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The Missouri Society of
Radiologic Technologists

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"To Live and Grow
And Grow Better"

February, 1976

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3556 Caroline Street, St. Louis, Mo. 63104

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From The President's Desk

As I sit trying to decide what to write, it strikes me that this is a time of year when most people could use a pep talk. Last summer is so far behind us it is hard to remember, and it seems that next summer will never arrive; post holiday blues are still hanging on and taxes are due.

Well, let me see if I can give you a little boost. A Management Seminar for Radiologic Technologists was held in Kansas City January 8, 9, and 10. Despite bad weather, there were 48 people in attendance, and I am sure everyone gained valuable information from the program. Two of the speakers were radiologic technologists who are employed as Radiology Managers. I feel that besides imparting facts and figures, these two men conveyed an optimism and enthusiasm for our profession which is too seldom seen. Hopefully, those of us who attended have carried this back to our departments. A funny thing about enthusiasm - it is contagious. Perhaps we should all try to catch it.

Shortly after the annual meeting, I appointed a committee to investigate the feasibility of establishing a scholarship fund for Radiologic Technology students, and, if it is deemed feasible, to do the preliminary work in establishing such a fund. I met with this committee in December and can assure you that they will have a report to submit which will reflect the research, thought, and hard work they are putting into it.

I have been notified by the Chairman of the Licensure Committee that Senator Cason submitted our bill to Legislative Research. Unfortunately, he has refused to introduce it this year. At this time, we are attempting to get a copy of the bill to see what changes have been made.

I hope this brief report reassures you that your Society is actively working for you. Now, it is my turn to ask for a boost. I haven't heard from enough of you. I need to know what you want, what you think, what your complaints are. If nothing else, drop me a card to say HI!

Mary Sebacher, R.T.
President, MSRT

BREAST CANCER PROJECT RECEIVES TEACHING GRANT, OFFERS COURSE

The Columbia, Missouri Breast Cancer Detection Demonstration Project has been awarded a Teaching Grant from the Cancer Control Section of the Department of Health, Education and Welfare of the Public Health Service. The purpose of this teaching program is to introduce and to teach in depth the modalities currently used in earlier breast cancer detection. These include xeroradiography, thermography, and physical examination. The course, a minimum of one week, is open to paramedical personnel of Missouri, including x-ray technologists, thermography technologists, and nurses. Training for interested physicians will be organized on an individual basis. The course is designed to acquaint the medical community with various techniques for breast cancer detection, implementation of future programs, and modalities to be installed in their institutions or private practice can be facilitated

Each individual will be taught on a one-to-one basis, that is, one student - one instructor. The program will be tailored for each individual's goals, previous education, experience, and future use. For example, for the interested x-ray technologist, the techniques of mammography (xeroradiography), and thermography, will be stressed; whereas, for the radiologist physician, interpretation of the two images will be one of the educational goals. All three modalities will use teaching files, both of normal and abnormal examinations; use a reprint file and a medical library; and use audio-visual aids.

There is no fee for this course. The participants enrolled in this course should be prepared to furnish their own lodging and meals, except lunch. There are motels within walking distance of the Cancer Research Center building in which the Breast Cancer Detection Demonstration Project Teaching Program will be given, and there is availability of lunch at no cost at the Ellis Fischel State Cancer Hospital, located in this medical complex. The participants will also have to furnish their own method of transportation. Dates will be announced later for those who desire to attend. Anyone interested in attending this course should contact Dr. Corinne Farrell, Associate Program Director, Breast Cancer Detection Demonstration Project, Business Loop 70 & Garth Avenue, Columbia, Missouri 65201.

Corinne Farrell, M.D.
Educational Program Coordinator
Missouri Breast Cancer Detection Demonstration Project

SUMMARY OF MSRT BOARD OF DIRECTORS MEETING

An industrious group of technologists assembled in Jefferson City on January 24, 1976 for the quarterly meeting of the MSRT Board of Directors and Committee Chairpersons. The meeting was called to order at 10:30 a.m. by Mary Sebacher, President. Following is a summary of the major business and decisions.

