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MISSOURI RADIOGRAPHER

DECEMBER, 1985



official publication of

**The Missouri Society of
Radiologic Technologists**

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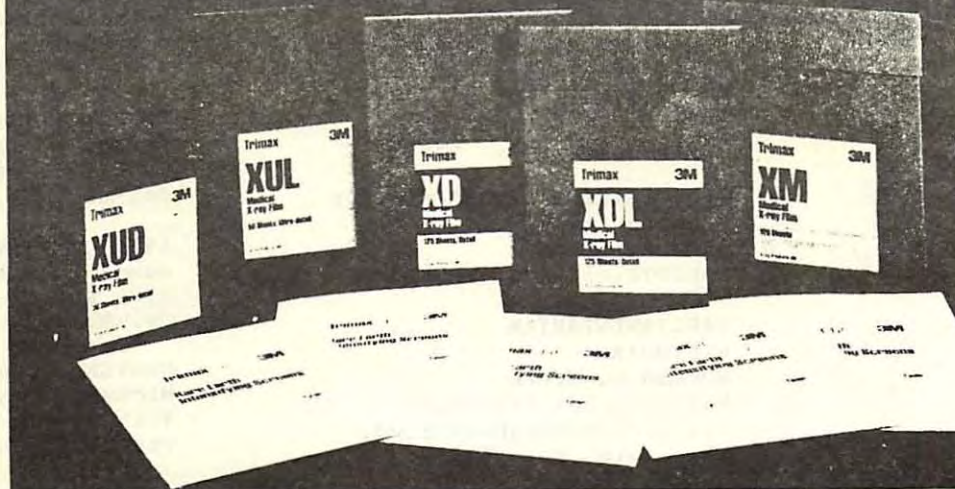


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EFFECTIVE COMMUNICATION FOR HEALTH CARE

When a patient enters the hospital he is very likely to face some unexpected problems. These include loss of privacy, dignity, and independence, fear of the unknown, and anxiety about the future. It is impossible to eliminate these problems all together, but with understanding and increased knowledge, people in the health professions can reduce them. This requires a little more on our part, and perhaps most important, a commitment to the patient and his needs.

The first thing we must do is become aware of the means by which we communicate with others, both verbally and nonverbally. Webster defines communication as, "A process by which meanings are exchanged between individuals through a common system of symbols". (1)

Verbal communication is the spoken word. Nonverbal communication describes behavior beyond the spoken word. "Generally, verbal communication transmits basic content in communication situations, while nonverbal communication transmits feelings, emotions, likings, personal meaning, and preferences." (2)

I believe you can understand this more fully if you take a few minutes and allow yourself to react to these words: fear, joy, depression, disgust, surprise, anger, dislike, contentment, despair, and hate. You will probably have noticed your entire body changes as you think of these various emotions -- your facial expression, of course, but also your posture is altered.

The estimate has been made that we only communicate 35% of the meaning of a message through verbal means in a face-to-face situation; therefore, 65% of the meaning is transmitted through nonverbal clues.

Nonverbal communication may be divided into at least three areas:

1. Proxemics - the ways in which people use space in their environment both in their relationship to each other and to objects.
2. Kinesics - how body movement is used in interacting with others. This includes behavior such as facial expressions, gestures, and posture.
3. Paralanguage - vocal clues that are not part of the language code pattern but are associated with speech (volume, tone, pauses).

As you can see, a discussion of verbal and nonverbal communication would be very difficult to separate since they are so closely related. Following are six ways in which nonverbal behaviors support verbal messages:

1. REPEATING. Nonverbal behavior can simply repeat what has been said verbally. For instance, a person can say, "get out of my house", and then point to the door.
2. CONTRADICTING. Nonverbal behavior can contradict what has been said. A classic example is the student who says before a test "I'm not nervous" while trembling and trying to control sweating palms.
3. SUBSTITUTING. A nonverbal message can be used in place of a verbal one. A squeeze of a lover's hand often takes the place of verbal expressions of affection.
4. COMPLEMENTING. Nonverbal messages can elaborate on or modify what is said. A student may have a stiff, erect posture when talking to a teacher about school work but may become more relaxed as the topic changes to the school's basketball team.
5. ACCENTING. Nonverbal behavior may accent part of the spoken message, much the same as underlining a word accents it. Hand and head movements are frequently used to add emphasis to what is being said.
6. REGULATING. Nonverbal behaviors regulate the flow of conversation. Such things as who will speak when and to who is (or is not) paying attention to the speaker are signaled nonverbally by such behaviors as eye contact and head nods.(3)

I would now like to speak more specifically about our role as health professionals. We are required to communicate verbally with the patient in order to: "1. establish rapport and to get to know him better through casual conversation; 2. obtain information from him concerning his condition and progress; 3. collect pertinent information about him and relay it to another health professional or to supportive personnel; and 4. give instructions to him or his family."(4) Sometimes we will have to encourage and support the patient, explain technical information, and teach the patient how to do certain things.

Although we all expect our verbal communications to convey what we intend, they often are misunderstood. Perhaps we say the wrong thing, or say it in the wrong way, or at the wrong time. The success of verbal communication depends on: the vocabulary used, the clarity of voice, the organization of the material, and the accuracy of the nonverbal clues which accompany the message.

The health professional must learn to use appropriate vocabulary. The highly technical jargon which he uses with others on the medical team may be completely foreign to the patient; therefore, it must be translated into terms the patient can understand. Failure to do this can lead to a feeling of unimportance on the patient's part as well as misunderstanding.

