Technologist News

Miami Beach Meeting Wrap-Up and a Look to the Future

The Miami Beach meeting concluded, it is time to turn attention to the next gathering. But before the Scientific Program and Teaching Sessions Committee immerses itself in planning, committee chairman Frances L. Neagley, CNMT, would like to assess the accomplishments and report on changes to be made for the future.

"Attendance at the June 1982 meeting in Miami Beach did not reach our expectations. Paid professional attendance was down by about 180 from the previous year. Still, in light of the recession, and the distance to Miami, technologists contributed substantial support with 777 attending out of a total meeting attendance of 2677.

Although the majority of comments made about the meeting were of a positive nature, several recurring criticisms prompt me to address certain points. The question most frequently raised was: Why are technologists charged additional fees to attend workshops in the Section's program?

To understand this one must remember that the June annual meeting is sponsored by the Society, not the Section. Subsequently, all registration revenue belongs to the Society. By charging extra for workshops, the Section generates revenue —which allows it to function as an autonomous entity within the Society throughout the year.

I, too, have had some uneasiness about this arrangement, but the Section must raise money, and for the present this is our most effective means.

Fortunately, we have been able to change the policy for the 1983 winter meeting. For the San Francisco meeting, one registration fee will cover all educational sessions. Granted, this affects far fewer technologists because of lower attendance, but it is a step in the right direction. In time, we hope to develop a more adequate system for the Annual Meeting as well.

The second issue most consistently raised was: Why isn't CE credit applied to every course?

With the exception of technologist scientific papers, every session in the Section's program did receive credit, as did each of the Society's continuing education courses. Combined that amounted to 32 sessions in all. Society and Section program scientific papers did not receive credit, nor were their course objectives reviewed prior to presentation. Although grouped by subject matter and presented over an hour and a half, most of these individual presentations are simply too short (15 minutes on the average) to adapt to the CE format. Since our VOICE program presently conforms to a nationally accepted standard for continuing education it would be difficult, indeed a nightmare, to apply the scientific paper format to VOICE.

At the heart of the issue concerning CE credit lies another question: Are we trying to do too much? I don't think we should crusade to 'VOICE approve' the world. We will continue to apply VOICE credits to programs that meet the requirements of continuing education and we encourage other organizations that sponsor programs to apply for credit through VOICE. VOICE is, as you know, a computerized recordkeeping system developed by the Society and the Section to document technologists' continuing education records. Members of the Section are automatically enrolled in and enjoy the benefits of VOICE.

I'd like to take this opportunity to thank Program Committee members for their contributions to the 29th Annual Meeting and extend my appreciation to the general membership for their show of support.

Now we can look forward to the Tenth Annual Meeting of the Section which will convene in San Francisco, February 2-7, 1983. This will be a conjoint meeting with the Society's Computer and Instrumentation Councils and the SNM Board of Trustees. Now is the time to make plans and airline arrangements for attending and more information on this meeting is in this issue.

The program booklets will be arriving before your next *JNMT*. By that time arrangements will have begun for the technologist programs at the June 1983 meeting. There is still time for you to have some input by contacting me or any other officer or committee person. It's easy to criticize or question what happens in the Technologist Section, but it takes time and hard work to make changes."

Editor's note: the next page features a preview of the 1983 Conjoint Winter Meeting.

The San Francisco Conjoint Meeting

Gum San Dai Foo, the Great City of the Golden Hill as the Chinese named it (and also known as San Francisco) will host the Society of Nuclear Medicine's Second Conjoint Winter Meeting in February 1983.

Although the meeting is still months away, the educational tracks to be presented by the Technologist Section and the SNM Computer and Instrumentation Councils are nearly complete. Arrangements have been made to house members and guests at the Cathedral Hill Hotel, located on Van Ness Avenue between Union Square and Japan Center. To make the Winter Meeting affordable, both single and double occupancy rooms at the Cathedral Hill Hotel have been set at $58.00.

As anticipated, the Technologist Section will spread business and education over five days with committee meetings scheduled for Wednesday, February 2, the first day. The National Council will meet on Thursday, February 3, and the educational track will run 2½ days, from Friday, February 4, through Sunday noon, February 6.

Running concurrently with the Section's educational track are SNM Committee meetings (Friday), SNM Board of Trustees meeting (Saturday), and the Computer and Instrumentation Councils' two-day educational program, which begins on Sunday and concludes Monday, at 5:00 p.m. The Councils' program will be devoted to single photon emission computed tomography.

