
Technologist News

Slate of Candidates for 1981-82 Officers Is Selected . . .

The Nominating Committee is pleased to report the following slate of nominees for the 1981-82 elected officers and committee members of the Technologist Section. The Election Bulletin, containing statements and c.v.s of the candidates, will be mailed to all Technologist Section members in the spring. It is your privilege and duty to vote. —George Alexander, Jr., Chairman, Technologist Section Nominating Committee.

For President-Elect:

Dorothy Duffy Price, Technical Director and Director of Educational Programs in Nuclear Medicine Technology, University of California Medical Center, San Francisco, CA.

and

L. David Wells, Assistant Director of Radiology, University Community Hospital, Tampa, FL.

For Secretary:

Paul Christian, Technical Coordinator and Educational Director, University of Utah Medical Center, Salt Lake City, UT.

and

Shelley Dooling Hartnett, Nuclear Medicine Technologist, Presbyterian Medical Center, Denver, CO.

For Historian:

Douglas Anderson, Technical Administrator, Imaging Div., North Carolina Memorial Hospital, University of North Carolina, Chapel Hill, NC.

and

Laura Herrodora Miller, Chief Technologist, Providence Hospital, Oakland, CA.

For Treasurer:

Robert Bontemps, Technologist-in-Charge, Cardiovascular Nuclear Medicine, Montefiore Hospital and

Medical Center, Bronx, NY.

and

Mark Lanz, Technical Director, University of Washington Hospital, Seattle, WA.

For Finance Committee:

Jennifer Matthews, Technical Director, Self Memorial Hospital, Greenwood, SC.

and

Maureen Monahan, Supervisor, Nuclear Medicine Dept., Worcester, MA.

For Membership Committee:

Bryan Hallenbeck, Mercy Hospital Medical Center, Des Moines, IA.

David Lewis, St. Mary's Hospital, West Palm Beach, FL.

Jerry Porter, Methodist Hospital of Indiana, Inc., Indianapolis, IN.

For Nominating Committee:

Janice Brewster, Episcopal Hospital, Philadelphia, PA.

Thomas Crucitti, Danbury Hospital, Danbury, CT.

James A. Hook, St. Vincent Hospital, Indianapolis, IN.

Stephen A. Kuhn, Iowa Methodist Hospital, Des Moines, IA.

Wayne A. Wcislo, Chicago Osteopathic Hospital, Chicago, IL.

Dwight Wolczak, Roseville Community Hospital, Roseville, CA.

Las Vegas Meeting: First Look at Scientific Program

The following information was provided by John Kozar, Scientific Program Chairman, Technologist Section.

Our preparations are well underway to offer you a stimulating educational experience in Las Vegas for the 28th Annual Meeting of the Society of Nuclear Medicine, June 15-19, 1981.

The Las Vegas Convention Center is one of the best convention centers

in the country—with more than enough facilities for a very exciting meeting.

The Technologist Section's Scientific Program will be constructed primarily of two major areas. The first area is *teaching sessions*, which will be held in the mornings from 8:30 am to 12:00 pm on Tuesday, Wednesday, and Thursday. These teaching sessions will cover such topics as cardiovascular nuclear medicine, instrumentation, clinical update, and computer applications.

The second area will be *workshops*; they will be presented in the afternoons from 1:00-5:00 pm on Tuesday, Wednesday, and Thursday. These workshops will cover such topics as cardiac stress, gastrointestinal imaging, educators' forum, management, and quality assurance. Both the teaching sessions and the workshops will offer something for everyone involved in nuclear medicine technology today. Scientific papers and exhibits will round out what the Committee feels is sure to be a very enlightening and educational meeting.

The commercial exhibits hall will display a wide array of nuclear medicine instrumentation, supplies, and diagnostic nuclear medicine products—for in vivo and in vitro use.

The technologists' party will feature the theme of a Western "hoe-down" and it will be held on Tuesday, June 16 beginning at 7:00 pm. Be sure to reserve this night for our annual get together.

The details of all phases of the Las Vegas program will be mailed out to all Technologist Section members in early spring. If you have any suggestions or questions about the program, please do not hesitate to contact me at the Atlantic City Medical Center in Atlantic City, NJ; (609)344-4081, ext. 2217.

Message from the President

MICHAEL L. CIANCI
President
Technologist Section



I am writing this report as the New Orleans meeting comes to a close. The Editor and staff of the *JNMT* have extended me the privilege of a later deadline in order that I might inform all the members of the events that occurred at this meeting.

