



## ■ International Technologist Groups Organize and Seek Identity

As the international community of technologists continues to grow, more technologists are taking steps to organize their colleagues into national professional groups, either as an adjunct to their country's existing society of nuclear medicine or as a separate entity. The Society of Nuclear Medicine-Technologist Section (SNM-TS) is the largest (5,380 members) and oldest professional organization for technologists and as such serves as a model for foreign technologists seeking to set up similar organizations.

Mickey Williams, president of the SNM-TS and administrative director of nuclear medicine at the Hospital of the Good Samaritan in Los Angeles, CA, says that he is excited at the prospect of increased communication between members of our technologist section and foreign technologists. He notes that enhanced communication will allow for a more rapid spread of the newest nuclear medicine technology procedures. In order to encourage this flow of ideas, Mr. Williams has asked the Continuing Education Committee to look into the feasibility of translating SNM-TS audiovisuals and cassettes into foreign languages for international distribution.

### International Relations Committee Expands Focus

The Section has also urged greater participation by foreign technologists in SNM-TS through the formation of an International Relations Subcommittee. The four-year-old committee, chaired by Kathy Richmond-Cox, CNMT, RTNM, chief technologist, nuclear medicine department, general division, the Toronto Hospital, Toronto, Ontario, Canada, was originally asked

to represent the Canadian technologists in the Section, focusing on their needs and interests. Canadian technologists represent by far the largest segment of foreign technologists within the SNM-TS (192 out of 388 foreign members). Ms. Richmond-Cox says that the main thrust of the committee to date has been to encourage an amendment in the U.S.-Canada Free Trade Agreement (FTA) that would recognize nuclear medicine technology as a qualifying profession. She notes that while the U.S. government is willing to address the issue now, the Canadian Department of External Affairs (DEA) has tabled the issue, while it waits for input on the matter from the provinces. Jeff Dovyak, RTNM, staff technologist at Health Sciences Center in Winnipeg, Manitoba, Canada, also a member of the committee, says that the Canadian Association of Medical Radiation Technologists (CAMRT) has written to the DEA requesting that nuclear medicine technology be listed separately as one of three distinct professions: nuclear medicine technology, diagnostic radiology, and radiation therapy.

Both Ms. Richmond-Cox and Mr. Dovyak point out that while the DEA may be hesitating to act on this FTA amendment because of fears of a migration of workers from Canada to the U.S., it is very probable that there would also be migration from the U.S. to Canada. Mr. Dovyak notes that until recently, the western provinces of Canada had suffered from a stagnant economy and there were no jobs locally but that now "technologists who left western Canada to work in the U.S. are returning as jobs open up back home." Ms. Richmond-Cox says that in central Canada the technologist shortage is now becoming acute, mirroring the existing shortage in the U.S. So there

is good reason to believe that migration between the two countries would be bilateral. According to Valerie Fedio, assistant director of government affairs at the SNM/ACNP office in Washington, DC, the next meeting between the U.S. Immigration and Naturalization Service and the Canadian DEA to discuss this issue is scheduled for Spring of 1992 in Washington, DC.

Although the International Relations Subcommittee has dealt only with Canadian issues up until now, Mr. Williams has increased the scope of the subcommittee so that it will now address all issues of international import. Mr. Williams says that the change in the committee's focus is part of a broader plan to reach out to the Technologist Section's existing and potential foreign members and unify the international technologist community.

Another branch of this plan is the initiation of an international Nuclear Medicine Week (NMW). The 1992 poster will be printed with text in multiple languages and the celebration dates have been changed to October from July and August when many Europeans are on vacation (see News Brief, p. 252).

### Language Barrier Inhibits Information Exchange

Since language is a major barrier to the flow of information among technologists in different countries, various technologist groups are taking steps to ameliorate this problem. In Switzerland, where three languages are spoken (German, French, and Italian), technologist training programs are conducted in all three languages. Jose Adalberto Pires Jorge, TRM, a technologist instructor at the Ecole Cantonale Vaudoise TRM in

Lausanne, Switzerland, says that in Switzerland they have evolved a three-language training and continuing education system out of necessity. He notes that although most Swiss have at least a rudimentary knowledge of three languages, the majority of European technologists only speak their local language. This language barrier lessens job mobility in Europe as technologists usually remain in a small geographic area where their native language is spoken.