At the Second Conjoint Winter Meeting the Technologist Section marks its own Tenth Anniversary Winter Meeting; we will celebrate with new and innovative educational programs that reflect the rapid technological advances in nuclear medicine and the changing roles of technologists.

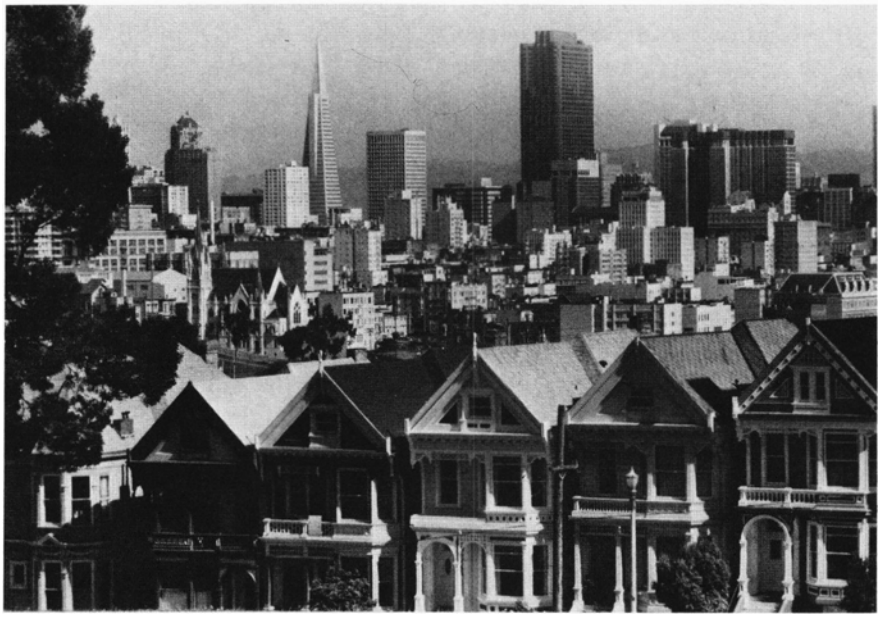
Management, radiation health and safety, radiopharmacy, quality assurance, gastrointestinal, as well as a cardiac update, will provide attendees with a variety of programs to gauge and improve their knowledge and skills. In addition, sessions on computers, RIA, instrumentation, clinical, and an educators' workshop are scheduled.

On Saturday, February 5, from 9:00 p.m. - 1:00 a.m. the Technologist Section invites members and friends to its Tenth Anniversary celebration . . . tentatively planned for the Japanese Garden Room in the Cathedral Hill Hotel.

A meeting *Program* containing a schedule of events, registration fees and deadlines, housing forms, and course descriptions will be mailed to member technologists in November.

Those planning to combine the meeting with a vacation can obtain tourist information by writing directly to the San Francisco Convention and Visitors Bureau at 1390 Market St., Suite 260, San Francisco, CA 94102; (415)626-5500.

San Francisco's famed Chinatown



The old and the new: side by side in San Francisco
—San Francisco Convention and Visitors Bureau

Dorothy Duffy Price, CNMT
President, Technologist Section
University of California, San Francisco
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Message from the President

The year of 1982–83 will be the year of new horizons for the Technologist Section. These are some of the issues on our new horizons.

Federal/State Legislation: The effects of the Consumer-Patient Radiation Health and Safety Act of 1981 will provide an enormous impetus for nuclear medicine technologists in the United States to become involved with their national organization.

During 1981–82, over 700 new members joined the Technologist Section. Because we are recognized as the most profound voice representing nuclear medicine technology, our role will be even stronger with this increased membership.

Professional Identity: In the past ten years, we have clearly and firmly established our identity. We presently enjoy a high level of self-esteem and respect from our peers—other allied-health professionals. We are a model for other organizations. Our *Journal of Nuclear Medicine Technology* and our scientific and teaching programs are of high scientific merit.

New Areas of Involvement: From this solid foundation, it is appropriate that we expand our activities into new areas. New horizons unimagined in the past will become a reality. We must be willing to risk expanding our areas of interaction with other allied health organizations that share our goal of providing competent technology for the patients we serve.

