■ 1988 Media Stars Contest Winners

Nuclear medicine departments representing eastern, central, and western portions of the continental United States have been selected as the winners of the 1988 GE Media Stars Nuclear Medicine Week contest. The winners and their institutions will be recognized for their assistance in educating the public and other medical professionals about nuclear medicine at the annual meeting of the Society of Nuclear Medicine in St. Louis, MO.

Rhonda Brooks, General Manager of Nuclear Marketing at GE Medical Systems, will present the awards, a $1,000 donation to the institution and a $250 honorarium to the individual, during the Technologist Section business meeting to the following individuals: Lancy Brunetto, NMT, of Indiana Hospital, Indiana, PA; Mary F. Menne, CNMT, of Gundersen Clinic, La Crosse, WI; and Yvonne W. Fugee, CNMT, of Northwest Memorial Hospital, Houston, TX.

In addition to the awards ceremony, the Nuclear Medicine Week (NMW) activities of this year's winners will be on display in the SNM booth at the Alfonso J. Cervantes Convention Center. A NMW "Network Directory," listing the activities of departments who completed and returned the NMW survey also will be available at the SNM booth as well as at the GE Technical Exhibits booth. The directory was developed in response to participant's comments on the need for better communication and the exchange of successful NMW promotion activities.

This year's winners were selected based upon the information provided on the NMW survey. The 1988 contest was revised to focus more attention on local efforts for NMW by offering three regional awards (*1*). Of the 58 surveys returned, 14 were selected as semifinalists; the forms were then returned to the participants for additional information. The semifinalists were then separated according to geographical region and the surveys were reevaluated to determine the three finalists per region. The regional finalists were then submitted to the regional judges, comprised of representatives from the Technologist Section and from GE Medical Systems, who sponsors the contest.

Indiana Hospital, a 181-bed, nonprofit community hospital in Pennsylvania is the eastern region winner. The winning entry included an issue of the hospital's quarterly magazine, *House Call*, which was dedicated specifically to nuclear medicine. According to Naketa H. Dobbins, Vice President of Public Relations at the hospital, *House Call* is mailed directly to 25,000 boxholders and reaches 75% of the county residents. This particular issue highlighted the medical cases of five patients who were either diagnosed or treated with nuclear medicine procedures. The hospital's other activities included news releases and radio spots, posters displayed prominently throughout the hospital, and four billboards strategically located within Indiana county.

In a recent interview, Ms. Dobbins stated "we're a community hospital and people don't always perceive community hospitals as offering very sophisticated services that you would find in city hospitals. . . Last summer we had several new physicians on staff, and we had a need to educate not only physicians, but the public and hospital staff also. . .We wanted our physicians to be referring to our hospital, not to a Pittsburgh hospital."

The Gundersen Clinic, which is affiliated with the 369-bed Lutheran Hospital–La Crosse, in Wisconsin won the central region competition with a multifaceted approach that included activities and events such as: pictorial lobby displays of nuclear medicine procedures, equipment, and personnel; posters in a variety of clinic and hospital sites; an open house with guided tours, visual aids and active computer displays, simulated exams, and educational pamphlets (the open house also had coverage from two radio and two television stations); t-shirts, buttons, and stickers; and an evening supper and pizza luncheon for technologists.

Gundersen also incorporated media coverage that included radio interviews with the chief of nuclear medicine; a television news interview with a staff technologist; a feature article in the local newspaper; and an article in the clinic's

1988 Media Stars Contest Winners

REGION 1

1st Place: Memorial Northwest Hospital, Houston, TX, Yvonne W. Fugee, CNMT

REGION 2

1st Place: Gunderson Clinic, La Crosse, WI, Mary F. Menne, CNMT

REGION 3

1st Place: Indiana Hospital, Indiana, PA, Lancy Brunetto, NMT, Nuclear Medicine Technical Director

newsletter. Bev Lewis, a Gundersen charge technologist, stated: "As far as our philosophy went, we wanted to let as many people as possible know about nuclear medicine and what exactly was involved with nuclear medicine. I think we accomplished a lot."