Bob Rein reported that the licensure bill had been pre-introduced and placed in Legislative Research; however, Senator Cason does not want to sponsor the bill this year and no sponsor has been found. Unsuccessful efforts have been made to obtain a copy of the bill to see what changes were made by Legislative Research. The Board recommended to the Licensure Committee to make new efforts to gain a copy of the revised bill and then take it back to the membership at the annual meeting for their decision on further action. It seems unlikely that a sponsor can still be found for this year. Bob Rein submitted his resignation as Chairman of the Licensure Committee. (Thanks, Bob, for your many hours of work).

Ron Ott reported that the 2nd annual Management Seminar was held January 8 - 10, 1976 in Kansas City with 53 registrants present. The Technical Seminar will be conducted on April 9 and 10, 1976 in Columbia and will carry approximately 10 ECE points.

Sister Hilda Brickus reported that the Membership - Public Relations Committee had set two goals for itself; 1) to increase membership, and 2) to educate the public on radiologic technology and its function in the health care system. The committee stated they feel it is necessary to reply to any articles in the public press pertaining to radiation or radiologic technology in which there is inadequate or incorrect information.

All present at this meeting viewed a slide-tape program, "What is a Radiologic Technologist" which was produced at the University Medical Center in Columbia. Several copies of this program will be made, for loan to any MSRT member in the state. For loan of this slide-tape program, contact Sister Hilda Brickus. (address printed on page 3).

Report of the Scholarship Feasibility Committee was given by Irwin Brueggemann. The Board felt that more data was needed to establish the need for a Scholarship fund in Missouri. Further investigation will be made.

Sharon Eisterhold reported that the view boxes owned by MSRT are being stored in Jefferson City. Rental fee is \$25 per month and insurance is \$50 per year. District societies in Missouri may borrow the view boxes and will be required to pay only transportation costs.

Discussion on plans for the annual convention (September 23 - 25, 1976) centered on a proposal by Ron Ott to have the Continuing Education Office of Missouri University Coordinate the convention. Approval was given by the Board.

John Roe reported on the requirements and suggested guidelines for commercial exhibits at the MSRT convention. The Board approved the guidelines and recommended that invitations be mailed to Commercial Companies to bid for the available booth space.

Guidelines for a scientific essay contest had been written by Jerry Kimberlin and were presented by Mary Sebacher. Board accepted the guidelines and recommended that the first place essay be read at the convention.

Report of the committee on Structure of the MSRT Board was given by Phyllis McEnerney. The committee feels that electing District Representatives for a 2 year term would provide greater continuity to the Board. Advice will be obtained from ASRT. The committee also discussed the possibility of having past presidents serve for only 2 years on the Board, and giving the President-Elect the privilege of voting at Board meetings.

The Board recommended the following to be included in guidelines for district representatives: that they be expected to attend all Board meetings during their term of office.

A report sent by Orvil Sikes, Eastern Counselor, showed that 55 members from Missouri have enrolled in the ASRT program for Evidence of Continuing Education.

Recommendation was made to inform the Missouri Hospital Association of our interest in all day scientific session for Radiologic Technologists at the 1976 MHA convention.

Nominations are being sought for a speaker to present the 1977 Sante Memorial Lecture.

The State Radiation Health Director, Mr. Don Miller, has asked for the opportunity to contact members of MSRT. The names of all the district presidents will be relayed to him.

Next meeting is 1:00 p.m., April 8, 1976 in Columbia.

NATIONAL ECONOMIC COUNCIL - SUCCESS OR FAILURE?

