An Invitation to Louisville

Welcome to a Thoroughbred Affair

Dear Nuclear Medicine Technologist:

In recognition of the professional and educational demands and concerns facing us today, a completely "Thoroughbred Affair" awaits you in Louisville, Kentucky, from Thursday, February 7 to Saturday, February 9. Our Seventh Annual Meeting site is the Galt House Hotel—a self-contained convention facility located in the center of Louisville on the Ohio River.

Before the meeting proper begins, the Section's Finance Committee will meet Monday, Feb. 4 and Tuesday will see the debut of a meeting for all Committees—a "think tank" for the Section. The National Council of Delegates is scheduled to meet all-day Wednesday and Thursday morning. Any member of the Technologist Section may attend this meeting and we would welcome your presence. Another meeting of interest will be the annual business meeting, which will take place on Friday, Feb. 8 from 4:45 to 6:00 p.m. in the Court-Dell Quay Rooms; we encourage all meeting-goers to attend.

THE PROGRAM

Continuing Education

The Scientific Program Committee sought to build a program diversified enough to attract a national cross-section of nuclear medicine technologists. From that foundation, we then added the requirements needed to comply with our continuing education system—VOICE. All the tracks to be offered in Louisville are now being reviewed to determine their eligibility to receive CEU credit-approval from VOICE. Because of the nature of the credit-application process, credit information is not available at this time. If you or your institution, however, determines the efficacy of travel on the basis of approved continuing education programs, please do not hesitate to contact me, or Roxanne Ramos at the Society of Nuclear Medicine, for an up-date on credit information for Louisville.

PROGRAM HIGHLIGHTS

Registration opens on Thursday, Feb. 7 at 8:00 a.m. Technologist Section President George W. Alexander, Jr., will officially open the meeting at the plenary session later that day at 1:00 p.m.

Every track is open to all—the only exception is the Radiopharmaceutical Quality Control Workshop, which is limited to 48 participants. This BRH-sponsored workshop is the only full-day track that will be held on Thursday and preregistration is required.

Six other tracks will be presented in Louisville. We designed the program to allow you to complete at least two of them in the disciplines of your choice within the three-day meeting.

These tracks are:

- **Educators**—a five-hour workshop designed for NMTs who are involved in the clinical evaluation of students. Sessions will deal with the major decision points that are used to develop a clinical evaluation method, as well as an analysis of the advantages and limitations of commonly used methods.
- **Radioassay**— the clinical techniques for radioassay of carcinoembryonic antigens and radioassay methods related to myocardial disease; presentations on evaluating commercial kits and systems for use in performing radioassay studies; an overview of quality control in the RIA laboratory.
- **Licensure**—a five-hour presentation on legislative matters, followed by a one-hour panel discussion with time for questions and answers.