Efforts will be made to build working relationships with other allied-health organizations, such as the American Society of Clinical Pathologists and the American Society of Radiologic Technology. On June 8, 1982, a meeting was held in Washington, DC, to discuss the Standards for Nuclear Medicine Technology recently promulgated by Health Resources Administration (HRA). (These result from the Consumer-Patient Radiation Health and Safety Act of 1981.) A combined meeting of all organizations interested in nuclear medicine was convened. The success of that meeting reinforced my personal commitment to participate in another meeting at a future time to coordinate and hopefully effectively impact legislative activities at the state level. It looks as though various other organizations are also interested and willing to participate in a second meeting to be scheduled after HRA releases its model legislation in October 1982.

Goals for 1982: We have established meaningful goals for the next year. I have appointed strong dedicated committee chairmen who are goal oriented. Their tasks will not be easy: the old ways of doing things are no longer possible because of funding restrictions. We do not have the luxury of having unlimited funds. We are committed to not raising dues, and yet, we have a full agenda of wants, needs, and desires for the Section. Committee chairmen must motivate and excite members to seek new horizons for themselves, the Section, and our technology. We shall continue to forward our goals in the areas of continuing education, scientific programs, publications, audiovisuals, and legislative involvement, and academic affairs.

Task Force on Society/Section Finances: The Finance Committee of the Society has appointed a task force to evaluate the financial relationship of the Technologist Section to the Society. Because we have a limited revenue-generating potential and costs continue to escalate, the Finance Committee felt it appropriate to evaluate the allocation of expenses currently absorbed by the Section.

It has become all the more important that we closely examine what it is that we do as a Section that makes a contribution to the future development of nuclear medicine technology. We shall seek to emphasize and develop those programs that will be consistent with our established goals.

"Bullish" on Nuclear Medicine: I am personally and professionally bullish on nuclear medicine. I feel that we have excellent leaders who are professionally committed. The leadership sets the pace for the organization; however, we do not want to get too far out in front of the technologists we serve. Therefore, I will make every effort this year to see that the Chapters are thoroughly involved in continuing education programs and legislative affairs.

I seek your support and guidance. Please keep me informed of issues that concern you.

Remember that the new horizons for nuclear medicine technology start with you—and your degree of commitment to the profession of nuclear medicine technology.

Journal's *Best Paper Award: 1981*

As they do every spring, the Associate Editors of the *Journal of Nuclear Medicine Technology* reviewed each of the scientific articles published during the preceding year to vote on the JNMT's annual best paper award.

Educational utility, innovation, timeliness, and method of presentation are some of the criteria used to select the best paper.

This year the award was given to P.G. Bischoff, CNMT, J. Washington, CNMT, F.N. Kontzen, CNMT, E. Dubovsky, MD, A.G. Diethelm, MD, J.D. Whelchel, MD, and W.N. Tauxe, MD, of the University of Alabama and V.A. Medical Center, Birmingham, for their paper, "Use of Tc-99m Glucoheptonate in Surgical Complications of Renal Transplant." The article was published in the March 1981 issue of the Journal.

The Journal Editor, Patricia Weigand, CNMT, presented a commemorative plaque to the authors during the Technologist Section business meeting, held during the course of SNM's 1982 Annual Meeting.

The Technologist Section is now accepting nominations for candidates to be placed on the 1983 Election ballot. The elected positions open for nominations are as follows: President-Elect, Secretary/Historian, Section Representative to SNM Board of Trustees (Trustee), Nominating Committee (4), Membership Committee (3), and Finance Committee (1).

Your National Council Delegate has all the information on the guidelines necessary for consideration as a nominee. The deadline for submitting nominations is November 5, 1982. If you are interested in being nominated for any of the above positions, contact your National Council Delegate *now*.

Membership Report

The best available current data indicate that only 23% of all nuclear medicine technologists in the United States today belong to the Technologist Section. We believe this can be improved; and during my term as President-Elect and chairman of the Membership Committee, a membership campaign will again be a top priority. The Membership Committee—Carolyn A. Cox, CNMT, Shirley H. Ledbetter, CNMT, and I—look forward to a successful campaign and we realize that this can only happen with the support and cooperation of all the chapters and local technologist organizations.

The theme for 1982-83 is new horizons for the Technologist Section. For the Membership Committee, new horizons include:

- increasing membership by 1,000 (a 33% increase) by calling on local chapters to encourage membership in the Section and by reaching nuclear medicine technology students and technologists newly certified by the NMTCB;
- stimulating participation in our membership campaign by giving an award to the member who recruits the most new members and hosting a reception at the SNM Annual Meeting in June 1983 to honor the chapters that most actively participated in the campaign.