In February, 1972, representatives from 18 allied health professions met for the first time to consider a proposal that would create a new organization which would be established solely for the purpose of representing and bargaining with hospitals on behalf of all employees in the health professions. The sponsor of the proposal was the American Society for Medical Technology. One month later, a second meeting was convened, and this time four of the participating allied health associations emerged in concert to support, and commit themselves to, the establishment of an association of health professions that would function in the area of employee collective bargaining. Those four organizations were: The American Society for Medical Technology; The Clinical Microbiology Division of the American Society for Microbiology; The American Society of Radiologic Technologists and the International Society of Clinical Laboratory Technologists.

The visible outgrowth of this coalition was to become the National Economic Council of Associations of Health Professions (N.E.C.) which took form one year later,

Since its birth in 1973, the National Economic Council has traveled a bumpy path on the road to achieving credibility. Its would-be adversaries have arisen from among the ranks of radiologists, as well as hospital administrators, and the weapons they've used to combat its movement range in intensity from mild admonition to blatant threats against those who were members of, or were contemplating membership in, the N.E.C. Its battles on more than one occasion have been fought under the watchful eye of a federal mediator in nothing short of a full-scale hearing conducted under the auspices of the National Labor Relations Board.

Yet despite these rebuffs and, after all the dust has finally settled, the National Economic Council has emerged victorious in its quest for recognition of not only itself, but moreover, many of the principles for which it has campaigned since its inception. It has established itself before the National Labor Relations Board as a legitimate labor organization. Partly because of its resolute stand on the issue of appropriateness of a technical bargaining unit, the N.L.R.B. has now gone on record as being in support of a separate technical unit when conditions warrant such. The N.E.C. has also proven itself the vehicle of choice for employee representation among technical and professional employees forced with choosing between the N.E.C. or a trade union.

These are but a few of its victories, and yet as firmly as they would attest to N.E.C.'s viability, they nevertheless fall short of a true test of an organization of this type. For indeed, as the nursery rhyme puts it, "the proof of the pudding' is in the eat'n'", and in the final analysis, the only meaningful way to gauge a labor organization's effectiveness is to measure the strengths and weaknesses of the labor contracts it has negotiated in behalf of its members.

With this intent in mind, then, the remainder of this article will be devoted to an exposition of typical labor contracts that have been negotiated through N.E.C. chapters

ST. JOHN'S HOSPITAL, SOUTHWEST WASHINGTON CHAPTER, N.E.C.

Selected contract provisions effective January 1, 1976:

Salaries:

Radiologic Technologist \$826-\$957/month

Standby and Call:

Standby pay is \$1.00 per hour. Call-back time shall be paid at double-time for all hours on the premises with a guarantee of one hour each time an employee is called.

Overtime:

Paid at the rate of time and one-half. Employees working two consecutive eight-hour shifts shall be paid double time for the last four hours of the second shift.

Disability Insurance:

The employer shall provide a disability insurance policy which pays at least two-thirds of employee's salary for up to 6 months with such payments commencing after the 7th day of disability.

Part-Time Employees:

They shall be granted pro-rated sick leave, holiday and vacation pay according to the hours worked.

Earned Time:

This may be accumulated in lieu of vacation, holidays, and sick leave and may be accumulated for up to 75 days. Employees may choose to use their earned time for vacations, holidays, sick leave, and personal days off. Also, an employee may be paid for up to 6 days per year from the earned time without taking time off. Employees shall accrue earned time each year as follows:

<u>Length of Service</u>	<u>Paid Earned Time</u>
1 through 4 years	24 days
5 through 14 years	29 days
15 or more years	34 days

GROUP HEALTH RADIOLOGIC TECHNOLOGISTS, SEATTLE CHAPTER, N.E.C.

Selected contract provisions effective January 1, 1976:

Salaries:

Registered Staff Technologists	\$895-\$995/month
Special Procedures Technologists	\$958-\$1058/month
Radiation Therapy Technologists	\$958-\$1058/month
Nuclear Medicine Technologists	\$1023-\$1123/month

Standby Pay:

It shall be paid at the rate of \$1.25 per hour or \$10.00 per eight-hour shift.

When called in, the employee is paid a minimum of three hours at time and one-half.

