

MESSAGE FROM THE P R E S I D E N T

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The year is 2005. You have been working in the field of nuclear medicine for more than 20 years. As you enter your department, the nuclear medicine technician is leaving to go to his second job of transporting patients. You are informed that the daily floods have been completed and the quality control check on the dose calibrator is done. Before transmitting the daily camera floods to the review screen, you check them to make sure they are acceptable. You also check the dose calibrator readings to ensure the readings are within the acceptable range.

Your nuclear medicine department recently hired a transporter to work in the mornings to help eliminate overtime and use his time more efficiently. This transporter/technician helps reduce the physical work in your department but you must still check his results. It is sometimes difficult to make a technician understand the importance of daily floods and dose calibrator readings.

Today the registered, multi-imaging technologist, hired by the hospital's human resources department, begins work. This technologist arrives and you review departmental policies with her. While explaining the competency testing, the technologist explains that radiopharmacy was not a strong point of her clinical training. Her school used a unit dose system. This technologist will need to spend extra time in radiopharmacy to improve her skills.

Even though human resources explained the multi-competent employee to you, you still have questions to ask the technologist. What is a registered, multi-imaging technologist trained to do? What kind of schooling does she have? The technologist explains that the first year of secondary school requires all students in the health care field to take all the same basic courses, such as anatomy, math, physiology, patient care, patient assessment and sociology. Second-year students are required to declare which fields they want to enter—imaging, laboratory, nursing or therapy. The students begin classes related to their fields. The third and fourth year are spent in clinical settings. Equal time is spent in each of the imaging modalities of radiology, computerized tomography, magnetic resonance imag-

ing, ultrasonography and nuclear medicine. In the second semester of the final year, students declare the imaging modalities in which they want to specialize. This technologist spent the last semester in a nuclear medicine department. After completing school and passing the multi-imaging registry, the student can be employed in any of the imaging modalities.

You ask the imaging technologist if she considered taking the NMTCB exam. She explains that there was no need because the multi-imaging registry made her more employable and allowed her to work in all the areas of imaging.

Now the imaging manager makes an appearance to meet the new technologist. The manager tells the technologist to work in computerized tomography on Tuesday mornings and to work in radiology, taking chest radiographs, on Thursday afternoons. This means the multi-competent technologist will spend 20% of her work hours in radiology.

In addition to introducing the new technologist, I inform the imaging manager that I received the results of my advanced imaging registry in nuclear medicine. Now I am able to offer technical readings for the nuclear medicine scans. This is an important step, since it allows a great deal more latitude in operating the managed care environment.

This is just one possible scenario for our professional environment as we enter the next century. The field of nuclear medicine is changing, has been changing and will continue to change. It is in our best interest to be the conduit of this change and act as the leaders in the imaging field.

What do you envision for the future? How do you see your profession and your job changing? How do you feel about these changes? The leadership of the Technologist Section is interested in your view of tomorrow's world. You can and will influence the direction that the Technologist Section moves as we enter the next century. You do make a difference in how the section operates. Tell us about your scenario of how life will be in the nuclear medicine imaging environment in the year 2005.