We must also train ourselves to speak clearly and precisely -- not to mumble.

Another important factor in verbal communication which is often neglected is to have the material organized before beginning. Jumping from one point to another can be quite confusing to the patient. It is much better to follow a logical sequence, and in giving instructions, it is often helpful to follow them up with written ones. Although we are very familiar with the procedures and equipment used, the patient may have no previous knowledge of them.

It is important that we become aware of the ways nonverbal communication can be expressed, for if we are not, we may produce misunderstanding without ever knowing why.

The tone of the voice and its volume influence the meaning of what is said. By changing the tone of voice one can elicit many different meanings from the spoken word. The simple word "oh" can express pity,

pleasure, fear, doubt, or other attitudes.

By changing the volume of our voice we can also alter the meaning of words. Another effect of volume is to control the distance between people. When something is said in an unusually loud voice, others tend to back away. The same thing said in a whisper will cause people to lean closer. Things said in a monotone usually lead to disinterest if continued for very long.

Pantomime is often used to communicate to the non-English speaking or deaf person. The pitfall we must avoid in using pantomime is that of treating the person as an inferior.

As we considered earlier the emotions which can be conveyed by the word "oh", we should also realize that these and other emotions can be expressed simply through facial expressions.

Although a smile is usually a sign of friendliness, it can communicate something else. Consider the following kinds of smiles:

1. The "I-know-something-you-don't-know" smile. A patient asks, "Am I going to be here very long with this injury?" The health professional smiles.
 2. The "poor-poor-you" smile. The patient labors for five minutes to transfer himself from his bed to a wheelchair, but fails to complete the move and has to ask the health professional for help. The health professional smiles.
 3. The "don't-tell-me" smile. The health professional asks, "How are you today, Mr. Carlson? Is everything OK? Good!" Before Mr. Carlson can say whether or not everything is in fact OK, the health professional smiles.
 4. The "I'm-smarter-than-you" smile. The patient says, "I'm sorry. I forgot again when I'm supposed to return for my next test." The health professional smiles.
 5. The "I-don't-like-you-either" smile. The patient shouts, "I hate you!" The health professional smiles.(5)
- These may be subconscious reactions, but they can have a serious impact on the patient.

The position of the body can communicate a great deal. Whether a person is standing or sitting and the way in which he does these things in relation to others, the distance between people, and the movement of the arms and legs all convey messages. Whether you look a person in the eye or try to avoid direct eye contact can reinforce or deny verbal communication.

Eye contact is interpreted as conveying both honesty and forthrightness. People tend to lean toward others whom they like and away from those they dislike. Standing over someone who is sitting can be a sign of authority, especially if the person is unable to stand, as a patient confined to a wheelchair. On the other hand it can have the opposite interpretation as with the employee who enters the office of their boss and must remain standing while the employer sits relaxed in his chair. Positioning an object such as a desk between people may have the effect of constructing a barrier.

Gesturing may also affect a relationship. Folded arms may be another way of interposing a barrier between people or signaling authority. Clenched fists often reveal suppressed anger. Shrugged shoulders may show indifference, and shuffling the feet or being fidgety may show a feeling of inferiority or uneasiness.

The Western society, particularly American, is a nontouching society. Outside of well-defined instances touching, especially between members of the same sex, is held suspect. However, in the medical setting the patient allows himself to be held, lifted, supported, pushed, and probed. Health professionals need to remember that they are touching people who interpret their actions, based to a great extent, on their manner.

Although these nonverbal forms of communication - facial expressions, body position, gestures, and touching - may be done subconsciously, we must be aware of the impact on the patient. If we find him reacting differently than expected, we had better look at our actions. They may be speaking louder than our words.

By understanding communication we can become more aware of the message we are delivering with our own communication. This should help increase the understanding of the listener and eliminate any inconsistencies in our verbal and nonverbal messages. It should also aid us in interpreting the nonverbal clues of others so that we can perhaps approach them in ways that will be more acceptable.

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President:Pam Fulmer, RT(R)

The new MSRT President is Pam Fulmer from Independence, Mo. You may have known Pam as a Clinical Instructor at Park Lane Medical Center in Kansas City, but as of a couple of months ago she moved to Xerox Medical Systems as a Customer Education Specialist.

Pam had a very active and productive year as President-Elect: it was through her efforts that we have a Scholarship Fund Program.

All work, and no play, would make Pam a dull girl: however, Pam takes no chances: her employment covers seven states (count 'em: North Dakota, South Dakota, Iowa, Nebraska, Kansas, Missouri, Southern Illinois); she has two daughters; her hobbies are travel, hot air ballooning and scuba. All phone calls and correspondence are answered promptly!

President-Elect:Ruby Givens, RT(R)(T)

Our new President-Elect is also Chief Radiation Therapy Technologist at Lester E. Cox Medical Center in Springfield, Mo. She is registered in radiography and in radiation therapy, having received her diagnostic training at Research Hospital in Kansas City and her therapy training at Ellis Fischel in Columbia.

Ruby has been active in the 7th District, and served as district President in 1984-1985. She has also served the MSRT as Western Counselor during 1984-1985.

Treasurer:Kathy Parsons, RT(R)

We are fortunate to have Kathy as our treasurer again this year. Kathy is presently employed as a staff technologist at the Lake of the Ozarks General Hospital, specializing in CT. She was employed previously by a mobile CT company.