Vacations:

<u>Length of Service</u>	<u>Paid Vacation Time</u>
1 through 3 years	10 days
4 through 5 years	18 days
6 through 7 years	19 days
8 through 9 years	20 days
10 through 11 years	21 days
12 or more	23 days

Sick Leave:

One day of sick leave is accrued per month and may be accumulated up to ninety days.

Education:

Employees may be granted up to four days leave with pay per year for attending beneficial career oriented functions.

Uniforms:

If the employer does not provide and launder uniforms, then an allowance of \$7.50 per month will be paid to the employee.

Weekend Technicians:

Those that are assigned to two, sixteen hour shifts on Saturday and Sunday (32 total hours worked) shall be considered permanent fulltime employees and will be paid for 40 hours work. Technologists assigned to one sixteen hour shift on either Saturday or Sunday will be paid for 20 hours.

Shift Differential:

Employees working the evening or night shift shall receive a \$40 shift differential per month.

Conference Committee:

A conference committee has been established to consider methods of improving the quality of patient care, employee relations, or any matter of mutual concern to the employees and employer.

Bereavement Leave:

Three days off with pay shall be granted for a death in the employee's family. If the employee attends a funeral out of state an additional day off with pay shall be granted.

Grievance Procedures:

The grievance procedure has several steps and allows the employee to be represented and have an impartial arbitrator when necessary.

VALLEY GENERAL HOSPITAL, SEATTLE CHAPTER, N.E.C.

Selected contract provisions effective July 1, 1975

Salaries:

Radiologic Technologist I	\$800-\$875/month
Radiologic Technologist II	\$850-\$925/month
Special Procedures Technologist	\$900-\$975/month
Senior Radiologic Technologist	\$950-\$1025/month

Shift Differential:

Employees working the evening or night shifts receive a \$40/month shift differential.

Standby and Call:

Employees on standby shall receive \$1.25/hour or \$10 per eight-hour shift. If called in, the employee shall receive a minimum of 3 hours pay at time and one-half.

Vacations:

<u>Length of Service</u>	<u>Paid Vacation Time</u>
1 through 3 years	10 days
4 through 9 years	15 days
10 or more years	20 days

Insurance:

Employees working 20 hours or more per week shall be provided with medical coverage and life insurance paid solely by the employer. Employees may choose Cross or King County Medical Coverage. Under either plan the room and board coverage has been increased to \$70 per day.

Sick Leave:

Accrued at the rate of one day per month and may be accumulated up to 90 days.

Bereavement Leave:

Up to three days leave of absence with pay shall be granted for a death in the immediate family.

Evaluation:

No employee evaluation results shall be entered into the employee's personnel file unless the employee has read and commented on it, and has had the opportunity to sign the evaluation. Upon request, the employee

may review their entire personnel record.

Grievance Procedure:

The grievance procedure allows the employee to be represented and, when necessary, have an impartial arbitrator.

EMANUEL HOSPITAL, NORTHERN OREGON CHAPTER, N.E.C.

Selected contract provisions effective October 1, 1975

Salaries:

	<u>Base (\$/month)</u>	<u>Annual Tenure Steps</u>				
		I	II	III	IV	V
Radiation Therapy Technologist	910	946	983	1023	1064	1106
Radiologic Technologist	840	874	909	945	983	1022
Special Procedures Technologist	880	915	952	990	1030	1071
Nuclear Medicine Technologist	989	1029	1017	1113	1158	1204

Shift Differential:

Employees working the evening or night shift shall receive \$55/month shift differential.

Standby and Call:

Standby pay is \$1.00 per hour. Call-back time shall be paid at time-and one-half with a guaranteed minimum of 3 hours pay.

Insurance:

The employer will pay for 60% of the medical and dental coverage for all employees and their dependents.

Education:

The contract provides for educational and professional witness leaves of absence with pay.

January 22, 1976

Professional Affairs Committee, MSRT

Chairman, Gary Brink, R.T.