According to Mr. Pires Jorge, nuclear medicine is a relatively small but growing specialty in Switzerland. He says that the field is growing as many more nuclear medicine procedures are performed and that the number of graduates from the six nuclear medicine technology schools in Switzerland only provides about 50% of the job market needs. He estimates that the Swiss schools graduate about 350 technology students annually, and he points out that the degree received is not as specialized as the one in the U.S.; the Swiss technologist degree covers the fields of nuclear medicine, radiology, and radiation therapy. The Swiss schools have discussed plans to introduce a second degree specializing in nuclear medicine and hope to start offering this degree in three or four years.

Mr. Pires Jorge is also a member of the continuing education commission for the French-speaking section of the Swiss Association of Medical Radiology Technologists and will be heavily involved in the organization of the scientific program for the technologist section of the European Association of Nuclear Medicine (EANM) Congress in Lausanne in 1993. According to Mr. Pires Jorge, the EANM is a fairly new organization, four or five years old, which is comprised of about three thousand members from twenty-four countries. The SNM and SNM-TS send representatives to the EANM Congress in order to strengthen ties between members of the two organizations and to spread the word that technologists of all nationalities are welcome to join the SNM-TS.

The SNM-TS is also attempting to surmount the language barrier with foreign technologists. David Teisler, director of publications at the SNM central office, is looking into the feasibility of selling or leasing translation rights for various SNM and SNM-TS books to publishers who would handle both the translation and distribution of the selected books. Mr. Teisler would also like to see the SNM-TS pamphlet, "A Patient's Guide to Nuclear Medicine," translated into various foreign languages in an effort to educate non-English speaking patients about the benefits and safety of nuclear medicine.

One country that poses no language barrier for the SNM-TS is Britain. British technologists have recently organized into the British Nuclear Medicine Society Technology Group (BSNM-TG), which is affiliated with the British Society of Nuclear Medicine. Caroline Townsend, DCRR, DNM, superintendent radiographer, nuclear medicine department, at the Institute of Nuclear Medicine in London, and chairperson of the BSNM-TG, says that the group, which was created in 1990, currently has 50 members and that 250 radiologic technologists have expressed interest in joining. The BSNM-TG publishes a quarterly newsletter and hopes to publish the newsletter more frequently as its membership increases. Ms. Townsend notes that it is difficult for members to attend educational seminars due to the travel expense involved.

Caroline Townsend attended the SNM annual meeting in Cincinnati this year along with the leaders of three other technologist groups: Dirk Buys, president of the Dutch Society of Nuclear Medicine Technologists, Adelheid Maringer, president of the Austrian Society of Nuclear Medicine Technologist Section, and Keisuke Kanao, president of The Japanese Society of Nuclear Medicine Technologists (JSNMT).

Mr. Kanao, who works in the department of nuclear medicine at Sumitomo Hospital in Osaka, Japan, has been president of the JSNMT for all of its eleven years of existence. Dur-

ing his address at the SNM-TS business meeting, Mr. Kanao said that the JSNMT has approximately 1,000 members of whom 750 are radiation or medical technologists. The JSNMT publishes a quarterly journal, *The Japanese Journal of Nuclear Medicine Technology*, and conducts an annual meeting with academic lectures, which draws about 400 of its members. The size of the JSNMT and the level of member participation are larger than many other technologist organizations due to its longer existence.

### U.S. Training Programs Serve as Model

Although the JSNMT is older than many other countries' technologist associations, it still does not have a national certification board. A recent article in the *The Japanese Journal of Nuclear Medicine Technology* on the need for a specialized education for nuclear medicine technologists (1) proposes that the JSNMT study the U.S. educational training programs as well as the Nuclear Medicine Technology Certification Board (NMTCB) for ideas on elements to use when establishing a nuclear medicine technology training program and certification board in Japan. In his address, Mr. Kanao said that he and his colleagues "are working very hard to establish a certification board in Japan." He also emphasized the eagerness of the JSNMT to exchange knowledge with the SNM-TS.

The theme of information exchange runs strong among all the technologist organizations that have come into contact with the SNM-TS. Whether the organizations are fledgling or more firmly established, each is trying to overcome the barriers of language and scarce funding, in order to create a truly international technologist community, where technical expertise can be exchanged and friendships formed.

**Joan Hiam**

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### Reference

1. Sato Y. Nuclear medicine technologist post-graduate education program: case study. *The Japanese Journal of Nuclear Medicine Technology* 1991;11:75.