The list of NMW activities for the western regional winner, the 175-bed Memorial Northwest Hospital, stands as a tribute to what "one hardworking nuclear med tech" (as Yvonne Fugee, CNMT, describes herself) can do. Ms. Fugee coordinated and oversaw the following activities: educational and equipment posters placed and changed daily in the physician's dinning lounge and in hospital lobbies; an open house for hospital staff and the general public featuring educational materials and cardiac studies; inservice arrangements for the Texas College of Dental and Medical Careers, the San Jacinto College Nursing Program, and the Memorial Northwest Hospital staff with indirect patient care responsibilities (such as housekeeping); and promoting a hospital health fair at a shopping mall in which posters were displayed and a technologist answered questions.

When asked about tips for other one-person departments, Ms. Fugee emphasized the importance of generating ideas and discussing them with your supervisor. "Write [the ideas] all down. Even if some of them sound crazy, something may evolve from them." According to Ms. Fugee, "Nuclear Medicine Week is worth the extra time because it's good public relations for nuclear medicine, and it makes you feel real good about yourself after you've done it. It was hard for one person, [but] I thought, maybe this will encourage other one-person departments." Ms. Fugee also stated "that when a large local hospital 'with a pretty good sized budget' celebrated Nuclear Medicine Week a couple of years ago, they went all out." "[My] hospital contributed some, but I wanted to do more. Some of the things I did came out of my own pocket. I'd like to encourage other one-person departments to get out there and push for it, we're just as good as the big ones."

On a different note, however, several 1988 NMW participants plan to use 1989 NMW as a means of pursuing some of the recruitment objectives outlined in an article in the December 1988 issue of *JNMT*. The objectives were based on "the need for programs to develop recruitment, career advancement, provide more effective continuing education, and improve the overall visibility of nuclear medicine technology" (*2*).

Margaret M. LaManna, MD of the Deborah Heart and Lung Center in Browns Mills, NJ views it succintly. "There is a national manpower shortage, 8 to 10 percent in radiology, sonography, nuclear medicine, and radiation therapy, primarily in hospitals. The American Health Care Radiology Administrators are addressing this issue, and recently a bill [The Health Professions Act, S.2889] has been passed and signed into law announcing $6 million for allied health education programs over the next three years. I see that Nuclear Medicine Week can mesh very well with this effort to increase the number of people in our field."

Dr. LaManna also cited recruitment as "a surprising offshoot of the [nuclear medicine] week" partially because an open house and conference at her institution resulted in a number of unexpected phone calls from high school students inquiring about careers in nuclear medicine. The point is illustrated further in that Dan Fields, Supervisory Chief Technologist at Tacoma General Hospital in Tacoma, WA reported that high school youth groups dropped in on his nuclear medicine week presentation. He used the opportunity "to show them the advantages of what we do."

The 1989 contest criteria will be broadened to incorporate the extent in which each participant's contribution adheres to the marketing and recruitment strategies developed by the Section (*2*). The 1989 contest entry form will once again be the Nuclear Medicine Week survey.

* *Hassoun Jones-Bey and Laura Burns*

References

1. Jones-Bey H. Media stars contest results. *J Nucl Med Technol* 1988;16:48.

2. Tech section launches marketing plans. *J Nucl Med Technol* 1988;16:226–227.

*Hassaun Jones-Bey and Laura Burns work for the public relations firm that administers the contest for GE.

■ Annual Meeting Preview

The Alfonso J. Cervantes Convention Center in St. Louis, Missouri is the site of the 36th Annual Meeting of the Society of Nuclear Medicine. The meeting, which convenes Tuesday, June 13 through Friday, June 16 will again prove to be an informative and enjoyable session for those in attendance.

Pre-meeting seminars, sponsored by the Radiopharmaceutical Science, Brain Imaging, Nuclear Magnetic Resonance, Cardiovascular, Correlative Imaging and Computer councils of the Society, geared to nuclear medicine practitioners, senior medical technologists, and referring physicians will be held on Monday,

Self-Assessment Quiz Correction

The answer to question No. 8 in the Self-Assessment Quiz on thyroid imaging, which appeared in the March 1989 issue of the *Journal*, was printed incorrectly. The correct answer is 'd.'