1982 will be a critical year for nuclear medicine technologists. Such vital concerns as licensure and continuing education, to name but two, are currently being debated on the national level. The direction our discipline will take depends largely on our ability to voice a unified, coherent opinion. It is urgent, therefore, that nuclear medicine technologists become involved with their organization. We must convey to those technologists who do not belong to the Section the ideas that our organization is the one mechanism that enables the individual technologist to interact most effectively with the nuclear medicine community as a whole, that the Section speaks as the voice of nuclear medicine technology, and that it offers many benefits to its members.

You receive the *Journal of Nuclear Medicine Technology*, most likely, because you are a member of the Technologist Section. Your concern for the professionalism and advancement of our specialty is thus evident. I would like to ask you to extend your concern to the area of recruitment—encourage other technologists to join the Society and the Section and aid us in our efforts to firmly establish the role of the nuclear medicine technologist in the health care field.

Finally, I wish to express my sincere appreciation for being given the opportunity to represent your goals and concerns for continued professional growth and recognition. As a personal responsibility, I pledge to do my best to respond to the continuing needs of all technologists. As Chairman of the Membership Committee, I look to 1982-83 with enthusiasm for the opportunity to serve you by really listening to your needs. Please feel free to contact me at any time. —*Shelley Hartnett, CNMT, Chief Nuclear Medicine Technologist, Denver Presbyterian Hospital, 1719 E. 19th Ave., Denver, CO; (303)839-6535.*

Best Scientific Papers: 1982 Annual Meeting

The following papers and exhibits were presented as part of the Technologist Section's program during the 1982 SNM Annual Meeting and have received awards for excellence:

Scientific Papers

First prize—"Artifacts in Single Photon Emission Tomography," B. Harkness CNMT, W.L. Rogers, PhD, N.H. Clinthorne, and J.W. Keyes, Jr., MD, University of Michigan Medical Center.

Second prize—"The Importance of Visual Nonperfusion Abnormalities on Thallium-201 Myocardial Scintigraphy," R. Slater, University of San Francisco.

Third prize—"Maximizing Quality of Emission Computer Tomographic Images," J.C. Honeyman, CNMT, University of Virginia.

Scientific Exhibits

First prize—"Instrument of Choice for Gallium-67 Imaging," J.B. Smith, CNMT, and M.R. Boyd, CNMT, Baptist Memorial Hospital, Memphis, TN.

Second prize—"Artifacts in Single Photon Emission Tomography," B. Harkness, CNMT, W.L. Rogers, PhD, N.H. Clinthorne, and J.W. Keyes, Jr., MD, University of Michigan Medical Center.

Third prize—"Troubleshooting Techniques for Nuclear Medicine Instrumentation," J. Hughes, CNMT, M. Aden, and M. Fernandez, University of Cincinnati Medical Center.

The Section will present commemorative plaques to the authors during the 1983 Conjoint Winter Meeting.

A Report on Academic Affairs

The Academic Affairs Committee is composed of six nuclear medicine technologist educators, plus a member from the Scientific and Teaching Sessions Committee and a member from the Continuing Education Committee. The educators may be clinical instructors, instructors, educational coordinators, etc.

During the past year the Committee published the *Clinical Evaluation Methods Guide* and *Curriculum Guide*. This year a task force has been appointed to begin working on a Laboratory Manual. This publication will consist of experiments to be performed by nuclear medicine technology students during their training. If you are interested in contributing—you might, for example, submit experiments, run experimental trials, or offer suggestions—please contact Wanda Hibbard, CNMT, Dept. of Radiologic Technologies, Medical College of Georgia, Augusta, GA 30912; (404)828-3691.

A project slated for completion this year is a slide-tape program designed to introduce high school and college students to the field of nuclear medicine technology. The audiovisual is in production and presently 80% is complete.

Many NMT program directors active in the recruitment process had expressed a desire to see the Section develop such a package since they are often invited by various schools in their community to speak on the topic. In addition to program directors, the audiovisual might be purchased by hospitals, allied health departments, and personnel and guidance counselors. Topics covered in the audiovisual include imaging, instrumentation, radiation safety, educational requirements to enter the field, a program's core curriculum, certification, and where to write for additional information on the subject. The package may be available as early as September 1982.

