everal years ago some nuclear medicine technologists met locally for dinner. We did this from time to time, both out of friendship and to discuss nuclear medicine topics. One of the technologists mentioned that she had started performing ⁸⁹Sr therapy procedures. She was developing the department's procedure and was the only technologist working with a patient population which was new to her. She admitted that she was having a difficult time. In some cases she was treating the same patients over time

and witnessed their decline. At other

times the patients experienced so

much bone pain that it was hard for

her to imagine living with that amount

of pain.

We talked that night about how a technologist should interact with a terminally ill patient. We decided on honesty, openness, warmth and maybe even a little touch therapy. A touch on the shoulder or even a hug if we had seen the patient many times. Was this what high-tech, high-touch meant? Certainly the patients knew they were very ill and would probably appreciate candid communication.

I thought about this conversation for a long time. This technologist had more than 20 years of experience in nuclear medicine and I was surprised that she was having difficulty working with any group of patients. Maybe she was just more aware and open about her own feelings. If she was having this level of discomfort, what was going on with all the other technologists without her level of skill and years of experience? Would this become a larger issue as more departments began to offer ⁸⁹Sr therapy?

Several months later, while participating in the planning of the oncology continuing education track for the SNM Annual Meeting, this topic was discussed. Was there anyone who could talk about technologist interactions with the terminal patient? This would be a fresh topic for the program and perhaps it represented an unmet need that we could address. Kathy Thomas volunteered to put together a presentation with the help of her

EDITOR'S PAGE

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A Good Idea Grows

coworkers. She worked at the City of Hope National Medical Center which had a good support system for both patients and staff.

We asked Kathy to give her talk at the Pacific Northwest Chapter Technologist Continuing Education Program the next February, as a test run before the annual meeting. Kathy's talk was well-received in Seattle and again in Orlando. The evaluations from both meetings documented that technologists were struggling with these issues.

This story was worth repeating for several reasons. The technologist who first brought up the subject had enough self-awareness to know that she was having some difficulty in a specific situation. She was able to verbalize her feelings in an environment in which she felt safe to do so. Also, being a part of a supportive network of professional peers and friends is essential to all of us. We need to be able to talk

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openly about what is on our minds and should expect and receive support from our professional peers. This is one of the best reasons for being an active member of the Technologist Section, whether it be locally, regionally or nationally. Over the span of your career, it will serve you well. Now in a time of much change in the workplace, it is difficult for me to imagine not having a supportive professional network. We need to be more supportive of one another as the changes in medicine play out in the months ahead.

This story illustrates what happens when we get it right. One person identified a personal need that turned out to be a larger general need. That person identified the right issue. If one person has a question, chances are that there are more people with the same question. A group of colleagues supported one another that evening and we all went away with some new or different ideas about what we thought we should be doing in our departments. The issue then became a part of the larger picture of what the Technologist Section could provide to support technologists everywhere.

It is not enough for one person to state the need. We must also choose to listen to others' needs. Our leaders and educators especially need to hear what is on the minds of technologists. After hearing the need we should act to meet the need. Many technologists have benefited from the presentation on interacting with the terminally ill patient. Many more technologists will now benefit from reading the continuing education article, "Effectively Interacting with the Terminally Ill Patient," in this issue of *JNMT*. A good idea grows.

What issues have you identified? Find the right environment in which to express yourself. Expect support from and give support to your peers. Remember the Technologist Section has many ways to support the membership. Your idea just might be the topic of an upcoming program, a continuing education article or a topic for our "Ask the Expert" feature. Let your good idea grow too.