

NMTCB REPORT

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Chair**

In an effort to keep the NMTCB exam as current as possible, periodic surveys of practicing nuclear medicine technologists are conducted. Such a survey is called a task analysis wherein we ask technologists which tasks they perform, how often they perform them and which tasks they feel new technologists should be competent to perform. The results are statistically analyzed by ACT and incorporated into the examination. The last task analysis survey was conducted in 1991.

A task analysis should be conducted approximately every three to five years, depending on the rate of change in the field. This past summer the NMTCB conducted its latest survey, renamed Practice Trends Analysis. This survey was done only three years after the last one because of the need to gather information about our profession at this critical time when health care reform promises to generate widespread change in the practice of nuclear medicine technology.

This survey was different from those in the past in that we did not emphasize the details of routine nuclear medicine procedures, although such questions remained an important part of the survey. To determine the extent to which technologists performed nontraditional tasks, often termed multiskilling, the survey asked about the performance of non-nuclear medicine imaging procedures such as radiography, CT and sonography and procedures that ancillary personnel have done in the past. For example, how many NMTs start IVs, insert catheters, place ECG leads or operate the treadmill? We also asked more extensive demographic questions because there is a dearth of information in this important area.

The surveys were returned by mid July. We got a much higher response than in the past and I would like to thank all of you who took the time to respond. This improved response rate

Examination Dates The Nuclear Medicine Technology Certification Board 1995

Year	Exam Date	Application Deadline
1995	June 24	April 15
1995	September 23	July 15

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may be because the survey was shorter and more concise and, perhaps, because nuclear medicine technologists are taking a more active interest in where their profession is going.

The statistical analysis of the survey will be completed later this year and the results will be published in the *JNMT* and distributed to program directors. Although it is premature to make any statements about what the profession will be like in two years, we can make some interesting observations from the raw data about what NMTs were doing in their workplace in June and July of 1994.

The most interesting observation is that there didn't seem to be the major changes in job descriptions that some expected. Most technologists continue to work in the hospital setting, continue to perform strictly nuclear medicine procedures, and continue to have other health care workers start IVs, operate the treadmills and maintain the film processor. Few of the expected changes had taken place. One note of caution, however. Because this is the first time

we asked some of these questions, this survey is actually a baseline study and trends toward multiskilling cannot be established yet.

Does this mean that the changes anticipated from health care reform are not going to take place? Certainly not. There are very few of us in the field who don't know technologists who have had their job descriptions rewritten, their departments downsized or redesigned, or lost their jobs. Hospitals are currently undergoing major changes with increased demand to cover managed care contracts, creating uncertainty for many health care workers. And while there does not seem to be widespread conversion to hiring multiskilled NMTs, many of us are fielding questions about multiskilling.

The credentialing process for new skills is of particular interest in the multiskilling arena. In the past, learning a new task was simply done on the job as "see one, do one." That method simply won't work today. Health care facilities are beginning to require detailed standards of practice for almost every procedure performed in patient care. Many institutions are demanding to know how employees are being trained and evaluated in performing these tasks. Thus, we see the concurrent trend toward establishing quality care in a multi-skilled environment.

Establishing standards will involve nuclear medicine technologists, their professional society, the educational system, and the credentialing bodies. Each group provides a different insight into problems and special skills with which to solve those problems. The schools must not only educate new professionals but retrain and update practitioners. Defining, or perhaps redefining, the nuclear medicine technologist in the context of health care reform is among the most important considerations of our profession. And if we don't do it ourselves, there are others who will do it for us.