June 12. These seminars will cover a variety of topics such as "Basic Concepts and Clinical Applications of PET and SPECT Functional Brain Imaging" and "NMR In Vivo Spectroscopy." The educational format of the meeting is further completed with the inclusion of twenty-three continuing education courses as well as the annual nuclear medicine review course. One CE course that should be educational as well as fun is the College Chapter Bowl, in which the SNM Missouri Valley Chapter challenges the Central Chapter to a "college bowl" quiz session. Team representatives from the chapters will be queried on state-of-the-art practices in nuclear medicine. The seminars and continuing education courses are eligible for Category 1 CME, VOICE, and ACPE credits.

The Technologist Section program, presented on pages 109-131 in this issue, will feature continuing education courses, scientific papers, as well as poster and scientific exhibit sessions. Approximately, 12.0 VOICE credits are available for the continuing education courses. Of particular interest is the Technologist seminar on management which will assist management professionals in developing the skills needed to increase personal and organizational success. Abstracts from the scientific papers represent the following areas of nuclear medicine: Instrumentation, Oncology/Hematology, Cardiovascular, Neurology, Radiochemistry, General Imaging, Immunology/Dosimetry/Radiobiology, and Gastroenterology. Scientific papers as well as posters and scientific exhibits for both the Society and Technologist Section will be on view in the Exhibit Hall of the convention center.

Complementing the educational format of the meeting are a variety of social activities as well as entertaining excursions that reflect the historic diversity and expansion of St. Louis. In addition to the Technologist Party on Thursday, June 15, which is sponsored by all of the exhibitors, attendees may want to visit the Gateway Arch, browze in the boutiques and specialty shops in the renovated Union Station, or take a river cruise on a 19th century steamboat. Details on these activities and others can be obtained at the meeting.

Registration fees for the Annual Meeting are $130 for physician and scientist members; $120 for technologist members; $225 for physician and scientist nonmembers; and $220 for technologist nonmembers. Additional information may be obtained by contacting: The Society of Nuclear Medicine, Registrar, 136 Madison Avenue, New York, NY 10016-6760, or call (212)889-0717.

■ Technologist Section Responds to ASAHP's Change in Policy for Allied Health Program Funding

The draft of a position paper by the Association of Allied Health Professions (ASAHP) on allied health funding has engendered concern among various allied health organizations, including the Technologist Section.

The recently passed allied health legislation provided funding for various allied health programs and a change in definition for schools of allied health (*1*). The Section has been working to ensure that these programs be funded within the current fiscal year. ASAHP has developed proposals for amending this legislation that would in effect increase the amount of funding appropriated for these programs and seek additional funding for the creation of a division of allied health within the Health Resources and Services Administration (HRSA). Although the current legislation provided for allied health data collection within the auspices of other HRSA data collection activities, funding for a separate program was not authorized.

While appreciative of ASAHP's efforts, the Section has, however expressed its concern on two specific points: (a) ASAHP's omission in its proposal for funding of *both* university- and hospital-based programs; and (b) the proposed revising of the authorization bill. Under the current legislation, schools of allied health are now defined to include those

that are hospital-based (*1*). In a letter to Lawrence E. Abrams, PhD, President of ASAHP, Art Hall, CNMT, Acting-President of the Section, stressed the importance of parity in funding for both types of programs and requested that ASAHP amend its proposal to include this view. Mr. Hall further stated that "to deny funding to this segment of the allied health training arena would have a severe adverse effect on nuclear medicine technology training programs and the nuclear medicine technology manpower pool."

In questioning the feasibility of revising the current legislation, the Section conceded that current appropriation was "woefully insufficient," but the interests of allied health would be best served by obtaining funding for the current programs. Mr. Hall's response to ASAHP incorporates this view: "Although we agree with ASAHP's recommendations, and would welcome a better authorization, we believe that the most prudent strategy would be to work hard to obtain appropriations for the already authorized programs, and then launch a major united effort on behalf of the allied health field to obtain a much needed authorization bill that fully addresses problems in this field."

After discussion during the National Council meeting in New Orleans, the Section decided not to renew its membership in ASAHP after the July expiration date.