Hopefully, this year will see the last revision of the *Essentials of an Accredited Education Program for the Nuclear Medicine Technologist.* If this last draft is approved as the final version by the JRC this fall, an announcement will be made in the next *JNMT* about how to obtain copies for review. In addition, an open forum will be held at the midwinter meeting to discuss the new *Essentials* and formulate any changes we might wish to suggest to the JRC. It is important that technologists other than those involved in the student education process have input into the *Essentials* since they will affect the future of our profession.

We will continue to plan educators' workshops for the midwinter and annual meetings that will be useful to all involved in student and in-service intructions.

If you have any suggestions or comments or if you wish to become actively involved in the Academic Affairs Committee, please contact Marcia Boyd, CNMT, Nuclear Medicine, Baptist Memorial Hospital, 899 Madison Ave., Memphis, TN 38146; (901)522-5525.

—Marcia Boyd, CNMT, Chairman

Every issue of the *Journal* contains a reader service card (RSC); its main function is to provide our readers with an easy way to request information about the Society, the Section, VOICE, books, audiovisuals, etc. In addition, the RSC provides valuable information to our advertisers; every time you circle a number on the RSC that corresponds to an ad and send us the RSC, we forward these leads to the appropriate advertiser. The more leads generated, the more likely our advertisers are to continue using the Journal to reach the movers and shakers in nuclear medicine. We strongly urge you to use—or continue to use—the Journals' RSC.

Remember when. . .

Most of us probably haven't given much thought lately to what it was like when we were in training for nuclear medicine technology. David T. Mathias, a student in the NMT program at Butler University in Indianapolis, refreshes our memories with a perspective that might cause us to be more understanding of our students and trainees. . .

Nuclear Needlepoint

The clinical internship of the nuclear medicine technology student is filled with valuable learning experiences ranging from handling bedpans to producing computer printouts. There is, however, one part of this internship more nerve-wracking than any other. The injection technique—the most important part of a nuclear medicine study—is met head-on with every complication imaginable and the student faces it with determination and sweaty palms.

One of the first skills the student learns concerning injection technique is how to explain a particular diagnostic examination to the patient prior to injection. This may not sound like a very difficult feat to the layman, but to the student it is quite a challenge. The student knows he must make a patient feel more at ease; at the same time, he must conceal his own terror at having to jab a needle into a patient's arm, hand, or other convenient appendage. And, as if the explanation is not difficult enough, the student also has to evaluate a patient's mental status. For instance, one would explain a routine bone scan to an 80-year-old patient from the psychiatric ward in a much different fashion than he would a 30-year-old college professor.

The next step in the injection technique is the search for a fairly prominent vein. Classically, the antecubital veins are used for intravenous infusion; however, there are times when these are not accessible. A straight, nontortuous vein situated between the fourth and fifth metacarpals, ideal for injecting neonates and most other patients, is then considered (1).

Once a vein is found, a tourniquet is applied just above the injection site. To the practiced technologist a tourniquet poses no problems. To the beginning student, however, this overgrown rubberband requires three hands, a fervent prayer, and a quick "Oops, I'm sorry," for pinched skin!

The actual injecting of the radiopharmaceutical into the vein presents a completely new set of complications for the student. One of the first rules learned in injection technique is *do not infiltrate.* With this thought echoing through his mind, the student cleanses the skin surface and prepares to insert the needle. (He should always do this with his eyes open to ensure a clean puncture of the vein.) But there are times when the vein rolls out from under the needle, and then the hunt and chase begins. Beads of sweat appear on the student's brow as he mutters a few mumbled apologies to the patient. The purpose of this search and find is to save the patient from enduring another needle stick. But sometimes a second try is inevitable.

Once a vein is punctured there is no guarantee it will be injectable. Some veins, when pierced, will collapse or rupture, sending blood into overlying tissues. When this happens the student generally stares in awe for a moment before he withdraws the needle. It is at this time that the student realizes he has forgotten to place something over the wound before removing the needle. Frantically he searches high and low for a cotton ball, wash cloth, or the sleeve of the patient's robe as blood begins to drip onto the floor. When the bleeding has stopped, the search for another vein begins.

The use of a syringe shield is a highly debated issue between technologists and radiation physicists. Physicists say syringe shields are vital in reducing radiation exposure to the hands, while technologists claim shields are too bulky and cumbersome to use effectively. As for the student, he generally just does as he is told and does not worry about it. It is a good idea for the student to use a shield at least once for the experience. But, if no one in the department can remember where the shields were last hidden, the student has no choice but to side with the technologists.