In addition to work, Kathy has varied special interests - such as - camping, boating, fishing, crafts, flower arranging (and plants in general), and a very special interest - Sarah (her cat).

Secretary:Lee Ann Ackerman, BSRT

Lee Ann is a long time supporter of the MSRT, having served on several committees of the Board and Convention. She currently holds the position of Assistant Professor at St. Louis Community College at Forest Park, in St. Louis. She received her Bachelor of Science in Radiologic Technology at St. Louis University and has done graduate work at University of Missouri both in Columbia and St. Louis.

This will be a busy year for Lee Ann, for in addition to her work and her MSRT duties, she will also be making her daughter, Erin, "somebodies" sister after the first of the year.

SCHOLARSHIP FUND REPORT

THE MSRT THANKS DR. AND MRS. HARRY I. BERLAND OF BERLAND RADIOLOGY ASSOCIATED, LTD. LOCATED IN ST. LOUIS FOR THEIR ASSISTANCE IN OBTAINING A DONATION OF \$200.00 FROM THE JEWISH FEDERATION OF ST. LOUIS FOR OUR SCHOLARSHIP FUND.

THIS GENEROUS GIFT CAME FROM THE HARRY & MILDRED BERLAND PHILANTHROPIC FUND OF THE JEWISH FEDERATION OF ST. LOUIS.

WE WOULD ALSO LIKE TO THANK BECKI RICHMAN, FISCAL SECRETARY OF THE JEWISH FEDERATION OF ST. LOUIS FOR HER VALUABLE ASSISTANCE.

A "THANK YOU" MUST ALSO GO TO MSRT MEMBER, RUTH DAERDA, RUTH WORKS WITH DR. BERLAND AND MADE HIM AWARE OF THE MSRT SCHOLARSHIP FUND.

THE MSRT SCHOLARSHIP FUND PROVIDES A \$500 AWARD TO A STUDENT WHO DEMONSTRATES A SPECIAL NEED. THIS YEARS RECIPIENT, JUDITH TAYLOR, WAS ESPECIALLY DESERVING. THE MSRT IS PLEASED TO HAVE ENSURED THAT JUDY WILL BE ABLE TO CONTINUE HER TECHNOLOGICAL EDUCATION.

MONIES FOR THE SCHOLARSHIP FUND ARE DERIVED FROM VARIOUS WAYS & MEANS PROJECTS INCLUDING OUR ANNUAL RAFFLE, LOGO/LAPEL PINS AND BUMPER STICKERS. WE THANK OUR MSRT MEMBERSHIP FOR THEIR PARTICIPATION IN THIS WORTHWHILE ENDEAVOR.

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The 1985 Pre-convention Missouri Society of Radiologic Technologists meeting was called to order by President John Bryan at 1:50 pm Oct. 9 at the Plaza Inn in Springfield, Mo.

BOARD MEMBERS PRESENT

John Bryan	President and Chairman of the Board
Pam Fulmer	President Elect
Debra Hurst	Board Member (Past President)
John Desch	Vice-President, Chm. Membership committee
Kathryn Parsons	Treasurer
Barbara W. Hente	Secretary, Chm. Ways & Means Committee, Editor, RADIOGRAPHER
Gary McDaniel	4th District Representative, Eastern Counselor
Nikki Thielmann	5th District Representative, 1985 Annual Meeting Co-Chairman
Rubydell Givens	7th District Representative, Western Counselor

NON-BOARD MEMBERS PRESENT

Ulysses Murray	Parliamentarian
Norman L. Hente	ASRT Regional Director, Region V
James Watson	Education Committee Chm., 1986 Convention Chm.
Connie D. Huesgen	1985 Convention Co-Chairman
Jennifer Ewert	Nominating Committee Chm.
Coretta Schroer	guest
Bryan Zionczkowski	guest

The minutes of the July 20, 1985 Board of Directors were accepted as printed in the RADIOGRAPHER, Vol. 44, No. 3 with the correction that Debbie Hurst was not appointed as 1986 Convention Co-chairman.

Treasurer Kathy Parsons submitted a written report which was accepted subject to audit. The treasury books will be audited by President Bryan, President-elect Fulmer and the treasurer.

Committee Reports:

Student Scholarship: Pam Fulmer handed out a written report showing the final division of points. There were 9 applications received. The winner of the 1985 Scholarship was Judith Taylor from Forest Park Community College in St. Louis.

Nominating: Jennifer Ewert reported on the nominating ballots and the election ballots. President Bryan appointed Coretta Schroer and Gary McDaniel tellers for the counting of ballots. They will go with President Bryan and Treasurer Parsons to retrieve the ballots from the lock box at the post office.

Ways & Means: Chairman Barbara Hente handed out a written report.

Editorial Review Committee: Chairman Zionczkowski handed out a written proposal. Barbara Hente handed out a Minority Report with copies of corrections and suggestions. A lengthy discussion followed. President Bryan set a meeting of the Committee and all interested parties were invited to attend.

Radiographer Report: Editor Barbara Hente handed out a written report.

Convention 1985: Co-Chairmen Nikki Thielmann and Connie Huesgen announced that the changes to the program would be announced at the opening business session. Pre-registration was 112.

Convention 1986: Motion #1: Pam Fulmer moved that the 1986 Annual MSRT Convention be held at the Breckenridge-on-the-Lake, at the Lake of the Ozarks, Mo. Second by John Desch. Motion carried. Convention Chairman James Watson reported 3 possible dates available. There will be no charge for the meeting space; room rate \$58.00 for a regular room or 1 bedroom condo (for one or more people) - is a flat room rate. The dates will be the last weekend in September or one of the first two weekends in October.