First, let me thank the members who attended the meeting for their support and the Scientific and Teaching Committee, which presented an outstanding program. Their hard work is appreciated by all.

The National Council met on Wednesday and Thursday, February 4 and 5, to conduct the business of the Section. Many items of business came before the Council for action, including a resolution from the Socio-Economics Committee to establish a Job Referral Service, which will be coordinated and staffed by individuals from the national office. In the opinion of the Socio-Economic Committee and the National Council, this will be an important additional member service. The Socio-Economic Committee is also under a mandate from the Council to produce a draft copy of Nuclear Medicine Technologist Practice Standards by the June 1981 meeting. The Practice Standards, which define the scope of practice of nuclear medicine technology, are needed for several important reasons, one of which is as a support document for legislative activities that have been prevalent. The Practice Standards will also provide a basis for the Task Force on Continued Competency to refer to as they deliberate the issue of continued competency. The scope of what areas an individual must be initially competent in has to be defined before the issue of what areas an individual should be continually competent in can be addressed.

The Continuing Education Committee reported that the first audiovisual program contracted thru AIM, Inc. is in progress. The subject of the

initial slide/A.V. program is "radiation safety practices." These programs will be sold by the Technologist Section and will be approved for VOICE continuing education credit.

The Bylaws Committee brought a number of proposed bylaws changes before the National Council for its approval. Several of the proposed changes, will, if passed by the membership, restructure the Executive and Finance Committees, with the net effect of reducing the number of individuals serving on the Executive Committee and providing for a three-year progression of the elected members of the Finance Committee to the chairmanship of that committee. Other bylaw changes create an "Emeritus Member" category and define the criteria for nomination of a Distinguished Honoree. I urge the membership to study these bylaw changes carefully before voting. Concomitant bylaws changes were proposed for both the Society and the Technologist Section to elect technologist members to the Society's Board of Trustees. If voted upon favorably by the membership, the first technologist will be elected in June 1982.

Looking at the Delegates

The Task Force on National Council Delegate Selection presented their report to the Council. This task force was mandated by the Council at the Detroit meeting to investigate the mechanism by which each National Council Delegate is selected. The report indicates that: (1) 80% of National Council Delegates are elected; (2) during a President's term, 44% or 7 delegates change; (3) slightly more than one-third of the delegates are responsible for their own funding to meetings. This report generated much discussion and as a result the Task Force was given an additional charge—to investigate what steps need be taken

to provide for more continuity of the National Council Delegates.

The Government Relations Committee reported on their recent activities (see also page 11). Some 23 resolutions were presented to the National Council by the Government Relations Committee this past June, and as your President, I can report that all of the resolutions have been effected fully or in part at this time. The majority of the resolutions directed an increasing involvement in external organizations to effect a greater visibility of nuclear medicine technologists.

Membership Campaign Underway

The Membership Committee has developed a campaign to increase membership in the Society and Technologist Section, which, when implemented by Chairman John Reilley, will reward those members who actively recruit new members, as well as increase the total membership.

Approximately one year ago a Task Force on Continued Competency was convened by George Alexander. After two meetings of the Task Force (the most recent in New Orleans) some progress has been made. Basically, a definition of what continued competency is has been arrived at. The members of the Task Force have identified the methods of assessing continued competency and are presently evaluating the pros and cons of each method. As reported earlier in this article, the Nuclear Medicine Practice Standards will be essential to further deliberation of this issue.

The National Council Delegates, elected officers, committee chairmen, and their respective committee members worked efficiently and effectively at this meeting and I am proud to have had the opportunity to chair it.

The Board held its most recent meeting in San Francisco on Oct. 17-19, 1980. At this meeting the 1980 examination statistics taken from the 822 candidates at the 33 testing sites were reviewed. The low and high scores were 59 and 184, respectively; the mean score was 129. The following performance scores by category were as follows:

Category	No. of Items	Low Score	High Score	Mean
Nuclear Instrumentation	47	7	46	28
Radiation Protection	20	2	20	14
Imaging Procedures	49	12	46	33
Nonimaging Procedures	45	7	43	27
Dose Calibration	19	4	19	14
Radiopharmacy	20	2	20	12

Of crucial importance to any examination is its reliability—the dependability by which it measures what it is intended to measure. The index of reliability used for the NMTCB examinations is the Kuder-Richardson 20. The higher the reported KR₂₀ value, the better; a value above 0.90 is regarded as extremely desirable. I am happy to report that the KR₂₀ value for the 1980 NMTCB examination was 0.94. This compared very well to previous years; 1978: 0.94 and 1979: 0.93. I am also happy to report a 26% increase in the number of candidates taking the exam as compared to 1978, and a 65% increase in the number of testing sites. The NMTCB has initiated a for-

mal examination summary report. It is being sent to medical and program directors and is available from the NMTCB office.