From time to time the student gets a break from venipunctures and makes use a heparin-lock or a keep-open intravenous line. Although these venous entries are meant to save the patient from multiple punctures, they too are not without complications. Phlebitis, infiltration, or lost patency are not uncommon occurrences; however, the heparin-lock is more effective than the keep-open intravenous line (*2*).

The intramuscular injection of vitamin B-12 for the Schilling test is another type of injection. For NMT students it can be more terrifying than venipuncture. Watching the needle bury itself up to the hub in a patient's arm is enough to make the best student pull the needle out before emptying the syringe.

Until technology advances to the point where injections are obsolete, students in nuclear medicine technology will have to endure the trials and tribulations of injection technique. While in training the student might find the old cliches "practice makes perfect" and "time heals all wounds" beneficial, because, in time, nuclear needlepoint will become the art of injection.

References

1. Hanid TK. Intravenous injections and infusions in infants. *Pediatrics* 1975; 56:1080.

2. Hanson RL. Heparin-lock or keep-open IV? *Am J Nurs* 1976; 76:1102–03.

Monitor on Government Relations

As we enter the year of new horizons, the Government Relations Committee reaffirms its commitment to representing you in interactions with state and federal organizations in matters affecting nuclear medicine technologists.

Our Committee has several goals this year. The most important ones are:

1. Producing an instructional advisory packet to aid individuals in formulating the documentation required to write and introduce technologist licensure legislation. The packet will include a listing of existing state licensing officers, reports of current trends in licensing, and a current, general statement of intent that can be adopted to individual needs. It will also contain a brief on the Consumer-Patient Radiation Health and Safety Act of 1981, and an abbreviated outline of model licensure legislation approved by the Technologist Section. A how-to guide on introducing state licensure legislation in order to ensure passage will round out the packet. We hope that this packet will be used by technologists all across the country to standardize our approaches in dealing with states' legislative bodies when they are considering licensure legislation—with reciprocity and maximum mobility of technologists two key goals.
2. Maintaining an up-to-date file of state legislatures' licensure bills as they become available. We will distribute these for discussion and review.
3. Providing up-to-date status reports on states that are considering technologist licensure legislation as they seek to implement the Consumer-Patient Radiation Health and Safety Act of 1981.
4. Keeping our Legislative Network current and viable to maintain effective communications.

Committee Activities

Presently there are three major documents with which we are concerned and involved. These are:

1. The Consumer-Patient Radiation Health and Safety Act of 1981 (the "Randolph" bill): this will be the focal point of our activities this year. Since the last "Monitor on Government Relations" report was published (in the June issue of the *Journal*), the following has occurred: The Section and the Society attended a June 9, 1982, meeting in Washington, DC, called by the Health Resources Administration (HRA), the agency within the Department of Health and Human Services responsible for developing federal minimum standards for NMTs and educational programs in NMT. The purpose of the meeting was to allow interested medical and allied-health organizations the opportunity to respond orally to HRA's proposed standards. I am pleased to report that HRA, in turn, responded favorably to most of the Society's and the Section's recommendations, which were minimal. The HRA is now revising these standards and a final document is expected very soon. (The National Office will send you copies of our oral and written comments to HRA's proposed standards upon request.)
2. Model licensure legislation from the American Society of Radiologic Technologists: ASRT has model licensure legislation for RTs; we submitted comments to ASRT regarding this model legislation. If ASRT accepts our changes, we will then review their model legislation and submit it to our National Council for its approval as a Technologist Section document. The Technologist Section would then work with ASRT and submit this to individual state legislatures when they begin to consider legislation concerning technologist licensure. I'll keep you informed of our progress in our joint efforts with ASRT.

We continue our involvement as the Consumer-Patient Radiation Health and Safety Act is implemented—and we aim to keep you informed and up-to-date

3. The "Federal Radiation Protection Management Act of 1982" (S.2284) introduced by Senator John Glenn (D-OH) in March 1982: this bill would establish two coordinating bodies for two basic issues concerned with radiation research and radiation protection. One group would be the Federal Radiation Protection Council, which would provide advice and guidance on radiation protection standards, review various federal agencies' authority over radiation-related matters, recommend any necessary changes, identify the agencies' research needs, help develop public education programs on radiation health and safety, and review state and local radiation control groups. The second organization, to be called the Federal Conference on Research to Biological Effects of Radiation, would advise legislative and executive bodies on the development of radiation research projects, issue an annual comprehensive federal agenda on

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Monitor on Government Relations

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radiation health effects and research, make various recommendations regarding the conduct of that research and dissemination of results, and assist in the development of public education programs.