## ■ Technologist Section Adopts Guidelines on Interventional Pharmacologies

The National Council of the Technologist Section has endorsed a policy statement that outlines suggested protocol for technologists and their nuclear medicine departments to follow when administering interventional pharmacologies. The guidelines were created by the Government Relations Committee–Technologist Section (TS) at the request of the section's president to fill a void in regulations concerning a technologist's scope of practice.

Sharon Surrel, CNMT, chairperson of the Government Relations Committee–TS and manager of the nuclear medicine department at Washington Hospital Center, Washington, DC, says that the newly created guidelines will serve an important function. "Technologists are now doing more interventional procedures, administering Persantine®, Lasix®, and heparin — drugs which can have adverse effects." Ms. Surrel explains that the guidelines must be expressed in a very general format because the audience for them is so wide. "Each state has different regulations regarding the practice of medicine." She notes that individual institutions can incorporate the parts of the guidelines which are most relevant to them into their own policy statements.

Ms. Surrel emphasizes that SNM–TS guidelines should be used as a starting point by technologists. "The intent of the guidelines is to encourage technologists to work with the physicians and heads of their nuclear medicine departments to implement policy guidelines for their own institutions. Technologists should become knowledgeable about state medical guidelines as well as the rules in their institutions."

The full policy statement detailing the SNM–TS guidelines is printed below.

### Guidelines for the Administration of Interventional Pharmacologies

Nuclear medicine has defined as its objective the observation and detection

of physiologic processes using radiopharmaceuticals. In recent years, the use of pharmacologic intervention in conjunction with nuclear medicine tests has been used to create observable physiologic responses. Nuclear medicine technologist involvement in the delivery of these substances to the patient has become an issue of concern to many members of The Society of Nuclear Medicine–Technologist Section. In response to these concerns, the following guidelines are suggested to assist in the determination of the role of the nuclear medicine technologist in various practice settings.

#### Definition of Interventional Pharmacologies

Those drugs that are administered to patients for the purpose of causing or as a result can cause or induce a physiologic response, a stimulation or reaction of an organ system.

#### Federal and State Regulations

In order to provide patient safety, drugs must be controlled and distributed in accordance with applicable standards of practice consistent with state and federal laws. Medical practice falls under state law and regulation. Physicians licensed by individual states may administer pharmaceuticals as a portion of their scope of practice. In most states, registered nurses and licensed practical nurses who are licensed by the state may administer pharmaceuticals based on training and education criteria. To date, no federal legislation has been found that specifically addresses the administration of pharmaceuticals by allied health practitioners. Various states polled do not recognize technologists as having a scope of practice. An exception is Illinois, which has enacted legislation allowing technologists to administer pharmaceuticals.

#### Institutional Standards of Practice

Since the state and federal regulations that apply are very broad or do not specifically address this issue, each institution must establish its own policy. The Joint Commission on Accreditation of Healthcare Organizations requires under the Pharmaceutic-

al Services Standard that "written policies and procedures governing the safe administration of drugs and biologicals [be] developed by the medical staff in cooperation with the pharmaceutical department/service, the nursing department/service and, as necessary, representatives of other disciplines." The medical staff may develop policies and procedures regarding the management of pharmaceuticals or this function may be fulfilled by the pharmacy service. The governing body of the hospital may authorize individuals to administer drugs based on training and experience criteria.

After development of department policies and procedures that include authorization of specific pharmacologic administration by nuclear medicine technologists, it is important to have these policies and procedures approved by the institution's governing medical staff. Both the nuclear medicine department and hospital must take into account the increase in potential liability resulting from such a decision.

#### Nuclear Medicine Department Policy

The development of department policy and practice must be appropriate to the scope and complexity of the services offered. Policy development should reflect compliance with the medical practice of the department. The qualifications, training, and continuing education requirements of the nuclear medicine technologist must be specified by the medical director of the nuclear medicine service. According to *Essentials and Guidelines for Nuclear Medicine Technology Training Programs*, Section II, 4.a.b., published by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the nuclear medicine technologist may be authorized "to administer radiopharmaceuticals and other agents used in nuclear medicine procedures under the supervision of a physician using intravenous, intramuscular and subcutaneous injections; aerosol, and oral methods as appropriate."