Sante Lecture 1986: President Bryan reported the 1986 lecturer will be Coretta Schroer.

Unfinished Business:

- Gary McDaniel handed out copies of a letter from the ASRT regarding ECE points available for articles published in the RADIOGRAPHER.
- Debbie Hurst reported on the picture for the ASRT office. Suggestions and ideas to explore were offered.

New Business:

- A donation to the ASRT Educational Foundation was suggested by Ruby Givens. This will be discussed later.
- Ulysses Murray reported regarding his resignation at MSRT Historian, and that all files have been passed on to Norman L. Hente. President Bryan appointed Norm as MSRT Historian.
- President Bryan was contacted regarding the purchase of the MSRT mailing list by a local college. The Board approved the sale of our mailing list at 6 cents per name for St. Francis College. John will write the criteria for purchase of our mailing list.
- Regional Director Norman L. Hente handed out "Issue Paper of Licensure and Regulation of Health Care Personnel" from the American Society For Hospital Personnel Administration for review by the Board.

Meeting recessed at 5:15 until the first business session 10/10/85.

Respectfully submitted,

Barbara W. Hente, BA, RT-N(ARRT), CNMT
1984-1985 MSRT Secretary

The 53rd Annual Meeting of the Missouri Society of Radiologic Technologists held at the Plaza Inn, Springfield, Mo.

FIRST BUSINESS SESSION

Called to order at 8:40 am, October 10, 1985.

Colors were presented by the SMSU ROTC; followed by the Pledge of Allegiance to the Flag of the United States of America.

The head table was introduced by President John Bryan.

Mayor Schruggs presented a proclamation proclaiming the week of Oct. 7-13, 1985 as Radiologic Technology Week in Springfield, Mo.

Meeting recessed for breakfast at 9:00 am, reconvened at 9:30 am.

President Bryan introduced the MSRT Secretary Barbara W. Hente for the reading of the Rules for Procedure of the Annual Meeting. After the reading he moved for adoption of these Rules. Motion adopted.

Vice President John Desch formally introduced President John Bryan for his Presidential address. The Chair was returned to President Bryan who asked for any corrections to the 52nd Annual Meeting Minutes as were printed in the RADIOGRAPHER; hearing none they were approved as printed. He then asked for approval of the Treasurers Report as printed. The report was approved. Nominees for office were introduced. Convention Co-Chairman Connie Huesgen announced changes and corrections to the Program.

Meeting recessed at 9:45 am until 8:00 am, October 11, 1985.
Door prizes were given out.

SECOND BUSINESS SESSION

The second business session was reconvened at 8:15 am, 10/11/85.

President John Bryan introduced Past Presidents in attendance. They were: Ulysses Murray, Coretta Schroer, James Watson, Michael D. Ward, Debra Hurst and Norman L. Hente.

Elona McKees, ARRT Representative was introduced for greetings from the ARRT.

Barbara W. Hente was introduced to give the 1985 ASRT Delegate Report.

ASRT Regional Director, Region V, Norman L. Hente was introduced for greetings from the ASRT. He addressed the ASRT House of Delegates. He also provided information about the ASRT Educational meeting and the changes that will take place at the 1986 ASRT Meeting.

President Bryan moved for the approval of Board Recommendations:

- By-Laws changes be approved as printed
 - Standing Rules be approved as printed
 - Proposed budget be approved
 - 1986 Meeting Site to be Breckenridge-on-the-Lake
- Board Recommendations were adopted.

Convention Co-Chairman Connie D. Huesgen announced program change.

Meeting recessed until 12:00 for Third Business Session.

THIRD BUSINESS SESSION

Reconvene at 12:00 noon for the 3rd Business Session, 10/11/85.

Ulysses Murray gave the Invocation prior to lunch.

President Bryan introduced Ways & Means Chairman Barbara Hente for introduction of the Commercial Representatives present.

President Bryan reported on the results of the election. The MSRT officers for 1985-1985 are as follows:

President-Elect: Rubydell Givens
 Vice-President: John Desch
 Secretary: Lee Ann Ackerman
 Treasurer: Kathryn Parsons
 Eastern Counselor: Michael D. Ward
 Western Counselor: Mildred Burns
 House of Delegates Two Year Term: Michael D. Ward
 House of Delegates One Year Term: Debra Hurst
 House of Delegates Alternate: Barbara W. Hente
 Radiographer Delegate: Nikki Thielmann
 Radiation Therapy Delegate: Rubydell Givens
 Ultrasound Delegate: Beth Anderhub

The Counselor recommendations and the modality delegates will be forwarded to the ASRT.

Barbara Hente, Exhibit and Essay Competitions Chairman was introduced to announce the winners.

First Place RT Essay: Michael D. Ward, RT, BS
 "The Radiologic Technologists' Role in Patient Care"

First Place Student Essay: Ruth Perkins
 University of Missouri, Columbia, Mo.
 "Blood-Brain Barrier Disruption: Advancements in Chemotherapy for Brain Tumor Victims"

Second Place Student Essay: Sheila Holt, Mary Helfrich, Tonya Slinkerd
 Mallinckrodt Institute, St. Louis, Mo.
 "The New Generation of Removalization (Percutaneous Stone Removal)"

Third Place Student Essay: Judith E. Taylor
 Forest Park Community College, St. Louis, Mo.
 "Missouri Licensure: Credentials are Essential"



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...I hope all citizens to recognize the
...of its importance.