Reference

1. Congress passes health professions education act. *J Nucl Med Technol* 1988;16:226-231.

■ Nuclear Medicine Week

The fourth annual observance of Nuclear Medicine Week (NMW) will occur this year from July 30 through August 5. Sponsored by the Society of Nuclear Medicine (SNM) and the Technologist Section, NMW provides the medical community as well as the general public with an informative and in-depth view of the progress nuclear medicine has made in the diagnosis and treatment of disease.

Once again, the SNM will make available "Guidelines for Promoting Nuclear Medicine Week," a pamphlet providing information on various promotional activities. As in previous years, special posters and buttons have been designed this year to highlight the event. A small supply of these items will be sent to each Chapter. Additional posters, buttons, and stickers will be sold at cost to hospitals, institutions, and individuals interested in promoting NMW. These materials will also be available for sale during SNM's 36th Annual Meeting in St. Louis. Posters can be seen on page 10A of this issue, and an order form is also enclosed in this issue (see page 11A) for your convenience in ordering NMW promotional materials.

As a tie-in with NMW, General Electric Medical Systems will once again sponsor a Media Stars Contest, which awards a $250 honorarium to the individual responsible for planning and executing the most effective public relations campaign for NMW and a $1,000 donation to that individual's hospital. Awards to the winners of the 1988 Media Stars contest will be presented at the SNM 36th Annual Meeting in St. Louis.

For more information about NMW, please contact Virginia Pappas, CAE, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760, (212)889-0717

■ The Effect of Salaries on Recruitment and Retention

In a 1987 report, directors of Committee on Allied Health Education and Accreditation (CAHEA) accredited programs observed "that employment opportunities had increased markedly while applicants had decreased" (*1*). The results of that study further concluded "that in those areas in which it appears that undesirable shortages may occur, the academic, membership, employer, and related medical communities should cooperate in developing recruitment strategies" (*1*). The results of a 1988 survey documenting trends in allied health students and employment opportunities supports these recommendations. Compiling the comments of 2,604 directors in CAHEA-approved progams, the 1988 survey reflects continued concerns on both the quality and number of applicants entering these professions as well as the number of practitioners retained in fields identified with current or potential manpower shortages.

In the current survey, program directors responded to a variety of questions, including those on effects of salary on recruitment and retention; factors affecting attrition; and enrollment patterns. CAHEA data indicate that the average salary for the occupations surveyed is $19,363, representing a 1.6% increase from the 1987 average of $19,040. CAHEA data for nuclear medicine technology salaries for 1981, 1984, 1987, and 1988 are $15,439, $17,760, $20,243, and $21,883, respectively. Overall, 51% of the respondents viewed salaries as discouraging to practitioners; whereas 37% saw salaries as discouraging to potential students. Interestingly enough, 42% of the nuclear medicine technology directors saw salary as having little effect on recruitment, but 43% perceived salary as discouraging to practitioner retention. According to CAHEA, salaries in allied health are low when compared to other professions requiring similar preparation time. Moreover, the proportional increase in salaries do not appear to correct the current imbalance between practitioner demand and supply.

Director responses to questions on practitioner attrition rates revealed that 69.9% thought the rates were normal and 18% thought they were low. The directors (82.1%), however, perceived that improvement in respect for and recognition of their occupations would result in favorable to very favorable effects on retention. According to CAHEA, lack of respect and recognition along with other occupation environmental factors, have been frequently cited as reasons for shortages in occupations where salaries are

comparable to professions with similar preparation time. Lastly, the survey data indicate that recruitment of sufficient numbers of qualified applicants in most of the programs CAHEA accredits continues to be a problem. This fact is in accordance with data regarding nuclear medicine technology. In a survey conducted by the NMTCB, program directors reported a 58% decrease in enrollment over the last three years. The NMTCB further reported an approximate 40% decrease in the number of first-time examinees between 1985–1988.

The survey concluded with program director comments on those factors that would be most beneficial to their programs. From a selection of ten options, the directors frequently cited more effective public relations for specific occupations as well as allied health in general; higher salaries for practitioners; and more effective student recruitment as being most beneficial. According to CAHEA, additional financial support for programs and increased job satisfaction were cited less frequently.