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In the absence of a specifically stated scope of practice or regulations for nuclear medicine technologists, the intention of these guidelines is to assist in clarifying the role of the nuclear medicine technologist in the administration of interventional pharmacologies when required for routine diagnostic nuclear medicine testing. It is hoped that whatever policy is adopted, the patient's well-being and the quality of care provided will be the guiding principles. It is expected that ethical and professional standards will be intertwined with a high quality of technical practice. Institutional guidelines should make reference to the "Code of Ethics for Nuclear Medicine Technology" as adopted by The Society of Nuclear Medicine-Technologist Section in 1985.

### ■ JRC Proposes Changes in Technologist Essentials and Guidelines

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRC) has proposed several changes to the "Essentials and Guidelines of an Accredited Educational Program for the Nuclear Medicine Technologist" (Essentials), which have been approved by five of six sponsoring organizations and the Council on Medical Education (CME) of the American Medical Association (AMA). John Fauser, PhD, secretary of the committee on Allied Health Education and Accreditation (CAHEA), which is an agency sponsored by the AMA, notes that CAHEA has also reviewed the changes and recommends their adoption. According to Elaine Cuklanz, CNMT, executive director of the JRC, the revised Essentials are expected to become effective on January 1, 1992, pending a meeting by the CME. Until then, nuclear medicine technology programs will be evaluated using the standard of the 1984 Essentials.

Maria Nagel, CNMT, program director of nuclear medicine technology at the University of Nebraska Medical Center in Omaha, Nebraska, and a

Technologist Section representative to the JRC, says that the revision process involved compromise by all six sponsoring organizations. "When you have that number of organizations with diverse emphasis, you have to look at the overall picture and compromise in a lot of areas. It really forces each organization to look at all the others."

One of the most important areas that the JRC addressed, says Ms. Nagel, is clinical radioimmunoassay (RIA) experience. The 1984 Essentials state that students must obtain 160 hours of clinical RIA experience. Now those hours have been eliminated from the guidelines, says Ms. Nagel, because institutions that are unable to offer clinical RIA experience would be forced to close their programs. Sheila Rosenfeld, CNMT, director of the nuclear medicine technology program at St. Louis University School of Allied Health Professions in St. Louis, Missouri, and a Technologist Section representative to the JRC, adds, "We took those hours away because the nuclear medicine community thought there was too much emphasis on RIA and not enough emphasis on SPECT and computers." According to Ms. Nagel, the JRC will look at each program individually to determine whether students are gaining sufficient clinical RIA experience.

The JRC has opted to be more specific in the program director's qualifications. Says Ms. Nagel, "Our previous qualifications did not address educational preparation." The director must now be certified by a nationally recognized certification board or have equivalent suitable qualifications and one of the following: a baccalaureate degree in nuclear medicine technology or a related field with at least two years postgraduate professional experience; an associate degree related to nuclear medicine with at least four years postgraduate professional experience; or a minimum of five years post-certification professional experience.

The language used to describe standards for academic affiliates was made more specific in the revised Essentials. Affiliated institutions will be recommended for accreditation in areas

where the sponsoring institution can directly supervise, coordinate, and maintain communication to ensure that students enrolled receive uniform and adequate instruction and clinical experience. Each affiliated institution will be required to appoint a representative to attend semi-annual advisory meetings to ensure that this process is occurring.

The changes also state that the academic educational program will provide the required prerequisites, such as post-secondary courses in chemistry, physics, medical terminology, human anatomy and physiology, math, medical ethics, and oral and written communication, in addition to a non-clinical professional curriculum. In the event that an institution is unable to provide the total non-clinical educational requirements, arrangements will be made with outside academic facilities. When academic affiliates provide the prerequisites or award credit for the professional curriculum, the responsibilities will be described in written agreements. Each institution directly concerned with the program must maintain a copy of the affiliation agreement.

Program outcomes were another area emphasized under the evaluation process. According to Ms. Nagel, the description of the outcomes is more specific and more emphasis has been placed on the evaluation of practicing technologists to ensure their competency than on the educational process. "We're telling the consumer that we're putting out a competent technologist."

Programs must be able to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the educational program. Each program may devise its own method of complying with this criterion. However, the program needs to document the data and analysis provided, which may include, but should not be limited to, the following.

- A survey of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, and educa-

tion and skills that are sufficiently and inadequately addressed in the educational program

- Interviews with program graduates and employers of graduates
- Data on the evaluation of student performance on the national certification examination and other nationally recognized standardized tests

The results of ongoing evaluation must be reflected in the program's curriculum.