Members: Joseph DiCrocce, R.T.

Joseph Stojeba, R.T.

TRY SWALLOWING THIS!

"As it is in the beginning is not as it is in the end". This that follows is a tale of a tour through the inner paths-- a tour that is repeated daily all over the world and to everyone without respect to age, sex, nationality, creed, or color. By now perhaps you are confused over such a mysterious beginning.

Mysterious is, indeed, the work which may well describe the process of digestion. Hopefully by the end of our tour, you will see the light. The itinerary of the journey affords some stops and goes, and to and fro, and many curves along the way. Without further ado let us proceed down the alimentary canal or what we call the digestive tube. Let us make mental note of all changes food undergoes during the course. Let us bear in mind that nothing that once gets into the digestive tube is allowed to loiter. The lack of loitering will indeed allow for a very tiring tour. My only suggestion now is for you to relax, enjoy our tour, and pay close attention from beginning to end.

Let us take our traveler, a piece of pepperoni pizza, whom we will refer to as Mr. P. P. After being forklifted from the sizzling plate into the mouth--the very beginning of the canal--we find Mr. P. P. being tossed, and rolled from side to side, top to bottom, and frequently being caught between whit scissiors and grinders or teeth if you will, being cut and ground into bits. At the same time Mr. P. P. is bathed by a clear alkaline secretion known as saliva. Between the teeth and the saliva Mr. P. P. is being cut down in size both mechanically and chemically. Now don't let words mechanically and chemically frighten you. When I said Mr. P. P. is cut down mechanically I mean to say that the mechanical process takes place with rolling, tossing, turning, chewing, muscular propulsion and other such actions on foods. As I mention chemical I mean to say the change food undergoes when met or mixed with other substances, such as an enzyme or an acid or what ever. I believe we can continue on our tour now.

Mr. P. P. is still in the mouth and after what seems like forever, at least for him, the floor of the mouth rises and flips him through an archway into what we call the oral pharynx. From here, Mr. P. P.'s descent is rapid and downward through the hypo pharynx (the area below the pharynx) and past the voice box into a long tube know as the esophagus. This is the tube extending from the mouth to the stomach. At the bottom of this tube he hesitates momentarily when suddenly there is a slight opening and down goes Mr. P. P. into a rough walled cavern called the stomach. Here again Mr. P. P. meets more fluids; hydrochloric acid, pepsin, and gastrin to mention a few. This is a somewhat bitter experience for Mr. P. P. Within a short time after his arrival in the cavern, Mr. P. P. notices the wall beginning to move. This motion gathers intensity as time progresses and soon he finds himself propelled toward the far end of the stomach and again being bounced around--poor Mr. P. P. He must be exhausted.

After about the third bounce there is an opening through which he is swished into a small triangular shaped area known as the duodenal cap. Mr. P.P.'s stay in the duodenal cap is relatively short. In fact, within a moment he is pushed into another curved tube-like structure or what we call the small intestine, actually three portions of intestine joined together-- the duodenum, the jejunum, and the ileum. Mr. P.P.'s travel through this section will be colorful. After being in the small intestine for a few moments he is doused from the left by a golden-green thick fluid or bile and pancreatic secretions. He notices a definite change in his appearance; that is, his color is changed and parts of him are being separated and dissolved. He is again being pushed backward and forward and from side-to-side. You wouldn't recognize him now if you saw him.

Like all other food Mr. P.P. contains three essential types of compounds: proteins, carbohydrates, and fats. Each of these is digested in its own way. In order to enjoy our tour further let us just observe a few examples of what might be going on. Since Mr. P.P.'s travel through the small intestine is chiefly involved with absorption and propulsion, we should discuss some basic principles in digestion and absorption of the three categories of food. First, on propulsion the motion is not all forward but there is agitation to obtain contact of as much of the food as possible with the intestinal wall, this will allow for maximum absorption. Secondly, on absorption, different foods are broken down in different ways in order to be absorbed. For example; lipase from the pancreas and bile from the gallbladder convert fats into fatty acids or soap. Thus, we have a change from fats into something that is water soluble.