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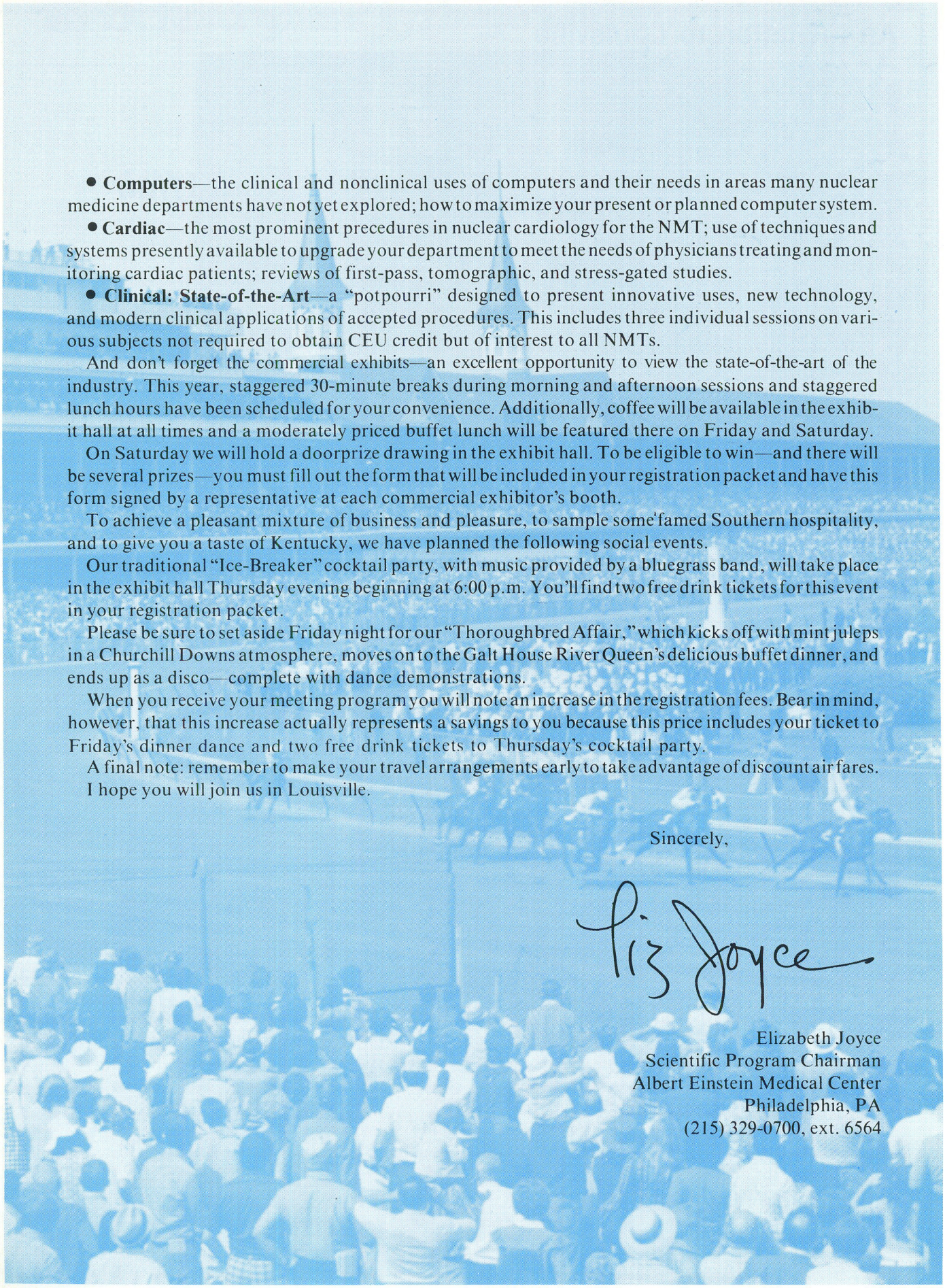

- **Computers**—the clinical and nonclinical uses of computers and their needs in areas many nuclear medicine departments have not yet explored; how to maximize your present or planned computer system.
- **Cardiac**—the most prominent precedures in nuclear cardiology for the NMT; use of techniques and systems presently available to upgrade your department to meet the needs of physicians treating and monitoring cardiac patients; reviews of first-pass, tomographic, and stress-gated studies.
- **Clinical: State-of-the-Art**—a "potpourri" designed to present innovative uses, new technology, and modern clinical applications of accepted procedures. This includes three individual sessions on various subjects not required to obtain CEU credit but of interest to all NMTs.

And don't forget the commercial exhibits—an excellent opportunity to view the state-of-the-art of the industry. This year, staggered 30-minute breaks during morning and afternoon sessions and staggered lunch hours have been scheduled for your convenience. Additionally, coffee will be available in the exhibit hall at all times and a moderately priced buffet lunch will be featured there on Friday and Saturday.

On Saturday we will hold a doorprize drawing in the exhibit hall. To be eligible to win—and there will be several prizes—you must fill out the form that will be included in your registration packet and have this form signed by a representative at each commercial exhibitor's booth.

To achieve a pleasant mixture of business and pleasure, to sample some famed Southern hospitality, and to give you a taste of Kentucky, we have planned the following social events.

Our traditional "Ice-Breaker" cocktail party, with music provided by a bluegrass band, will take place in the exhibit hall Thursday evening beginning at 6:00 p.m. You'll find two free drink tickets for this event in your registration packet.

Please be sure to set aside Friday night for our "Thoroughbred Affair," which kicks off with mint juleps in a Churchill Downs atmosphere, moves on to the Galt House River Queen's delicious buffet dinner, and ends up as a disco—complete with dance demonstrations.

When you receive your meeting program you will note an increase in the registration fees. Bear in mind, however, that this increase actually represents a savings to you because this price includes your ticket to Friday's dinner dance and two free drink tickets to Thursday's cocktail party.

A final note: remember to make your travel arrangements early to take advantage of discount air fares.

I hope you will join us in Louisville.