Two statements were added regarding patient care and technical skills. One addressed the use of proper techniques of body mechanics when transferring patients. The other addressed the expansion of the description of the profession to include the administration of interventional pharmacologics used in nuclear medicine procedures under the supervision of a physician.

Changes were also made in medical law and ethics, imaging procedures, and non-imaging in vivo procedures. According to Ms. Rosenfeld, the JRC also added a line stressing the importance of computer knowledge for nuclear medicine technologists.

Once these and other changes are approved, the JRC will follow its usual procedure of establishing workshops to train site visitors in the application of the new Essentials.

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## ■ News Briefs

### **NRC Quality Management Rule Ignites Debate**

The Nuclear Regulatory Commission (NRC) issued its final rule on quality management last July, providing guidelines for medical licensees on methods to implement quality management programs. The NRC calls its rule "quality management" to distinguish it from the quality assurance program of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The NRC issued the rule in spite of advice from its Advisory Committee on the Medical

Uses of Isotopes (ACMUI) that no quality management rule was needed.

In response to publication of the final rule, The Society of Nuclear Medicine (SNM) and the American College of Nuclear Physicians (ACNP) have petitioned a federal court to extend the September 25 deadline for appeal to open up negotiations with the NRC. The SNM and ACNP have not yet decided whether to appeal the rule.

The NRC's final rule on quality management (10 CFR Parts 2 and 35), effective on January 27, 1992, has changed significantly since it was first proposed in 1987. The revisions likely to have the most impact on the nuclear medicine community are as follows:

- The rule will not regulate most diagnostic procedures due to the low radiation risk to patients. However, it will regulate diagnostic doses of iodine-131 or iodine-125 sodium iodide in quantities greater than 30 mCi.
- The organ radiation dose threshold for identifying misadministrations has been changed from 2 rem to 50 rem dose equivalent and the whole-body threshold has been changed from 0.5 rem to 5 rem.
- The NRC lowered the estimated \$4 million annual cost to \$1.4 million.
- Rather than prescribing quality management practices to licensees, the NRC will provide guidelines, allowing licensees to develop a system for meeting those guidelines. The NRC's projected publication date for the guidelines was November.

Members of the nuclear medicine community have voiced concern that the regulations will overlap existing programs, particularly those of the JCAHO. ACNP President Terence Beven, MD, says, "My primary concern is that the rule is redundant and it's going to cost many practices a great deal of paperwork." The cost of implementing a quality management program, says Dr. Beven, may be significant in view of the NRC's recent raising of inspection fees. "With the new rule," he says, "hospitals will have to raise their fees and the costs of inspec-

tion will ultimately be covered by the patient." According to Kristen Morris, director of government relations, SNM/ACNP, "The NRC's \$1.4 million annual cost estimate was made before the NRC considered the cost of inspections or the cost of hiring a staff to maintain the rule."

Small providers of healthcare may be hit especially hard with the installation of the NRC-mandated quality management program. In a letter to the NRC, Mark S. Hayward, acting chief counsel for advocacy for the Small Business Administration, states that "quality management will require numerous small providers of health care to provide for written directives of dosages, redundant identification of the patient, rechecking of calculations, and written explanations of deviations." He also noted that these requirements would force licensees to hire more technologists.

Some licensees believe that the revised rule will benefit their practice. Barry Siegel, MD, chairman of the NRC's ACMUI and director of nuclear medicine at Washington University's Mallinckrodt Institute of Radiology in St. Louis, Missouri, says, "There's something to be gained from this rule for the nuclear medicine community. First, the precautions required by the rule should be part of any good nuclear medicine practice. Second, the misadministrations that will now have to be reported are quite different from those prior to the revisions. Before, licensees had to report nearly all diagnostic misadministrations to the NRC. Now 95% of such misadministrations will be recorded on a form and reviewed by a local radiation safety committee."

Edward Silberstein, MD, an NRC consultant who reviews misadministrations and is professor of radiology and medicine at the University of Cincinnati Medical Center in Cincinnati, Ohio, is optimistic that the quality management rule will lower the rate of misadministrations by encouraging licensees to become more attentive to patient care. The NRC places the national misadministration rate at 1 per 10,000 procedures, which, according

to Ms. Morris, is 2,000 times lower than the non-radioactive drug misadministration rate.

The adequacy of existing quality management programs remains a topic of debate. To strengthen its supposition that a quality management rule is necessary, the NRC commissioned the National Council on Radiation Protection and Measurements to prepare a commentary on the radiobiological significance of nuclear medicine misadministrations and used a draft of the commentary as a source in creating the rule. The NRC has also mailed questionnaires to approximately 2,400 nuclear medicine facilities to assess the quality assurance standards of each institution: The agency has not provided any results on the mailing to date.