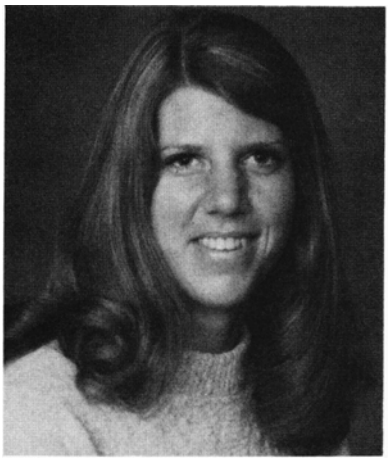
We are concerned because the bill states that the Council shall develop a plan that provides inducements for the establishment of standards and licensing procedures for operators of radiologic equipment and the establishment of standards and procedures for accreditation of institutions to train operators of radiologic equipment.

Our Washington representative, Michael Payne, is currently monitoring this bill's progress in Congress and we will report further astivity as it occurs.

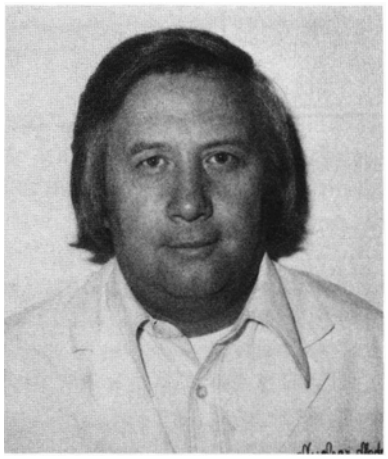
Conclusions

Nuclear medicine technology is one of the most heavily regulated disciplines; further, it is under almost continuous scrutiny from various regulatory agencies. The primary concern of the members of this Committee is to ensure that we best represent nuclear medicine technology and its needs to these agencies. But the smooth functioning of your Government Relations Committee also depends on your continued vigilance and input. Contact me regarding any issues or problems that occur in the regulatory arena or at your state level for which we can assist you. *—Danielle Kavanaugh, CNMT, Nuclear Medicine Dept., St. Joseph Hospital, 1100 Stewart Drive, Orange, CA 92668; (714)633-9111.*

Election Results



Shelley D. Hartnett



Donald R. Bernier

Last May, members of the Technologist Section voted for elected officers and committee members for the 1982–83 term. The results are:

Shelley D. Hartnett, CNMT, of Denver Presbyterian Hospital, was elected President-Elect. As President-Elect, Ms. Hartnett also serves as chairman of the Section's Membership Committee. (Her article on the Committee's plans for the year can be found on page 128 of this issue.)

Donald R. Bernier, CNMT, nuclear medicine clinical supervisor and director of technical education at the Mallinckrodt Institute of Radiology, St. Louis, is the Section's representative to the SNM Board of Trustees.

Karen Stuyvesant, CNMT, senior nuclear medicine staff technologist at the Iowa Methodist Medical Center, Des Moines, is serving as Secretary-Historian.

Paul D. Cole, CNMT, assistant chief nuclear medicine technologist, Johns Hopkins Hospital, Baltimore, was elected to the Finance Committee.

Carolyn A. Cox, CNMT, clinical coordinator/nuclear medicine at the Self Memorial Hospital, Greenwood, SC, and *Shirley Ledbetter*, CNMT, supervisory nuclear medicine technologist, at the VA Medical Center, Shreveport, LA, are serving on the Membership Committee.

And the following were elected to the Nominating Committee: *Roberta Dubin,* CNMT, who is chief nuclear medicine technologist, Germantown Hospital, Philadelphia; *Linda L. Howell,* CNMT, chief nuclear medicine technologist and radiation safety officer, Park Ridge Hospital, Rochester; *Danny L. Jergensen,* CNMT, technical director of nuclear medicine services, General Hospital, Everett, WA; and *Kenneth T. Study*, CNMT, who is a radiopharmacy specialist at the College of Pharmacy/Radiopharmacy, University of New Mexico, Albuquerque.