...MONTY MERRITT, I have been an
...and I want to be
...Grand Jury of the
...Mississippi, on the
...Jefferson, Miss., 1
...October, 1982.

Monty Merritt

Ray D. Blair

...OF 1982

Holiday Inn

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First Place Student Exhibit: David Basler, James Fletcher, Kathy Giddings, Kerry Reller, Jeffery Townsend
Mallinckrodt Institute, St. Louis, Mo.

"The Renal Roundup"

Second Place Student Exhibit: Dana Knorpp, Donna Sinak, Tracy Smith, Lori Herschback, Carrie Everly
Forest Park Community College, St. Louis, Mo.

Third Place Student Exhibit: Anthony Miyat, Linda Robedeau, Mary Watz
Mallinckrodt Institute, St. Louis, Mo.

"Straight Talk"

Honorable Mention: Patricia Nagel, Tara Thrasher, Kathleen Rowden, Julia Wright
Mallinckrodt Institute, St. Louis, Mo.

"More Than A Mouthful"

Meeting recessed at 1:40 pm until the banquet.

FINAL BUSINESS SESSION

President John Bryan reconvened the Final Business Session at 7:00 pm, Oct. 11, 1985 at the Banquet.

The Invocation was given by Ulysses Murray.

After dinner the head table was introduced by President Bryan. He then introduced President-elect and Chairman of the MSRT Scholarship Fund Committee, Pam Fulmer. Pam introduced the 1985 Scholarship winner Judith Taylor and presented her with the monetary award.

President Bryan introduced Barbara Hente, Chairman of the Essay and Exhibit Competitions. She introduced the winners and presented them with their monetary awards. Plaques will be delivered to the winners.

President Bryan presented the plaque to the outgoing Board Member, the immediate past-president Debbie Hurst in appreciation for her years of service to the Board of Directors. He also presented a gift and plaque to the 1985 MSRT Annual Meeting Co-Chairmen Connie Huesgen and Nikki Thielmann. They thanked the technologists who helped to make this a successful Annual Meeting.

President Bryan then presented the outgoing Secretary, Barbara Hente, with a Parker pen and pencil set. He also presented Kathy Parsons, the Treasurer, with a "Precious Moments" porcelain porcine bank.

President Bryan then asked Ways & Means Chairman Barbara Hente to announce the winners of the raffle prizes. They are:

- 1st (TV): Carl Waller
- 2nd (camera): P. Blades
- 3rd (camera): Medical Imaging Radiologist
- 4th (camera): Charles McGrath
- 5th (attache case): Virginia Sharp
- 6th-10 (gift box): Linda Thornton, J. Young, Jim Watson, Henry Cashion, Sandy DeSpine
- 11-12 (mug set): Lisa Smith, Henry Cashion
- 13 (golf balls): Brenda Pehlham
- 14-15 (fishing line): Erica Mindrup, Tim Westermeyer

The ASRT Region V Director, Norman L. Hente was introduced for the installation of officers.

Newly installed President Pam Fulmer presented her Presidential Address. She then presented John Bryan with his past-president pin.

President Fulmer adjourned the 53rd Annual Missouri Society of Radiologic Technologists Meeting at 9:22 pm.

The Presidential Ball followed.

Respectfully submitted,

Barbara W. Hente, BA, RT-N(ARRT), CNMT
1984-1985 MSRT Secretary

POST-CONVENTION BOARD OF DIRECTORS MINUTES

The 1985 Post-convention meeting of the Missouri Society of Radiologic Technologists Board of Directors was called to order by President Pam Fulmer at 4:59 pm, Oct. 12, 1985 at the University Plaza Hotel in Springfield, Mo.

BOARD MEMBERS PRESENT

Pamela Fulmer	President and Chairman of the Board
Rubydell Givens	President-Elect
John Bryan	Board Member (Past President)
Lee Ann Ackerman	Secretary
Kathryn Parsons	Treasurer
Barbara Hente	Editor, RADIOGRAPHER; Ways & Means Chairman;
Nikki Thielmann	Fourth District Representative
Jennifer Ewert	1985 Convention Co-Chairman;
	Fifth District Representative
	Nominating Chairman;
	Seventh District Representative

NON-BOARD MEMBERS PRESENT

Ulysses Murray	Parliamentarian Emeritus
Norman L. Hente	ASRT Region V Regional Director; Parliamentarian;
	MSRT Historian
Mildred Burns	Western Counselor
Connie D. Huesgen	1985 Convention Co-Chairman
Pam Poston	Student Affairs Committee member
Gary McDaniel	Guest
Coretta Schroer	Guest

BOARD MEMBERS ABSENT

John Desch	Vice-President
Michael D. Ward	2 year MSRT delegate to ASRT House of Delegates
Debra Hurst	1 year MSRT delegate to ASRT House of Delegates
James Watson	1986 Convention Chairman

Convention 1985 Report: The Co-Chairmen, Connie Huesgen and Nikki Thielmann gave a preliminary report. Since very few convention evaluation forms were completed and returned, we were asked to fill out forms and turn them in. The unofficial registration total was 160.

President Fulmer handed out copies of goals for review. She also passed around a list of various jobs to be completed by specific people, by specific deadlines. In addition, she also requested the following:

- Ruby: investigate the Illinois State Society of Radiologic Technologists Tape Library program
- Barb: write guidelines and procedural steps for the raffle (due at the April Board Meeting)
- Barb: prepare position descriptions for Essay and Exhibit Chairman; to include time frame, space requirements, rules, and applications.
- Nikki: revise convention manual incorporating motions and suggested changes.