Reference

1. Program director perspectives on student and employment characteristics: Report on the 1988 survey. *Allied Health Education Newsletter* 1989;20(1):5.

■ Nuclear Medicine Technologists: Current and Future Supply

The Focus Group on Data, a Summit on Manpower committee, set as its goal the challenging task of gathering, organizing, and interpreting existing data from the fields of radiography, nuclear medicine technology, radiation therapy, and sonography to determine whether there are existing manpower shortages in these fields and to document the nature and the extent of the problem. If these shortages are endemic to specific practice settings (i.e., hospital as opposed to private practice) or are a result of regional maldistributions, then the actions needed to correct this problem would obviously be different from those needed to correct an overall general shortage.

As reported previously in the *Journal,* the Summit on Manpower has concluded that existing data on manpower for these fields "indicated that the supply of qualified personnel does not meet current demands nor will it meet future needs" (*1*). To assess current and future imbalances of practitioner supply and demand, the Focus Group on Data utilized information from education, certification, and professional organizations. These findings as they relate to nuclear medicine technology are summarized below.

Current Supply and Demand

To document the current supply of technologists, the Focus Group acquired data from the following certification organizations: The Nuclear Medicine Technology Certification Board (NMTCB) and the American Registry of Radiologic Technologists (ARRT). The committee's findings are as follows: there are currently 9,491 registered technologists of which 90% work in hospitals; 89% work full-time; 11% work part-time; over 60% are staff technologists; and the majority work in departments with three to five technologists.

With a 3%–13% vacancy rate and with 0.27 as the average number of openings for full-time nuclear medicine technologists in hospital settings, the demand for technologists currently exceeds the existing supply. The committee based its findings on data from surveys conducted by American Healthcare Radiology Administrators (AHRA), the American Hospital Association (AHA), and various state agencies. This fact is further documented by respondent's comments on the AHRA survey as well as on a survey conducted by the Technologist Section in which 84% (AHRA) and 57% (TS) of the respondents perceived a shortage in nuclear medicine technology.

Moreover, the committee's findings suggest that personnel shortages are not related to specific regional areas. A review of the AHRA survey indicates that respondents in all states perceived a shortage for nuclear medicine technology. To further examine the possibility of practitioner maldistribution regionally (in which the committee finally concluded that current data suggest that the shortage has "progressed beyond the point" where this theory is valid), the committee reviewed ARRT data from November 1985–November 1988 to compare the number of technologists seeking employment according to geographic distribution. Geographic regions were defined as: New England, Middle Atlantic, East North Central, West North Central, Southern Atlantic, East Southern Central, West Southern Central, Moutain, and Pacific. In assuming that facilities and technologist demand are distributed approximately according to the general population, the committee's findings indicate that the number seeking employment is not geographically maldistributed.

Future Supply and Demand

According to the committee, the aging of the U.S. population and its resultant health care needs will increase the future demand for technologists. The committee cites the Institute of Medicine's (IOM) projection of a 65% increase for

radiologic technologists by the year 2000. Data from the Section to the IOM indicate that this same projection also is applicable to nuclear medicine technology (*2*). There are, however, significant factors that could affect this increase. First, future demand for technologists will be affected by the parallel aging of the current technologist population. The committee's findings indicate that the vast majority of currently practicing technologists were born in the 1950s; so that when the need for more technologists is peaking, a large percentage of current practitioners will be retiring. Secondly, the current declining applicant pool in technologist training programs could also have an adverse effect on future demand. Data supplied to the committee from the NMTCB indicated that currently only 58% of nuclear technology programs are operating at authorized capacity. These data also indicate that of the program directors surveyed, 58% reported a decrease in enrollment over a three-year period. The committee's findings also include data from an American Society of Radiologic Technologists survey which indicate that student recruitment difficulties are not related to specific geographical regions.

References

1. Summit on Manpower. *J Nucl Med Technol* 1989;17:48.

2. Technologist Section responds to IOM study on allied health. *J Nucl Med Technol* 1988;16:4: 228.