The Board has now entered its fourth examination cycle and development of the September 1981 exam is well underway. To date we have certified 6,100 nuclear medicine technologists either by

examination or recognition of previous certification. This is an indication of the support being received by the NMTCB from the profession of nuclear medicine technology.

Four new members have been elected to the board: George Alexander, Douglas Anderson, Donald Bernier, and Susan Weiss.

The new board members began serving a three-year term in January 1981. I would like to point out at this time that input from each of the Technologist Section chapters is of utmost importance for future Board vacancies. Any technologist interested in being considered as a candidate for the Board should contact his or her

National Council Delegate.

The NMTCB Directors for 1981 are: John Kozar, Chairman; Shiela Rosenfeld, Secretary; Frances Kontzen, Treasurer; George Alexander; Douglas Anderson, Donald Bernier; James Conway; Melvin Freundlick; Louis Izzo; Mark Mulenberg; John Reilley; Susan Schlegel; and Susan Weiss.

The deadline for the 1981 examination applications is June 2, 1981. New application forms and information are available from NMTCB, PO Box 1034, Stone Mountain, GA 30086. If applications are received with multiple postmarks, the latest postmark will be used to determine the eligibility for acceptance of the application. Prior to January 1979, the requirement for supervision by a nuclear medicine technologist has been dropped for on-the-job trained (OJT) applicants. Please note a change in the phone number of the NMTCB office. The new number is 1(404)923-2250.

The NMTCB will meet on March 5-8 in Atlanta, GA to finalize the 1981 exam. May I remind all technologists to renew your certification on time for there is now a charge of \$15.00 for reactivation of certificates. This charge is needed to cover additional mailing and handling costs. As the NMTCB progresses, we need input from all interested nuclear medicine technologists and your continued support for a successful 1981.

The National Council has endorsed the concept of Educational Program Counselors. These counselors would provide nuclear medicine technology programs with assistance and guidance on starting new programs, and input and suggestions on restructuring or updating programs already in existence.

The Academic Affairs Committee is beginning to compile a list of such counselors; inclusion is voluntary but you must have a minimum of two years' experience in nuclear medicine technology education. If you would like to volunteer, fill out the information requested on the reader service card at the back of this issue and circle reader service number 101—and mail it today!

Monitor on Government Relations

A new era of political and economic thinking awaits the 97th Congress and health care in the United States for the 1980s.

The 96th Congress produced many bills targeted to impact nuclear medicine technologists—none was passed.

Update on Health Manpower Bills

HR 6057, "The Consumer Patient Radiation Health and Safety Act of 1979," was opposed by the American Medical Association. The AMA opposed HR 6057 because it would duplicate already existing standards for accreditation of educational programs and certification responsibilities now performed by voluntary professional organizations in the allied health fields of radiologic technology and nuclear medicine.

The bill was defeated.

HR 7203 and S 2375 were pieces of health manpower legislation linked together in an effort to pass them. When the 96th Congress adjourned, a needed conference failed to be held and these bills were killed for 1980. Disagreement involved such areas as National Health Service Corporation funding, student assistance, and medical school capitation grants.

A "continuing" resolution was passed to provide funding for the programs—but the 97th Congress will have to decide the long-term fate of the Health Manpower Programs. We shall continue to monitor the activities of the 97th Congress on this issue.

Regulatory Activities Update

CDC Standards for Laboratory Personnel: The CDC's efforts to develop standards for laboratory personnel have been dropped because of the overwhelmingly negative response it received from the professions it hoped to regulate.

HCFA Medicare Amendments—

New Conditions for Participation—Nuclear Medicine Service: Our response regarding the NMTCB as the certification of choice for nuclear medicine technologists is on file. No notice has been received regarding hearings.