A discussion was held regarding time frames for mailings, including trying to coincide membership renewal with Board meetings, etc. in order to take advantage of our bulk mailing permit. A suggestion was made to send reports prior to Board Meetings - this will save time at the meetings and allow time for more thorough review of material.

Treasurer Kathy Parsons reported the following income received during the meeting as follows:

Logo/lapel pins	\$129
Bumper stickers	175
Raffle tickets	572
Membership	67.50

Since the raffle did so well, a suggestion to give two scholarships next year. Thoughts and ideas followed. President Fulmer asked President-Elect Ruby Givens to do a feasibility study on two scholarships.

John Bryan asked the Board Members to send a short biography to him so this data can be prepared for publication.

A motion to purchase five hundred three-part motion forms was made by Barbara Hente, seconded by John Bryan. Discussion followed. Motion passed. Barbara will purchase the forms.

Fourth District Representative Barbara Hente reported that the Fourth District has intentions for a probable bid to host the 1987 Annual meeting.

President Fulmer asked that we consider a nomination for the 1987 Sante Lecturer and that the name be given to the Board at the January meeting.

With no further business, the meeting was adjourned at 5:44 pm.

Respectfully submitted,

Lee Ann Ackerman, BSRT, RT-R(ARRT)
1985-1986 MSRT Secretary

PRESIDENTS MESSAGE



THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Reply to:

Dear Friends:

Exciting things are happening within the M.S.R.T. We are in a state of reorganization. Many hours are being spent on producing a quality publication, the RADIOGRAPHER, students across the state are being organized into an important segment of our membership and our Bylaws are being examined and changes are being recommended to accommodate the A.R.S.T. House of Delegates. We, as radiographers, are examining our own profession and trying to market ourselves as something other than "button pushers."

Are you involved? If so, I applaud you in your effort to support your professional society. If not, it's not too late to come aboard and help us in our effort to be an active organization. Now is the time to put forth the effort. We want and need your help.

Please feel free to write and express your personal feelings to me. As your president, I am very interested in your opinion. Better yet, write and volunteer your services in what ever aspect of our organization interests you.

My home address is:
Pamela Fulmer, R.T.(R)
16408 Ellison Way
Independence, MO 64055

Don't let the opportunity pass. Help us, the M.S.R.T., to make the excitement.

Sincerely,

Pam Fulmer R.T.

Pam Fulmer, R.T.
President

The Radiologic Technologist's Role in Patient Care

Introduction

Radiologic Technology can be characterized as a scientific art; technologists are highly skilled in the art and science of taking x-rays. Our responsibilities to patients are great and far reaching. We must always demonstrate professionalism, be ready to accept responsibility for our actions and work for the advancement of our profession. Encountering patients when stress and anxiety are high, technologists must bear in mind the interpersonal skills necessary to aid in relieving uneasiness.

Advancements in medical technology have made a profound impact on society. The modern hospital has become a focal point of this highly technical system where the "specialists" are called in to make medical diagnoses and decisions. (1) The patient must not take a back seat to advancements that have developed in radiology and medicine.

Communications as well as personal interactive skills, between health professionals and patients must improve. The recognition that cultural differences, attitudes, values and personalities exist, will make technologists more effective. A periodic review of patient rights and the psychological component of health care delivery is more important everyday.

Improving Communication Skills

Health practitioners are directed toward aiding the patient and maintaining high-level wellness. The patient becomes the loser if effective communication is faulty. The primary purpose of communication among health practitioners is to exchange information that will serve to promote coordination and continuity of patient care, resulting in a harmonious blending of whatever services the patient requires. (2) Effective interdepartmental communication is vital to coordinate personnel services of various hospital departments.

Failure to practice good communication skills could result in medical malpractice claims. Many of these claims are due to lack of communication between allied health professionals and the physician. The same shortcomings exist among technologists on the same and other shifts.

Communication alone cannot produce well coordinated and continuous care, but technologists must come to realize that the lack of good communication can very often result in inferior care. (3)

Improving Technologist-Patient Interaction

More emphasis must be placed on the psychosocial needs of the patient. The technologist and patient must develop a therapeutic relationship in their interaction with one another. (4) A therapeutic relationship may be said to be one in which need gratification occurs, that is, it is satisfying to both individual's necessities or requirements. (5) A genuine sense of empathy is essential to caring for the needs of the patient. One of the true essences of technology lies in the technologist-patient relationship.

The Patient as a Unique Individual

Persons who seek the services of health practitioners can be expected to experience some emotional stress. The results of an x-ray exam are frequently perceived by the patient as the means of confirming potential health or wellness. When the patient is ill, anxiety will almost certainly increase.

Each person is a unique human being, and persons who become patients continue to be just as different from one another as they had been prior to the patient experience. (6) Technologists, as well as other health practitioners, may ignore the uniqueness of the patient and may behave with sameness toward all patients. Health practitioners expect patients to be cooperative. They believe that the patient knew all that was being done to them as for their own good. A patient that may complain, become anxious, aggressive or nonconforming is usually tagged as a "difficult patient" and is therefore treated that way. (7)

When a person is ill, he assumes a different role that when his health problem was absent. All of living is to some degree a process of adapting to the role of patient, behavior changes as an attempt to adjust to something new. However, the person's uniqueness and his being different from all other patients remain. (8) Health practitioners who ignore patients as unique individuals and fail to consider each point of view are ignoring essential elements of good health care.