Another type of interaction is that of enzymes with proteins for absorption. The breakdown of proteins begins in the mouth with saliva, continues in the stomach with hydrochloric acid, and is furthered by amylase from the pancreas to be converted to amino acids for absorption.

The carbohydrates in Mr. P.P.'s crust are broken down into simple sugars for easier absorption. A brief summary of absorption is the passing of the products of digestion through the wall of the intestine by osmosis, into the blood, into the cells of the body and brain. How, is far from fully clear. Generally we can safely say that the process of absorption is the same overall but there is a different process of breakdown for different foods in different parts of the long tube. In each part we consider the chemistry and the physical composition of the food, met by the chemistry and the physics of the wall, and indeed by the chemistry and the physics in the various portions of the wall.

Our tour thus far has led us, as we follow Mr. P. P. through the mouth, the pearly white teeth grinding and cutting, the long tube leading to the stomach, from there through the tortuous exercise along the curves of the small intestine and now we are quite ready to explore the large intestine or colon, if you will.

What passes into the large bowel is apt to be swept along in a wave or waves several times in the twenty-four hour span, the sweeping often beginning in the middle of the transverse colon, thence into the descending, into the sigmoid and beyond. When Mr. P. P. first enters the large bowel he is primarily in liquid form with only occasional recognizable parts such as food fibers, and other undigested items. Since the chief function of the colon is to absorb fluid for body use, the liquid entering the right side of the colon gradually changes into a semi-solid state. Thus, the initial volume entering the colon is reduced. Does one dare ask now, anticipating the answer, what is it that truly breaks up the deliciously dressed pepperoni pizza? What changes Mr. P. P.'s molecules? What decomposes, recomposes with such nightmarish regularity? What minces the chewed till it is finally so small and finally so different?

Yes, indeed, one has the impression that every part of the digestive machine is forever humorless. Have we not gone through the process step-by step? Have we not found answers to many of the questions? I can only say that, indeed, humor stops with the last mouthful when nature takes over and each morsel marches obediently to its twilight, passing the same scenic sights. Thus, has Mr. P. P., after pummeling by muscles of the digestive tube and insidious disintegration by juices, been reduced, reduced, reduced and no longer to be Mr. P. P. And I dare say that "As it is in the beginning is not as it is in the end."

MARY DIMARTINO, R.T., COORDINATOR
SCHOOL OF RADIOLOGIC TECHNOLOGY
BAPTIST MEMORIAL HOSPITAL
6601 ROCKHILL ROAD
KANSAS CITY, MISSOURI 64131

STUDENT FINANCIAL AID

Schools seeking information concerning the Basic Education Opportunity Grant (Federal), and how their students might apply for it should contact:

Joseph Whetstien
Regional Office of Education
Kansas City, Missouri
816-374-3741

Students in AMA certificate programs are eligible for assistance under this grant.

DATES TO REMEMBER

- April 9 - 10, 1976 TECHNICAL SEMINAR sponsored for the 6th consecutive year by the Education Committee of MSRT. Program will be at the Campus Inn, Columbia, Mo.
- July 3 - 8, 1976 48th Annual Meeting of the American Society of Radiologic Technologists in Honolulu, Hawaii.
- September 23 - 25, 1976 - 44th Annual Meeting of the Missouri Society of Radiologic Technologists at Osage House, Lake Ozark, Missouri.

TECHNOLOGIST AVAILABLE

To Whom It May Concern:

I am a nuclear medicine technician stationed at the Naval Hospital in San Diego, California.

As my enlistment will end this February I am seeking employment back in the midwest. If you have any openings I would appreciate your consideration for my employment.

Enclosed you will find my address, telephone number, and complete resume'.

