If given opportunity (e.g., "let's talk") and structure of some kind (e.g., "I want to understand your perspective on . . ."), people will reveal a great deal about what they're ready (or not ready) to do. Design your actions around what they are ready, willing, and able to do.

Why not begin by talking with your most approachable colleagues or subordinates or with whomever

you've developed a good working relationship? However, don't stop with the people who are familiar and safe. Proceed to the people with whom you think this approach might be uncomfortable. Their perspectives are equally as important, perhaps more so. Persist in your efforts to understand things from their point of view. Identify areas of agreement. These are strategy ingredients and possibly an improvement in your work relationship might result. On the other side of the coin, people only disagree about three kinds of things: goals, methods, or values. When you understand things well enough to know which of these is a problem and why, you've done your homework. The immediate purpose is to locate possible courses of action they can get behind, not to convince them that your thoughts represent the only way to go. Listen carefully for clues about what they say they would be willing to continue doing, and what they would be willing to experiment with. Also listen carefully for what they perceive they need from you. Perhaps you'll have an opportunity to bring something to the table, to be of some assistance, on their terms if possible. Be specific about what you both agree to do. Deliver on your end of things. Actions speak louder than words.

Talking with stakeholders requires initiating discussions and finding a legitimate and acceptable way to ask questions about work-related issues. Be careful about how you do this – there are lots of organizational rules about who talks to whom to exchange what information for what purpose. In informal, task-focused, “shirtsleeves” kinds of organizations this process can move quickly. In more formal, image-conscious organizations, working through the right channels may take more time on the front-end but usually saves much time and trouble later.

Drafting a Plan of Action

Having located several possible actions as a first step in implementing your vision, draft a plan of action. It should meet the five criteria presented earlier:

- (1) Focused on something timely and urgent, as seen from several perspectives.
- (2) Achievable in a short period of time.
- (3) The indicated actions must play into what people have indicated they're ready to do.
- (4) Make sure that the goal can be accomplished with existing resources.
- (5) Define the goal in measurable, end-point results.

A few final considerations are warranted to optimize the chances for success. In order to sustain momentum and generate continuing improvement, your first steps should strengthen those work methods that will enable and encourage you and your colleagues to undertake more ambitious steps. Build on success. Cookbook types of programs as first steps rarely accomplish this. They may not require people to achieve a concrete result. The relationships between actions and ultimate

results may be blurred; responsibility for results may be too divided. Thus, even while specific things are being strengthened, ultimately they may contribute little to the capacity to achieve tangible results.

The short-term, sharply-defined achievement project, on the other hand, is an excellent vehicle for strengthening a number of management disciplines and work methods. And it is important to design each step to yield those benefits so that a sustaining process can be generated. Here are some of the disciplines that can be emphasized and sharpened in carrying out the results-first project:

- (1) The project's goals need to be defined clearly, and in writing.
- (2) Individual accountability for results need to be spelled out explicitly.
- (3) Responsible people need to draft written project work plans, including timetables of progress, measures, and a plan for reviewing progress and modifying the project when necessary. Temporary groupings of people to accomplish results (such as task groups and committees) can be quickly assembled as needed and the disciplines built into their work.
- (4) Participants should understand that work-planning disciplines would not be necessary if they were only going to tackle one goal, but because they will be expanding to work on many other goals, disciplines will be required.

Thus, when the first tangible goals have been reached, four crucial gains have been made: First, the people have demonstrated to themselves that they can do it, thus increasing their own self-esteem and confidence. Second, they have tapped into the “hidden reserve” and discovered how to exploit more fully that which is already available to them. Third, the initiative for performance improvement has been centered in the operating managers themselves. And fourth, disciplined work methods have been introduced and people have learned to apply them with success.

Virtually any manager can apply the concepts outlined in this article to his or her own situation. The rewards can be great and the risks and costs are very low. The approach puts the responsibility where it belongs—on the shoulders of the individuals or groups who are managing the organization and its units.

Implementation

If you have read this far it means that you have found this article interesting and of possible value to your situation. Perhaps you are about to put an associate's name on page one of this article and send it to him with a note. Maybe you are going to put the paper in a drawer for use some day—some day when you will really be ready to get going on some of those changes you've had in mind.

Any such delaying tactics just prove we're all human.

Tomorrow will always seem to be the best time to get started. But you won't be any more ready tomorrow. Why not start now? Today. This afternoon. Here are a few thoughts on how you might get started. Sit down in a quiet place, even if you have only 15 minutes or a half hour, and consider the following:

- What are the most important gains that have to be made by your enterprise (or your part of it) during the next year? Write them down on a piece of paper and see how they look to you.
- Also jot down a few specific elements of each of the major objectives that might be tackled in some meaningful way in the next few weeks or, at the most, in the next several months. Write down the name of three or four of your subordinates who you believe are most ready to take a step up in the way they do their jobs. Nothing like starting with what's close by.
- Opposite each individual's name put down a few specific steps you think each might take which would be most certain to produce visible progress in the areas selected in a relatively short time.
- Interview each subordinate individually or in group meetings. Get his ideas about some possible, specific steps. Add your own ideas to these.
- Rough out assignments for these subordinates so that they will take one or two steps.
- Reread this paper for a helpful review of key ideas.
- Using the ideas you've jotted down, complete the worksheet that follows this article.

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