Further, technologists must recognize that patients will be presenting with a variety of cultural and ethnic backgrounds. Man, a very complex creature, lives in increasingly complex societies. A true recognition of cultural differences requires an accepting, non-judgmental, and objective attitude. An approach that presumes one's own culture as the best defeats appreciation of others. (9)

Technologists cannot let belief systems or bias cause a rift in their positive interaction with patients. Effective communication is basic to human relationships. It involves physical and mental activity and provides for an exchange of ideas, attitudes, thoughts, and feelings.

Accountability in Patient Care

Accountability for practice is becoming an accepted principle in technology today. In the past, physicians and hospitals assumed more responsibility for the radiologic technologist's action than is now true. As the role of technologist changes and expands, the accountability increases and takes on increased legal implications.

It is important that technologists always show true concern and consideration for the patient. "A patient seldom sues a friend." The truth of this maxim is reflected in the fact that a family doctor being sued is rare; when something goes wrong, the dissatisfied patient usually faults a consultant or specialist. The same could hold true for the technologist that is sympathetic and empathetic toward their patient.

The technologist can avoid malpractice claims by being proficient in their work, following exam protocols, observing hospital procedures and policies, using effective communication and adequately documenting every "unusual" occurrence. If technologists practice the skills taught in the

classroom or clinic, and utilize those skills gained from life experience, the risk of legal recourse is minimal.

Further Psychotherapeutic Considerations

The following points can aid in relieving patients from undue anxiety and stress: a) The technologist can supply an emotionally supportive relationship while performing the radiographic procedure. This can be done by reassuring the patient that their safety and comfort will be cared for during the examination. b) Proper clarification of the examination and equipment to be used can aid in relaxing the anxious patient. c) Allow for emotional ventilation by letting the patient talk about their fears and anxiety. The technologist doesn't really have to say much, only show that a real concern exists for what they have to say. d) Providing an empathetic response conveys to the patient that the technologist is aware of feelings, anxieties and concerns. e) And finally, by recognizing the patient's need for sense of identity during interaction with the technologist, proper patient care will ensue. It is never acceptable to refer to a patient as the "gallbladder" in room 12 or the "lumbar spine" in room 7. Respect for the patient's individuality must be stressed. Patients should be called by their full name or addressed as Mr., Mrs., or Ms., unless they specifically ask to be addressed otherwise.

Conclusion

Each technologist must develop within himself a personal motivation and dedication to their patient, their profession, and their own self image. The motivation that drives the technologist toward effective patient care and genuine concern must come from within. It must be personal, deep-rooted and a part of the technologist's innermost thoughts. All other motivation is external and temporary. It will not last. A true sense of "good patient care" begins on the inside.

Michael D. Ward, R.T., B.S.
Assistant Program Director
Radiologic Technology
Mallinckrodt Institute of Radiology
St. Louis, Missouri

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Bronzino, J.D.: Technology for Patient Care: Applications for Today, Implications for Tomorrow. St. Louis: C.V. Mosby Co., 1977.

Fuerst, E.V., Wolff, L., and Weitzel, M.H.: Fundamentals of Nursing. 5th ed. Philadelphia: J.B. Lippincott Co., 1974.

References:

1. Bronzino, p.1
2. Fuerst et al, p.93
3. Ibid., p.93
4. Ibid., p.101
5. Ibid.
6. Ibid., p.109
7. Ibid., p.109-10
8. Ibid., p.110
9. Ibid., p.133



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Visitations In the last six weeks I have visited the states of Mississippi, Iowa, Missouri, and Arkansas. It has been a great learning experience for me. I have noted a strong sense of purpose among the leadership of all the states. We have many hard working and dedicated technologists at every level who are doing the very best they can to further our professional goals. I have become re-energized after each visit and only wish that more of our colleagues could attend.

Majority Representation The American Society of Radiologic Technologists and the American College of Radiology each appoint an equal number of representatives to the American Registry of Radiologic Technologists and the Joint Review Committees. We believe that Radiologic Technologists should be in control their own destiny and should have the greater representation. At the President/ President-Elect meeting in Denver, ASRT Executive Director Ward M. Keller asked that each affiliate pass a resolution supporting this concept. He also asked that the resolution be sent to the ACR with a copy to the JRC, ASRT and ARRT. I wholeheartedly support this endeavor. Please offer your support to our Technologist Trustees.

CREATION OF A REGIONAL CONCEPT As the four modality delegates (Radiographer, Nuclear Medicine, Radiation Therapy & Sonography) are not supported by the ASRT to the annual conference, it is desirable to create some means of financial support for them. It is in the best interest of the membership of Region V that these delegates attend and vote at the annual conference.

While I do not have a specific proposal for support I believe that such effort should be regional in concept and should be created and fostered by the affiliates of Region V. This may best be accomplished by a regional meeting of the Presidents and Presidents-Elect of each affiliate. Such a meeting could be arranged at a central geographical point in Region V and should be setup as soon as is possible. I am amenable to the needs of the affiliates and would ask your thoughts.

Educational Foundation The Foundation is considering the co-sponsorship of regional educational programs. Obviously a Regional Meeting could lend itself to the needs of education and to our need for supporting Modality Delegates. While I cannot say that such a meeting is possible within this next year it should be considered carefully so that the future needs of Region V are met.