Sincerely,

Liz Joyce

Elizabeth Joyce
Scientific Program Chairman
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Philadelphia, PA
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Message from the President

GEORGE W. ALEXANDER, JR
President
Technologist Section

Shortly after assuming my responsibilities as President of the Technologist Section, I appointed a special task group to examine our entire involvement in continuing education, including the VOICE program. Based on all that I heard from you, the members, during my year as President-Elect, few would question the need for this introspection. On Oct. 5 and 6, the Task Force to Review Continuing Education for Nuclear Medicine Technologists met in St. Louis. During two days of often intense discussion, Task Force members Maria Nagel, Debbie Perkins, Marion Allen, Bob Bontemps, Mike Cianci, Sheila Rosenfeld (chairman) and I plowed through an agenda that dissected the Section's involvement with CE. We even considered the future relationship between CE and certification by inviting Don Bernier, and NMTCB representative, to observe and contribute.

The Task Force's mandate—to define CE for nuclear medicine technology, to re-evaluate current programs and methodology, and to examine external influences—was more than admirably met. Our report and recommendations to the National Council of Delegates, who will meet this February in Louisville, promise not only to stimulate lively discussion but important changes, too. Not to be overlooked is the role of the National Office staff in these activities. Their assistance in developing the right questions, evaluating experiences, and weighing alternate routes is one of the elements that makes our future really bright. Taken as a whole, the Task Force meeting and its recommendations may well be the most significant event of my term.

An important definition: The Task Force will ask the NCD to define CE henceforth as, "a learning process whereby the best methods, knowledge and professional ideas are developed, interpreted, and disseminated to all nuclear medicine technologists for the purpose of strengthening standards." We view the recordkeeping function only as an ancillary issue to the general concept of CE.

The Task Force fully agreed that we best serve you by providing CE opportunities that touch all aspects of nuclear medicine technology—imaging, RIA, radiopharmacy, instrumentation, and so forth. We feel strongly that broad, cross-disciplinary efforts will help us avoid fragmenting our profession. Additionally, by improving and expanding our CE program, we will strengthen our membership, our governmental influence, and, in fact, our contributions to the entire scope of American health care.

Other parts of the picture: We examined every identifiable aspect of our members' CE needs, running the gamut from present to probable needs, from real to imagined. We looked at the evolving relationhip between CE and licensure (as well as certification and recertification). We regarded the continuum that begins with formal training in student programs and continues through mature long-term career needs—well aware that these activities occur under the scrutiny and influence of government, other health diciplines, and our consumer patients. Our programs, then, must encompass all of our professional needs and provide opportunities for new graduates and seasoned veterans alike. At the same time, these opportunities must be available on national, regional, and local levels. In short, we must maximize the quality of our CE programs, provide access to them, and work to guarantee uniformity. A great challenge!

Raising our VOICE: Since the inception of our VOICE program, we have struggled with this multi-tiered accreditation system, which often confused and rarely met either our needs or expectations. Therefore, the Task Force will recommend to our NCD that: the concepts of PAR and VUE credits be abolished; our accreditation system be tailored to the nationally recognized CEU system, and our review and accreditation practices be substantially liberalized. These changes are intended to permit regional and especially local efforts to be meaningfully accredited for CEUs while preserving our standards of quality and credibility, as well.

Most of us realize that training, certification, and CE are the three key elements of our profession. The Committee on Allied Health and Accreditation (CAHEA)—through strict review and approval—permits training programs to prepare NMTs for entry-level positions. The NMTCB in turn provides a mechanism to validate competency. Both CAHEA and NMTCB have direct, continuing input from us to assure that theory and practice meet.

The relationship between CE and continuing competency, however, is far from clear and under constant evaluation. Because of this, the Task Force will recommend that the Section assert national leadership—and provide CE programs that will help all NMTs to preserve and improve professional abilities. Similarly, we feel compelled to strengthen our current CE efforts to meet high standards and expectations—and to be innovative in such areas as self-instruction, use of materials from government and industry, and "road shows" in cooperation with regional chapters and local efforts, to name a few.

In looking at the VOICE recordkeeping system, we found that little satisfaction exists for this system as it now operates. For example, each of you who participates in VOICE recently received a "current" transcript with a request that you return any corrections to the National Office. The flood of response simply reinforces the magnitude of the problem: VOICE is not working. Therefore, the Task Force will recommend to the NCD that substantial changes be made.