Sincerely,

Edward R. Simmons
4537 Hamilton St. #3
San Diego, California 92116
714-297-1794

(Note: Contact Editor for resume')

JOB AVAILABLE

Position open: For Staff Technologist, must be ARRT. 108 bed rural hospital. Experience in Nuclear Medicine desirable but not necessary. Contact Henry Cashion, R.T. Chief Technologist Farmington Community Hospital, Farmington, Missouri 63640.

ANNOUNCING NEW A-V MATERIAL

A SLIDE TAPE PROGRAM IS NOW AVAILABLE FOR USE BY THE FIVE DISTRICTS OF MSRT. THE PROGRAM TITLED: "LOOKING AT THE RADIOLOGIC TECHNOLOGIST" IS BOTH PROMOTIONAL AND INFORMATIONAL, IT SERVES AS AN EXCELLENT INTRODUCTION ABOUT THE RADIOLOGIC TECHNOLOGIST - WHO THEY ARE AND WHAT THEIR ROLE IS ON THE MEDICAL SCENE. IT GIVES A GLIMPSE OF SOME OF THE TYPES OF WORK PERFORMED BY THE RADIOLOGIC TECHNOLOGIST.

USE AT PTA MEETINGS, CAREER DAYS, COUNCILORS MEETINGS AND GENERAL PUBLIC EDUCATION.

CREDITS: The Slide Tape program was compiled and produced under the direction of Mary Sebacher and her Students at University of Missouri.

AVAILABLE: Copies of the tape and slide program are available at no cost other than return mailing.

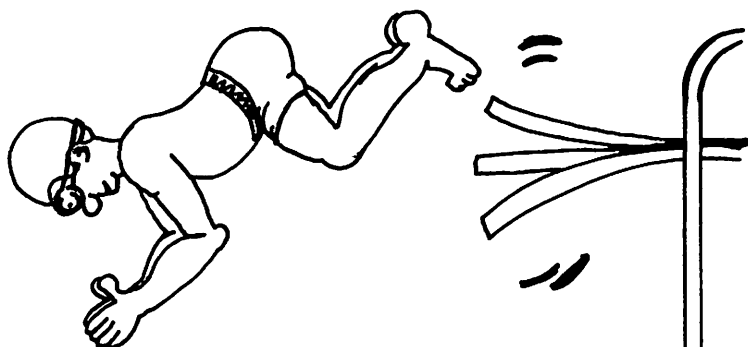
To borrow Program write:

Sister Hilda R. Brickus, S.S.M., R.T.
Chairwoman/Membership/Public Relations Committee
2904 Lawton Place
St. Louis, Missouri 63103

PLEASE ORDER THROUGH YOUR DISTRICT

REQUEST FORMS WILL BE MADE AVAILABLE THROUGH YOUR DISTRICTS

75 76 MSRT MEMBERSHIP DRIVE



PLUNGE RIGHT IN AND TRY
FOR FIVE

If you can't get 5 new members
you'll still get recognition---

your membership
chairperson

MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Application for Membership

I hereby make application for membership in the Missouri Society of Radiologic Technologists for the period of July 1, 19__ to June 30, 19__.

FEEES:

ACTIVE MEMBER

Only a paid-up member of the American Society of Radiologic Technologists may join the Missouri Society of Radiologic Technologists as an active member. Missouri Society (Annual Dues) \$10.00

ASSOCIATE MEMBER

Those persons actively practicing the art and science of Radiologic Technology and who are not members of the ASRT (Annual Dues) . \$10.00

SUPPORTING MEMBER

Those persons interested in Radiologic Technology but not having the qualifications for other categories. (Annual Dues) . . \$10.00

IN-ACTIVE

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Materials submitted for publication should be received no later than the 20th day of the month preceding publication.

<u>Publication Dates</u>	<u>Material Needed</u>
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May 15	April 20
August 15	July 20
November 15	October 20

Scientific articles are solicited and should be submitted typed and double spaced. Published articles become the property of the journal.

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