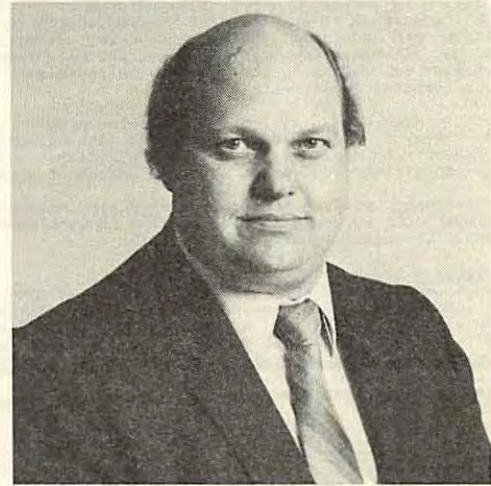
Region V Caucus It would be to the advantage of Region V Delegates to caucus during the year, prior to the annual conference, and at such other times as needed. The previous two topics offer a potential means of accomplishing this. The Delegates (15) of Region V represent a voting block that can bring the needs of our region before the House of Delegates in a most effective manner. I welcome your suggestions.

LITIGATION WITH HEALTH & HUMAN SERVICES I just received word that the ASRT litigation with the Secretary of Health and Human Services has been settled. The Office of the Secretary of HHS has agreed to publish the model legislation previously promulgated. It will be published in the December Federal Register. This is a major step in our efforts to promote the safe use of ionizing radiation in the health arena.

STATE LICENSURE All of the affiliates in Region V are involved in their own legislative efforts. Each state legislative body functions differently and no regional or national guidelines can be applied. It should be of interest that ASRT Hq is preparing a legislative script that will be available to the affiliates.

Norman L. Hente, R.T., B.S.
ASRT Region V Director

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Washington University School of Medicine
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The response: from the Editor

In response to the letter from Mr. Henry Cashion, R.T.:

I would like to thank Henry for his very kind words regarding my personal dedication/interest in the MSRT and our journal, the Radiographer.

Mr. Cashion included with his letter a paper from Jeff Dalton. Mr. Dalton is a student at the Mineral Area Osteopathic Hospital School of Radiologic Technology. His paper will be forwarded to the members of the Editorial Review Committee for review prior to publication. Thank you, Henry, for forwarding this paper; and thanks also to Jeff for his work in preparation of the manuscript.

Mr. Cashion also included a press clipping and a news release from the MAOH School of Radiologic Technology. This clipping and news release would not reproduce for publication here, however, it contains some very interesting news I believe will be of interest to our members. First, it must be noted that the school has 100% MSRT Student Membership. This includes both the 1st and 2nd year students.

You will notice from Henry's letter that he is in the early stages of trying to "get the 6th District alive and going". I find this personally very good news. In the fairly recent history of the MSRT, the 6th District was very active. I look forward to seeing a "6th District" Representative at a Board Meeting.

I must tell you here and now: in seven years of editing this journal, this is the first "Letter-to-the-Editor" I have received. Thank you, Henry, for making the first letter received so positive, and forwarding so much information. It is very much appreciated.

Barbara W. Hente, BA, RT-N (ARRT), CNMT
Editor

P.S.: Henry broke the ground - how about more letters from the rest of you!

October 29, 1985

Barbara Hente, R.T.
Editor
3708 Joyce
Granite City, IL 62040

Dear Barbara:

Enclosed with this letter is some information and an article for publication from the students at the MAOH School of Radiologic Technology. Also enclosed with this is other information, which you may find useful in publishing Missouri Radiographer.

I would like to state that I am immensely pleased with your dedication and interest in the Missouri Society by having shown your expertise in the publication of the Missouri Radiographer.

As I had promised you, in the future I hope to send the information and articles of concern and possibly my viewpoints of the profession. Hopefully, at a later date I will have a letter to the editor to send to you on my feelings for the Missouri Society, where it has come from, where it is going, and the experience I have had being a member since 1959.

I am at the present working with the two recent graduates and hoping to get the 6th district alive and going. That will be my goal to achieve in this coming year. Thank you again for your help and I am looking forward to continued support and interest by you in the society.

Sincerely,

Henry Y. Cashion, R.T.

HVC/klc

Enclosure

THE MALLINCKRODT COMMITMENT

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**BEST REGARDS TO
THE MISSOURI RADIOGRAPHER FOR 1985**

Don R. Beussink
Regional Manager



THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Reply to:

RADIOGRAPHER

Application for Membership
Missouri Society of Radiologic Technologists, Inc.

New _____ Renewal _____ July 1, 1985 to June 30, 1986

ACTIVE MEMBER: Radiologic Technologist registered by and in good standing
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SUPPORTING MEMBER: Those persons interested in Radiologic Technology
but not having qualifications for other categories \$15.00 _____

IN-ACTIVE MEMBER: Members who were former active members \$10.00 _____

STUDENT MEMBER: Enrolled in training program accepted by ARRT or
of 24 month duration \$ 7.50 _____

MAKE REMITTANCE PAYABLE TO: MSRT

Send completed application and fee to: Kathryn Parsons
206 Pine Ave.
Camdenton, Mo. 65020

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

If this is a new name or address, please indicate previous name or previous address:

Please fill in the information below to enable us to serve you better. All information is
for MSRT information/use only.

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___ RDMS ___ ARCRT ___ CNMT other: please indicate _____

Are you a District member? ___ yes ___ no Please indicate district(s): 1 2 3 4 5 6 7

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