There are many ways to do this. One option is to con-

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NMTCB Report

Mark I. Muilenburg
Chairman, NMTCB

The second Nuclear Medicine Technology Certification Board (NMTCB) examination was given to 780 candidates on Sept. 15, 1979. This is a 20% increase over 1978; we consider it an indication of the Board's continuing strength and growth. The exam consisted of 225 multiple choice questions. Of these, 25 were pretest questions not included in scoring, but helpful in developing statistics regarding performance of each question before its inclusion in exam scoring. This contributes to the exam's reliability and validity. Areas of competence assessed in the exam were nuclear instrumentation; dose calculation and administration; imaging procedures; radiopharmacy; radiation protection; and nonimaging.

The exam results were carefully reviewed by the NMTCB and American College of Testing (ACT). The ACT administered the exam, gave professional consultation during exam development, and provided all psychometric evaluation services.

The following preliminary statistics are available—range of scores: 27–179 (200 possible); mean: 130.26; reliability 0.93; and pass/fail cutoff score: 119. The percent of passing candidates is 69%. Examination reliability, the dependability with which it measures what it is intended to measure, is very important. A universally accepted index of reliability is the Kuder-Richardson 20. KR20 values above 0.90 are regarded as extremely desirable. The 0.93 obtained this year certainly meets that criterion.

The pass/fail score was determined using Nedelsky's method, which means the exam is reviewed and each question is judged according to whether or not a minimally competent examinee should be able to answer it correctly. This method allows each version of the test to be judged before administration and determination of a pass/fail score before the exam is given.

This year, only those candidates who authorize their score release on the exam answer sheet will have their scores made available to others. The NMTCB has devised a method by which NMT program directors can evaluate overall performance of their students on a national scale. Directors will receive a graph with all the program scores yet the only score identified will be their program's scores. The program score graph and scores of students who authorized release will be sent automatically to respective program directors. The 1980 exam will meet the criteria for a criterion-referenced exam before the stated goal of 1981. A criterion-referenced examination compares a candidate's performance with a well-defined body of knowledge required for competency. Three main components go into development of a criterion-referenced examination: a comprehensive task analysis, a well-designed test specification matrix, and a method to predetermine required performance levels. These have now been developed and proven in two exams. In addition, a criterion-referenced exam should have a score distribution skewed to the right instead of a symmetrical bell-shaped distribution. This has been obtained and indicates a sharper delineation in performance between those who pass or fail. This is in concert with the previously described Nedelsky method. The Board will continue to strive for improvement in providing a truly competency-based exam, which tests the clinical application of knowledge and not merely factual recall.

With addition of successfull candidates, the total number of NMTCB certificants is 3,806. This indicates the support being received by the NMTCB from the profession of nuclear medicine technology.

Recognition of previous certification is still open to those certified before Dec. 31, 1978; deadline is Sept. 15, 1980. Because of rising costs, the recognition fee in 1980 will be $30.00.

At the Oct. 12–14 Board meeting in St. Louis 1980 officers were elected; they are James Kellner, Chairman; Joan L. Herbst, Secretary; and Susan Weiss, Treasurer. As my term ends, I would like to thank everyone for their help—during my term as 1976-77 Section President when the NMTCB was initiated as a Task Force to the present when the NMTCB is a resounding success. Everyone can feel proud of our Board, born from foresight and initiative within our profession.

Message from the President (cont'd)

tract with a reputable CE recordkeeping service and allow you to deal directly with them at a "fee-per-entry." Now, operating in conjunction with our member records' computer service bureau in New York, real costs for VOICE approach $25.00 a year per participant. The bulk of these costs are being paid by nonparticipant revenue, a subsidy from the Section's income.

Given these facts, we could propose that we increase the price of VOICE participation to cover actual costs, that we keep the system directly under our control, and that we "beef it up" to function properly. Underlying these proposals is a more basic question to consider: "How are we better served—by our own operation or by contractual services through an outside computer service agency?"

Regardless of the final outcome, we must remain aware of this: the money with which we now subsidize VOICE represents an opportunity to redistribute resources to more useful areas, including CE programs themselves. Should not those who require a recordkeeping system pay the real cost for this service? Would this not be the case if we went to an outside firm? Should we "stick it out" while our new management team brings computer services in-house?

With February's NCD meeting fast approaching, it is most important that you make your feelings known. Contact your chapter delegate so that he or she can adequately represent your opinions and your needs. Remember: the quality of our decisions and our programs will be as good as your input. Help us achieve what you expect—contact your delegate about CE and VOICE!