### Technologist Section Creates New Committee

Mickey Williams, president of the Technologist Section, has announced the imminent formation of a new committee, the Public Education and Professional Enhancement Committee (PEPE). This committee is the result of a strategy plan undertaken by the National Council in 1988 to address the need for further public awareness of the field of nuclear medicine. The committee is in the planning stages; appointments and committee objectives will be announced at the mid-winter meeting in Dallas. Committee members will include members of the Nuclear Medicine Week Committee and the Commercial Affairs Committee.

To further public awareness of nuclear medicine, The PEPE Committee expects to provide educational materials to the media on an ongoing basis as well as strive for placements of nuclear medicine products on television shows and in movies. Negotiations for these placements will take place with the appropriate writers' guilds and producers. Mr. Williams said that the committee will also approach community service organizations "to make sure they know we exist."

The committee will also strive to en-



Staffers sort through sea of mail containing inquiries on career opportunities in nuclear medicine technology

hance the professional image of nuclear medicine technologists through the production of videos and brochures emphasizing that nuclear medicine is a profession, not a vocation.

### NMT Recruitment Drive Gets Results

The Summit on Manpower is an alliance of 18 national healthcare organizations, formed to address the manpower shortage of nuclear medicine technologists, radiologic technologists, radiation therapists, and sonographers. As part of its strategy to alleviate the personnel shortage in these professions, the Summit places recruitment advertising in selected national media.

On June 28th of this year, the Summit ran a short item in *The Kiplinger Washington Letter* offering information on educational and career opportunities in nuclear medicine technology, radiation therapy technology, radiography, and sonography. *The Kiplinger Washington Letter* is a 68-year-old newsletter subscribed to by national businesses. It is read by high-level

executives according to Roger Allan of John Adams Associates (the Summit's public relations firm).

Within two weeks of the insert, the Summit received 4,000 letters requesting information on career opportunities and by mid-September the response volume had grown to 6,000. The deluged Summit staff asked four of its member organizations, including The Society of Nuclear Medicine, to help answer the letters. Each person who requested information was sent the Summit on Manpower's Career Opportunities pamphlet.

Only time will tell how many of these inquiries actually bring new nuclear medicine technologists into the field, but the excellent response to this recruitment insert offers hope that the technologist shortage may be ameliorated in the not too distant future. Further, the interest in medical technology careers evinced by response to the ad shows that the efforts currently underway by the Technologist Section to enhance public awareness of the nuclear medicine technology profession will not fall on deaf ears.

### **Nuclear Medicine Week Goes International**

The leadership of The Society of Nuclear Medicine and the Technologist Section have decided to promote Nuclear Medicine Week internationally. The decision comes in response to a request by the European Association of Nuclear Medicine to participate in Nuclear Medicine Week (NMW) activities. The 1992 poster, which is being created by Du Pont Radiopharmaceuticals, will reflect the diversity of its international audience. The poster text will be printed in five languages to enhance its usefulness worldwide.

Cynthia Wharton, CNMT, chair of the NMW Committee, says that the committee decided to use a less technical poster this year to reach a broader

audience. The four-color poster will have a tag line that encourages viewers to "see a world of clinical information through nuclear medicine." The poster graphics show scans of various organ systems, superimposed over an outline of the human body. A world map is visible in the background. Ms. Wharton notes that "the idea in the poster is to reach out to the general public as well as to referring physicians." She hopes physicians will frame the poster and hang it in their offices and waiting rooms.

In keeping with the international focus of NMW, the National Council of the Technologist Section recently voted to change the celebration dates of NMW from its traditional time in late July and early August to early October (NMW will now take place the

week following the first Sunday in October). In 1992, NMW will be celebrated during the week of October 4-10. This change is due to a desire to avoid conducting NMW activities at a time when many people are on summer vacation. The annual July/August vacation exodus is much more pronounced in Europe than in the U.S. Mickey Williams, CNMT, president of the Technologist Section, notes that there is also a desire to have schools participate while they are in session.

Ms. Wharton urges members to start planning their NMW activities now as October 1992 is only ten short months away. Members who would like suggestions on ways to celebrate NMW may call Virginia Pappas, CAE, at the SNM central office or any member of the NMW Committee.