

A Fast, Simple, Cheap Radioactive Point Source

The point source we describe is easy to produce with readily available material. It is easy to handle and easy to find after the study is finished.

A small amount, both activity and volume, of a radioactive liquid is introduced into a needle cover. A 6 in., wooden, cotton-tipped applicator is then inserted into the cover and the ever-present orange and magenta symbol is affixed to the stick (Fig. 1).

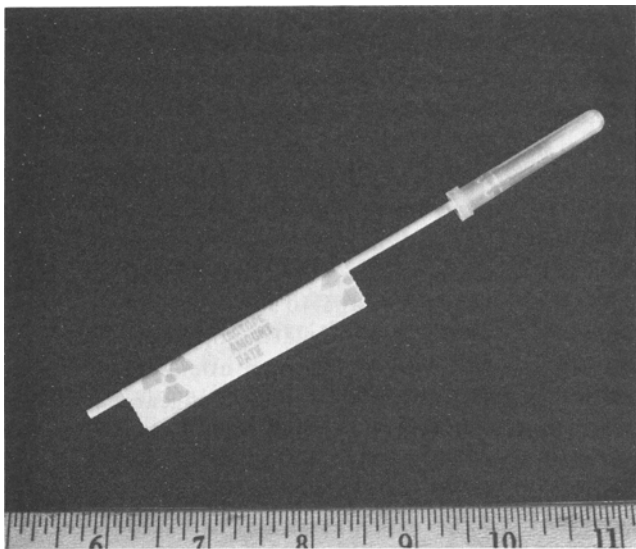


FIG. 1. Radioactive point source.

Our department has used about $50 \mu\text{Ci}$ of technetium for each source with very good results. We load the sources from yesterday's Tc-99m and keep several in lead pigs next to each camera. They come in handy for outlining body parts, checking orientation, localizing focal defects, etc.

The gamma energies are the same as the radionuclide introduced into the patient and these point sources are obtrusive enough to retrieve from the tangled linen after that stat midnight veno/vent/perf study.

Our nuclear medicine department has been using this type of point source for more than a year with very good results.

Fast, simple, cheap. These three words bring joy to any overworked, budget-minded technologist who has ever lost a lucite-encased Co-57 point source. Try it; you'll never go back.

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Where Have Nuclear Medicine Technologists Gone?

Where have all the nuclear medicine technologists gone? (1) Perhaps they were never there, or perhaps they have gone on to better paying jobs.

How can you attract competent people to an interesting but demanding field? Money!

I'll bet you that the pay being offered by Mr. Aldridge, although possibly competitive in nuclear medicine technology, is really not very substantial. I do know that in general the pay scale for nuclear medicine technologists is *less* than the salaries for the people who change the light bulbs in your department, the people who sweep your floors, the grocery clerks you buy your groceries from (who have no college, no special skills, and no responsibilities). The people who stuff candy into vending machines earn \$10 an hour.

Also, I think, Mr. Aldridge's reference to his working hours is a clue to the problem. Work double shifts? Why should I? The department should be staffed adequately, then double shifts would not be necessary. But of course if you can't get the staff in the first place, then . . .

And as regards certification, you should know that the Bureau of Labor Statistics shows that certification for a nuclear medicine technologist yields no increase in pay.

When a physician working for a VA hospital receives certification in a specialty, he receives a "special pay" bonus worth up to \$22,500.

Now then, how much is your certification worth?

And Mr. Aldridge wishes to offer a position as a nuclear medicine assistant that will pay 25% less. (The physicians who will have to pay the salaries will just love it.)

The education trend in allied health is definitely for more, not less. The suggested reversal of the trend, by requiring less training, offers no long-term solution.

What's wrong? It seems everyone feels there aren't enough nuclear medicine technologists and I hear suggestions that more schools should be established to generate more of us.

This can be viewed in two ways. 1. We are really indispensable and there simply must be more of us manufactured. 2. Making more of us will help keep the pay scale down.

We all know of good technologists who have left the paramedical field to enter other fields. Why did they leave? They left for better pay.

To relate again to the physician, there has been an often-stated "shortage" of physicians for some time, yet the solution does not seem to be to create more schools and flood the marketplace with physicians. This would drive down the pay scale of physicians! Nothing doing.

Be that as it may, we need to know what to do about our own problem. Where does our present abysmally low pay scale derive from? From history.

Many years ago, in a small x-ray department, there was

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