Expectations for the 97th Congress

Richard Schweiker will direct the enormous Department of Health and Human Services. The Reagan health policy task force is headed by William Walsh, MD, President and

"We hope . . . to develop a solid working relationship with the movers and shakers in Washington."

Medical Director of the People-to-People Health Foundation, Inc. (Project Hope).

It is expected that competition in health care programs and efforts to reduce waste, curb fraud, and reduce regulation will be undertaken. Health spending for fiscal year 1981 will be minimal from all indications. We shall see....

With more Republicans in Congress, there promises to be a decrease in the volume of regulatory guidelines pushed upward by the bureaucrats. We hope that this will be an era when the allied health professions will have a voice in determining policies that will affect them prior to their formulation. Washington has frequently acted as though it possessed greater wisdom than the professions it has tried to regulate.

As President Reagan stated in the *Wall Street Journal* (Jan. 9, 1981), "...only in recent years has there been widespread realization that well-intended government programs can and do fail of their own cumbersomeness: that laws and re-

gulations put into place to solve one problem may create another that is even worse."

The Section's Government Relations Committee needs only to reflect upon the past year's flurry of responses to issues involving HR 6057, S 500, CDC, HCFA, and more to appreciate Pres. Reagan's message. We hope in 1981 to develop a solid working relationship with the movers and shakers in Washington and with the assistance of Berkeley Bennett, our Washington Representative, we are on our way!

Legislative Network

Technologist Section President Mike Cianci has requested the legislative network to monitor two areas of activity at the state level.

□Multistate Advisory Committee: The Multistate Advisory Committee (MSAC) is a group of representatives from states that have adopted or are considering licensure for diagnostic radiologic technologists. Recently, representatives of this committee met and adopted an existing certification examination for diagnostic radiologic technologists. Several states on the MSAC have licensing for nuclear medicine technologists. In the future, the committee will adopt an existing nuclear medicine licensure exam or decide to develop its own. Therefore, the Technologist Section wishes to provide input to the committee so that the exam developed or adopted is the NMTCB's. Legislative network representatives are encouraged to develop communication and liaison with the MSAC committee member in every state, and in those states where there is no activity, to monitor activities and become involved as necessary.

□Task Force 5:

This task force is a group of State
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The Technologist Section's Legislative Network—1981

In light of President Reagan's promise to return more controls to the states on many issues, the Technologist Section's Legislative Network will play an increasingly important role in 1981.

All technologists are encouraged to contact their local network representatives for input on legislative issues.

If your area does not have a representative, call me (University of California Medical Center at San Francisco (415) 666-1521) and we can work together to fill the slot.

—Dorothy Duffy Price

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With the 1980-81 budget year well underway, your Finance Committee and National Office staff are preparing the budget for the 1981-82 fiscal year. We are using a list of priorities generated by the National Council at the Detroit Annual Meeting. Fifty-two member needs were identified at that meeting and then prioritized according to importance as determined by your leaders.

Some of these needs are already fact, others are in various stages of accomplishment, still others are on the verge of being implemented in the near and not so near future. Regardless of the stage of development, these ideas take money to put into action; some more some less, but they all take a certain amount of funding. This is where the role of the budgetary process comes into play.

Your leaders, both elected and appointed, receive

input from you, the membership, as to what you think the basic needs of the Technologist Section are now and will be down the road. Your leaders then pass the the information along to the National Office staff who condense this data into the workable form we know as the budget. This document is then presented to the Finance Committee and then in turn to the National Council for approval or revision.

So, full circle, idea to fact, from membership to leadership to membership again this budgetary process proceeds according to plan. The *key* is input—input from members as to what is needed (goals) and when it is needed (priorities). With this information the leadership is able to spend the finances of the Section according to your wishes; without your input all we can do is guess what your money should be budgeted for and spent accordingly.

Govt. Relations

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Radiation Control Program Directors. A conference was held to develop documents concerning basic minimum standards for diagnostic radiologic technologists, implementation guidelines for those standards, and draft model legislation. The first allied health group to be developed will be radiologic technologists with nuclear medicine technologists to follow.

Every legislative network representative has been encouraged to identify himself to his state's Director of Radiation Programs and to provide input when the development of standards for nuclear medicine technologists is being considered.

This issue of the Journal (pages 12, 13, and 16) contains the names and addresses of all the members of our legislative network. Now it's up to you to use the list, contact your area's representative as the need arises, and let your voice be heard on the issues.

Legislative Network continued

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